

## **BEREAVEMENT SERVICES**

### **PURPOSE**

To ensure that appropriate and coordinated bereavement services are provided to families/caregivers.

### **POLICY**

Integrated Senior Care Hospice will provide an organized bereavement program supervised by a qualified Bereavement Coordinator for up to one (1) year following the death of the patient. Services will be provided by personnel who have received training and have experience in dealing with grief. The duties and responsibilities of the Bereavement Coordinator and Bereavement Counselors will be specified in appropriate job descriptions.

The program will provide bereavement services to the families/caregivers of hospice patients both before and after the patient's death in accordance with the plan of care. The purpose of these services will be to facilitate a normal grieving process and to identify and appropriately refer those persons who may be experiencing pathological grief reactions that may interfere with the eventual resolution and integration of their losses. The purpose will also be to prepare the individual to function independently of hospice and to identify a support system with the individual.

Bereavement services will be coordinated, insofar as possible, with the individual's clergy, if any, as well as with other community resources judged to be useful and beneficial to the family/caregiver.

### **PROCEDURE**

1. A bereavement risk assessment will be completed by the hospice social worker at the time of admission to hospice. (See "[Bereavement Assessment](#)" Policy No. H:2-053.) Information gathered will be incorporated into the plan of care and considered in the bereavement plan of care.
2. After the bereavement risk assessment is completed, a plan will be developed to address bereavement/grief issues and will be implemented as needed.
3. Depending on the patient and family/caregiver needs identified in the bereavement assessment, bereavement counselors may need to contact and/or visit the patient and family/caregiver prior to the death.
4. The bereavement counselors may provide supportive counseling to the patient and family/caregiver prior to the death.
5. After a death has occurred, the bereavement assessment will be updated and the family/caregiver needs will be discussed at the next interdisciplinary group meeting.
6. Bereavement interventions will be reflective of the family/caregiver's choices to participate in the bereavement program.
7. Families/caregivers who choose to participate in the bereavement will be accorded the same confidentiality and privacy rights as a hospice patient.
8. Within two (2) weeks after the death of a patient, a sympathy card will be sent to the bereaved.
9. After three (3) weeks, a bereavement letter will be sent to the bereaved giving support and outlining the hospice bereavement services.
10. Within three (3) to five (5) weeks after the patient's death, a bereavement assessment (see "[Bereavement Assessment](#)" Policy No. H:2-053) will be completed by the bereavement counselor following the family/caregiver. This assessment will note and observe the bereaved for symptoms related to grief. The bereavement counselor will render a professional judgment as to whether the bereaved is experiencing normal grief, moderate grief, or a severe grief reaction.
11. If a person is noted as experiencing normal grief, the bereavement counselor will make contact with the bereaved person for ongoing assessment and support at three (3), six (6), and nine (9) months after the

patient's death and at the anniversary of the patient's death. The bereavement counselor will make information available to the bereaved person regarding bereavement support groups, other support groups available in the community, and the availability of individual counseling by the hospice personnel.

12. In addition to the services outlined above, persons deemed to be experiencing moderate or severe grief will be followed by the bereavement program with increased services and contact offered as noted in the plan of care. Persons identified will be referred to the Bereavement Coordinator and intervention will be provided as follows:
  - A. The Bereavement Coordinator will evaluate each bereaved on a case-by-case basis and evaluate the need for individual counseling. If necessary, the bereavement, spiritual care, or social work hospice personnel will provide individual counseling to the bereaved. Referrals to outside professionals may also be required.
  - B. A bereavement volunteer who has received additional training in bereavement support may be assigned to make regular contact with those bereaved people and work under supervision of the Bereavement Coordinator.
13. A bereavement file will be maintained on each family/caregiver unit of care. Each file will contain the following information:
  - A. Copy of the patient referral and initial bereavement assessment
  - B. Bereavement service report
  - C. All bereavement assessments made
  - D. A bereavement plan of care
  - E. All bereavement clinical notes that have been written and/or letters sent to the bereaved
14. Ongoing bereavement contact will be concluded at the end of up to one (1) year, if the bereaved is no longer in need of hospice bereavement services.
  - A. A letter will be sent indicating completion of bereavement services.
  - B. A copy of the letter will be placed in the bereavement file and the file retained.
15. If at up to one (1) year, grieving is still perceived as acute, the Bereavement Coordinator will attempt to reassess what additional professional services may be necessary and make appropriate referrals as indicated.
16. Bereavement assessment and clinical notes will be submitted to the patient's permanent clinical record