

## **Bridging a Gap in Veteran Care at End-of-Life with the Creation of a No Veteran Dies Alone Program**

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**Purpose:** To create a No Veteran Dies Alone Program (NVDA) to make available trained volunteers to sit at the bedside of hospitalized Veterans at end-of-life who do not have any family members or friends at bedside. A NVDA volunteer provides companionship and assistance at the bedside of a Veteran who is being faced with a life limiting illness. **Significance:** As many as 2,000 Veterans die each day and many of these Veterans will die without a single visit from a family member, friend, or companion. Isolation among the Veteran population is higher than the general population and because of their military service and experiences, Veterans have additional emotional and spiritual needs as they approach the end-of-life, particularly combat Veterans.<sup>(1)</sup> **Methods:** Direct care nurses teamed with chaplain services and voluntary services to create a three-hour PowerPoint training presentation to educate volunteers in the role of NVDA volunteers. This presentation also included training on listening and communication skills and specific end-of-life processes. A decision-tree was created for nurses and chaplains to use to identify Veterans who could use a volunteer and a process to request volunteers was created. **Results:** 27 volunteers were trained to become NVDA volunteers and are now being utilized on medical/surgical units and the ICU at Portland VA Medical Center. The goal is to train enough volunteers to have on-call volunteers available 24-hours a day in hopes that no Veteran has to face the dying process or death alone. Between November 2014 and January 2015, 4 NVDA consults had been placed and 17.5 hours of volunteers were able to be provided to these 4 Veterans.

1.) Magruder KM, Yeager DE. The prevalence of PTSD across war eras and the effect of deployment on PTSD: a systematic review and meta-analysis. *Psychiatr Ann* 2009;39(8):778-88.

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