POSTER ABSTRACT

Compassionate and Supportive Care—No one dies alone

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The Compassionate Supportive Care Program (CSC) at Banner Boswell Medical Center was developed and implemented on January 22, 2018 to provide a reassuring presence to patients who otherwise would be alone at the end of their life. This program was modeled after the “No Veteran dies Alone” Volunteer Program at the Veteran’s Administration hospital system. Local volunteers were recruited from within the local community and trained to provide companionship and support to our dying patients. Volunteers sit with the patients and read to them, play soft music or just serve as a calming companion. Volunteers also provide respite for caregivers who need time away from the hospital to take care of other things.

The Banner Hospice Inpatient Program (BHIP) officially launched at Boswell Hospital on August 27, 2018. Banner Post-Acute Services and Facility leadership endorsed a program that allow patients with terminal conditions to be treated at the hospital by staff with additional training in end of life care. BHIP programs have received positive feedback from physicians, nurses, patients and families and currently exist at ten different Banner locations. The program’s goal is to temporarily re-designate underutilized inpatient beds to provide immediate end of life care for patients who present to our facility. This avoids the need for ambulance transfer to other hospice locations for patients in their last days of life. Hospice is available 24/7 and trained staff provide comfort care, spiritual care and assist with end of life needs. BHIP cohort patients are cared for on the Medical/Surgical unit on floor 3B unless they need to stay on their current unit.

Banner Boswell Medical Center continues to provide innovative programs and services. The no one dies alone philosophy produced the combination of two distinct yet similar program services. The introduction and piloting of two distinct hospital programs occurring simultaneously as a service to our terminally ill patients, namely the Compassionate Support Care (CSC) and the Banner Hospice Inpatient Program (BHIP), was a perfect match.

It seemed natural to combine CSC and BHIP programs to provide quality care to terminally ill hospital patients who do not have family or friend support at the end of their lives. It is anticipated that this newly combined service provision will produce great outcomes, quality patient care and family satisfaction with end of life care for those lacking support. Although the service is in its infancy, it is too early to show its impact, however in the short time that it has been implemented, 8 patients have been referred and 30 volunteer gift of presence hours have already been clocked.

It is anticipated that the development and implementation of the CSC and BHIP system-wide service provision will produce great outcomes, quality patient care and family satisfaction with end of life care for those lacking support.
Keywords: end of life care; volunteer program; compassionate supportive care; banner hospice inpatient program