Extending our Reach: Tele-Health Delivered Grief Support Groups for Rural Hospice

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The Rural Challenge

• Provision of direct care is a challenge for hospice professionals in rural/frontier areas, and nurses, nurse aides, social workers, chaplains and physicians drive very long distances to provide hands-on care.

• Hospices in rural/frontier communities are under resourced; challenged by time and travel distance, clinician shortages and barriers to continuing professional education.

• Bereaved families are unable and unwilling to travel extended distances to participate in grief support programs offered by hospices serving rural communities.
Study Aims

• We developed, implemented and evaluated a distance-technology delivered grief support group program for grieving persons in underserved rural/frontier communities in Utah.

• We partnered with the Utah Telehealth Network to identify the suitable technology and delivery platform for implementation and evaluation of the program.

• We collaborated with one primary nonprofit hospice, Community Nursing Services (CNS) and two secondary nonprofit hospice agencies serving underserved/rural-frontier communities as partners in development and delivery of telehealth grief support groups for persons in their rural service areas.
Additional goals

• Workforce Development-training hospice staff in evidence-based care
• Move grief understanding and bereavement care earlier in palliative care service delivery
• Evaluate project for sustainability and translation beyond Utah
Collaborators

• We collaborated with Utah Telehealth Network and with one primary nonprofit hospice, Community Nursing Services (CNS) and two secondary nonprofit hospice agencies serving underserved/rural-frontier communities
  • CNS hospice Logan
  • CNS hospice Price
  • Gunnison Hospice and Home Care
  • Uintah Basin Hospice
Method and Procedures

• **Study design.** Feasibility and preliminary efficacy study of four 8-week grief support groups delivered via tele-health technology, co-facilitated by trained hospice agency social workers.
  - PI met with Hospice IDT to explain study and elicit referral support
  - PI trained hospice social workers in 8-session grief group intervention

• **Sample.** Grief group participants were identified by hospice agency IDTs as likely to benefit from bereavement support. All prospective participants from each agency were invited.
• **Measures.** Demographic information, Brief Grief Questionnaire, Inventory of Complicated Grief-Revised, relationship of decedent, time since death, circumstances of death, available supports, history of mood disorder, substance use, other losses, suicide risk.

• Facilitator assessed Clinician Global Assessment following each session.

• Manual adherence and skills performance of facilitators.
Technology. Chrome books and user-manuals distributed to participants-hot spots as needed. This was done to minimize variability in technology
• **Intervention.** The 8-week grief support program used in this study was developed and efficacy tested by the PI, is used in a large urban community, and has been provided to several thousand individuals.
Results

Four tele-health groups were conducted serving a total of 26 individuals who completed the program. Our sample was largely female and Caucasian. Attrition was due to: additional death, job change, felt sudden death did not fit with group.

Six active co-facilitators

88 hospice staff trainees received pre-death and bereavement care best practices education
Feasibility

• Training of social workers was effective, and all social workers demonstrated highly satisfactory manual adherence and skill performance.

• Recruitment and retention

• Technology performance
  • Increased challenges with increasing rurality—addressed by hotspots

• Participant satisfaction and

• Social worker satisfaction exceeded goals.
Table 1. Demographics, n = 28

<table>
<thead>
<tr>
<th>Variables: n(%), µ(sd)</th>
<th>Previous Losses</th>
<th>Date since death</th>
<th>Death Unexpected:</th>
<th>Death Preparedness:</th>
<th>Therapy (current)</th>
<th>Thoughts of hurting/killing yourself</th>
<th>Previous experiences with depression / within last 5 years</th>
<th>History of medication or substance use/overuse/abuse</th>
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<tbody>
<tr>
<td>Age 56.93 (12.46)</td>
<td>Yes 26 (92.86)</td>
<td>6-9 months 13 (46.43)</td>
<td>Yes 14 (50.00)</td>
<td>Not at all 12 (42.86)</td>
<td>Yes 8 (28.57)</td>
<td>Yes 16 (57.14) / 14</td>
<td>Yes 8 (28.57)</td>
<td>Yes 19 (67.86)</td>
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<tr>
<td>Gender Male 1 (3.57)</td>
<td>No 2 (7.14)</td>
<td>10-36 months 8 (28.57)</td>
<td>No 14 (50.00)</td>
<td>Somewhat 12 (42.86)</td>
<td>No 20 (71.43)</td>
<td>No 12 (42.86) / 2</td>
<td>No 9 (32.14)</td>
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<tr>
<td>Female 27 (96.43)</td>
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<td>&gt;37 months 7 (25.00)</td>
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<td>Very much 4 (14.29)</td>
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<td>Race White 26 (92.86)</td>
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<td>Latino-Hispanic/Other 2 (7.14)</td>
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<td>Relationship Spouse 15 (53.57)</td>
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<td>Child 7 (25.00)</td>
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<td>Parent 4 (14.29)</td>
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<td>Very good 9 (32.14)</td>
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<td>Excellent 4 (14.29)</td>
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Note. Mean (µ), Standard deviation (sd).
Clinical outcomes
Figure 1. BGQ, *Brief Grief Questionnaire*; pre-mean score 4.67 (2.53), post-mean score 3.42 (2.70).
Figure 2. ICG-r, Inventory of Complicated Grief-revised; pre- mean score 28.08 (11.95), post- mean score 23.29 (12.45).
### Table 2. Participant Change on Outcome Measures, n = 26

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Pre-test (+) / Mean Rank</th>
<th>Post-test (−) / Mean Rank</th>
<th>z-score</th>
<th>p-value</th>
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<td>BGQ</td>
<td>4 (6.75)</td>
<td>16 (11.44)</td>
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<td>ICG-r</td>
<td>4 (10.50)</td>
<td>19 (12.32)</td>
<td>−3.02**</td>
<td>0.0026</td>
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</table>

Note. ICG-r = Inventory of Complicated Grief-revised, BGQ = Brief Grief Questionnaire, Wilcoxon sign-rank test (z-score), (+) = Positive Ranks, (−) = Negative Ranks, *p < 0.05, **p < 0.001.
Clinical Global Impression Rating (severity)

Figure 2. Weekly change in participant grief status (CGI-severity)
**Clinical Global Impression Rating (improvement)**

![Graph showing weekly change in participant grief status (CGI-improvement)](image)

*Figure 3. Weekly change in participant grief status (CGI-improvement)*
Clinical Outcomes

• Support groups— not psychotherapy groups are suitable for hospice delivery
• Improvement in grief status aligns with Face 2 Face groups
• Participants were highly satisfied; felt they got personal attention, lowered isolation, high satisfaction with convenience—especially distance and weather concerns.
Conclusion

This project achieved broad impact through an innovative collaboration with rural hospice agencies, the State tele-health network and a university-based bereavement care program.
The Solution

• Grief support groups can provide effective, low cost support for bereaved persons, and are an essential component of comprehensive hospice and palliative care.

• Distance technology can provide grief support that exceeds the goals of the bereavement care requirement of the Medicare Hospice benefit, and optimizes evidence-based bereavement care.

• Distance technology is available, requires little additional equipment and can address the challenge of rural service delivery.
This project was funded by a grant from the Cambia Health Foundation

We thank our colleagues at
CNS Hospice and Home Care
Uintah Basin Hospice
Gunnison Hospice and Home Care

and the Utah Telehealth Network
"Do not be daunted by the enormity of the world's grief. Do justly, now. Love mercy, now. Walk humbly, now. You are not obligated to complete the work, but neither are you free to abandon it."

_Talmud (attributed)_