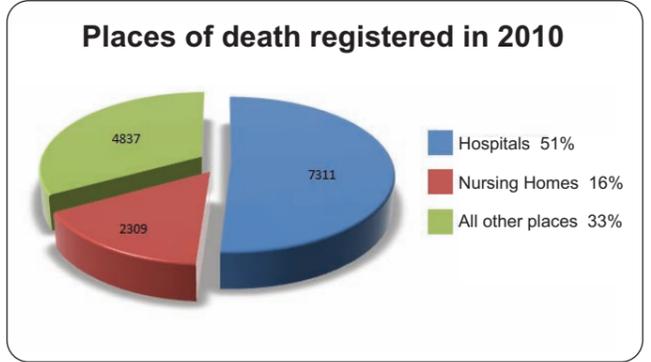




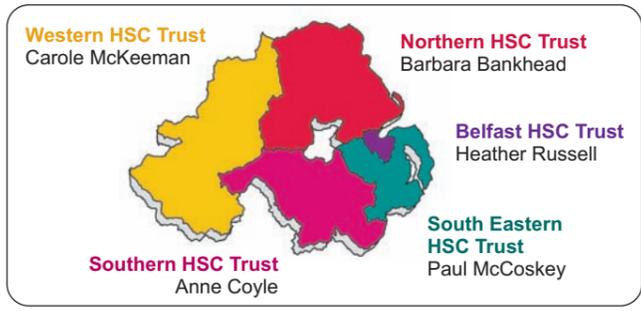
### HSC Bereavement Network

- Context >
- Challenges >
- Assessment / Analysis >
- Strategy for Change >



### Context >

The NI Humans Organ Inquiry Report (2002) identified the need for improved bereavement care, standards and training across Health and Social Care (HSC) settings in Northern Ireland. In response the Department of Health & Social Services created the HSC Bereavement Network to develop standards for bereavement care with a Bereavement Coordinator appointed to each HSC Trust.



### Challenges >

- Absence of standardised care, for dying and bereaved people in Northern Ireland, prior to, at the time of and following death.
- Unavailability of comprehensive, regional data, which would inform strategic developments.

### Assessment / Analysis >

NI Audit: Dying, Death and Bereavement was a two stage audit undertaken to quantify problems by benchmarking current practice and experiences against existing standards for care. A concurrent series of workshops involving statutory/voluntary/community representatives and bereaved people was also held.

Phase 1 NI Audit: Dying, Death and Bereavement - Policies, procedures & practices in hospital & hospice settings (2009)	
Focused on quantitative/statistical analysis of the profile of the 15,000 deaths that occur every year in NI & the policies, procedures & practices governing the care & services available to support patients, relatives & staff at the time of death & bereavement in hospitals & hospices	
Audit Strand	Sources of Information (Numbers of site/teams participating & questionnaires returned)
Demographics	Hospitals (35) & hospices (5)
Organisational	Hospitals (35) & hospices (5)
Ward visits	Wards (140) & hospices (5)
Mortuary services	Staff in operational mortuaries (12)
Chaplaincy services	Chaplaincy teams in hospitals & hospices (33)
Palliative care services	Palliative care teams in acute hospitals (11)
Porters & funeral directors	Portering teams (15) & funeral directors with service level agreements for portering & mortuary duties (5)
Staff questionnaires	Individual staff members across professions/disciplines (1,633)

Phase 2 NI Audit: Dying, Death and Bereavement – The experiences of bereaved people and those delivering primary care services (2010)	
Focused on community professionals & the experience of care received by individual bereaved people whose relatives died in a range of circumstances. The Cognitive Edge© approach was piloted for the first time in NI & the method allowed bereaved people to tell a story of death from a personal perspective & professionals a story from their work experience.	
<b>Audit Design</b> Audit sample identified: community professionals & bereaved people Audit criteria selected Prompt questions for storytelling developed Filter questions selected: Demographic questions Signifiers (indexing of story by participant) Questions tested during pilot Questions modified following pilot	<b>Data Collection</b> Audit publicised & online tool “live” Focus groups & individuals approached Community staff meetings attended Participation invited via online or paper questionnaire Data collected between November 2009 & March 2010
<b>Data Analysis</b> 2 databases returned by Cognitive Edge© Stories analysed, mapped against selected criteria, using SenseMaker™ software Emerging messages identified Recommendations developed to address messages	<b>Audit Findings</b> 260 Responses Stories: Personal n=167, Professional n=93 7 Main Messages 7 Recommendations

NI Audit: Dying, Death and Bereavement Phases 1 & 2 available to download from: <http://www.gain-ni.org/Library/Audit/index.asp>

### Strategy for change >



#### Route to improvement

- Recommendation of Humans Organ Inquiry Report
- Establishment of 5 Trust Bereavement Coordinator posts
- NI Audit: Dying, Death & Bereavement Phases 1 & 2
- World Café style workshops
- Standards identified
- HSC Services Strategy for Bereavement Care issued June 2009
- Bereavement Forum established in every Trust

#### Standards for Bereavement Care

- 1 Raising Awareness
- 2 Promoting Safe and Effective Care
- 3 Communication, Information and Resources
- 4 Creating a Supportive Experience
- 5 Knowledge and Skills
- 6 Working Together

#### Our learning so far

- Organisations require robust safe and effective systems in place wherever and however death occurs
- The application of overarching standards to death in any circumstance or age group is helping organisations benchmark the care they currently provide and prioritise areas for improvement
- Good quality care, provided by skilled, compassionate professionals can positively influence the experience of people at this difficult and distressing time
- Many bereaved people value the opportunity to tell their story
- Experiences of bereaved people can be positively or adversely affected by the care they or their loved ones received
- Quality of care can impact on the well being of bereaved people and their memory of events
- Staff who provide care feel more able to cope with difficult or frequent experiences of death when they are able to avail of training and support.

#### Measurement for improvement

- Written information for people bereaved in a range of circumstances eg. sudden death, death of a child
- Procedures to improve safety and communication eg. body transfer form
- Training and support for staff eg. consent for post mortem examination, bereavement care
- Partnership working with external agencies eg. Coroners' Service, Police Service, Voluntary/Community sector
- Responsibility and accountability in Trusts to implement standards via Bereavement Fora
- Re-audit to capture recent experiences of bereaved people and staff.

### Partners >

Commissioned by:  An Roinn Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí <a href="http://www.dhsspsni.gov.uk">www.dhsspsni.gov.uk</a>	Funded by:  GAIN (GAINING AND IMPROVING NORTHERN IRELAND'S BEREAVEMENT NETWORK)
Developed and facilitated by: 	