



'Adopt a Grandparent'

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The Patient Perspective

Imagine for a moment you are an elderly hospital inpatient...

- Limited visiting hours or no visitors at all
- No social space
- Can't sleep

...How would you feel after 5, 10 or even 50 days?

A Problem - Social Isolation

- Two thirds of NHS beds are occupied by people aged 65 years or older
- Hospital inpatient stays for older people can last weeks or even months
- Huge cognitive decline due to a lack of intellectual and social stimulation
- We must avoid swapping physical health problems for mental health problems
- How can we prevent this decline and re-ignite people's cognitive energy?

The Evidence

- *Psychosocial Influences on Mortality after Myocardial Infarction*

“patients classified as being socially isolated...had more than four times the risk of death of the men with low levels of both stress and isolation” (Ruberman et al. 1984)

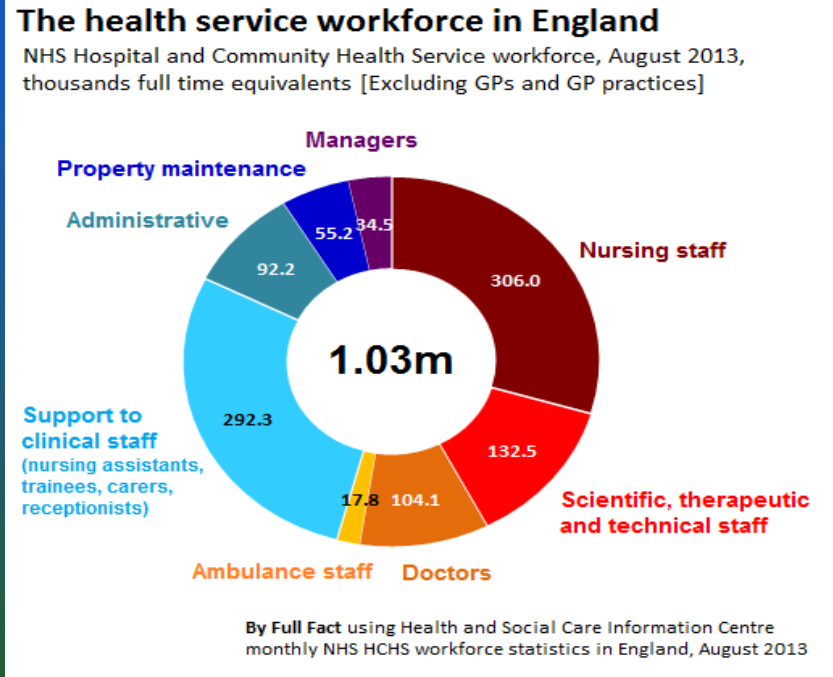
- *Social network and activities in relation to mortality from cardiovascular diseases, cancer and other causes: a 12 year follow up of the Study of Men Born in 1913 and 1923*

“the level of social and other activities is inversely proportional to mortality” (Welin et al. 1992)

- *Amount of Social Contact and Hip Fracture Mortality*
“There is evidence that social interaction is associated with better survival in elderly persons, even after myocardial infarction or stroke. Other evidence suggests that social interaction is associated with better likelihood of functional recovery, which may indirectly improve the prospect of survival” (Mortimore et al. 2008)

An NHS Hospital Workforce

- There are 500,000 non-clinical NHS Staff
 - Recent finance staff census – only 46% felt valued by clinicians
- “Members in non-clinical roles...said that their colleagues in their own Trust had no idea what they did or what their contribution was”



The AAG Programme

- Initiated through 'Be the Change'



- Two key aims:

1. To provide social stimulation to longer stay patients to improve patient outcomes
2. To break down barriers between clinical and non-clinical sides of the hospital Trust



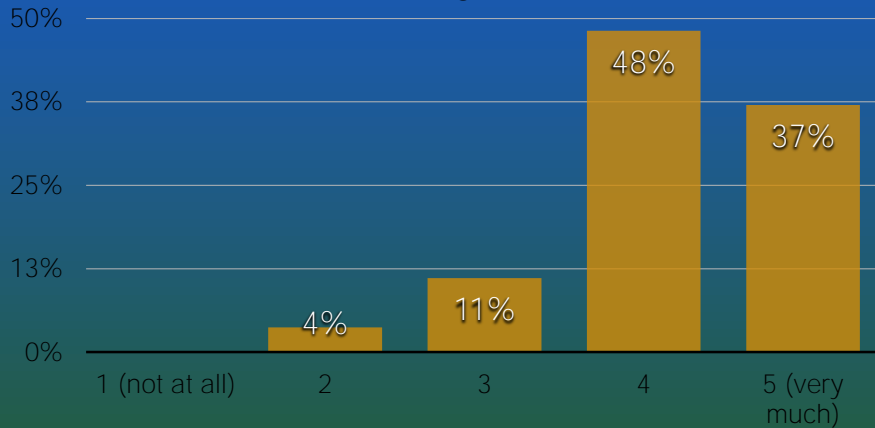
- Volunteer recruitment
- Introductory workshop (training and support)
- On the wards
- Feedback events
- AAG referral system

Impact - QI data

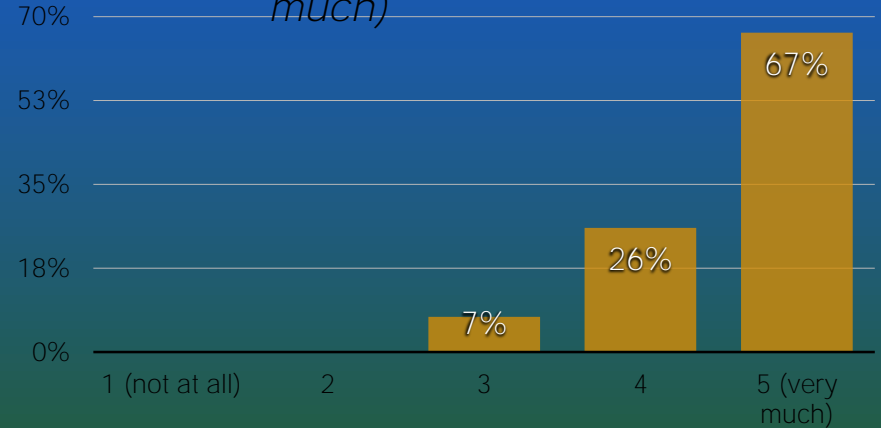
- Baseline data - ward based questionnaires
- Volunteer questionnaires
- Diary system - reflections and qualitative, thematic data
- Focus groups coming

Baseline Data

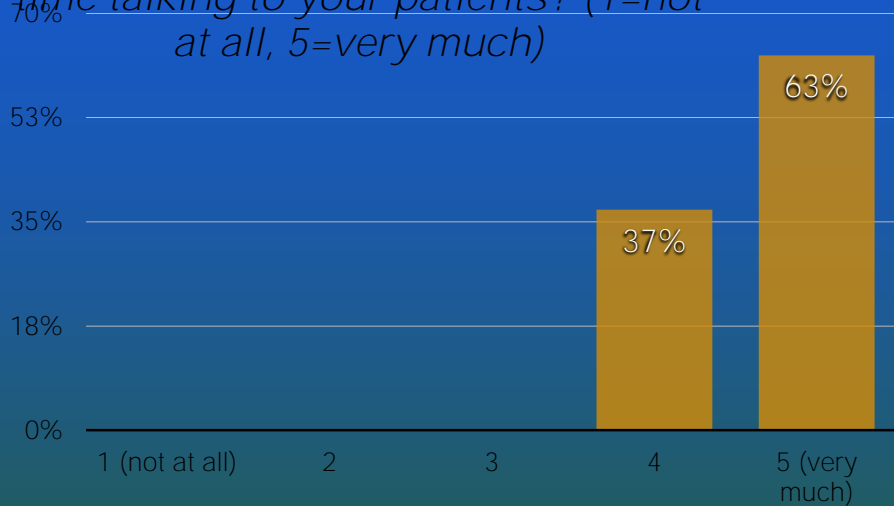
*Is loneliness and/or boredom a problem for your patients?
(1=not at all, 5=very much)*



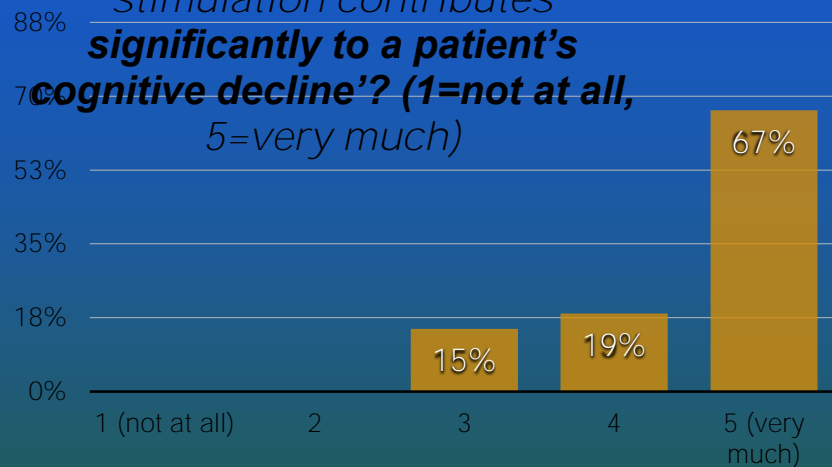
*Do you feel your patients would benefit from more social interaction?
(1=not at all, 5=very much)*



Do you wish you could spend more time talking to your patients? (1=not at all, 5=very much)

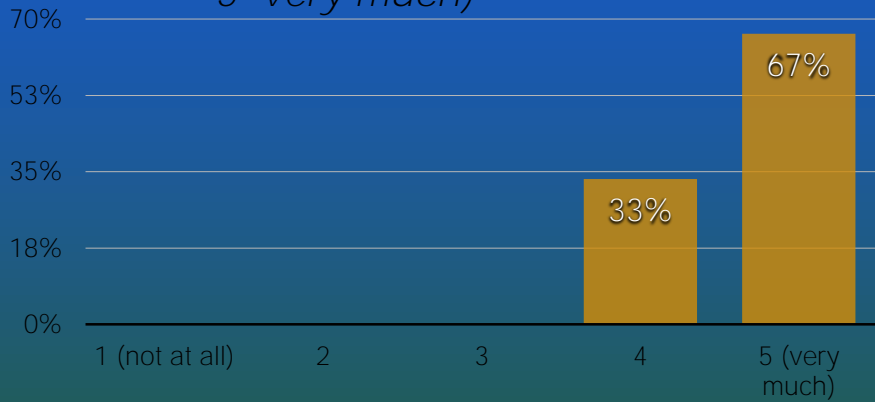


To what extent do you agree with the statement; **'a lack of social stimulation contributes significantly to a patient's cognitive decline'**? (1=not at all, 5=very much)

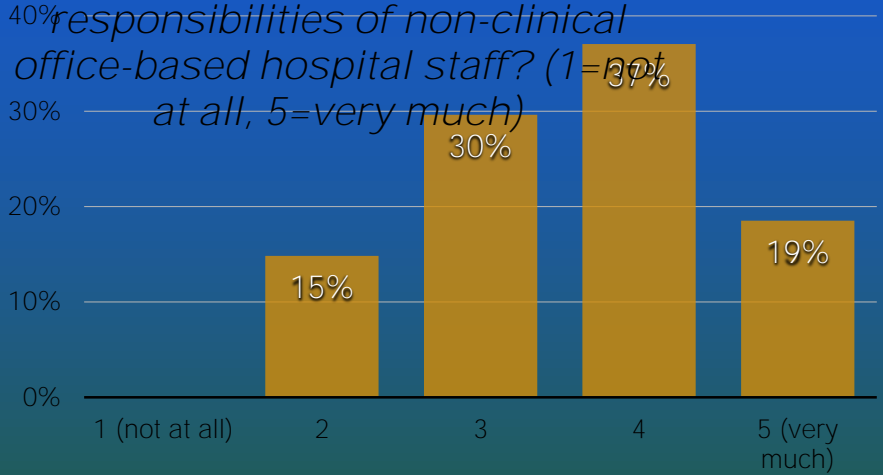


Do you think the 'adopt a grandparent' programme will

benefit your patients? (1=not at all, 5=very much)



How much do you feel you understand the roles and responsibilities of non-clinical office-based hospital staff? (1=not at all, 5=very much)



Successes and Challenges

Successes

- Breaking down boundaries
- Great feedback from volunteers and patients
- High profile PR - Pride in Nursing event, BBC Interviews
- Institutional support - Be the Change, CEO, Chairman, Chief Nurse

Challenges

- Volunteer recruitment and retention
- Ward staff engagement
- Collecting measurable data

Moving Forward

- Sustainability – support for volunteers
- Further develop referral scheme at ASPH
- A wider vision of 'volunteerism' within the Trust
- Beyond ASPH - Development at other NHS Trusts in the UK

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- Sangeeta Singadia - Volunteers, Bereavement & Patient Experience
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- Mark Hinchcliffe - Programme Office Manager
- Be the Change committee
- and especially all our volunteers

References

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