

THE PREMIER HOSPICE BEREAVEMENT PROGRAM

When Time Matters Most... Honoring Life and Providing Comfort



**Walking alongside family members and
care professionals through their season of
"firsts" following the loss of a patient or
loved one.**

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Overview of Bereavement Care

Bereavement care in the United States has a long and varied history. In the late 19th century, the development of the modern funeral industry brought a professional and organized approach to dealing with the death of a loved one. This included businesses that provided funeral and burial services, as well as grief counseling and support. In the early 20th century, grief counseling began to become more popular, as mental health professionals began to realize that grief is a normal reaction to death and that it can be managed with the right kind of care. This led to the development of bereavement support groups and organizations, which offered support, resources, and guidance to those experiencing grief.

More recently, the 21st century has seen further advances in the field of bereavement care. The rise of the hospice movement has brought a more compassionate and holistic approach to end-of-life care and bereavement. Hospices now provide a range of services, including counseling for families and individuals, support groups, and spiritual care. Additionally, the rise of online resources and social media has made it easier for people to access bereavement care, with online support groups and resources being more readily available. With these advances, bereavement care has become more accessible and more effective, allowing individuals and families to cope with the loss of a loved one in healthier and more meaningful ways.

Premier Program Philosophy

We believe that hospice is more of a philosophy than an institution. Since the family unit is the recipient of care, this means that we regard the whole family with respect and honor in our policies and procedures. Palliative care for us is a privilege to arrange and provide whenever possible. Furthermore, since we believe the whole person needs care, we have arranged our services intentionally for their physical, emotional, social, and psychological comfort. Caring for a person and their loved ones in a sensitive season like that of hospice care requires contributing to and strengthening the community of care around our patients and families.[1]

The hospice philosophy strikes a balance between hospital treatments and nursing home care. On the one hand, hospice seeks to avoid the unnecessarily aggressive regimens that may sometimes bring more stress than help in patient care. On the other, it steers clear of the neglect of the terminally ill that can sometimes accompany other forms of assistance. Hospice maintains and respects the autonomy of the patient, focusing on comfort rather than a cure for the terminally ill in the physical, emotional, mental, social, and even spiritual aspects of life.

The main goal of bereavement services at Premier Hospice aligns with the statement by author and Boulder Hospice/TRU Community Care co-founder M.E. Lattanzi, who said it is “to provide family members with information about the normal grief process; to provide grieving family members an opportunity to review and reflect on the experience of caring for their loved one and their loss experience; to assess and monitor individual coping ability, stress levels, and available support; to encourage family members to utilize existing support systems or to seek and create additional sources of support.”[2]

Premier Hospice has developed a bereavement program, designed to provide quality care for family members who lose their loved ones while on service with us. Immediately following a patient’s passing, the Premier Hospice Bereavement Program is available as a resource for individualized support and written materials which together provide a sense of care to our families who have lost loved ones, especially during the beginning stages of their grief journey.

Our aim is to remain an open proponent of both creating and connecting families with community resources that we believe to have our families’ holistic care in mind. This includes, but is not limited to, programs and resources like:

- Annual Patient/Family Commemoration Ceremony
- GriefShare Program
- Bo’s Place
- Grief Recovery Center
- The Compassionate Friends (in the passing of a child)
- The Bereavement Center of the Archdiocese of Galveston-Houston
- Bibliography of publications for adults, teenagers, and children



The Premier Hospice Bereavement program begins before the passing of our esteemed patients. We help families speak more openly about mortality because we believe that grief really begins while family members are still with us. We also provide the space to begin processing grief so as to give families a starting point for their sense of loss, whenever they feel comfortable. We believe that regular contact with a caregiver assists them in coping well with the passing of a loved one or patient. Our program typically follows this outline:

- Pre-Bereavement Support during Hospice Services
- Transition/Patient Passing
- Offering of Bereavement Services to Primary Caregiver (Family or Facility)
- Family Voluntary Acceptance or Refusal of Bereavement Program (13 months total)
- Bereavement Program Proceeds according to Outlined Procedures
- Ending of Bereavement Program
- Annual Memorial Ceremony (sample outline provided)
- Referral Community Involvement/Activity



The Premier Hospice Memorial Service is an annual event designed to provide communal & educational support to the families and care networks of Premier patients, both in life and posthumously. The ceremony can take several forms and can be held at various locales, and in partnership with community partners, depending on factors like theme and family needs. One form that has become dear to us, is a Butterfly Release Ceremony.

1. Collaborative effort between all entire Premier IDG
2. Commemorative Service Outline. Can be adapted digitally.
3. Inspirational Reading
4. Invocation/Prayer of Gratitude
5. Expressions from Premier Hospice (Administrator(s), Physician(s), Nurse Aid(s), Social Worker(s), Spiritual Care Personnel)
6. Presentation of Family Member Photographs (Pics received on a free-will basis from family members during Bereavement program)
7. Reflections from Spiritual Care Team



The following represents procedures for processing a mailout to one of our cherished families which are under the care of the Premier Hospice Bereavement Program.

1. Login to Patient Management portal
2. Complete any prompts before viewing patient overview metrics
3. Navigate to Bereavement client list (Note: Bereavement client list is different from Bereavement intake list)
4. View/Run a report of upcoming Bereavement activities (can be filtered by month)
5. Review Bereavement activities report for any mailouts/phone calls due, according to prescribed timeline
6. Navigate to patient profile
7. Review appropriate letter, according to activity timeline
8. Verify and Input patient details on bailout (include first & last name, mailing address, spelled correctly)
9. Transfer appropriate patient contact details to intended mailout (may be an email or a physical letter, per family request or preference, and program availability)
10. Review remaining template for mailout (esp. review for opportunity to integrate personalized comments where appropriate, based on prior knowledge of family from visits or IDT meetings)
11. Print draft of mailout (remember to remove personal contact information (copy of mailout will be held in office, so personal contact details do not need to be included in a compromised area. Date of letter can remain on draft and final copy)
12. Place draft in bereavement folder/archive within appropriate storage area/space (over time, these compile bereavement materials will serve as a template for posterity, and will act as a display for auditing purposes)
13. Print finalized draft of mailout packet, remembering to include contact details (See step 11 above)
14. Print accompanying resources according to prescribed timeline, or per family needs
15. Gather finalized mailout and accompanying resources, with letter on top of stack/packet.
16. If necessary, fold combined packet to fit within mailout envelope.
17. Complete all necessary details for mailing envelope (including stamp, addressing)
18. Place envelope in mailbox according to prescribed bereavement timeline
19. Repeat process for each family bereavement activity.



What follows is a listing of the scheduled mailouts within our Premier Hospice Bereavement Program. These mailouts are shared with families typically according to the timeline outlined, unless the needs or requests of the family lead to an adjustment. Many family find help from either referral sources, or from other elements of their network of relationships. The goal in this is to maintain a helpful presence without becoming a source of excessive or redundant information.

The thirteen-month bereavement outline set forth here is a standard length for families according to the National Hospice and Palliative Care Organization (NHPCO). During that time, the specific care plan can vary somewhat based on the needs of the families and on specific company emphases.

Bereavement Care Schedule	
<u>One Month Mailing</u>	Letter to Family Understanding Grief Supports in My Life
<u>Two Month Mailing</u>	Letter to Family Grief: A Normal and Natural Response to Life Keeping a Personal Journal
<u>Three Month Mailing</u>	Letter to Family Twenty Common Feelings in the Coming Months
Bereavement Care Schedule (continued)	

<u>Seven Month Mailing</u>	Letter to Family Healing after the Loss of a Loved One
<u>Nine Month Mailing</u>	Letter to Family Grief Recovery
<u>Twelve Month Mailing</u>	Letter to Family



We have the solemn honor of caring for families and individuals when time matters most. This responsibility affords us a unique perspective into the lives of many who are seeking to feel safe and cared for in times of their greatest physical, social, emotional, and psycho-logical vulnerability. Premier has been part of patient and family moments and memories in a variety of scenarios:

- A brother who faces the reality of their sibling’s illness, including the new and evolving demands of care, comfort, and scheduling
- Facility caregivers who have begun to see their patients as family, and who welcome help and comforting care following the passing of one of their residents
- A wife looking for familial comfort in the face of her husband’s decline while, at the same time, wanting to shield her young grandchildren from the stark reality of their new status as bereaved
- The resolute disposition of a widow determined to carry on and craft a legacy following her husband’s passing
- A vibrant and lively woman who still makes travel and daily plans despite her prognosis, undeterred by her besetting sickness
- The anticipatory grief of a granddaughter who has to come to terms with the possibility that her grandmother will miss the marriage of her and her fiancée
- An ailing mother whose daughter has rearranged her life to give her the affection and service that she needs in her final days
- The reflective heart of a man who knows that his remaining days are coming to a close, and who wonders what will come after his time has ended
- A young gentleman who has no intentions of slowing down, but is regaining his sense of purpose for his family and cause that is greater than himself
- Family members who mourn the loss of the “big sister” who was seen as a mother to the rest of the siblings, and who must now carry on with her memory to guide them

[1] Osterweis, M., et al. “Bereavement:

Programs.” *National Library of Medicine*, 1984, www.ncbi.nlm.nih.gov.

[2] Lattanzi,

M.E. Hospice bereavement services: creating networks

of support. *Family and*

Community Health 5(3): 54-63, 1982.



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