
CONFERENCE ABSTRACT**VEER: Volunteers Engaged to Enhance Reintegration. A Comparative Study
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Introduction: Complex patients, particularly older adults, being discharged from the hospital are often vulnerable and in need of services that address both health and social issues. Volunteers can play an important role in supporting care transitions. However, there is limited understanding regarding their role, the kinds of services they deliver, and how volunteer capacity is built and maintained. This study aimed to explore these specific elements of volunteer supported patient care transition programs and how these programs support patients re-integrate in the community and live independently.

Methods: Using a comparative research design and qualitative descriptive analysis, five community re-integration and hospital to home transition programs across England and Canada were examined. Programs in England included: Age UK Worcestershire & Herefordshire (Home from Hospital), Royal Voluntary Service Leicestershire Rutland (Home from Hospital), and GoodGym. Programs in Canada included: British Columbia Stroke Recovery Association Community Navigation Program, and March of Dimes Peers Fostering Hope. Interviews were conducted with a total of fifty-one participants, comprised of eleven focus groups with volunteers and program coordinators, and seventeen individual interviews with patients.

Results: The programs held similar missions and objectives, as well had formalized intake (recruitment, screening, interviewing) and training processes for volunteers. A small number of volunteers in each program supported a large number of patients in providing support for instrumental activities of daily living (e.g. shopping, light housework, transport, collecting prescriptions). . Volunteers also provided social and emotional support (e.g. befriending, peer support, community navigation, caregiver support) in order to reduce loneliness and increase confidence levels, particularly for patients still in the hospital or in rehabilitation, and those who live alone at home. Evaluations of programs showed patients had decreased admissions to emergency rooms post discharge, as well as reported increased quality of life and decreased social isolation.

Discussions: Voluntary sector programs can serve as a 'safety net' for patients and promote independent living. Volunteers provide unique contributions in improving health and social care integration, particularly in transitional care. Skilled volunteers that are adaptable, flexible,

and have good interpersonal skills can have a positive impact on older adults' experiences returning home.

Conclusions: This study highlights the role of the voluntary sector in intermediate care and the potential for the sector to bridge the transition between hospital and home/community, and to further integrate health and social care.

Lessons learned: Programs should be developed collaboratively between the health, social and voluntary sectors.

Programs must be adaptable for client needs and community service gaps.

Support should start at the hospital (before discharge).

Volunteers must be vetted and provided with training and support.

Cited barriers (risk, privacy, liability, confidentiality) can be reduced with policies, education and training.

Limitations: Transferability of study results must consider the contextual arrangements of the wider health and social care system.

Future research: The utility of hospital to home programs and their impact on outcomes and experience of patients and their families must be evaluated rigorously, and further assessed for transferability and generalizability.

Keywords: volunteerism; intermediate care; health and social care
