

## **DIRECT SERVICES TO LOW VISION PATIENTS IN THE COMMUNITY BY LIONS VOLUNTEERS PARTICIPATING IN THE LIONS LOW VISION REHABILITATION NETWORK (LOVRNET)**

### **Background**

Eighty percent of people with low vision are over age 65 and the average age of the low vision population is 77 years old. A recent survey of low vision patients seeking services in low vision centers throughout the country revealed that the majority of patients (60%) have physical disabilities that limit their ability to perform daily activities, more than half (52%) experienced a fall during the preceding year, nearly a quarter (22%) are depressed, and 10% have significant memory problems. More than a third of low vision patients (39%) live alone, 81% depend on family and friends for transportation and most depend on family (77%) and/or friends (38%) for other types of assistance. Only 5% of patients report they receive assistance from their church and only 2% report receiving assistance from community service organizations like Lions Clubs.

Low vision rehabilitation is a time consuming and labor intensive service because low vision affects so many aspects of a person's life. For this reason, many eye doctors are reluctant to offer low vision rehabilitation services in their practice. Missed appointment rates by low vision patients average about 25%, usually because of a problem with transportation, which further discourages eye doctors from offering these services. Especially for low vision patients with other chronic health problems, patients who live alone or have limited assistance during the day, and patients who are depressed or have memory impairments there is a need for closer follow-up and often a need for continuing services. Many patients forget the vision skills they were taught in the low vision clinic, such as the proper use of a magnifier, and/or have difficulty transferring those skills to the home environment.

Frequently therapists provide low vision rehabilitation services in the patient's home, especially for patients who are homebound or live alone and have limited support available to them. In these cases, the primary concerns addressed by the therapist are safety hazards, lighting, contrast, organization of belongings, and adaptations of daily routines to accommodate low vision in the patient's home. In many cases the patient requires assistance to implement and maintain the therapist's recommendations for modifications of the home environment and modifications of the way daily activities are performed.

The Lions LOVRNET is a community-based healthcare network, governed and operated by local Lions, that is dedicated to the expansion, improvement, and use of local low vision rehabilitation services. The Lions LOVRNET promotes, facilitates, and coordinates care of people in the community who have chronic vision impairments and are in need of low vision rehabilitation. To this end, the Lions LOVRNET is designed to eliminate or minimize barriers to the provision of low vision rehabilitation services in the community. An important part of that strategy is for trained and certified Lions volunteers to be available when needed to provide direct services to patients. Services include assistance that will enable patients without transportation to obtain professional low vision rehabilitation services. Also, Lions volunteers will be prepared to provide direct follow-up services to patients in their home and community so that therapists' recommendations are properly implemented and maintained by the patient to maximize the likelihood of a successful outcome.

## Types of Services Provided by Lions Volunteers Participating in the Lions LOVRNET

The following services will be offered to local low vision patients by Lions volunteers through the Lions LOVRNET:

- Transportation to the doctor's office
- Troubleshooting and solving patients' problems in the home after low vision rehabilitation
  - Check lighting position and type of light source
  - Validate work distance with new glasses for reading
  - Determine why light on low vision device does not work
- Helping patients with basic communication issues
  - How to ask for directions
  - Operating a telephone
  - Tips and tools for signing one's name accurately
- Teach patient how to use talking books and help them register for service
- Teach patient how to use speech output computers, tablets, and e-readers
- Teach patient how to use NFB Newsline and help them register for service
- Teach patient how to use public or special transportation services
- Teach patient about available community services and help them register for services
- Increase contrast in the patient's home
  - Teach patient how to use contrast to improve visibility (e.g., float toy in tub, towel to sort pills)
  - Change receptacle and switch face plates to increase contrast
  - Teach patient to use contrast in the kitchen (e.g., choice of plate and cup colors to contrast with food and drink, two-color cutting board, use of contrasting color placemats to make item visible)
  - Teach patient to use contrast in the bathroom (e.g., toothpaste color that contrasts with toothbrush, contrasting soap/soapdish, marking edge of tub, highlight door frame)
- Identify safety hazards in the home (e.g., throw rugs, stairs without handrails, poor lighting, open flames)

## Training Program for Lions Direct Service Volunteers

All Lion volunteers participating in the LOVRNET Direct Services program will be required to complete HIPAA compliance training and training in the areas where they will be teaching patients and providing assistance. The Direct Services Taskforce will be responsible for designing and organizing the training programs. Some training can take the form of online courses and other training sessions will be face-to-face in the form of hands-on workshops. Wilmer Lions Vision Center and other low vision rehabilitation professionals will help with developing training materials and course/workshop content.

Examples of training requirements.

- **Transportation to the Doctor's Office:** Many Lions currently assist people in the community by providing transportation to doctor appointments. To participate in transporting low vision patients to the clinic or doctor's office, Lion direct service volunteers will have to learn sighted guide techniques, have HIPAA compliance certification, and be familiar with the LCI liability insurance coverage policies.

- **Troubleshooting after low vision rehabilitation services:** It will be necessary for Lions direct service volunteers to learn how different low vision devices function, the importance of controlling focus and viewing distance, basic principles of magnification, basic principles of lighting and how to control lighting levels, and how patients' physical limitations (e.g., tremor or range of motion limitations) can interfere with low vision device use .
- **Modifying contrast in the home.** Lion direct service volunteers will have to learn the basic principles of color and brightness contrast and how reduced contrast sensitivity reduces visibility of objects and features; how contrast sensitivity depends on the brightness of task lighting; how to increase contrast in the environment; how glare affects contrast; and how color filters can improve contrast.
- **Adapting daily activities to accommodate low vision:** Lion direct service volunteers must learn about the types of daily living aids available (e.g., talking thermometer, tactile markers, bold line paper, bold tip pens, and a wide variety of other signaling, talking, large print, and marking devices that can be used in the home to make the performance of daily activities easier). Lions must also learn how to teach visually impaired people and their family members and caregivers when to use these devices and how to use them effectively.
- **Available services for the blind and visually impaired:** Lion direct service volunteers must learn about services such as talking books, Newsline, local public transportation and special transportation services, and about eligibility requirements for these services.

#### **Lions LOVRNET Direct Volunteer Service Logistics**

Lion direct service volunteers must be trained and certified to participate in the Lions LOVRNET program. It will be necessary for the Direct Service Taskforce to develop certification criteria and implement the certification program. It also will be necessary to develop and implement a quality assurance program that includes both objective and patient evaluations of volunteer knowledge and services. In addition to evaluating quality of service, the Taskforce also must develop methods of improving quality through peer-to-peer training (e.g., online blogs and chats), a recognition program that rewards both quantity and quality of service, and a recruitment program that attracts volunteers who are likely to provide high quality services.

Each Lion direct service volunteer will maintain his/her own online availability calendar that will be used for scheduling volunteers to work with patients. The LOVRNET Direct Service Taskforce must work with the LOVRNET Administration Taskforce to implement the scheduling program and coordinate direct service volunteer recruitment and recognition with the other LOVRNET volunteer programs.

The LOVRNET Direct Service Taskforce must also develop and maintain a manual of operations and procedures that covers all aspects of the Lions direct service volunteer program. The Taskforce should have representation from each District in MD22 and perhaps representation at the region or zone level of each District. The LOVRNET Administration Office at BISM will provide staff support to the Taskforce and will manage direct service logistics once they are implemented.