

Incorporating Douglas In Caring For the Dying

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Hospice SLO County Overview

Established 1977

Original U.S. Hospice Social Model Structure

1980's Board Elected to Remain Volunteer Hospice

2001 – Prison Inmate Program at California Men's Colony

2007 – Same Model to Train Vigil Volunteers for 24 hour Vigils in Institutions


The Vigil Experience

- Late Admissions to Hospice
- Inconsistent definition and explanation of “Comfort Care”
- Dying and Families unprepared
- Dying no longer able to engage with family
- Family’s experience of death as traumatic

Seeking a Different Approach

- Standardized Training
- Focus on non medical support
- Fill in gaps in services
- Compliment Palliative Care/Hospice Services

Why INELDA Model

- Standardized Training Course/Manual
 - Experiential Learning
 - Addressed Observed Needs of Dying/Families
 - Assistance with P&Ps, Implementation, Forms
 - Offered Continuing Education
 - Provided Credentialing Process for Continued Growth
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Initial Challenges

Silo Mentality

We Already Offer That


Perceived as Competition

“That’s My Job”

Only a _____ can provide those services

“Who’s Going to Pay for it?”

EOL Doula Transition

- Trainings Initiated in August 2015
 - 28 Active Doulas
 - Varied Backgrounds and Areas of Expertise
 - Screening
 - Last 3-4 Months of Life
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What We Found

- Vigils (streamlined communication)
 - Palliative Care Patients
 - Hospice Patients
 - Clients/Families – Reduced Anxiety, Increased Preparation for Death
 - Hospital Collaboration
 - Medical Aid In Dying/End of Life Option
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