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Compassionate Community Case Study

# Tuck-In Program

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Desert Valley Hospice Society  
Osoyoos, BC

ABSTRACT

“Tuck-In” Hospice Volunteer Program

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The palliative care interdisciplinary team concept emphasizes the importance of each discipline working together to meet the needs of clients and families. The Tuck-In program is designed to maximize the role of the volunteer in assisting other team members to operate more effectively and efficiently. In this program specially trained hospice volunteers make telephone calls to clients/care givers that reside at home to assure that they have the necessary supplies, medications, equipment and support over the weekend.

Tuck-In specialty education is provided to volunteers who have completed a basic hospice volunteer training program. Besides reviewing the program description, the roles, limitations and responsibilities, the Tuck-In volunteer will practice phoning a client using a script. Clients/caregivers requiring phone calls on Thursday afternoon are identified by the community hospice nurse (CHN). The nurse provides an update on changes and/or additions to the client’s care plan. A tracking record is completed for each client. The volunteer reports client needs to the CHN or designate and appropriate action is taken.

The anticipated outcomes from the Tuck-In program include increased client/family satisfaction with weekend care; reduction in emergency room visits for non-emergency needs and potential problems identified and mitigated before reaching crisis level. We also expect to see an increase in families that report they have received volunteer services and rate the volunteer care as excellent. Until a formal data collection system is in place, anecdotal reports will have to suffice.

Desert Valley Hospice Society in collaboration with the local IH Volunteer Coordinator began recruiting interested volunteers in early October 2012. The program commenced in

# Tuck-In Program

## In a Nutshell

Hospice volunteers check-in on palliative patients (and their caregivers) before weekends

Ask: “Do you need anything?”

Goal is to ensure needs are met over the weekend

Volunteers are dispatched to look into needs. If need is medical, referral goes to PC or home care nurse.

Program began in 2012 when a shortage of doctors meant that the Emergency was shut down on weekends

Working in tandem with South Okanagan General Hospital; coordination with palliative care and home care nurses

## Tuck-In Volunteer Program Summary

### Program Description

The interdisciplinary team concept emphasizes the importance of each discipline working together to meet the needs of patients and families. The Tuck-in program is designed to maximize the role of the volunteer in assisting other team members to operate more effectively and efficiently. In this program volunteers make telephone calls to patients/families to assure that they have necessary supplies, medications, and/or volunteer support. Our program includes Thursday calls to Palliative patients to “tuck them in” for the weekend. Volunteers are given training, position description, necessary information and a script to follow in order to obtain the information requested. That information is then relayed either directly to the appropriate team member and/or the Volunteer Coordinator. The appropriate team member can then act on meeting the specific needs of patients and families before the weekend, saving costly and time consuming on-call visits and providing potential crises intervention/prevention.

### Possible Volunteer Duties

- Make telephone calls to patients/families as requested by team member or Volunteer Coordinator
- Speak with patients/families about specific needs
- Review needs list “scripts” and/or ask specific questions as directed by team member
- Provide emotional support as appropriate

### Specialized Training Content

- Tuck-in program processes, policies and procedures
- The roles and responsibilities of Tuck-in Volunteers and review of the position description
- Working with challenging patients/families and customer service skills
- Limitations/boundaries for the Tuck-in Volunteer, e.g. limitations when discussing medications
- Identifying red flag areas, e.g. when to make immediate referrals for intervention

# How the Program Works

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Patients are most often referred through PC rounds

Committed, trained volunteers make check in phone calls every Thursday morning. A script is provided.

A binder (kept at the hospital) is used to record and track all needs identified:

- If medical, referral is made to PC or home care nurse
- Non-medical needs are referred to Hospice Volunteer Program Director to dispatch a volunteer

Two home care nurses are available on weekends through the local health authority

People supported	Palliative patients Caregivers
Partnerships	Cooperation with local hospital Coordination with palliative care and home care nurses <ul style="list-style-type: none"> <li>- hospice worker attends PC rounds</li> <li>- volunteer makes calls from the hospital</li> <li>- home care nurses available on weekends to respond to medical needs</li> </ul>
Volunteers	Committed trained volunteers to make check in phone calls every Thursday
Costs	Minimal – coordination is needed, especially at the beginning Manual and script (developed by Desert Valley Hospice) Home support nurses on weekends

# Resources Needed

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# Lessons learned/ Wisdom

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- ❖ Key is building relationships with hospital and volunteers.
- ❖ At first, clients are surprised to get a phone call. Messaging and making people feel comfortable are very important.
- ❖ Volunteers set up for follow-up calls – “Would you like me to call again?”
- ❖ The friendly voice of checking in with people has been likened to a pen pal.
- ❖ Often caregiver will want someone to talk to
  - ❖ Sometimes referred to community services or grief support
  - ❖ Also do bereavement calls from grief support volunteer
- ❖ Clients see the program as a safe zone. Clients want to talk!
- ❖ Story: Volunteer offered stressed caregiver a relaxation massage. Caregiver's stress was reduced to know there was a friendly voice, a program, supports, and the actual delivery of a useful service in the client's home.