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| Bereavement Program | **Last Revision:** | July 2019 |
| **Last Reviewed:** | June 2020 |
| **Applies to the following THA Group of Companies:**  | Island Hospice |
| **Included in the following THA Manual:** | Administrative Policy and Procedure ManualProvision of Care, Treatment, & Service |

**POLICY**

Bereavement services are available to survivors for up to 13 months following the death of a patient, with a longer period offered as needed. Patients and their survivors are informed during the admission process the types of bereavement care available before, during, and after care.

**Initial bereavement services include:**

1. A bereavement assessment, completed within 5 calendar days of admission for all Hospice patients by the assigned bereavement staff, and updated during the course of care, at the time of death, and during the bereavement follow up.
2. An exchange of information between all team members providing care for the patient before, during and after care. At the IDT meeting, special attention is given to assessing for complicated grief reactions. Referrals to physicians, counselors, clergy and community resources are made as needed.
3. Hospice provides trained staff and volunteers to offer support in the form of mailings, phone calls, email, and visits. Staff and volunteers are available at the request of the survivors.

The bereavement services are provided under the supervision of the Hospice RN in conjunction with the Chaplain, one of whom has experience in grief counseling and is responsible for program management.

**Bereavement Follow Up Process:**

Immediately following a death, staff is notified by the responding nurse.

1. Hospice staff provides bereavement contact by visit or phone, by attending the wake, funeral or memorial service or by making a home visit.
2. Survivor bereavement risk is discussed at the first team conference following the patient’s death with special consideration given to any dysfunctional coping patterns, age and health status of survivor(s), and extent of support available to the patient’s survivor and primary caregiver. Referrals are made as needed.
3. A bereavement card is initiated, with condolences made to primary requested survivors listed on the initial bereavement assessment. Follow up contact with the survivors is by personal visit, telephone call, email if applicable, or by mailings. The schedule of contact after the death includes communication at 1, 3, 6, 9 and 12 months. At the 13th month a remembrance card is mailed for discharge purposes. Additional communication, and/or referrals are made as needed.
4. Documentation: A file is created and maintained by the Bereavement Coordinator assigned to the client. All staff involved with the patient can maintain communication with the survivors. The file includes the assessment, plan, schedule and reports of all contact attempts and visits made with the survivors. Bereavement records are maintained independent of the clinical record for a period of 13 months. All volunteers and staff contributing to the bereavement care should document their contacts in the record.
5. Training in usual grief responses, recovery and bereavement counseling

techniques are provided to all bereavement volunteers.

1. Hospice provides bereavement services to staff within Assisted Living Facilities and Skilled Nursing Facilities where Island Hospice patients have resided as requested.
2. Community support groups may be provided by hospice support services staff. The support groups are open to families and caregivers of patients as well as the general public.
3. Individual bereavement counseling is provided to survivors needing individualized attention.