

Bereavement Programs: A Whole Team Approach

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What is bereavement counseling?

- According to Medicare (federal) Regulation 418.3:
Bereavement counseling means the emotional, psychological, and spiritual support and services provided **before** and **after** the death of the patient to assist with issues related to grief, loss, and adjustment.

Note: providing bereavement counseling is required yet not reimbursable (Fed Reg 218.204)

What does a BR Program look like?

- Bereavement care is considered a core service
- Hospices must have an organized program for the provision of bereavement services under the supervision of a qualified professional with experience in grief or loss counseling
- BR services must be available to family and other individuals identified in the BR POC for **ONE** year following the death of a patient. Offer also extends to NH/SNF residents affected by death
- BR POC developed that indicates the kind of services to be provided and frequency-based on bereaved's needs

(Fed Reg 418.64)

No really, what does a BR Program look like?

- Usually a combination of mailings, phone calls, visits, support groups, memorial services and specialty projects (kids camps, speaker series, memorial walks)



- NHPCO also recommends that bereavement services be offered to the community

(NHPCO standard IA 3)

How is BR need assessed?

- Bereavement starts when a patient is admitted.
- An initial assessment is completed, usually by SW, to assess factors that may impact the individual's ability to cope with loss (418.54)-within 5 days of admission
- Assessment is ongoing-any changes must be reflected and updated in POC for hospice patient/family during LOS
- This information is used to create the BR POC at time of death
- Initial assessment > ongoing assessment > TOD assessment
> initial BR assessment > ongoing assessment

(Fed Reg 418.54)

In Missouri.....



- Assessment and POC for bereaved must be completed within 2 months that extends 1 year (NHPCO recommends 13 mo)
- At least one bereavement visit (funeral/visitation does not count) must occur within the first 6 months
 - This presents obvious challenges
 - Strong documentation will save you
- Hospice programs should adhere to the whichever regulations are stricter, federal or state (oftentimes paperwork will reflect this based from corporate)

(19 CSR 30-35-Department of Health and Senior Services)

COPs-vague, much?

- Qualified professional??? BSW, MSW, SCC, LPC, LMFT, ADEC certified
- How many people do we follow?
- Assessments: what do they look like? Point scale vs. low/moderate/high (regs do not say)
- How is “visit” defined?
- Who does pre-bereavement? Not assigned specifically to BC
 - Who is the recipient, pt or family member?
- Staffing bereavement programs to meet need
- Factoring in the family's specific requests-no SW, who completes initial assessment?

Where challenges arise

- Bereavement seen as strictly the role of the BC yet not fully understood
 - COPs encourage and require a team approach (hence IDT)
 - Each team members has input into BR POC development
 - Many disciplines have paperwork requirements that impact BR compliance
 - BR program gets dinged, BC held accountable for pw not turned in by someone else
 - Lack of understanding of normal grief reactions
 - Bereavement is often a 1 person department-lack of understanding or support
 - Heavy administrative component = less visibility
 - Other job responsibilities added on, not necessarily bereavement related

What can co-workers do?

- Communicate! Bereavement risk factors should be discussed before death
- Make condolence calls-good for family and staff
- Turn in your paperwork in a timely fashion
- Recruit qualified BR volunteers
- Resist the urge to label families inappropriately



What can supervisors do?

- Stand behind your BCS: subjective vs. objective evaluation
- Provide support to keep the BR program compliant
- Give the authority to BCs to enforce compliance
- Revise annual evaluations to include BR responsibilities
- Encourage BCs to get emotional support as needed:
oftentimes BCs get staff referrals and are seen as a natural source of support to the office but we need it to!
- Give BC's an active/important role in orientation and ongoing in services of staff
- Show up at the memorial service

Q & A



- Thanks for listening! Here is my contact information if you need anything in the future.

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