

## Multiple Hats

Bereavement Professional Chat Box Transcript

May 10, 2017

**NHPCO Staff:** Hi, everyone! Here is the link to the slides located at MyNHPCO:

<http://my.nhpc.org/viewdocument/multiple-hats-chat-slides?CommunityKey=191c46b6-05de-4f1d-8e1e-dca744cc7879>

**Bethany Condit from Gloversville, NY:** I am QAPI Coordinator, Senior Social Worker, and Bereavement Coordinator.

**Jennifer Franck:** Social Work/ Volunteer Coordinator.

**Janice DiDuro from Ontario Yates Hospice, Geneva N:** Bereavement and Volunteer.

**Karen from Illinois:** Nursing coordinator, Volunteer coordinator, Bereavement coordinator.

**Deborah Pausig from North Haven, CT:** Bereavement/Staff Trainer/Community presenter.

**Gretchen Seidler Gibbs from Valparaiso:** I am Bereavement Coordinator, Back Up Chaplain, Director of the Children's Grief Center and We Honor Veterans project development.

**Leslee Curtis from Coon Rapids:** I'm a Social Worker, Volunteer Coordinator, Bereavement, and Hospice Operations Manager.

**Todd von Gunten from Casper:** Bereavement/Spiritual coordinator.

**NHPCO Staff:** If you are getting your audio through the computer and would like to ask a question by phone, dial 323-920-0091, Access code 862 3670#, then press \*6 to unmute when you are placed in the conference.

**Bethany Condit from Gloversville, NY:** I am interested to find out more about the Presenter who is Clinical Director of all Support Services, what is your average daily census?

**Karen from Illinois:** Very difficult - I try to organize my time very carefully - then my manager throws a wrench in my schedule and says she needs me to make a nursing visit.

**Sandra Hare from Bloomsburg, PA:** Do other hospices receive frequent referrals for bereavement care from doctors and mental health offices? It really adds to my workload.

**Anna Butler from Johnson City, TN:** Lots of Lists!!! I don't want to lose track of patients or tasks. Because, not only do I have spiritual and bereavement counseling visits, I plan our bi-annual Celebration of Life for the community and our children's grief camp. These incorporate a LOT of work that managers don't see.

**Catherine Burt from East Range Hospice, Virginia:** Our hospice program does receive referrals from other hospices out of our area for families who live in our area, not so much from doctors and mental health.

**Anna Butler from Johnson City, TN:** Sandra, you must be doing something right if you're getting referrals from physicians/mental health folks.

**Lori Williams from Duluth MN:** Something I found helpful in advocating for my bvt coord. role is the fact that bvt is a required service, just as nursing, sw, etc. are. It's not optional and shouldn't be last priority.

**Bethany Condit from Gloversville, NY:** We receive referrals from mental health counselors but will only see them if they are having grief issues. We limit within the scope of short term bereavement counselors or refer out.

**Anna Butler from Johnson City, TN:** What's interesting is that there's a social work week, pastoral care week, this is nurses week...there's no bereavement coordinator week. I don't care about having a week, but I think it's telling that there's not one. People don't always recognize the validity of the service.

**Wes Sturgis, LCSW from Charlotte, NC:** A huge part of "making it work" is continuing to assess responsibilities, and begin advocating immediately for additional positions as you see the need appearing... I've used NHPCO Guidelines to identify unrealistic caseloads, then propose what's needed - in business terms, because budget=\$\$.

**Bethany Condit from Gloversville, NY:** The budget is really tough. We are a small rural hospice, ADC of 45. The regulations keep us very busy and heavy on the office side of things. It is difficult to persuade Administration to hire additional Social Work help even though we are responsible for so much!

**Sandra Hare from Bloomsburg, PA:** What about when the bereavement coordinator has a personal loss and needs to come back to work in three days?

**Kate Meyer from Hospice of Holland:** Sandra Hare: very great question--you are not alone in wondering it!! Has anyone successfully argued this with leadership?

**Melissa Musgrove:** I was getting swapped with bereavement as a SW. I started printing out the bereavement clients and give it to my boss weekly. She didn't realize how high it was until she saw it on paper.

**Wes Sturgis, LCSW from Charlotte, NC:** I share with leadership team how much service recovery I've provided as a bereavement professional - another added value that can be overlooked.

**Kate Meyer from Hospice of Holland:** one of the things I'm proud of at my organization is that we do offer bereavement support to those who died in the process of being admitted; it's an important service to offer.

**Lori Williams from Duluth MN:** We have an extremely busy inpatient unit, which means many very short length of stay. I feel that bvt is even more important in a short LOS, as there was often no opportunity to prepare for the death.

**Kate Meyer from Hospice of Holland:** I am a spiritual care coordinator and a bereavement counselor. I intentionally work on different "teams" for each discipline. I think it helps to have the change of team.

**Beth Cutshall from Spartanburg, SC:** I completely agree with the inpatient comment, Lori. The outpatient families receive bereavement care from the team and from me. Inpatient, it's just me. The turnover for patients in the IPU is very very fast.

**Janet Quatman from Goshen Hospice:** Our Hospice Administration has made it clear that there is no \$ for more help. Our relatively new manager has been working with me to find ways to turn over some of my admin. responsibilities. We Are using volunteers in creative ways in the beginning of the Bereavement process (they do not do the assessment). Vol ensures that Low to medium risk people at least hear from us within a 30 day window. Volunteers are also following lower risk survivors through the 13 months. I have been doing all the assessments. We are planning to work with our other clinical staff in doing the assessments and following people they know. It has been impossible for 1 person to keep up. Btw my duo role is Social Worker/Bereavement coordinator.

**Kim McCurdy:** My supervisor allows me to work one day a week from home in order to make bereavement calls without sharing a small office space with another staff member who is also very active with phone calls and drop in visits with volunteers.

**Janet Quatman from Goshen Hospice:** Same here. My day happens to be today.

**Bethany Condit from Gloversville, NY:** We only get 3 days for core family members.

**Bethany Condit from Gloversville, NY:** What does everyone's bereavement time off look like?

**Janet Quatman from Goshen Hospice:** With all the pressure on increased productivity with less funding, how are others prioritizing services and still meet needs and regulations?

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**Gretchen Seidler Gibbs from Valparaiso:** Great chat today; thank you. Seems like this is a topic that needs more discussion.

**Lori Williams from Duluth MN:** Thank you!

**Wes Sturgis, LCSW from Charlotte, NC:** Thank You! Pretty work!