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Introduction

Each year approximately 6500 people die in hospitals across NHSGG&C. Personal belongings are usually handed back to the bereaved family in a large plastic bag (See Picture 1). This can include very personal items such a jewellery, watches, glasses, cards, photographs and pictures. These items are often placed alongside nightwear or clothes which may be soiled. This can seem very impersonal and disrespectful. This is exemplified by lining up the plastic bags in a corner of a room until a relative collects them, often reminding staff of garbage bags waiting to be collected (See Picture 2).

Results

Do you feel that this cloth bag is an improvement on the current one?

The plastic bags are universally used for any patient belongings and therefore there is no recognition that a person has been bereaved. A cloth bereavement bag will very gently and sensitively flag up a bereaved relative amongst staff, thus ensuring that they are treated with compassion and given privacy as needed. The cloth bags are also sturdier, with handles and therefore much easier for a person to carry (See Pictures 3 - 6).



Picture 1





Picture 2







Picture 4





Aim

This audit was undertaken to identify best practice when handing over a patient's belongings by comparing a cloth bereavement bag with a small organza bag for more personal items such as jewellery, versus a plastic patient clothing bag.

25 7 1 Yes No Unsure Not ticked/ No comment Chart 4

Discussion

95% of staff felt that there was a positive improvement with the cloth bags (See Chart 1).

78% liked the design of the bag (See Chart 2), although some comments were made that the quality of the bags could be improved.

87% of staff liked the condolence card and felt it gave a very personal and caring touch when handing back belongings (See Chart 3).

54% responded positively to the bags, with 43% not making any response (See Chart 4).

Most of the staff thought the organza bag was a 'lovely touch' and staff reported that they felt much more comfortable handing back very personal items to the bereaved person using the organza bag.

Conclusion and Recommendations

The audit has shown a significant improvement in both relative and staff perspectives

Method

Lead nurses identified wards who had expressed an interest in carrying out a pilot of the bereavement bags within their clinical area across NHSGG&C. Seven wards took part in the pilot. The wards were sent a supply of a cloth bereavement bag, a small organza bag, a ribbon and a condolence card to be given to bereaved relatives.

An audit form was created asking staff their views on the bags and any responses expressed from relatives. A total of 46 audit forms were completed.

when handing over belongings in a cloth bereavement bag compared to the current plastic one. A bid has been accepted to purchase a better quality jute bereavement bag with the organza bag and a condolence card to be used in all clinical areas across NHSGG&C.



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