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P142 -Continuing To Take Time to Remember; Learning from an annual memorial service for renal patients, 2010-2018 and beyond

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Introduction

In 2010 the Renal MDT made the decision to offer a memorial service. The aspiration was that this would be attended by relatives and friends of patients who had died over the preceding year. The format and feedback of the first service was presented at the 2011 BRS conference.

As we approach the 10th service in 2019, we have reflected on learning from these years. This abstract will cover what we believe the service has given to staff as well as to the relatives and friends we designed it for.

The running of the service

The service is non-denominational but takes place in the hospital chapel and with assistance from the hospital chaplain. A key part of the service has become the introduction given by one of the nephrologists. We have also been able to include elements reflecting the personal preferences of patients.

The service runs on the same Sunday each year. This is helpful for planning for the MDT as well as for relatives attending annually.

The service is attended by around 70-80 people. We have re-invited relatives each year if they attended previously.

The majority of attendees have been adults but a small number of children have also attended.

Reflections

The decision to re-invite relatives year after year has enabled us to keep in contact with people over 5 years after their loss. This continued contact has been welcomed by relatives, expressing their appreciation that their loved one is 'still' remembered. In recent years, some, having attended for several years, have then asked to be removed from the invitation as they no longer felt a need to attend. The memorial service has meant we have been able to offer some long term support in bereavement in a way we could not otherwise have achieved.

The majority of attendees have attended for the first few years only however. This has meant that numbers attending have self-managed to appropriate levels for the space. We are thus able to continue our practice of re-inviting people without the need for any cap.

Many attendees have commented that they didn't know there would be 'so many others' in a similar situation. We believe the service has offered these families a positive experience, showing them that they are not alone in their bereavement experience and enabling them to make connections with peers.

Staff members have attended in relatively small numbers. The staff attending have reflected positively on the opportunity to see families again and talk about the patients. We believe this has offered staff a valuable opportunity for positive feedback and to feel a sense of completion. This is particularly valuable when a death occurred after a very difficult illness or in younger patients where staff were significantly affected by the death.

Conclusion

Mortality is significant in the renal population. The memorial service has given our team the opportunity to confront this both realistically and positively, continuing to show our care and commitment to families. The service is both sustainable and valuable.