# A quality improvement bereavement initiative in response to Covid-19 — a 'courageous'1 response in unprecedented times



The new St Wilfrid's Hospice Community Bereavement Service

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## Background

From November 2020, St Wilfrid's Hospice participated in the 6 month HUK ECHO Quality Improvement (QI) programme upskilling hospices in bereavement support for those affected by Covid-19.

Our QI project built on a pilot we set up early in the pandemic, extending hospice bereavement support to the community. In response to what we knew and anticipated - a significant gap in services and a tsunami of Covid-related need.2



#### Aims

- To extend our Community Bereavement Support pilot by 6 months with precise markers for success (reach, reduction in vulnerability, responsiveness)
- To consolidate delivery using QI methodology
- To reach an informed decision regarding continuation of the service with significant steps taken towards long-term sustainability as relevant



#### Method

- Recruited additional counsellor
- Widened referral criteria to include keyworkers
- Introduced outcome measure, evaluation questionnaires, measurement of responsiveness
- Conducted communications initiatives to raise public awareness
- Continued networking with external partners to raise profile (eg care homes)
- Used knowledge and skills acquired from ECHO programme to fine tune delivery (eg virtual support)
- Used QI methodology and tools to improve (eg PDSA cycle, below)

**PLAN ACT** PDSA cycle **STUDY** DO

She was easy to talk to, she helped me understand the process of grieving and helped me see what I was experiencing was normal grief.

**Bereavement Client** 



Having the same time each week to dedicate to speaking about dad. It meant that I could prepare and think in advance.

**Bereavement Client** 



- 50 referrals responded to (39% above success target)
- Response within 8 working days for 78% of accepted referrals (22% below success target)
- Insufficient data from Adult Attitude to Grief Scale for meaningful reporting. However, consistently positive feedback from evaluation questionnaires
- Growing awareness in local community re new service, supported by a variety of communications initiatives and a presentation to 250 care home leads (Zoom huddle)
- Senior leadership decision to continue community bereavement offer
- Future sustainability secured with budget allocation for counselling post
- Work commenced on staffing restructure to further embed new service



### Conclusion

- Despite challenges and with learning along the way we have successfully delivered a bereavement project in response to the particular challenges of Covid-19.
- QI methodology has been instrumental in enabling a swift and courageous<sup>1</sup> response to an unprecedented challenge.

#### References

1. 'To avoid tragedy – need for courageous actions and conversations' Dame Barbara Monroe, Leadership Through Change, Multi-Professional Plus Training, St Christopher's Hospice, May 2012 2. Pearce, C et al. 'A silent epidemic of grief': a survey of bereavement care provision in the UK and Ireland during the COVID-19 pandemic. BMJ Open; 1 March 2021; DOI: 10.1136/bmjopen-2020-046872

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