The rationale for palliative care is so powerful, so mission-related, and so inspiring that in 1999, even as it was downsizing, Mercy Health Partners felt compelled to launch a new program to help people at the end of their lives. The result is a Palliative Care Program whose holistic approach, broad-based involvement of physicians and staff, and community engagement are spurring rapid acceptance and growth.

Mercy Health Partners of Southwestern Ohio is an integrated system with acute care, long-term care, and home care services. Its facilities serve the diverse, suburban communities of Cincinnati. “When we proposed our program, we expected our system leaders to ask a lot of questions about money,” says Mary Davidson, program director for the Palliative Care Program. “They didn’t. Their response was, ‘It really fits our mission well. Let’s do it.’ Our regional CEO’s support and commitment was tremendously influential in getting our program off the ground and sustaining it.”

Still, Davidson had to take an economical approach. “Our budget was bare-bones. We said, ‘How can we maximize what we already have?’” That strategy makes Mercy’s program an excellent role model for new programs geared to the special characteristics of a community hospital system.

Mercy’s program of care for people with life-limiting diseases is structured as a “Trinity of Care” with a holistic approach. Its components are: interdisciplinary, palliative-care consultation teams; altered room environments that promote patient- and family-centered care; and Community Bridges, which promotes community involvement and change at the grassroots level.

The program began in two of Mercy’s five acute-care facilities and was so well-received that it has since been replicated at the other three. Early on through partnership with its parent corporation Catholic Healthcare Partners, Mercy wisely incorporated ELNEC into its training for nurses, pharmacists, physical therapists, and respiratory therapists. This tactic spurred wide acceptance of the mind-body-spirit approach, and caregivers from many areas now contribute creative ideas to enhance the Palliative Care Program.

“Physicians took a bit longer to convince,” says Davidson. “But one-by-one, as they experience the benefits of coordinated care, and as they witness the increased comfort levels of their patients, they’re buying in.” Davidson has evidence of this phenomenon: at one site, only nine months after instituting a Palliative Care Team, there was a 340 percent increase in referrals to hospice.

One of Mercy’s most intriguing innovations is holistic therapists. Funded by Mercy’s foundation, three holistic therapists work 10 hours per week at each site, offering complementary therapies to relieve pain. These interventions include massage, heat or cold, guided imagery, and healing touch.

“Touch is so important,” says Andrea Ziser, a licensed massage therapist. “As a patient, to have someone touch you without the clinical agenda of an examination, a procedure or an injection — to touch you gently, for relaxation, can be a very different, positive experience.”

Recently, Mercy launched a volunteer program to further enhance its services. The idea behind Companioning the Dying is that patients who are alone and are dying in a Mercy facility will have a companion assigned to them. To date, 11 volunteers have trained for these vigils.

Mercy’s program provides an inspiring example of creativity and compassion in a young program operating on a relatively low budget. Still early in its journey, the program holds great promise for the future, and its leaders are committed to realizing its full potential. “When we started, we didn’t have much more than people, passion, and commitment,” says Davidson. “Our success and growth has been more than I’d ever imagined. People have connected with us on a very deep level. And that’s what keeps us going.”