SCOPE OF SERVICES – BEREAVEMENT

NHPCO Standard(s): PFC1, 2, 4, 5, 8, 17, 18, 19, 20, IA 3, WE16
Regulatory Citation(s): COPs 418.100(c)(1)(iv), 418.204(c); 10 NYCRR 793.3(c)(7), 793.4(a), 793.7(b)(1) and (j)(1)

BOD Approved/Reviewed 02/02/2019

POLICY

High Peaks Hospice (HPH) will provide professional bereavement services to all patients and their families. Any patient or family member, significant other, or staff member can identify this need. Services may also be accessed by community members who have not received hospice services.

PROCEDURE

A. Pre-Death

1. The bereavement section of the initial and comprehensive assessment will be completed at the time of admission by the HPH Social Worker (SW) or Registered Nurse (RN).

   A. These findings will be incorporated into the initial plan-of-care.

   B. The HPH Bereavement Coordinator (BC) will be advised of any family members/care givers who are at risk.

2. HPH staff will provide ongoing support to patients and family members in accordance with the interdisciplinary team (IDT) plan-of-care.

3. HPH staff will attempt to discuss practical preparations for death (wake, funeral, wills, etc.) at an appropriate time during this period.

4. Support opportunities for Patient Caregivers (PCG) will be offered periodically.

5. When appropriate, family members and/or other individuals will be admitted into the bereavement program.

B. Following the Death

1. Within 1 month after the death, bereavement services will be offered to those identified by the IDT.

2. The initial bereavement assessment will be updated by the BC, SW or designee.
A. A plan-of-care for bereavement services will be developed using the initial bereavement assessment.

B. The bereavement plan-of-care will be implemented for those admitted into the bereavement program

3. Contact with bereavement clients will be maintained for a period of at least 13 months following the death of the patient unless there is documented evidence of services being refused.

   A. Contact may be through mailings, phone contact, personal notes, home visits, and/or support groups.

   B. These contacts will be made and documented by the BC or designee.

   C. Documentation will be made of any bereavement client who refuses further contact before the end of the 13 month period.

4. The BC or SW will make referrals to community resources as appropriate.

5. HPH staff will obtain written permission to consult with other agencies on behalf of its bereavement clients.

6. Support opportunities for the bereaved will be offered periodically.

7. Remembrance gatherings for the bereaved will be offered periodically by the HPH staff.

8. A satisfaction survey will be sent to survivors after discharge from the HPH bereavement program.

C. Referrals from Community Members

   1. Bereavement programs accept referrals from the community for non-hospice deaths

   2. Bereavement mailings and support groups services are offered to community members for non-hospice related deaths.

LAST REVIEW DATE: IDT 03/07/18

LAST UPDATED: Comp Coord 01/01/18, 02/13/19

BOARD APPROVAL: February 7, 2019