Safeguarding adequate closure and support from departure to navigation – a review of the multidisciplinary palliative care bereavement service in a regional hospital

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Introduction
Bereavement support is a core component of palliative care (PC). In 2014, the bereavement care service (BCS) of palliative care unit (PCU) of the United Christian Hospital (UCH) has been re-structured to include clinical psychologist (CP), social worker (SW) and volunteers of Health Resource Centre (HRC) to provide timely bereavement service in PC till around half year after death so that those who experience bereavement can receive support to facilitate grieving and to prevent the detrimental consequences of bereavement, and to refer the high risk ones, when indicated, to appropriate bereavement services.

Objectives
To review the service utilization and outcome of the PC BCS.

Methodology
All deaths in PCU were prospectively recorded. Data between January and December 2014 was analyzed. Outcome measures were categorized as: (1) BS coverage and utilization, (2) Satisfaction Survey.

Result
In 2014, a total of 402 UCH PC patients died; 233 of them died in PC ward which was 9.8% of the total deaths in UCH. All (n=402, 100%) were screened and identified high risk bereaved family member(s) at the pre-bereavement stage and were discussed at weekly PC multidisciplinary bereavement conference. Medical Social Worker (MSW)
followed 92.5% of the bereaved families, while PC nurses, CP and SW of HRC followed 15.2%, 8% and 10.0% of the bereaved families respectively. 77 (19.2%) of the bereaved were categorized as bereavement risk at Level 2 or above. 50 of them were followed up to six months after death and were discussed in bi-monthly conference for those with bereavement risk at Level 2 or above. 14 (28%) returned the Inventory of Complicated Grief (ICG). 4 (8%) of the bereaved showed the ICG score exceeded the cut-off score 25. Two bereaved families required referral to CP and/or HRC for following up. None required external referral. 45 (90%) were closed from PC team after 6 months follow-up while 5 (10%) still required further follow up. In 2014-2015 1Q, MSW organized 4 grief counselling group sessions with 38 participants from 30 bereaved families in which 43% of the families were assessed as bereavement risk at Level 2 or above. Satisfaction survey showed that 97% and 92% were satisfied with the Group in facilitating their expression of grief emotions and promoting mutual support among them. 94% felt being helped to search for a new life direction in the bereavement process. All acknowledged the need of continuing organizing the Group. HRC provided 4 sessions of peer support volunteer training for 6 carers from bereaved families to empower them for providing peer support and caring to terminal illness patients and their families through ward/home visits, phone concern calls and group activities. Conclusions: The BCS of PCU was effective in providing full coverage to all bereaved families, identifying at-risk bereaved individuals and achieving good satisfaction from the service receivers.