Implementing a Bereavement Risk Assessment Protocol

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BACKGROUND

Bereaving population is at a higher risk of experiencing impairments such as physical pain, cardiovascular disease, cancer, depression, suicide ideation, and a generally reduced quality of life, Providing bereavement support to patients, family members, and significant others is a priority of palliative care (Higginson, 2016).

According to a national study, 92% of hospice care facilities perform some sort of family and caregiver bereavement screening upon the patient's admission, with 69% also screening after the patient's death (Ghesquiere et al., 2019). However, there are no nationally standardized tools or scales used to predict the level of bereavement in caregivers (Ghesquiere et al., 2019).

Bereaved individuals can benefit greatly from personalized, evidence-based support (Aoun, Breen, White, Rumbold, & Kellehear, 2018; Hudson, Hall, Boughey, & Roulston, 2018).

To achieve a standard in bereavement risk assessment, it is vital for institutions and professionals in bereavement counseling to use a standard method of evaluation (Sealey, Breen et al., 2015).

Bereavement Risk Assessment Tool (BRAT) is compelling for developing best practices, especially for identifying trauma risk among patients experiencing bereavement and rendering appropriate services (American Association of Colleges of Nursing, 2016; MacDonald, 2016).

PURPOSE AND HYPOTHESIS

Purpose Statement
The purpose of this project is to develop and implement the use of a standardized bereavement assessment protocol to identify individuals at a high risk of developing adverse health conditions because of bereavement at the project site

To determine if training licensed providers and interdisciplinary team members on bereavement assessment risk protocol results in increased application of the tool and in the identification of the level of risk of family members and significant others over 4 weeks.

Problem Statement
The project site does not have a structured, standardized risk assessment system in place for bereavement risk assessment. Consequently, it is unknown whether individuals at the project site, family members, or significant others of the patient are at a high risk of developing adverse health conditions because of a negative bereavement experience

According to Wilson et al. (2016), Palliative care facilities often lack a comprehensive strategy for bereavement risk assessment of family members and significant others of the patient. Stating that, inadequate understanding of bereavement and the absence of a standard protocol limits the ability to provide quality patient-centered care.

METHODS

METHOD
This DNP project used a quality improvement approach. The purpose of this project was to implement the use of a standardized bereavement assessment protocol to identify individuals at a high risk of developing adverse health conditions

SETTING
A privately owned hospice care facility located in San Bernardino County, California.

RECRUITMENT
Direct recruitment through workplace interdisciplinary meetings, workplace dashboard notifications, and e-mail messages from the project lead.

POPULATION OF INTEREST
Licensed Providers and Ancillary Team Members

TOOLS
BRAT, Questionnaires, PowerPoint, CHART Audit tools
Excel spreadsheet and Statistical Package for Social Sciences (SPSS)

DATA SOURCES

- Pre- and post-educational questionnaires results
- Pre- and post-BRAT implementation chart audits results
- Meets the Touro University Nevada Institutional Review Board (IRB) exemption criteria; hence, this project did not require IRB approval before implementation.
- Descriptive analysis of data from the pre- and post-knowledge questionnaires occurred with the use of a t-test.
- Binomial test, measuring the rate of BRAT completion before and after the training.
- The project lead conducted the pre-implementation chart audit.
- The participants completed a pre-knowledge questionnaire, attended an educational training presentation, and completed the post-training, post-knowledge questionnaires.
- Launched the implementation of the BRAT protocol
- Conducted post-implementation chart audits.
- Data analysis and evaluation of project data from pre-and post-knowledge training, and pre-and post-implementation chart audit occurred utilizing SPSS, t-test, and Binomial test.
- Evaluated was the impact of the training on the hospice providers.
- The completion rate after implementation to determine if use increased

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RESULTS

RESULT: Training Session Pre-/Post-Test Knowledge Scores

- Eleven providers (N = 11) attended the educational program on bereavement and completed the questionnaires before and after training. The participants included three primary care.
- Practitioners, four registered nurses, and four ancillary care providers. All the participants completed the administered questionnaire before and after the training session. Statistical analysis of the scores of the participants from all training sessions occurred by using a t-test. The pre-test mean score for the 11 participants was 70.5%; after the educational training session, the mean score increased from 70.5% to 98.9% which is an increase of 28.4%.

Chart Audit
A total of 71 patient charts were audited four weeks before and four weeks after the educational training session (Table 3). The charts included those of discharged patients older than 18 years (N = 71). The chart audit results included the demographic composition of the patients, male patients were 47.9% and 52.1% were female. All patients were above 50 years of age.

Assessment Completion
Providers did not conduct any chart audits before the implementation of the BRAT protocol, representing a completion rate of 0%. Post-implementation audits of all 71 patient charts were at a 100% rate of completion. Binomial statistical tests indicated a p value of 0.00.

CONCLUSIONS

The project displays the importance of training hospice care providers on bereavement and providing them with knowledge on the risks involved in such cases.

The project findings demonstrated the benefits of providing knowledge to the caregivers based on the outcomes and the increased awareness and application of BRAT in risk assessment.

The results also indicated that BRAT improves the quality of the hospice care delivery as evidenced by the finding of the assessments completed.

The project, however, has limitations with the small sample of hospice care providers involved in the project, which may generalize the information, and the short time frame of the project period may not demonstrate findings which represent the best outcomes accurately.

Further implementation of the project may support the use of the BRAT and indicate the use as a tool to improve the quality of hospice care in hospice facilities. In addition, the dissemination of the project in publications, presentations, and educational platforms will also provide a basis for promoting the impact of the project on practicing healthcare providers and students.

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