ADOPT A GRANDPARENT

BACKGROUND

Imagine… you are an elderly patient in hospital; in bed, all day, no social interaction. The nights are filled with the cries of strangers around you, stopping you from sleeping. Can you imagine the effect that this would have on you after 5, 10 or 50 days and nights?

Two-thirds of NHS beds are occupied by people aged 65 and over. Many people spend weeks or even months in hospital, often awaiting social packages of care. Often there is little or no social stimulation, resulting in significant cognitive decline.

The NHS is very good at diagnosing and treating physical health issues, but in order to deliver optimal care, mental health needs must be considered as well.

For elderly patients staying more than a few days in hospital, we are in danger of swapping physical illness for mental illness. Wellbeing can never be achieved by physical health alone.

Staff in non-clinical roles have been reported as saying that that their (clinical) colleagues have no idea what they do, or what their contribution to healthcare is. Everyone working in a hospital is ultimately working for the benefit of the patient. This project aimed to break down the divide between non-clinical and clinical staff and offer the opportunity for everyone to have contact with patients; after all, we are all human and we all need human contact.

AIM

This programme has 2 key aims;
1 - To provide social stimulation for longer-stay elderly patients and to improve clinical outcomes
2 - To break down barriers between the clinical and non-clinical sides of the hospital staff.

MEASURES

A baseline survey was carried out with ward staff across medical wards in order to quantify the problem, here is an example of the results:
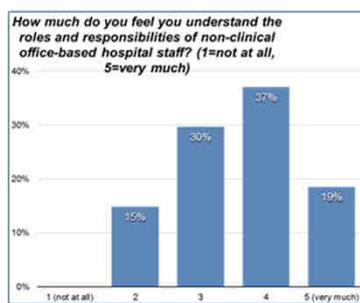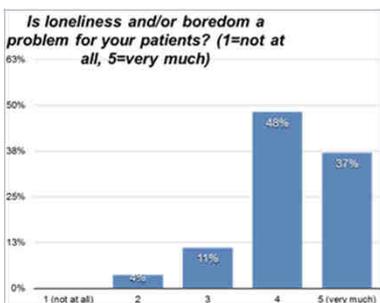
Volunteer questionnaires were also used to gauge the impact of the scheme and ward-based diaries were used to gather thematic, qualitative data from the volunteers themselves.

THE CHANGES

Staff volunteers were recruited from all non-clinical areas of the hospital and each attend an introductory workshop that covered basic health and safety awareness, communication skills and what would be required during a ward visit.

Volunteers were then allocated to specific wards where they would become integrated into that ward team. A buddy system was also available to any volunteers who were not comfortable on the wards initially. All visits are recorded in a ward-based diary and volunteers are invited to regular de-brief meetings. Wards can now also contact a central email address to refer patients to the scheme.

OUTCOMES

There is no doubt that this scheme is benefitting both patients and staff alike.

Feedback from ward teams and patients themselves has been extremely positive and this quote from one of the volunteers sums it up;

"I have to admit, I was a tiny bit nervous going to the ward for the first time. However, I had a lovely chat with a gentleman and found out a lot about his life. It was lovely to see how he changed from a patient laying in bed to the person he truly is as we engaged in conversation…… I think this may become addictive and the highlight of my weeks" AAG Volunteer

The scheme continues to run, with existing and new volunteers. A new referral-system has been introduced whereby any ward can refer a patient to the scheme, this is extending the scheme beyond the wards that were involved in the initial launch.

This project was a runner up in the 2016 Patient Experience National Network Awards in the 'personalisation of care' category.

To refer a patient or to get involved, email
AdoptaGrandparent@asph.nhs.uk

THE TEAM

Dr Chris Marsh, FY1 (right)

Louisa Daly, Head of Patient Experience

Sangeeta Singadia, Volunteers Manager

Sally Greensmith, PMO Project Manager