Raising the Bar for Bereavement Programming: Lessons Learned from COVID

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One of the most important lessons we have learned lately is that if our top priority is in fact the provision of high quality bereavement care and programming, then the only way to get there is through creative thinking.

Who should supervise the provision of bereavement services?

A hospice program is required to have "…an organized program of bereavement services furnished under the supervision of a qualified professional with experience or education in grief/loss counseling."

Do you have documented grief/loss education/counseling experience?

Who should receive bereavement counseling and/or bereavement services?

- Members of the patient's family
- Significant members of the patient/family circle of support
- **Note from Medicare**: *To restrict bereavement counseling to a select few would discourage hospices from providing this service, thus harming the bereaved and the larger community. Therefore, we did not insert language limiting the definition of "bereavement counseling" to immediate family members.*
- *Bereavement services….would be required to be made available to individuals identified in the bereavement plan of care up to one year following the death of the patient, and would reflect the needs of those individuals. When appropriate, residents and staff of a SNF/NF, ICF/ MR, or other facility would be offered bereavement services.*

Who should be providing the counseling?

§ 418.64(d), *we require that counseling services, including bereavement counseling, are provided by or under the supervision of a qualified individual with experience in grief or loss counseling. Some hospices may use a social worker while other hospices may choose to use chaplains or volunteers to provide this service.*

https://www.federalregister.gov/documents/2008/06/05/08-1305/medicare-and-medicaid-programs-hospice-conditions-of-participation

This flexibility allows hospices to meet the needs of their patients and families in a manner that works best for their needs and resources. Therefore, we are not prescribing who may or may not furnish bereavement counseling services.

Medicare Definition

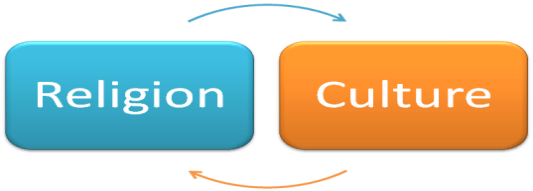
- *Bereavement counseling means emotional, psychosocial, and spiritual support and services provided before and after the death of the patient to assist with issues related to grief, loss, and adjustment*

What should be included in the assessment and then incorporated into the plan?

From the State Operations Manual Appendix M - Guidance to Surveyors: Hospice

Social, spiritual and cultural factors that may impact a family member or other individual's ability to cope with the patient's death would include, but not be limited to:

- *History of previous losses;*
- *Family problems;*
- *Financial concerns;*
- *Communication issues;*
- *Drug and alcohol abuse;*
- *Health concerns;*
- *Legal and financial concern;*
- *Mental health issues;*
- *Presence or absence of a support system; and*
- *Feelings of despair, anger, guilt or abandonment.*



These issues may not be readily apparent during the initial bereavement risk assessment, but should be incorporated into the hospice plan of care if they become evident, ***and must be considered in the bereavement plan of care.***

Individualizing the Bereavement Plan

1. Take responsibility for teaching team members how to conduct a thorough bereavement assessment
2. In addition to other factors, be sure to include: past losses, past coping strategies, elements present for complicated grief, multiple losses, support system, added financial strain, spiritual distress, meaning and beliefs, relationship dynamics, suicidal ideation
3. If the forms you are using are generic (check boxes) assure the person conducting the assessment is adding narrative notes, especially for higher risk assessments
4. Ensure that the process is dynamic
5. Collect ongoing information in IDG meetings
6. Enlist a team member to assess for specific dynamics during routine visits
7. Reassess soon after the death of the patient
8. Remember that “bereavement assessment and counseling” begins at the time of admission and is an ongoing process

Questions to consider: (guidance for surveyors and you!)

- *How and when do you incorporate the bereavement assessment into the comprehensive assessment?*
- *What services do you provide to reflect the needs of the family and other individuals in the bereavement plan of care?*
- *How do you evaluate the outcomes and effectiveness of the bereavement services you provide?*

Components of and Exceptional Bereavement Program

- An assessment of risk/needs happens at the time of admission (or before) and bereavement counseling occurs at the time of admission (or immediately after) as needed.
  - Would we wait for days to provide pain control when someone is in serous pain? Why would it be acceptable to wait when someone is suffering?
- All services are available at the bedside and/or virtually
  - Including support groups, education and counseling
- Mailings are just one of many interventions
  - People can receive the information that is in a mailing via telephone or zoom calls if they prefer.

Continued…

- Mailings are updated at least annually based on preferred practice and most recent research.
- Mailings are tailored to specific age groups and community diverse populations (religions/cultures, LGBTQ, etc)
- Professional and lay volunteers are included in our services to assure the diversity of needs are met.
- Relationships are developed with community resource organizations to assist in connecting the bereaved with the services they need.
- Plans-of-care are clearly individualized, outdated regular and guide the services provided

And…

- Bereavement professionals services as coaches and guides for team members (including nursing assistants and volunteers) beginning at the time of admission
- All bereavement services are based on preferred practices and the most recent research available
- Bereavement professionals are clear about common “grief and loss” misperceptions and provide ongoing education to staff and volunteers
- Bereavement professionals are included in a significant way in staff and volunteer training and ongoing education

Risk Assessments and COVID-19

- ✓ Consider:
  - ✓ A strong social support network is an indicator of lower risk
  - ✓ Focusing on physical health promotes lower levels of risk (alcohol sales are at an all-time high right now)
  - ✓ Experiencing multiple losses is an indicator of higher levels of risk
  - ✓ Depression, suicide risk and self-harm risks increase for the general population
- ✓ Remember: someone might be considered low risk at the time of admission or death, but the added complications of COVID-19 dynamics can likely increase risk over time
- ✓ **Should we question any assessment that says a person is "low risk" during these times?**
- ✓ Is this a good time for you to be doing some staff training?

Matching bereavement services to risk levels

- A one size fits all approach can never be acceptable
- Mailings alone are never an adequate intervention for people who are at medium to high risk
- Be clear about how you approach suicidal ideation for people receiving your bereavement services
- Bereavement counseling is required under the Medicare CoPs. How are you providing counseling to people who are high risk both before and after the patient's death?
- Are you referring to another program's bereavement services?
- Are you referring to community counselors instead of providing counseling?
- One way to increase the services you provide is through the use of volunteers.

Volunteers and Virtual Services in Bereavement

- Bereavement services – support and assessment calls
- Life skills for the bereaved
  - Virtual calls to teach basic skills such as check book balancing, cooking, shopping, etc
- Professional volunteer calls (some examples are)
  - Bereavement counseling
  - Patient/family bereavement counseling prior to death
  - Family meetings – before/after death
  - Calls from psychologists/psychiatrists per plan-of-care
- Conferencing calling and virtual support groups
  - Bereavement support groups
  - Bereavement education groups
  - Patients receiving bereavement support and counseling
  - Individuals receiving bereavement support and counseling

And…

- Social isolation connection calls and virtual connections
  - “Would this be a good time to chat for a few minutes?” letting people know we are available
- Spiritual support “prayer calls”
  - Prayers that are compatible with patient/family beliefs
  - Guided meditation calls
  - Sit together in silence and then talk about thoughts/feelings
- Plan-of-care update calls
- Calls instead of mailings – support and education

From the World Health Organization (WHO):

Mental Health and Psychosocial Considerations During the COVID-19 Outbreak (2020)

https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf

Handout Review

Bereavement care and services cannot be viewed as “value added” or “a nice thing to offer”. We cannot have exceptional hospice care without exceptional bereavement care.