Service Priorities and Programmes

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Bereavement Service in Palliative Care Unit

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Introduction

Bereavement support is part of active total care in palliative care service. It aims to assist families/ significant others to go through natural process of bereavement and identify high risk cases or abnormal grief reactions so that appropriate actions will be taken. Bereaved family members are classified into three levels of Bereavement risk for delivery of structured bereavement support protocol accordingly. Bereavement risk assessment is an ongoing process. It is expected that empowerment of coping skills can reduce bereavement risk and transform the pain of loss into hope for living.

Objectives

Implementation of multi-disciplinary bereavement support service in Palliative Care Unit

Methodology

• Guideline on Bereavement Service in Palliative Care Unit was endorsed by the Department of Medicine and Geriatrics on 31 May 2012. • Bereaved families and significant others were assessed and followed up by hospice nurses (ward staff or home care team). It was aimed to identify those people with grief well beyond normal parameters, allow early detection of high risk cases and enhance appropriate interventions. • Moderate & high risk bereaved persons were referred to Medical Social Workers (MSW) and/ or Clinical Psychologist (CP) for enhanced psychosocial care. • Structured bereavement service protocol including assessment, intervention & review were also delivered by MSW for cases with complicated grief or complex psychosocial issues since May 2012. • Multi-disciplinary bereavement case conference was conducted weekly for discussion of all deceased cases.

Result

• From Sept 2011 to Nov 2012, a total of 516 bereaved persons underwent Bereavement risk assessment by hospice nurses. Eleven of them were identified to have Risk Level 2 and none at Risk Level 3. All had received structured bereavement support according to guideline. Lately, 8 cases were closed and 3 cases were still under follow up. • MSW Structured bereavement service was rendered in three standardized time points, namely post-death, post-funeral & at 6 months post-death.

The performance outcomes were measured against needs and matched with appropriate service according to need-based intervention. From May to November 2012, 57 bereaved cases were attended.