

**Purpose Driven Project
Management:
Designing & Implementing a New
Volunteer Program in a Hospital Setting**

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Outline of Today's Presentation

- Who is your speaker and how did she end up here?
- What is the setting?
- What is the “problem” (unmet need)?
- What is No One Dies Alone (NODA)?
- Who are the stakeholders & what is the program scope?
- A progress report on NODA implementation
- Conclusion and questions



Corporate Project Manager

*From the bench to the board
room and at the bedside.*



Chaplain



The Setting: Washington Hospital

- <https://www.whhs.com/>
- Opened in 1958
- 415 beds
- Critical Care Pavilion
Opened in 2018
- Community hospital
affiliated with UCSF



The “Problem” or Unmet Need

- Lockdown
- Hospitals overwhelmed
- Staff stressed
- No family allowed to see patients

The Birth of No One Dies Alone



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What is NODA?

- No One Dies Alone (NODA) is an international volunteer program
- Started in 2001 at Peace Health in Eugene, Oregon with a mission of offering a reassuring presence to dying patients who would otherwise be alone
- Numerous hospitals have adopted this program including:
 - UCSF Medical Center, San Francisco, CA
 - Stanford Medical Center, Stanford, CA

Stakeholders

- Hospital Administration
- Nursing Staff and aides
- Spiritual Care Providers (chaplains)
- Volunteer Service League
- Patients and families

Mission & Goal

- Mission
 - To establish a skilled team of volunteers offering companionship to actively dying comfort care patients who have no family present or whose families need periodic respite support. With the support of staff, NODA volunteers offer the most valuable of human gifts: a dignified death
- Goal
 - The NODA volunteers will create and maintain a peaceful space in the hospital room and provide compassionate companionship for actively dying patients to pass with dignity

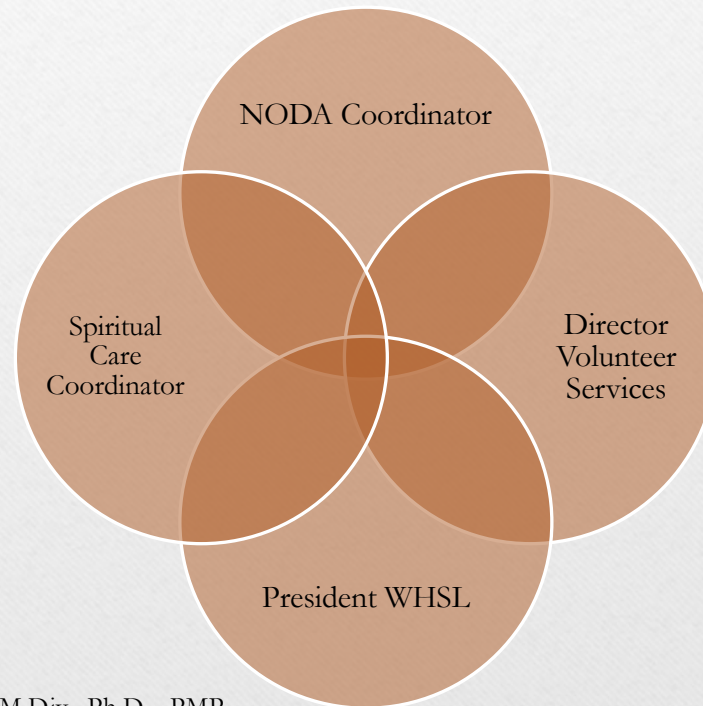
Benefits

- Support dying patients so they can pass peacefully and with dignity
- Support family by giving them time to practice self-care
- Support staff by alleviating the pressure on them to be available at all times

Approach

- Confirm management interest in the program
- Outline needed training & identify consultant
- Present scope, timeline and budget to hospital CEO
 - Approval March 2023
 - Launch estimated for June 2023
- Initiate development of training curriculum
- Form Core Team

Core Team



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Expenses

- Supplies
 - Bluetooth speakers: (one time expense)
 - Training booklets and supplies
- Services
 - Music Service
 - Training
 - Curriculum development by consultant (one time expense)
 - Ongoing training (annual)
 - Food and refreshment at trainings and debriefing
- Total: < \$10, 000 initial; estimate \$4,000 annually

Training

- NODA history and mission
- Comfort care education
- Review of standard isolation precautions
- What to expect when a patient is actively dying
- Cultural awareness and sensitivity for a diverse spectrum of world views, faith perspectives, and cultural expressions
- Basic self-awareness and presence: being vs. doing
- Active listening and compassionate communication

Timeline

	Planned	Actual
Approval	March 3rd	March 3rd
Volunteer recruitment	March – April	March – mid-May
Vigil training	April	Mid-May
Experience on floors	June	July - ongoing
Staff training	June	July - August
LAUNCH	June	August 7th

Progress Update

- Volunteers:
 - Initial cohort is completing training and beginning to serve patients
 - Recruiting next cohort
- Staff: appreciative, expanding awareness of NODA
- Training: iterative approach, learn as we do
- Administration: refining procedures

Conclusions

- New programs face similar challenges regardless of institution nature or size
- Stakeholder buy-in essential to success:
 - CEO, Management, Nursing Staff, Critical Care and Palliative Care teams, and Service League Board
- Iterative approach to training and development: continuous improvement

Questions?



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