

Volunteer-partnered End-of-Life Care in the Community – From Capacity Building to Sustainable Development

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1 Significance of Volunteers in EoLC



(Cella, Sarafian, Snider, Yellen, & Winicour, 1993; Murray, et al., 2007)

Multi-benefits from EoLC voluntary service

To patients and carers

- Volunteers help reduce feelings of isolation, promote emotional health, and enhance social support of patients. (Claxton-Oldfield, 2015; Walshe et al., 2016)
- A study suggested that hospice volunteers increase how long terminally ill patients survive (~3 months longer) (Herbst-Damm & Kulik, 2005)
- Greater use of volunteers was associated with higher levels of service satisfaction as rated by bereaved family et al., 2010)

To organization & community

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 Volunteers also bridge the gaps between hospice, community, and patients/caregivers. (Nalylor, Mundle, Weaks, & Buck, 2013)

To volunteers

Volunteers gain health and social benefits and have personal growth from their voluntary services. (Nalylor, Mundle, Weaks, & Buck, 2013)



2 Volunteer-partnered EoLC under JCECC



A critical review of state of arts in literature

Revisit existing services in HK

Partnered with four NGOs

Pilot testing and validation

The changing face of EoLC volunteer services a service of CECC

A multidisciplinary approach has been increasingly identified as an important aspect of EoLC. Volunteers are members of the team and may need to work with multiple professionals; and face with multi-sector stakeholders.



(Ryan, et al., 2014)

Hong Kong



EoLC services mainly provided by PC units in hospitals or stand-alone hospice facilities. Volunteers are trained by the hospitals/hospice to provide support mainly for in-patients.



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In Hospitals/Hospice

Key Members in Service Delivery

The provision of palliative care services in HA adopts a multi-disciplinary teal address the multi-faceted needs of patients and their families/carers. Doctors, r social workers, clinical psychologists, physiotherapists, occupational therapists, AH professionals, spiritual workers and volunteers work as a team to provide holi May 2016, there were over 40 doctors, 300 nurses and 60 AH full-time equivalen specialist palliative care services in HA. This includes seven Nurse Consultants responsible for ensuring the nursing standards and protocols in palliative care ir Clusters.

Up to 2015, around 300 volunteers were serving in the Bradbury hospice (Bradbury hospice, 2017).

Since 2007, Hospital Authority and the Li Ka Shing Foundation have launched the "Heart of Gold" Hong Kong Hospice Services Programme. Hospice centres were opened in public hospitals. Up to 2016, 800 "hospice service ambassadors" were trained by HA to provide volunteer services in the hospice centres. (HKSAR, 2016)



Emerging development in community

settings

Hong Kong



In Community

Society for the Promotion of Hospice Care has been a pioneering advocate in hospice care, raising awareness and offering a range of PC services and bereavement support as well as training. (SPHC, 2017)

Comfort Care Concern group has been training volunteers to provide a range of support services: support for in-patients, comfort calls to the terminally ill or bereaved families, bereavement support, and to lesser extent home visits to patients. (The Comfort Care Concern Group, 2015)

Under the JCECC Project (2015-2021), EoLC volunteers have been recruited and trained by the Project partners to provide support to patients and families in the community. Up to Feb 2018, 278 volunteers had been trained by JCECC and 4 NGOs.



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WHO?							
No standard / potential risks	@EoLC volunteer risk screening protocol						
Competent?							
Diversified in training	Competence training model & curriculum						
Talent?							
?	Leadership / coordination training						

@EoLC \	/oluntter risk screening 1. 過去 2 年內有沒有親屬離世? □ 沒有	口有				
	 2. 您的親屬或朋友中有沒有人正患有末期病患? □ 沒有(跳至問題5) 	□ 有 (繼續問題 3)				
protoco	3. 承問題 2, 該患者與您的關係是?(我是患者的)					
Stage	Contents					
Beginning	Welcome and explain the purpose of interview					
Middle	Information Exchange	□ 非常親密				
	Detailed information about the work of the programme					
	Sensitive nature of work					
	Particular stress					
	Available jobs and required skills/knowledge					
	Assessment of volunteers	西計。 時 經常 十分經常				
	• Get the volunteers to talk about themselves, e.g. interests, skills, motivation					
	How would they approach the job					
	Explore the training needed					
	• Communication skills, level of enthusiasm and commitment, types of questions they					
	ask about the offer and preferences in work, level of self-confidence, flexibility and					
	reliability					
		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				
End	Clear details of the next stage of the process with time scales and expectations					
LIIG	clear details of the next stage of the process with time states and expectations	$\begin{vmatrix} 2 & \square_2 & \square_4 \\ \end{vmatrix}$				
	0.14 恐行发腔危恐見到行10岁凶难叫不能无瓜() □0 □1					
	6.15 您有幾經常因擔心身邊的人或事情而令到自己的情緒受 因擾?					
	7. 根據您上個月的經驗,跟想法和您不同的人相處,有多令您不自在? □ 非常不自在 □ 次有自在或不自在 □ 白在	□ 非常自在				

JCECC Volunteer Capacity Building

Framework



Figure 1. A four-step capacity-building program for end-of-life care (EoLC) volunteers in community settings. This figure shows the theoretical framework for community-based EoLC volunteer training, which includes four steps: motivational screening, core competence training, internship, and in-service supervision. Adapted from transformative sustainability learning framework by Sipos et al. (2008).



Effectiveness of a Holistic Capacity-Building Program for Volunteers in Community-Based End-of-Life Care

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JCECC Volunteer capacity building curriculum









3 Impact & Sustainability







Capacity building effectiveness 賽馬會安寧頌 Jockey Club End-of-Life Community Care Project Totally 200 volunteers were recruited 2019 Face-to-face No significant **Type of Service** • 192 participants completed To assessment 2020 Zoom differences on effects Spiritual, 5, • **180** participants completed **T1** assessment Information Bereaveme 1% al, 7, 1% nt. 8. 1% Emotional 178, 30% Changes in EoLC competences in two time points (Paired T-test, N=171) **T**0 **T1** ** ** Social, 260. ** 个5.61% 9.00 ** 44% 个8.74% ** 个10.35% ** 8.50 个13.54% 个7.15% 8.00 **11.80%** 7.50 7.00 8.36 7.92 6.50 7.68 7.57 7.48 7 4 9 6.00 7.06 6.98 6.86 6.59 6.33 5.50 5.00 EoLC Knowledge **EoLC** Decision Psychosocial Communication Symptom Bereavement Care Spiritual Care Management

98.8% increased understanding on important terms and services **5.61**% to **13.54**% improved in various domains after core training



Rational: volunteers are human capital that have potential to a achieve greater impacts



Empowering EoLC Volunteer Coordination CFCC

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Competence set		Session 1 Stimulate a Shared Value	Session 2 Enable a Collective Act	Session 3 Nurture an Integrated Team	Session 4 Sustain a Companionate Community
Organizational Level	Model the Way	*			
	Inspire a Shared Vision	*			
Motivational level	Organizational Culture Building	*			
	Commitment & Motivation	*			
Evaluation	Evaluation				*
Volunteer Management	Recruitment & Selection		*		
	Orientation & Training		*		
	Recognition		*		
	Program Maintenance		*		
Personal Skills	Communication			*	*
	Conflict Resolution			*	
	Critical Thinking			*	
	Change Predict & Management				*

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Thank you very much!

All Families & Volunteers!



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