Problem: A 225 bed hospital had a Bereavement Packet that survivors had stated was burdensome and unhelpful.

Evidence: Multiple studies mention the value of Bereavement Resources to the survivors of deceased patients. (1,2,3,4,5,6,7,8) Resources can include support groups, bereavement cards, follow-up calls and memorial services. (1,2,3,4,5,6,7,8) Because survivors have verbalized feeling confused and overwhelmed,(1,2,8,9) a Bereavement Packet containing useful contact information and guidance to next steps may be provided. However, the content and layout of the packet may vary between facilities, and little evidence exists as to the optimal Bereavement Packet.

Strategy: The End-of-Life Resource and Support Committee, consisting of the Palliative CNS, Social Workers, Chaplains, Administration and Marketing representatives, reviewed the existing packet and identified opportunities for improvement based on survivor feedback and viewing packets from other facilities.

Practice Change: A simplified packet in checklist format was created and trialed by Social Workers among a convenience sample of survivors.

Evaluation: The overwhelming response was that the new packet was easier to use and provided valuable information when survivors were feeling overwhelmed and burdened by grief.

Results: The packet has been instituted hospital-wide and clinicians in several practice areas have also commented on the ease of use. However, consistency in stocking and using the packet has not been achieved and additional education is needed.

Recommendations: Further research should be done on the optimal content and layout of Bereavement Resource Packets, with more rigorous evaluation methods being utilized. A staff education plan should be in place before roll-out is attempted.

Lessons Learned:
1. Political barriers should be assessed and stakeholders identified before a change process is attempted.
2. A written evaluation tool would have provided more rigorous and objective data than the verbal feedback solicited by the Social Workers.
3. The original method of rolling out the packet by utilizing Management to educate staff was only sporadically successful. A more organized educational plan should have been developed prior to roll-out.

Bibliography:
1. End of Life Nursing Care Consortium-Critical Care Training Program; Administered by the City of Hope and American Association of Colleges of Nursing, Updated in 2008.