

Measuring meaningful change in a hospice bereavement service: population and outcomes



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Introduction: Routine outcome monitoring can help bereavement services understand who accesses support, distress at presentation, and changes in grief-specific symptoms and general psychological distress.

Methods: We analysed observational data from 352 adults who had completed at least one validated outcome measure (CORE-OM^[1] and/or PG-13^[2]) in a hospice bereavement service. Demographics, baseline scores, follow-up completion rates and pre-post change were examined using R ^[3].

POPULATION (N=352)

Mean age 53.6 years (SD=15.7). Relationship to the deceased differed by sex ($p=.031$): men were more often spouses / partners and women more often adult children of the deceased.

Baseline **CORE-OM** scores were available for 338 (96.0%) with a **mean of 15.4** (SD 6.4) within the **moderate distress** range^[1]. Baseline **PG-13** scores were available for 323 (91.8%) with a **mean of 35.7** (SD 9.3), above cut-off^[2]. Paired pre-post scores were available for 192 (54.5%) and 145 (41.2%), respectively.

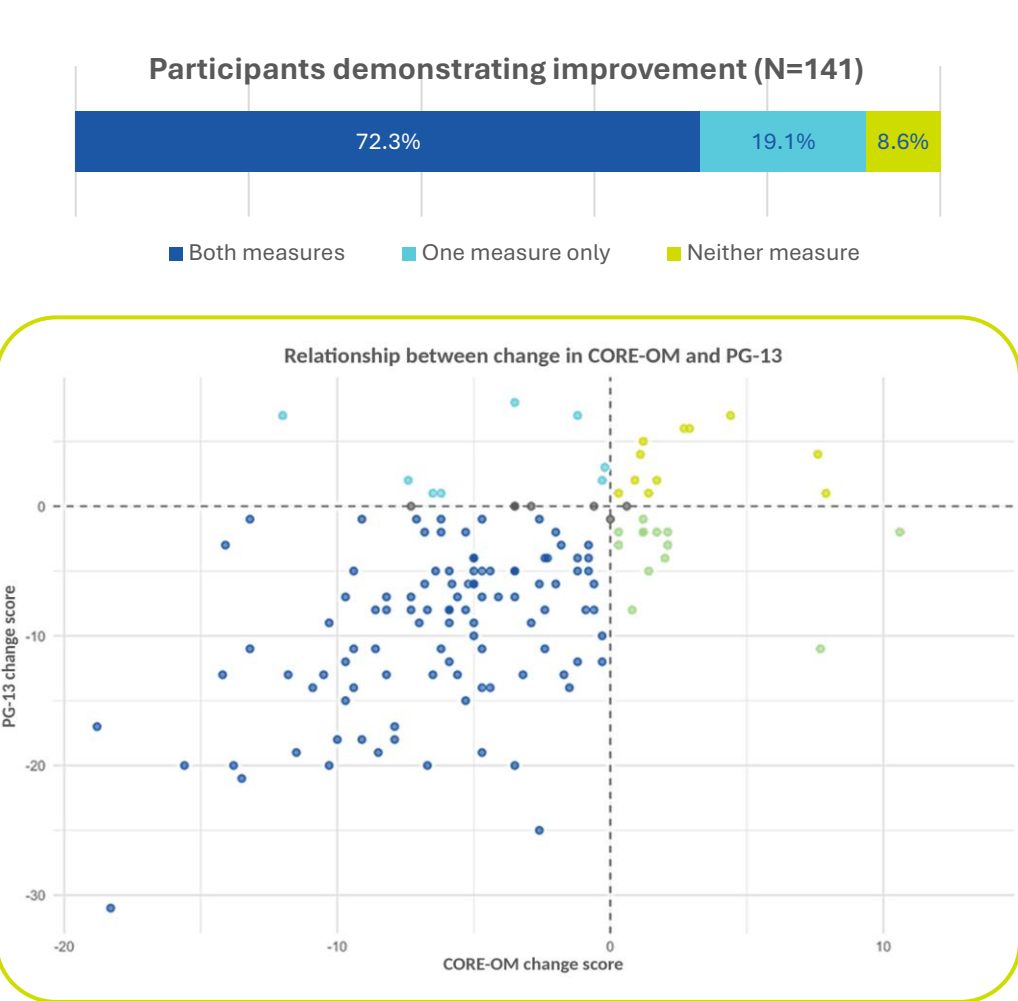
In multivariable regression analyses, **neither age nor sex was independently associated with baseline distress score.**

Adult children nevertheless reported higher CORE-OM distress than spouses / partners after accounting for age and sex (+2.02 points, $p=.023$) but PG-13 differences were non-significant (+1.27 points, $p=.339$).

Results/Discussion: Among paired pre-post cases **82.8% showed improvement on PG-13 score**, with 62.1% reaching the minimally important difference (MID) threshold (N=145). **80.2% showed improvement on CORE-OM score**, with 60.4% reaching MID threshold (N=192).

CORE-OM and PG-13 scores were **positively correlated** at baseline (Kendall's $\tau=.50$) and at follow-up ($\tau=.56$), but **change was less closely correlated** ($\tau=.38$; all $p<.001$).

Among 141 people completing both pre-post outcome measures, 72.3% improved on both, while **19.1% improved on one measure but not the other.**



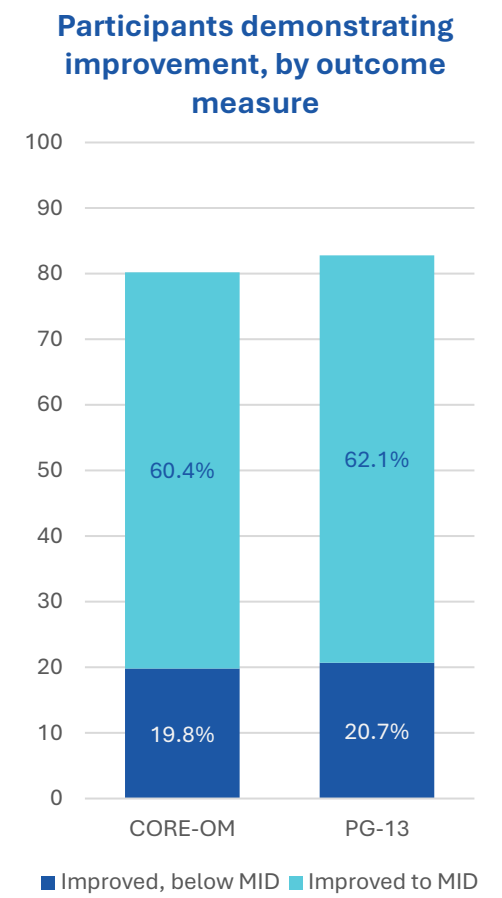
Conclusion: Routine outcome monitoring showed improvement overall but **CORE-OM and PG-13 did not always show the same pattern of individual change.** Using both measures may provide a fuller picture of distress, progress and continuing need. Incomplete follow-up and missing information on time since bereavement limit interpretation.

OUTCOME MEASURES

CORE-OM measures general psychological distress. Range 0-40. Higher scores indicate greater distress. Clinical cut-off is 10; reliable change was ≥ 5 points^[1,5].

PG-13 measures grief-specific symptoms. Range 11-55, higher scores indicate greater distress. Suggested threshold was 35; reliable change was ≥ 6 points^[2,5].

Distribution-based **minimally important difference (MID)** was defined as improvement of at least 0.5 baseline standard deviations (≥ 3.2 CORE-OM points, ≥ 4.63 PG-13 points)^[4].



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