

Bereavement Section Chat – Open Forum

March 7, 2012

2:00 p.m. EST

Ideas on the use the FEBS:

- Happy with response rate.
- Difficulty getting accurate response rate; ideas were shared on keeping up with total number s on the DART system.
- Good for benchmarking across the country.
- Hard to determine if the evaluation is for bereavement or hospice services in general.
- Periods of the callers' mailings differed from 13 - 14 months. The NHPCO recommendation of 13 months was clarified.
- FEHC survey goes out at 4 weeks post death. One hospice uses the "Were your support needs met after the death?" question as an alert system to the family's general satisfaction level.
- Return rates have been better with FEBS than hospice's simpler evaluation forms.

Ideas for working with a bereaved with dementia after spouse death:

- Art interventions were suggested. Wolfelt's gardening intervention was discussed as being a form of presence.
- Sensory stimulation and aromatherapy were mentioned. Music was another reminiscent intervention used.
- How much does the client remember ongoing and what does the family want about repeated reminders of the death if they don't remember?
- *Grief and Dementia*, K. Doka-HospiceFoundation.org
- Presence and music were both reiterated as effective entry into the inner life of clients with dementia.

How do you get people to agree to in-person bereavement assessments?

- Cultural/geographical differences may cause resistance to bereavement visits.
- "I'll be in your neighborhood; may I stop by and meet you?" may be helpful
- OR "I have something to bring you (bereavement shawls)."
- Don't use the word "assessment".
- According to one hospice, pre-death contact doesn't make post-death appointment scheduling any easier. Another caller finds it easier to connect after pre-bereavement contact is made.

What are you doing if not in-person visits?

- Many options are available for clients. Each bereaved has different needs. Phone calls, mailings, classes, groups, etc. may serve to meet needs as well as visits.
- Another hospice waits 3 months for a follow-up assessment so that grief can rise above many other concerns following right after the death.

- One credentialing body requires a 30-day assessment, but people find that a longer period makes people more receptive to a visit.
- Social workers do the initial BRV assessment in the first days following the death. The social worker has a better sense of what the family is doing. They will notify bereavement to call sooner, but this hospice bereavement counselors generally call 2 months after the death.
- Another hospice has social workers and chaplains do all initial bereavement assessments due to the bereavement counselor carrying a load of 1100. Using a volunteer for earlier calls generated more “filing” of routine calls that people really didn’t need. She decided to follow-up with children and crises situations.

How do you help people with concerns other than grief, e.g. finances?

- One suggestion is that meeting people where they are will lead to a relationship that eventually will allow grief to surface.
- Bereavement also weaves in and out of the concerns of daily living and grieving process.
- Lack of funds for funerals is another concern with few resources. Illinois allows a state Medicaid death benefit.
- One hospice has a volunteer fund raiser that becomes an emergency fund; it could be a fund for help funeral assistance.
- Funeral homes will work with families for payments or to work within large families to help with the fees.
- If families can be identified early, the family may save on costs that could rise under the stress at time of death.

What is your average load for a year? Are you having decreased length of stay?

- Caseloads ranged from 110 to 450 per counselor, and many with the large loads were the only person in the bereavement department.
- Many callers voiced the knowledge of shortened length of stays. We ran out of time to look up the national hospice length of stay, but we voiced a guess at about 3 weeks.

Churn effect- one caller says his hospice uses this term to describe the paperwork shuffle for staff that takes place because of the quick admission to death rate.