WELFARE (HOSPITAL VISITATION OFFICERS).

Developed to assist members of Ex-Service Organisations in their role when undertaking support visits to Veteran members in hospital and aged care facilities.
The Role.

Over the years many Ex-service Organisation (ESO) members undertake many hours of volunteer work visiting sick and aged Veterans and their widows in aged care facilities and hospitals. These Volunteers are often not prepared to take on the more complex roles of Compensation (Pension) Officers or Welfare Officers but in their way they offer an extremely valuable service to the wellbeing of their “mates”.

- Hospital Visitation Officers visit Veterans in hospitals and aged care facilities.
- They are expected to abide by the instructions of the facilities they visit and respect visiting hour arrangements etc.
- They are required to have undertaken National Police check and have a current document.
- They are expected to uphold the elements of confidentiality and privacy and therefore they cannot report back to their ESO meeting or to others that the Veteran is in hospital, or their condition, without permission from the Veteran or the Veteran’s person responsible.
- They are expected to only deal with matters within their role.
- They should refer matters of compensation or complex welfare issues to the responsible officers in their Ex-Service organisation.
- With the permission of the Veteran they can approach discharge planners and other staff in order to assist the Veteran in achieving the outcomes they desire.
Any Veteran who has ever been in hospital and visited by a “Friendly Face” recognises how valuable the role is.

NATIONAL POLICE CHECKS

Police check requirements were implemented in 2007 and strengthened in 2009 as part of the Australian Government’s ongoing commitment to protect the health, safety and wellbeing of vulnerable aged care recipients. As part of their requirement to meet Quality Principles most organisations that care for aged people will insist that a volunteer visitor can present a current Police check. Public and private hospitals are also insisting on volunteer visitors being able to produce a criminal record history check (Police Check).

There is a cost associated with gaining a Police Check and you should negotiate with your Ex Service Organisation to meet that cost.

Although Ex Service Organisations do not have formal arrangements such as exist with the Community Visitors Scheme (CVS) however, it would seem appropriate that the information would be an example to follow.

See at:

4.10 Community Visitors Scheme (CVS) volunteers
CVS volunteers are required to undergo a police check and these are undertaken and assessed by the CVS auspices prior to a volunteer commencing with the program. Community Visitors will provide approved providers with a ‘Letter of Introduction’ confirming the date of expiry of their police check and that they have made a statutory declaration if they have lived permanently overseas after they turned 16.
Provided that the letter is current, the home is not required to view the original police certificate or statutory declaration. The home may keep a copy of the ‘Letter of Introduction’ to assist with compliance requirements.

National Police Checks (Contd.)

The Process of application.
Log on to www.police.nsw.gov.au

1. Select Criminal Records section

2. When the page opens scroll down to –

3. FORMS and select Lodge an application for a National Police Check

4. Fill in the application,

5. Either print the receipt with the Document number or take a note of it.

6. Attend the nearest Police Station with the document number.

7. Bring all the original identification documents that you listed on your application.

8. If paying cash bring the correct amount as Police Stations do not carry change.

9. Expect your certificate to be mailed to your stated address generally within 7-10 working days - if nothing arrives in 14 – 28 days make enquiries through your local Police Station quoting your document number.
PRIVACY & CONFIDENTIALITY

The Privacy Act 1988 (Privacy Act) regulates how personal information is handled. The Privacy Act defines personal information as:...information or an opinion, whether true or not, and whether recorded in a material form or not, about an identified individual, or an individual who is reasonably identifiable.
Common examples are an individual’s name, signature, address, telephone number, date of birth, medical records, bank account details and commentary or opinion about a person.
The Privacy Act includes thirteen Australian Privacy Principles (APPs), which apply to some private sector organisations, as well as most Australian and Norfolk Island Government agencies. These are collectively referred to as ‘APP entities’. The Privacy Act also regulates the privacy component of the consumer credit reporting system, tax file numbers, and health and medical research.
This Act impacts on Welfare Hospital Visitation Officers reporting back to their ESO meetings on those members in hospital or aged care facilities. There are exceptions that include:
The secondary purpose is directly related to the primary purpose of collection and is within the individuals reasonable expectations
The individual has consented to the use or disclosure for that purpose
The use or disclosure is required by law.
In the context of reporting back to mates it would seem to be as simple as asking the Veteran for permission or when a visitor is undertaking multiple visits in a unit perhaps a sheet such as is given on the next page as an example could be used.
The safe storage of any records collected during visits is vital. Sheets should be returned to the ESO Office and should be stored in a secure place
My Name is …………………………………………….I am an authorised Welfare Hospital Visitation Officer of ………………………………………………………………….Name of ESO.
Signed:  President ……………………………………………………………………………………..

If you would like me to let the members of your Ex-Service Organisation know you are in hospital/Aged Care facility and if you would like visitors please sign and tick appropriate box.

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Yes for Visitors</th>
<th>Yes to tell members</th>
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HOSPITAL VISITOR ETIQUETTE

It is advisable to introduce yourself to Charge Staff on arrival and explain your role.

- Do not enter a closed ward or curtained bay without asking staff.
- Adhere to visiting hours of the unit.
- Be aware that some acute wards such as Coronary Care, Recovery, and Palliative Care have guidelines that may only allow family members to visit.

In Hospitals:

The hospital visitor needs to be aware that infection is a very real problem within hospitals. There are a few guidelines that they can follow that can ensure that they do not introduce infections into the hospital environment.

- Wash your hands on entry to the ward,
- Wash your hands in between visiting each person, and after shaking hands,
- Do not sit on beds.
- Do not put papers, bags or notes on one bed and then onto another bed.
- Do not visit if you have a cold, or feel unwell.
- Do not visit if you are on antibiotics for an infection of any sort.
- Do not give food or drinks to a patient unless you check with staff.
- Do not empty any containers of body fluids without checking with staff.
- Do not visit until 7 days after a gastric incident with vomiting, diarrhoea.
- Be aware of where you have been prior to visiting, perhaps better to change shoes if you have been to the cattle sales, the garden, or playing with the dog.

Aged Care Facilities.
Similar rules apply, however from time to time “Tummy Bugs” play havoc within a unit and the unit has to close for a short time. This means that no visitors are allowed.
- Strict hand washing needs to apply.
- Do not give food to a person unless you check with staff.
- Do not attempt to stand or walk a person without checking with staff.
- Be observant of security measures and do not leave an external door open.

Useful information to collect from the patient.

<table>
<thead>
<tr>
<th>What was their service?</th>
<th>Should you refer?</th>
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<tbody>
<tr>
<td>Did they have operational service?</td>
<td>Talk to Pension &amp; Welfare Officer</td>
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<tr>
<td>Do they have a gold card?</td>
<td>As above</td>
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<tr>
<td>Have they got Dementia? Some Dementia conditions can be linked to service.</td>
<td>Refer to Pension &amp; Welfare Officer</td>
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<tr>
<td>Are they TPI or EDA? – has their current condition deteriorated to the extent they may require an increase in disability pension?</td>
<td>Refer to Pension &amp; Welfare Officer.</td>
</tr>
<tr>
<td>Do they live alone?</td>
<td>If yes refer to Welfare Officer &amp; Discharge Planner.</td>
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<tr>
<td>Have they met the Discharge Planner</td>
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<tr>
<td>Do they have a spouse/carer?</td>
<td>Yes to P&amp;WO – carer may be entitled for financial assistance</td>
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</table>
THE DISCHARGE PLANNER.

Most hospitals have a Discharge Planner, some even have one dedicated to assisting Aged patients and Veterans. It is worthwhile making yourself known to that person.
The Checklist below is only for your information — you are not expected to participate in any of the arrangements, however you might be able to assist the Veteran to receive the services for which they are entitled.

Veteran’s Discharge Planning Checklist

**ANTICIPATED TIME AND DATE OF DISCHARGE**
Effective discharge planning begins at the point of admission. It may even start at a pre-admission clinic. Establish the expected time and date of discharge to identify potential problems which may impact on the patient’s discharge. Provide details to the patient, their family and carer.

**CARERS**
Determine if the patient has a carer (e.g. family member, friend, neighbour, other). Establish the carer’s capability and willingness to assist.
Involve the carer throughout the discharge planning process.

**MOBILITY AND INDEPENDENCE**
If there are concerns regarding post-discharge independence or safety, consult an Occupational Therapist or other relevant allied health professional e.g. Physiotherapist, Respiratory Physician, Podiatrist, Dietician, Speech Pathologist. Discuss the supply of aids and appliances, and the need for any home modifications. Assist with providing or arranging instruction on the use of aids or appliances as necessary.

**COMMUNITY NURSING**
Confirm with patient/family/carer whether or not community nursing services are already in place. Forward a timely referral and discharge plan, with appropriate clinical information, to the community nursing agency.

**MEDICATION**
Arrange for sufficient quantities of medication to last until the next consultation. Check that the patient understands the purpose, dosage, frequency and side-effects of their medication, and that no confusion exists between past and present medications.

**RECOVERY AND SPECIAL INSTRUCTIONS**
Discuss expected recovery path and confirm understanding. Provide any necessary or special instructions in writing.

**MEDICAL AND OTHER APPOINTMENTS**
Arrange all necessary appointments. Provide the patient or carer with written details of the appointments. Ensure relevant clinical information in writing is provided to health professionals.

**NUTRITION**
Discuss future nutritional needs and organise services to meet these if necessary.

**DISCHARGE SUMMARY FOR THE PATIENT’S GP**
Arrange the issue of a discharge summary to the patient’s GP and referring doctor at the time of discharge, with a copy given to the patient / carer.

**PATIENT’S MEDICAL / OTHER PROPERTY**
Ensure the patient takes with them any private x-rays, scans, medical documents, medicines as well as all personal belongings.

**TRAVEL ASSISTANCE** Organise transport home and to follow-up appointments as early as possible. Otherwise the patient may have the option of claiming reimbursement of travel expenses from the Department of Veterans’ Affairs.
CARING FOR YOURSELF

The role you have taken on can be arduous and emotionally draining.

Volunteering can be:

- Satisfying
- Uplifting
- Helpful with your self-esteem and feelings of being valued.
- Helpful to people.

It can also be:

- Demanding and time consuming,
- Expensive in time not spent on relationships with family & friends,
- Sad and sometimes can leave you depressed.
- Financially impacting.

You may find that what you once enjoyed has become less enjoyable and a burden. There are some strategies that you can use to avoid that happening or if it has happened, to allow you time out to restore your wellbeing.

- Have realistic expectations of your volunteer work
- Schedule “Time Out” from giving time to community
- Maintain interests away from volunteer work
- Understand when under stress and what to do to limit
- Make sure you say ‘NO’ to being over tasked
- Delegate the workload fairly
- Develop a ‘Buddy’ system
- Have a DEBRIEF system for relief and confirmation about your actions

Allocate some time for your life