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IMPROVING QUALITY OF CARE FOR TERMINAL PATIENTS AND THEIR FAMILIES BY
ADDING VOLUNTEERS AS PART OF THE INTER DISCIPLINARY TEAM

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Purpose: The Geriatric-Palliative department (GPD) at the Shoham Geriatric Medical Center provides palliative care to patients with chronic cancer/non cancer, “non-curative” diseases and to their families, in the “end of life” (EoL) period. We’ve identified needs that, with our present means & budget, were difficult to satisfy appropriately. Those included paucity of individual accompaniment and support to patients & families (P&F), continuity of care from GPD to the community, before and after death. “Ve-Ahavta”, a non profit organization, provides accompaniment and support to people in situations of loss and bereavement. We joined forces and built a model for educating volunteers, thus enlarging the traditional, professional inter disciplinary team (IDT) to fill the above mentioned gaps, in an attempt to improve quality of EoL care.

Methods: We used several local advertisement means to recruit volunteers to the challenging task of accompaniment and support to EoL P&F. The volunteers’ educational program included 10 weekly 2 hours meetings, conducted by the two social workers of the GPD (SBS) and “Ve-Ahavta” (IS). It comprised knowledge of principles of volunteering, accompaniment & support to EoL P&F, stages of bereavement, role play, guided imagination, discussions and activities towards group materialization, as well as lectures given by the medical director (DG) and head nurse (ISh) of the GPD, and by the community Rabbi (EW). All volunteers were exposed to EoL patients & their families, and to the IDT, at the GPD.

Results: Following personal interviews of the first 30 applicants, 15 candidates were chosen (11 women, 4 men, age 30 – 70). The first course started in October 2006, all 15 applicants completed it. Only one “graduated” volunteer dropped out because she had to leave Israel. On January 2007, 8 already started to function as volunteers to EoL P&F both at the GPD and in the community. The rest are waiting for us to match the right patient, as adjusting P&F needs to those of the volunteers are important for maintaining a successful, stable, long standing relationship. The anonymous feedback questionnaires given to the volunteers, the IDT, P&F, revealed a very high score of satisfaction regarding the depth of links created and quality of care given.

Conclusions: Adding non-professional, highly motivated volunteers to the traditional IDT, enables to relieve some burden off the later, while improving quality of care to EoL patients and their families. Our model is successful in increasing feelings of satisfaction in the volunteers as well.