# Diversity in Hospice & Palliative Bereavement Care Models



NCHPP Bereavement Professional Section Chat March 2019

Facilitated by:

Joelle Osterhaus, LICSW, ACHP-SW, Psychosocial Services Manager, Kaiser Permanente

Jennifer Martin, LCSW, C-ASWCM, ACHP-SW, Director of Psychosocial Services, Community Hospice & Palliative Care



### NCHPP: What is it?

- NCHPP is a collaborative of 15 discipline specific professional sections advancing end-of-life care within their disciplines.
- NCHPP's on-line resources, forums and networking will help you grow professionally, find new solutions, contribute to the field, and elevate the national profile of your program.



### My.NHPCO

- Professional communities
- Discussion Posts
- Monthly Chats
- Library entries
- ❖ Blog





### Please contact us...

- if you have questions about membership
- if you have topics you would like us to discuss
- if you would like to become a section committee member
- stay connected at the Bereavement Professional's <u>MyNHPCO</u>
  <u>Community</u>

# Objectives

#### **During this chat participants will:**

- Explore a variety of staffing models for the provision of bereavement services
- Understand the strengths and challenges inherent in different models of bereavement care
- Discuss opportunities for and benefits of partnership both within and outside of your organization



## Quick Check

- What motivated you to participate in this chat today?
- What burning questions do you have coming into this discussion?





# Your Program's Identity

- Two most common bereavement care models:
  - Mixed role: Social Workers or Chaplains provide care both before and after the death of a patient
  - Single Role: Social Workers provider care before the death of a patient and a Bereavement Coordinator or Counselor provides after care



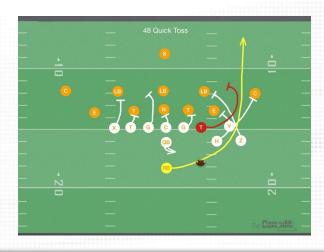


# **Polling Question**

### Do you serve in a:

- a) mixed role model, or
- b) a single role model?





### Model: Mixed Role

#### **Challenges**

- Very shifting caseload
- Active patient crises demand flexibility on a daily basis and may jeopardize grief support which is frequently scheduled in advance (counseling and groups)
- Bereaved perceive themselves to be a burden and thereby access the service less

#### **Strengths**

- Established rapport with bereaved such that they are more open to share and receive support and services
- Greater understanding of and comfort with change in service from hospice team to bereavement period
- Maintain a knowledge base of the patient and bereaved's story rather than only receiving a synopsis later

### Chat

- In what other ways have you found a mixed role model to be challenging?
- In what other ways have you found a mixed role model to be a strength?



# Model: Single Role

#### **Strengths**

- Blank slate, no pre-conceived notions of how well or not well one will do in bereavement
- Do not need to juggle the very different pace and world of active patients and their families needs
- Able to provide more expansive services in groups and counseling (camp, groups, schools, presentations, trainings, etc.)

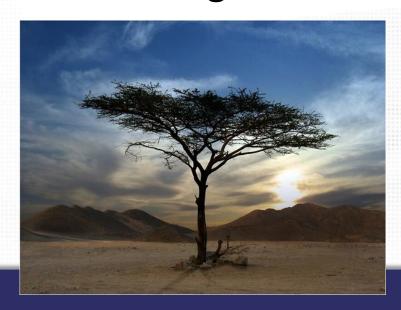
#### **Challenges**

- Lack of rapport or connection to bereaved
- Difficulty establishing trust with bereaved via cold calls after a death
- Less full knowledge with the patient/family story while on hospice
- Grief of bereaved for loss of hospice team
- May be responsible for administrative tasks as well, which may be beneath the scope of their clinical practice

### Chat

- In what other ways have you found a single role model to be challenging?
- In what other ways have you found a single role model to be a strength?





### Chat

What other models have we missed?

Please share with us in the chat box!





### Nomenclature?

- What do role titles mean?
- Titles may be different from one organization to another. Are we talking about the same things?
   Example:

Bereavement Counselor=LCSW/LMHC; handles all groups, individual/family counseling, psychoeducational programs, attends IDG meetings

Bereavement Coordinator=clerical/admin position; handles mailings, scheduling, admissions to Bereavement, appointment reminders, reports, tracking.



### Chat

Is there role confusion when we use the same language to mean different things?



# Ever the goal: BALANCE!

- Hospices must meet regulations as well as desire to provide best standard of practice level care to their communities
- Where do you find it most challenging to achieve balance?
- What strategies do you note have been helpful to you or your colleagues?

# **Common Strategies**

#### **Model: Mixed Role**

- Set expectations for difference in level of and kind of service in advance
- Agreed upon standards for levels of service amongst staff and leadership for pre-death and post-death work
- Limiting counseling locations to office only
- Limiting number of counseling sessions
- Utilization of administrative staff and volunteers for non-clinical tasks whenever possible

#### **Model: Single Role**

- Promote highly collaborative culture
- Cross discipline/role meetings periodically (monthly or quarterly) to maintain relationship and understanding amongst colleagues
- Written workflows that clearly delineate tasks to reduce confusion that results in poor patient/bereaved experiences or outcomes
- Pre-death introductions to increase rapport and likelihood of openness to service post death

# The Beauty of Partnership

#### • Internal:

- Volunteer Program: Posting your flyers along with their recruitment flyers, using volunteers to also be spokespersons for your services, as well as ambassadors in the community, volunteers to help with remembrance services (photography, greeting, registration, seating, etc.)
- Administrative Staff: Mailings, support group set up, printing group materials
- Leadership: Keep them in the loop on outcomes (how many access your services, show growth over time, provide satisfaction comments and feedback to maintain or fuel additional support)

# The Beauty of Partnership

#### External:

- Funeral homes, hospitals, nursing homes, ME office, schools, counselors
- Other Hospice bereavement programs: Coordinate around when/where/how often





### Conclusion

What additional questions do you have?

 Thank you for your engagement, sharing, participation and support to both grow your own practice and programs, but also to expand the professionalism of our shared field of bereavement care!

### **Questions?**

 Joelle Osterhaus, LICSW, ACHP-SW, Psychosocial Services Manager, Kaiser Permanente

joelle.k.Osterhaus@kp.org

 Jennifer martin, LCSW, C-ASWCM, ACHP-SW, Director of psychosocial services, Community Hospice & Palliative Care

jmartin@communityhospice.com

