



Service Priorities and Programmes
Electronic Presentations

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Review of Bereavement Support Service in Kwong Wah Hospital

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Introduction

Bereavement reflects a complex multidimensional reaction to loss. To meet the needs of the dying and their families, a 'Bereavement Working Group' (BWG) with members from departments of Medicine, Surgery, Obstetrics & Gynaecology, Paediatrics, Orthopaedics & Traumatology, Neurosurgery, Accident & Emergency, Intensive Care Unit and Central Nursing Division was established.

Objectives

(1) To provide psychological support to dying patients and bereaved families (2) To identify relatives with complicated grief and to offer referral service (3) To promulgate a caring culture in hospital

Methodology

Bereavement support service provided serial interventions to clients including structured psychological support to patients in conditions of dying, critically ill, terminal cancer, traumatic amputee, termination of pregnancy, fetal death, abortion and poor baby outcome. For bereaved families, on-site psychological support, distribution of condolence informative leaflet, sympathy cards, telephone follow-up were offered. Referrals to clinical psychologist, psychiatrist, medical social workers, and chaplain would be made according to clients' needs. BWG members act as facilitators of individual departments in promoting and monitoring of bereavement service. To enhance nursing knowledge and skills, 'Life and death' education in different levels were provided to both newly graduated and experienced nurses. Site visits and sharing sessions were arranged to further promote the caring culture in hospital.

Result

Increasing trend on service demand related to increasing admission rate was noted. In year 16/17, 1851 families received our bereavement support service. Excluded patients with no relative attended at the time of death or relatives declined our offer of

follow-up service, 96% of bereaved families received our on-site psychological support and 94% of them accepted our follow-up interventions such as condolence card or telephone visit. 180 referrals to concerned parties were made. Positive feedbacks on provided services were received from clients. In conclusion, bereavement support service was effectively implemented in acute care setting. It is encouraging that a caring culture and the growing awareness on the needs of bereavement support are nurtured through years of efforts.