

# Warmhearts

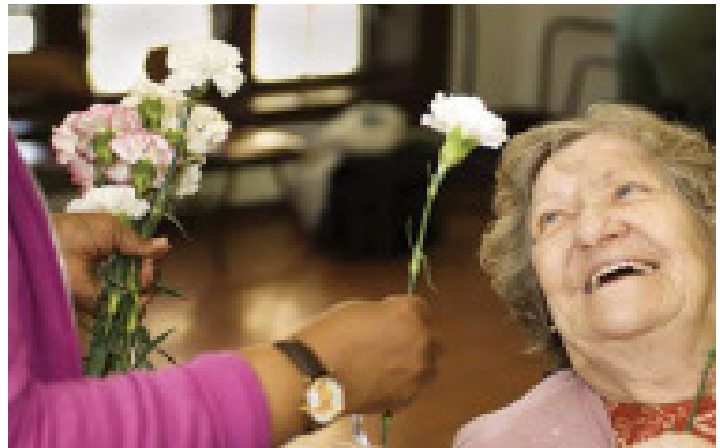
## WARMHEARTS PALLIATIVE CAREGIVERS SUDBURY/MANITOULIN

### 2009 PROGRAM EVALUATION REPORT

“Palliative Caregivers are a specially trained team of Warmhearts volunteers who comfort and support terminally ill individuals and their families, enhancing their quality of life.”



HOSPICE ASSOCIATION OF ONTARIO



Aug 2010



**Warmhearts**  
**De tout cœur**

Palliative Caregivers  
Sudbury/Manitoulin

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**THE 2009 WARMHEARTS, PALLIATIVE CAREGIVERS SUDBURY/MANITOULIN  
ACTIVITIES AND PRIMARY FAMILY CAREGIVERS' PERCEPTIONS OF THE  
HOSPICE VOLUNTEER VISITING PROGRAM**

**PROGRAM EVALUATION REPORT**

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This document is available online at [www.warmhearts.ca](http://www.warmhearts.ca).

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- WPCSM volunteer Helen Nasinnyk who helped in the statistical data analysis and preparation of this Evaluation Report..
- The primary family caregivers who completed the questionnaires sent to them.

## INTRODUCTION

**Warmhearts** Palliative Caregivers Sudbury/Manitoulin (**Warmhearts**) is a nonprofit charitable community-based organization of dedicated volunteers and staff whose mission is to provide palliative care support to individuals and families. This mission is achieved through hospice volunteer visiting, advocacy, education and bereavement support to clients and families in the Sudbury Manitoulin District. The overall direction and management of **Warmhearts** is the responsibility of the Board of Directors. The members of the Board are individuals from the community it services and represent a variety of interests. The Board members meet on a monthly basis and are responsible for the creation of policies that direct the **Warmhearts** programs and the activities of the staff and volunteers.

The Canadian Hospice/Palliative Care Association and Hospice Association of Ontario include in their Standards of Practice a standard on program evaluation and view program evaluation as an integral part of program management and quality improvement. The standards of these Associations have guided the development of a program evaluation framework for **Warmhearts**.

In 2004 the Board of Directors of the Hospice Association of Ontario certified **Warmhearts** had successfully completed Level 1 Accreditation, recognizing best practices and standards compliance of the Association. In 2006 the Board of Directors of the Hospice Association of Ontario certified that **Warmhearts** had successfully completed Level 2 Accreditation, recognizing compliance with use of targets and indicators. In 2009 the Board of Directors of the Hospice Association of Ontario certified that **Warmhearts** had successfully re-certified to the standards for Level 1 and Level 2 Accreditation.

This report describes the program evaluation initiatives undertaken in 2009. Based on the mission statement and the objectives of **Warmhearts**, the following areas were included in this latest evaluation:

- A profile of clients (individual and primary family caregivers) referred in 2009 and a compilation of client related information and volunteer related activities occurring during the 2009 calendar year.
- An evaluation survey involving the primary family caregivers of all loved ones who had died during the 2009 calendar year.

Data was collected from a variety of sources such as the monthly statistics sheets, the client computer data base, and a primary family caregiver evaluation questionnaire. The results follow.

## SECTION 1: CLIENT INFORMATION

### INFORMATION ABOUT THE CLIENTS REFERRED IN 2009, THEIR PRIMARY FAMILY CAREGIVERS AND CLIENT RELATED INFORMATION AND VOLUNTEER ACTIVITIES OCCURRING IN 2009

Section 1 outlines information regarding the clients who were referred to Warm**hearts** in 2009 and their primary family caregivers. As well, it describes client related information and volunteer activities occurring in 2009.

#### Referral Profile

The number of clients referred to Warm**hearts** in 2009 was 124. The mean number of referrals per month was 10 and the number of referrals per month ranged from 6 to 18 (Table 1).

**Table 1** Number of Client Referrals per Month ( n=124)

<u>Month</u>	<u>Number</u>
January	6
February	10
March	16
April	8
May	7
June	8
July	7
August	13
September	13
October	18
November	12
<u>December</u>	<u>6</u>

## CLIENT INFORMATION ...continued

### Source of Referrals

As shown in Table 2, clients were referred to Warmhearts from a variety of health care agencies as well as from families and other individuals. Thirty-four percent of the clients were referred by families and 15% were referred by CCAC. Twenty-two percent of referrals came from HRSRH with most from the Laurentian site, a significant improvement over 7% in 2008. Other community agencies referred 15%.

**Table 2 Source of Client Referral (n=124)**

<u>Source</u>	<u>Number</u>
Family	42
HRSRH - Laurentian Site	23
CCAC	18
Other community agencies	18
Long-term care facilities	10
Other individuals (i.e. friends, clergy)	5
HRSRH - St. Joseph's Center	4
Physician	3
NEORRC	1

## CLIENT INFORMATION ...continued

### Client Profile

Sixty-two clients were female (50%) and 62 (50%) were male. Ninety-six (77%) reported they spoke English while 27 (23%) reported speaking French. One client spoke Finnish.

The clients had an average age of 72 and ranged in age from 0 to 103 (median, 75 years). As noted in Table 3, the clients mainly represented three age groups, 60-69 years (19%), 70-79 years (30%), and 80-89 (29%). Furthermore, more than half (67%) of the clients were 70 years or older.

**Table 3 Age of Clients (n=124)**

<u>Age</u>	<u>Number</u>
0-9	01
10-19	0
20-29	0
30-39	02
40-49	04
50-59	10
60-69	24
70-79	37
80-89	36
> - 90	10

## CLIENT INFORMATION ...continued

### Geographic Area

As noted in Table 4, 44 (36%) of clients lived in Sudbury while 66 (53%) came from other areas of the City of Greater Sudbury. The remainder (11%) lived in other areas of the Sudbury-Manitoulin District.

**Table 4 Home Geographic Area of Clients (n= 124)**

<u>Area</u>	<u>Number</u>
City of Greater Sudbury	44
Sudbury - South End	28
New Sudbury	16
Valley East Area	08
Nickel Centre Area	06
Minnow Lake	03
Rayside Balfour Area	03
Walden Area	02
<b>Other</b>	
West Manitoulin	05
East Central Manitoulin	05
Sudbury East	04

## CLIENT INFORMATION ...continued

### Diagnosis

Eighty-five (68%) of the clients had cancer and 9 (7%) had heart failure (see Table 5). The clients categorized as “other” had a variety of conditions such as dementia, amyotrophic lateral sclerosis (ALS), multiple sclerosis (MS), pneumonia, diabetes and rare skin disease.

**Table 5 Diagnosis of Clients (n=124)**

<u>Diagnosis</u>	<u>Number</u>
Cancer	85
Other	13
Heart Failure	09
Renal Failure	06
Stroke	04
Respiratory	04
Dementia	03

## CLIENT INFORMATION ...continued

### Primary Family Caregiver

One hundred and one clients (81%) had a primary family caregiver while 23 (19%) did not. Seventy-one (70%) of the family caregivers were female while 30 (30%) were male. As shown in Table 6, 40 (40%) of the primary family caregivers were spouses and 52 (51%) were children.

**Table 6 Relationship of Primary Family Caregiver to Clients (n=101)**

<u>Relationship</u>	<u>Number</u>
Daughter	39
Wife	27
Son	13
Husband	12
Other family member	05
Friend	02
Father	02
Mother	01



## CLIENT INFORMATION ...continued

### Caseload Days

Caseload days were calculated by subtracting the number of days between date of referral and date of death or discharge of a client as of March 1, 2010. As of this date, 71 (57%) of the 124 referred to Warm**hearts** in 2009 had died and 47 (38%) had been discharged. Six clients (5%) referred in 2009 were still on the caseload as of March 1, 2010 and all were receiving volunteer support.

For the clients who either died or were discharged, the number of days on caseload varied considerably, ranging from 1 to 313 days. The mean was 35 days. The clients who died were generally on the caseload for about the same period of time (range 1 to 313, mean 35, median 14 days).

The clients (n=46) were discharged from the caseload for the following reasons: Services of the volunteers were not immediately required/needed (n=27); the services of the volunteer were no longer required (n=14); relocated residence (n=3); not palliative (n=1); other (n=1), .

As noted in Table 7, 53 clients (43%) were referred to Warm**hearts** 7 days or less before they died or were discharged. Thirty-three (62%) of these clients had died and 20 (38%) were discharged. A further examination of the 30 clients who died revealed the source of the referral for 9 (27%) was family. Other sources were LTC (n=7), other community agencies (n=7), HRSRH (n=6), physician (n=2), CCAC (n=1) and other individuals (n=1).

**Table 7 Days on Caseload (n=124)**

<u>Number of Days</u>	<u>Number of Clients</u>
1 – 7	53
8 – 14	09
15 – 45	34
46 – 75	11
76 – 105	04
106 – 135	04
136 – 165	03
166-195	02
>229	04

## CLIENT INFORMATION ...continued

### Client Participation in the Hospice Volunteer Visiting Program

In 2009, 64 (52%) of clients participated in the hospice volunteer visiting program and 60 (48%) did not. An analysis was done to examine why these 60 clients did not participate in the volunteer visiting program.

Eight of the 60 clients who had not participated in the hospice volunteer visiting program had been assigned a volunteer but the visits were not started before the clients died or were discharged. Three of the clients had died and 5 were discharged.

The 3 clients who died before the assigned volunteer was able to visit them were on the caseload an average of 8 days (range 1-14 days, median 8 days).

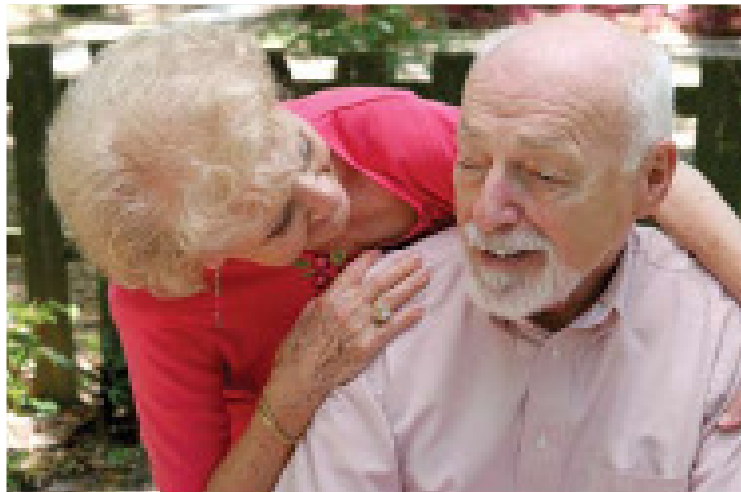
The 5 clients who were discharged had been on the caseload for an average of 66 days (range 18-116, median 63 days), One relocated and the other 4 did not participate because services were no longer required.

Fifty-two of the 60 clients who did not participate in the hospice visiting program had not been assigned a volunteer before they died or were discharged. Twenty of these clients died and 32 were discharged. The 20 clients who died had been on the caseload an average of 5 days (range 1-28 days, median 3 days) before dying. Eleven (55%) of these clients were referred to **Warmhearts** 7 days or less before dying. In 15 cases, the clients died before staff could do an assessment of their needs. The average number of days before the referral date and date of death for these clients was 3 days (range 1-28 days, median 1 days) In 2 cases, the client had been assessed, but died before staff was able to assign a volunteer. These clients had been on the caseload an average of 4 days. In 3 cases, a delay was requested. The average number of days these clients were on a caseload was 11 days (range 9-18 days, median 9 days).

## CLIENT INFORMATION ...continued

### Client Participation in the Hospice Volunteer Visiting Program

The 32 clients who were discharged were on the caseload an average of 11 days (range 1-37 days, median 7 days). Five reasons for being discharged emerged as follows. Twenty-four families stated they did not immediately require or want a volunteer and these were on a caseload an average of 9 days (range 1-48 days, median 5 days). Five families stated they no longer required a volunteer and these were on a caseload an average of 15 days (range 3-21 days, median 15 days). One client was not palliative, one relocated, and for another the reason given was "other". They were on a caseload for 1 day, 15 days and 37 days respectively.



## CLIENT INFORMATION ...continued

### Client Related Information and Volunteer Related Activities

Outlined below is a variety of client related information and volunteer activities occurring during the 2009 calendar year. It should be pointed out that this information does not only relate to clients referred in 2009 but also includes clients referred in 2008 who were still on the Warm**hearts** caseload at some point in 2009.

### Ongoing Caseload

The number of clients registered with Warm**hearts** each month during 2009 is listed in Table 8. The ongoing client caseload includes all clients who were still on the active caseload. The mean monthly caseload was 24 and ranged from 18 to 31 clients.

**Table 8 Monthly Client Caseload**

<u>Month</u>	<u>Number of Clients</u>
January	25
February	25
March	28
April	30
May	31
June	27
July	23
August	22
September	23
October	18
November	19
<u>December</u>	<u>19</u>

## CLIENT INFORMATION ...continued

### Volunteers Assigned to Monthly Client Caseload

The number of volunteers assigned to the monthly client caseload is described in Table 9. The mean number of volunteers assigned to the monthly caseload was 39 and ranged from 24 to 47.

A comparison of the number of monthly client caseloads and the number of volunteers assigned to the caseload (see Tables 8 & 9) each month shows that for every month the number of volunteers was higher than the number of clients, reflecting that some clients had more than one caregiver.

**Table 9 Number of Volunteers Assigned to the Monthly Caseload**

<u>Month</u>	<u>Number of Volunteers</u>
January	44
February	46
March	47
April	43
May	45
June	47
July	41
August	38
September	34
October	24
November	26
December	29

## CLIENT INFORMATION ...continued

### Discharges

During 2009, 51 clients were discharged from Warm**hearts**.

### Place of Death

During 2009, 80 Warm**hearts** clients died. Forty (50%) died in hospital, 11 (14%) died at home and 29 (36%) died in a long-term care facility.

### Bereavement Services

At the end of 2009, 57 families were still receiving bereavement support. The total amount of volunteer hours reported for bereavement support services in 2009 was 233 hours. This includes a personal note sent to the families at the time of the death of their loved one, phone calls and cards at designated time intervals and memorial gatherings.

### Total Families in Warmhearts Programs

At the end of 2009, 76 families were still registered with Warm**hearts**. These families include the ongoing client caseload and the bereavement follow-up families.

### Reported Hours of Volunteer Related Activities

It is important to note that the information described below is only what was reported by the volunteers, which may be under reported.

The volunteers reported 4,092 hours in client focused activities including visits, phone calls and respite services. Two hundred and thirty-three hours were for bereavement follow-up calls and visits . Kilometers travelled for client related activities as reported by the volunteers was 1,913. The volunteers also reported doing a total of 3,375 hours of administrative work. This work includes activities such as office work, education and fundraising. A total of 705 hours (21%) of administrative activities were for fundraising activities.

In summary, during 2009, the volunteers reported giving a total of 7,754 hours of their time to Warm**hearts**.

## CLIENT INFORMATION ...continued

### Summary and Discussion

The number of clients referred in 2009 was 124. This number of referrals was 18% higher than in 2008. The profile of the clients and their primary caregivers is relatively consistent with what was reported in 2008. For example, more than three quarters (85%) were 60 years of age and over and the majority (68%) had a diagnosis of cancer. Primary caregivers continue to be mainly females with most being spouses and daughters. Families and Laurentian Hospital site of HRSRH were the major sources of referral, followed by CCAC.

The number of days clients were on the caseload varied considerably. The mean number of days was 35, close to the 36 days reported in 2008. The percentage referred seven days or less before they died or were discharged was 43%, up from 35% reported in 2008.

Sixty-four (52%) clients participated in the hospice volunteer visiting program. While sixty (48%) of the clients did not participate in the volunteer visiting program, 8 actually were assigned a volunteer but died or were discharged before the visits could be started. Analysis of the data for those who died without participating in the volunteer visiting program revealed the reasons were: no assessment was done before they died (1) request delay (1), died before first visit (1). The 5 clients who were discharged without participating in the visiting program did not participate because visiting services were no longer required (4) or relocated residence (1).

Fifty-two of the 60 clients who did not participate in the hospice volunteer visiting program had not been assigned a volunteer before they died or were discharged. Twenty of these clients died, and 32 were discharged. The 20 clients who died had been on the caseload an average of 5 days (range 1 – 28 days, median 3 days). Seven (55%) of these clients were referred by family 7 days or less before dying. In 15 cases, the clients died before staff could do an assessment of their needs. The average number of days before the referral date and date of death for these clients was 3 days (range 1-28 days, median 1 day).

## CLIENT INFORMATION ...continued

### Summary and Discussion...continued

In 2 cases, the client had been assessed but died before staff was able to assign a volunteer. These clients had been on a caseload an average of 4 days. In 3 cases, a delay was requested. The average number of days these clients were on a caseload was 11 days (range 9-18 days, median 9 days).

During 2009, 51 clients were discharged, 59% more than the 32 discharged in 2007. In addition, the number of families in the program at the end of the year decreased from 80 in 2008 to 76 in 2009 (including both ongoing caseload and bereavement support). The average monthly number of volunteers assigned to the client caseload was always higher than the average monthly number of clients on the caseload. These findings are most probably due to the fact that it was not unusual for several volunteers to assist with the same client.

It is worthwhile to note that the percentage of total referrals received seven days or less before a client died was 27%, compared with 21% in 2008. These referrals were from a variety of sources, but most (9 clients) were referred by family. Other referrals were: Other Agency (7); Long-term Care (6); Laurentian Hospital (5); Physician (2); CCAC (1); St. Joseph's Hospital (1); Other individuals (1). Continuing to work to increase awareness of the services of **Warmhearts** in the community in general may decrease the number of referrals occurring late.

The number of hours the volunteers reported giving to direct client services increased by 655 hours when compared to 2008, which may be related to the increase in referrals to 124, up from 105 in 2008. This, however, was offset by a decrease of 718 hours in the number of volunteer hours involved in fundraising when compared with 2008.

## SECTION 11: CAREGIVERS' PERSPECTIVE

### EVALUATION OF PALLIATIVE CARE VOLUNTEER VISITING PROGRAM: THE PRIMARY FAMILY CAREGIVERS PERSPECTIVE

#### Purpose

This section outlines the findings of a survey done with primary family caregivers. The survey was done to determine their perceptions and satisfaction with the services they received from the palliative care volunteer visiting program.

#### Methodology

##### Instrument – Family Questionnaire

The **Warmhearts**, Palliative Caregivers Sudbury/Manitoulin Primary Family Caregiver Evaluation Questionnaire was developed from the literature and from discussions with the **Warmhearts** staff.

The questionnaire contains open-ended and close-ended questions which elicit information from the primary family caregivers regarding their experience of having a palliative care volunteer visit them and their loved one. As well, the questionnaire has an 11 item Likert type scale related to the roles and functions undertaken by the volunteers while visiting the terminally ill person and their family. Two 6 point visual analogue scales measured the level of satisfaction of the primary family caregiver and of their loved one regarding the services received from **Warmhearts** volunteers. The questionnaire also gave an opportunity to the respondents to write additional comments and suggestions on how **Warmhearts** could enhance their services.

#### Sample

A sample was generated from families whose loved one had died between January 1-December 31, 2009. The inclusion criteria were: the client had a minimum of one visit from a volunteer, the client had a primary family caregiver with a known address on file and the loved one had been dead for minimum of three months. The sample was generated over two time periods, the clients that died between January 1, 2009 and June 30, 2009 and those who died between July 1, 2009 and December 31, 2009.

## CAREGIVERS' PERSPECTIVE...continued

### Methodology...continued

### Sample...continued

Seventy-nine clients died between January 2009 and December 31, 2009. Of these 79 clients, 1 was referred in 2004, 1 in 2006, 1 in 2007, 11 in 2008, and 65 were referred in 2009. Twenty-three (29%) did not meet all the inclusion criteria. That is, 18 clients had no volunteer assigned to them before they died, while 3 had a volunteer assigned but the volunteer was not able to visit before they died. Two clients had no primary family caregiver. Therefore, the final sample was 56 primary family caregivers.

### Data Collection

The questionnaire was sent to the 56 primary family caregivers who had met all the inclusion criteria in the two different time periods. No follow-up letter or phone calls were done after the initial mail out. Twenty questionnaires in total were completed and returned for an overall response rate of 36%.

### Data Analysis

Examination of the questionnaires in preparation for analysis revealed that while some of the questionnaires were not fully completed, all could be used for data analysis. Descriptive statistics were used to analyze the data and responses to open-ended questions were content analyzed in order to generate themes.

## CAREGIVERS' PERSPECTIVE...continued

### Results: Primary Family Caregiver Profile

As noted in Table 10, 40% of the primary caregivers were spouses and half (50%) were children of the dying loved ones. Eighteen (90%) of the primary family caregivers were female and 2 (10%) were male.

**Table 10 Relationship of Primary Family Caregiver (n=19)**

<u>Relationship</u>	<u>Number</u>
Spouse	8
Daughter	8
Other family members	2
Son	1
Blank	1

Note: One respondent did not answer

The mean age of the primary family caregiver was 60 years and ranged from 44 to 80 years (median 60 years). Ten (50%) of the primary family caregivers were 60 years of age or over (Table 11).

**Table 11 Age of Primary Family Caregiver (n=20)**

<u>Age</u>	<u>Number</u>
40 – 49	4
50 – 59	6
60 – 69	5
70 - 79	4
< 80	1

## CAREGIVERS' PERSPECTIVE...continued

### Employment Status

Fifteen (75%) of the primary family caregivers reported that they were married at the time of caring for their loved one. As noted in Table 12, almost half (45%) reported they were retired and almost one quarter (20%) were working full-time. All of the respondents identified the cause of death of their loved one and eighteen (90%) said it was cancer.

**Table 12 Employment Status of Primary Family Caregiver (n=20)**

<u>Status</u>	<u>Number</u>
Retired	9
Full-time	4
Homemaker	4
Work LOA	3

### Caregiver Support

Thirteen (65%) of the primary family caregivers reported that other family members were available to them during the period that their terminally ill loved one was being visited by Warmhearts volunteers. The family members mentioned the most were daughters and sisters. These family members helped the primary family members by being supportive and giving respite time for rest and errands.

Comments made by the respondents on this matter included:

- “Gave me a break”
- “Helped lift and put patient on commode”
- “Run errands, prepare meals”

## CAREGIVERS' PERSPECTIVE...continued

### Place of Death of Loved One

Seven (35%) primary family caregivers indicated that their loved one had died in hospital, 1 (5%) reported that the death occurred at home, 8 (40%) said it occurred in hospice, and 3 (15%) occurred in a long-term care facility. One did not respond. For most, the decision of where to die was taken by the caregiver, often in consultation with family members. Of interest, the use of hospice quadrupled from 2008. In all 3 cases where a doctor alone made the decision, the death occurred in hospital.

Comments regarding the decision making process included:

- “herself and my family with assistance from CCAC worker and volunteer”
- “self”
- “only my Mom”
- “We were planning to bring Dad to Maison Vale Hospice, but he deteriorated rapidly and died within 5 days.”



## CAREGIVERS' PERSPECTIVE...continued

### Volunteer Services

The amount of time the terminally ill individuals were visited by **Warmhearts** volunteers ranged from 1 day to 104 weeks. The actual length of involvement is outlined in Table 13. Approximately one third (35%) reported visits lasted less than 4 weeks.

**Table 13 Length of Time Terminally Ill Individual received Volunteer Visiting Services (n=18)**

<u>Length of Time</u>	<u>Number</u>
Less than 4 weeks	7
4 – 8 weeks	2
9 – 16 weeks	3
17-24 weeks	3
> 48 weeks	3

Note: Data missing from two respondents.

The primary family caregivers reported on the number of volunteers who visited them and their loved ones. Seven (35%) reported they were visited by one volunteer while 6 (30%) were visited by two volunteers. Two (10%) were visited by 4 or more volunteers.

## CAREGIVERS' PERSPECTIVE...continued

### Roles & Functions Undertaken by Volunteers

Table 14 outlines the extent to which the primary family caregiver agreed or disagreed with a variety of roles and functions undertaken by the volunteers while visiting the terminally ill person and themselves.

All 20 respondents completed this section, however, several respondents rated specific items as no opinion or not applicable. The rating scores suggest that, in general, respondents agreed with the statements. The two statements with the highest mean score were "Allowed me time to rest and regain my energies" and "respected by/our privacy regarding information we shared". The item with the lowest mean score was "Assisted with household errands".

**Table 14 Mean Scores of Roles and Functions Undertaken by Volunteers**

<u>Roles and Functions</u>	<u>Mean</u>
Allowed me time to rest and regain my energies	3.80
Respected my/our privacy regarding information we shared	3.80
Listened to my/our concerns	3.70
Communicated with other people for us	3.70
Gave me/us emotional support	3.70
Was there when I/we needed someone	3.60
Had time to listen	3.60
Gave me/us spiritual support	3.50
Continued contact with me after death	3.40
Discussed the steps to take at the time of death	3.20
<u>Assisted with household errands</u>	<u>2.70</u>

Note: Range 1 – 4. A high mean score indicates a high level of agreement.

## CAREGIVERS' PERSPECTIVE...continued

### Bereavement Services

**Eight** (40%) family caregivers reported having some involvement in the bereavement program (see Table 15). Eight (40%) of the total respondents recalled phone calls they received after their loved one died and two of those (10%) stated they had attended a memorial service offered by Warmhearts. Twelve respondents (60%) indicated they had no involvement with bereavement services.

**Table 15 Involvement in Bereavement Services (n=20)**

<u>Services</u>	<u>Number</u>
Phone calls	8
Memorial	2

### Positive Aspects of the Warmhearts Hospice Volunteer Visiting Program

**Nineteen** (95%) of the 20 respondents reported being very satisfied with the services received from the visiting program. Content analysis of their comments revealed four recurrent themes: respite, support, being there and comfort. These themes are reflected in the following quotes:

- “Continued support - both emotional and spiritual”.
- “There when I could not be”.
- “Relieved my mother’s anxiety”.

## CAREGIVERS' PERSPECTIVE...continued

### Positive Aspects of the Warmhearts Hospice Volunteer Visiting Program...continued

- “Just being there/being comforting and listening.”
- “The friendship of having someone who cares about what I’m going through”.
- “Stayed with him while I went home to get the house ready for him”.
- “Comfort to us and very attentive to my father’s needs (cold towels, hand holding, speaking in reassuring tones etc)”.
- “There when I could not be”.

### Terminally Ill Individual’s Warmhearts Experience

**Seventeen** (85%) family caregivers reported on how their loved one found the experience of having a Warmheart volunteer. The average score was 5.8 out of 6.0. Gratitude and appreciativeness were the main themes that emerged and are reflected in the following comments:

- “Very pleased just to have someone present.”
- “She enjoyed someone in the house and did not want to be alone.”
- “Reassuring, appreciative that his time allowed the family to rest.”
- “She would have liked to have more visits.”
- “She would have been happy and they made her smile.”

## CAREGIVERS' PERSPECTIVE...continued

### Overall Satisfaction

On a six-point visual analogue scale, the primary family caregivers were asked to rate how satisfied they were with the services they and their loved one received from **Warmhearts** and its volunteer visiting program. As noted in Table 16, they were highly satisfied with the services they and their loved one received. Furthermore, 95% of respondents stated that they would recommend the hospice volunteer visiting program to others (one did not answer the question ).

**Table 16 Mean Score of Level of Satisfaction**

<u>Services</u>	<u>Mean</u>
Offered to primary caregiver	5.9
Offered to loved one	5.8

Note: Range 1-6. A high mean score indicates a high level of satisfaction



## CAREGIVERS' PERSPECTIVE...continued

### Final Thoughts and Suggestions for Improvement

**Fifteen** (75%) of primary family caregivers responded to the question asking for final thoughts and suggestions on how to improve the hospice volunteer visiting program. Their comments reflected thankfulness and appreciation of the program as indicated by the following quotes:

- “Volunteer was like God sent an angel...he helped us through this unbelievable difficult time with compassion and respect”
- “The women who visited by mother were sometimes able to get her to do things that I could not get her to do”
- “...he always kept in weekly contact with me to see how things were going and always gave me encouragement to ‘go on’ and always offered to be available should I need someone to help me with Dad’s care”
- “Your services are greatly appreciated by caregivers and very much needed”

Three made suggestions on how to improve the program and their comments are noted in the following quotes:

- “I wished the volunteers wouldn’t promise things they can’t follow through with”
- “Wished we would have known about them earlier in illness”
- “He received care for about 2 weeks before he went to the Hospice. We should have been put in touch with your services sooner. We greatly appreciate the help received. God bless you all”

## DISCUSSION AND SUMMARY

Select findings from this latest program evaluation are highlighted. The number of referrals received during the year was 18% higher than in 2008. The main sources of referrals continue to be families, followed by HRSRH and the CCAC. As with previous years, the majority of clients had a diagnosis of cancer and were elderly with a mean age of 72. The primary family caregivers continue to mainly be females with many being spouses and children. There again was a decrease in the percentage of clients without a family caregiver, with only two being without one.

There was a 4 day decrease in the average number of days on the caseload over 2008 (from 39 in 2008 to 35 in 2009). The percentage of clients referred to Warm**hearts** seven days or less before dying or discharged increased compared to 2008 (43% vs. 35% in 2008). Most of these clients did not participate in the volunteer visiting program.

The survey response rate for the primary family caregivers was 36%. Those who did respond were very thankful and satisfied with the support they received from Warm**hearts**. Suggestions on how to improve of the program revolved around being made aware of our services earlier and volunteers not making promises they cannot keep.

Given the volume of referrals that historically occur shortly before death, it may benefit the public if outreach included information on the referral process, to educate them to the existence of a time lag before visiting can commence and thereby encourage earlier referral.

In conclusion, the results of this latest program evaluation are consistent with the findings of previous reports and suggest that Warm**hearts** continues to meet its primary mandate of providing palliative care support services through its hospice volunteer visiting program.

## DISCUSSION AND SUMMARY ...continued

Based on the findings of this latest evaluation, the following suggestions are made:

1. Continue to offer palliative care educational activities for the volunteers, including opportunities for discussions or onsite visits with a seasoned volunteer.
2. Continue outreach programs to raise awareness of services available among all stakeholders and the process involved, in order to increase the total number of referrals, and decrease the number of late referrals.
3. Continue to work with clients/families and stakeholders to ensure placement of volunteers is expedited.