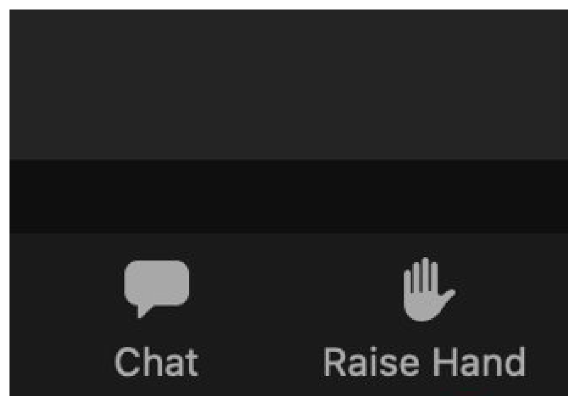
Approaches to Addressing Grief and Bereavement in the LTC Workforce

Event Logistics

Please use the following buttons at the bottom of your screen:

- **Chat box** to ask questions, make comments, and share resources
- **Raise hand** if you have a comment during the discussion portion



Please chat your name, organization, and location now!

About Long-Term Quality Alliance

- LTQA is a 501(c)3 membership organization aimed at improving outcomes and quality of life for people who need long-term services and supports (LTSS), and their families.
- LTQA advances person- and family-centered, integrated LTSS through research, education, and advocacy.

For more information:

www.ltqa.org

LinkedIn

LTQA Members

AARP
ADvancing States
Aetna
AlohaCare
Altarum
AmeriHealth Caritas
American Network of Community Options and Resources (ANCOR)
Applied Self-Direction
Association of University Centers on Disabilities (AUCD)
Autistic Self Advocacy Network (ASAN)
CareSource
Catholic Health Association of the United States
Centene
Commonwealth Care Alliance
Community Catalyst
Elevance Health
Humana
Independent Living Systems/Florida Community Care
The John A. Hartford Foundation
Justice in Aging
LA Care
LeadingAge
Meals on Wheels America
Molina Healthcare
National Alliance for Caregiving
National Adult Day Services Association (NADSA)
National Association of State Directors of Developmental Disabilities Services (NASDDDS)
National Council on Independent Living (NCIL)
National PACE Association
Neighborhood Health Plan of Rhode Island
The SCAN Foundation
1199SEIU
UnitedHealthcare
UPMC Health Plan
USAging
VNS Health
Volunteers of America National Services (VOA)

Our Speakers

Toni Miles
Rosalynn Carter Institute

Bethany Houpt
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Approaches to Addressing Grief and Bereavement in the LTC Workforce

August 6, 2024

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Overview

1. Grief and Bereavement in the LTC Workforce
2. Lessons Learned from the Field
3. Approaches for Creating Culture Change around Death and Dying
4. Questions & Thoughts

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What Are Grief and Bereavement, and Why Should We Care?

- **Grief** is how you feel
- **Bereavement** is the fact that someone has died that you know

Among LTC Workers:

Repeated exposure to deaths increases the likelihood of physical and emotional injury.

Injury diminishes productivity, job performance, and delivery of quality care.

This injury can be offset with policies supporting health, safety, and wellbeing.

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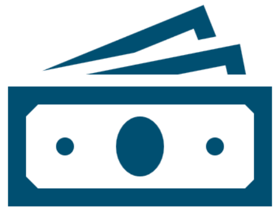
By the Numbers: Injury



$225.8 billion - Annual losses to productivity due to all absenteeism (2015)

$123.4 billion - Annual grief and bereavement related expenses across all sectors (2023)

Half of LTC facilities report a turnover rate of 40-60%.

Is unsupported grief and bereavement a factor?

Lesson one: *WellbeingTREE* Learning and Action Network (LAN)

One aspect of this LAN focused on Culture Change in death and dying in LTC.

<ins>Jan 2022</ins>
Initial Ground Research

<ins>May 2022-Aug 2023</ins>
11 Online Learning Sessions

<ins>Sept 2023</ins>
Key Informant Interviews

<ins>Sept 2023</ins>
Roundtable 1: Michigan Nursing Home Staff

<ins>Oct 2023</ins>
Roundtable 2: State and Industry Experts

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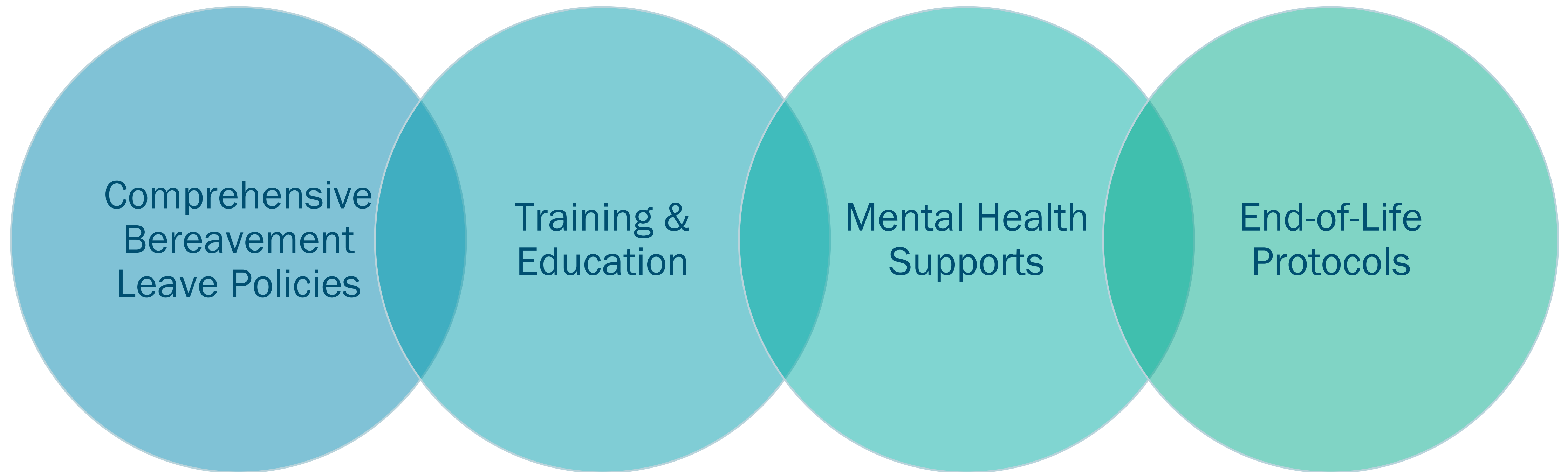
MICHIGAN HEALTH ENDOWMENT FUND

Results from the *WellbeingTREE* Roundtables



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MICHIGAN HEALTH ENDOWMENT FUND

Michigan Regulatory Front

State requirements:

- No bereavement leave requirement
- Minimal training requirements around end-of-life care for nurse aides

Hospice providers must:

- Conduct bereavement assessments
- Provide bereavement counseling services for family and other individuals in the plan of care
- Assure orientation and training of nursing home staff in hospice philosophy, including principles about death and dying.

Lesson two: Changing the Culture of Death & Dying in LTC across Georgia

April 2018
Interview 9 buildings.

Aug 2018 - Oct 2019
Develop Best Practices Tool Kit

Dec 2019 - March 2020
Begin trainings with LTC.

May 2020 - Dec 2021
Pivot to online delivery of tool Kit

3-part Tool Kit available in digital form.

Results from Culture Change in Georgia LTC: Death and Dying can be a repetitive injury for staff.

Physician Orders for Life Sustaining Treatment

- Notification procedure when a death occurs
  - Family/friends
  - Staff/Care team
  - Other residents
- Advanced Directives/Physician Orders for Life Sustaining Treatment (POLST)
  - Do staff know where they are and how to follow them?
- Support procedures
  - Do staff know how and where to receive support?

MDHHS-5836, MICHIGAN PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (MI-POST)
Michigan Department of Health and Human Services (MDHHS)
(Revised 8-22)

HIPAA permits disclosure of MI-POST to other Health Care Professionals, as necessary. This MI-POST form is void if Part 1 or Section D are blank. Leaving blank any section of the medical orders (Sections A, B, or C) does not void the form and is interpreted as full treatment for that section.

PART 1 – PATIENT INFORMATION

Patient Last Name | Patient First Name | Patient Middle Initial

Date of Birth (mm/dd/yyyy) | Date Form Prepared (mm/dd/yyyy)

Diagnosis supporting use of MI-POST

This form is a Physician Order sheet based on the medical conditions and decisions of the person identified on this form. Paper copies, facsimiles, and digital images are valid and should be followed as if an original copy. This form is for adults with an advanced illness. It is not for healthy adults.

PART 2 – MEDICAL ORDERS

Section A – Cardiopulmonary Resuscitation (CPR)
Person has no pulse and is not breathing. See MDHHS-5837 for further details.
- ☐ Attempt Resuscitation/CPR (Must choose Full Treatment in Section B).
- ☐ DO NOT attempt Resuscitation/CPR (No CPR, allow Natural Death).

Section B – Medical Interventions
Person has pulse and/or is breathing. See MDHHS-5837 for further details on medical interventions.
- ☐ **Comfort-Focused Treatment** Primary goal of maximizing comfort. May include pain relief through use of medication, positioning, wound care, food and water by mouth, and non-invasive respiratory assistance.
- ☐ **Selective Treatment** Primary goal of treating medical conditions while avoiding burdensome measures. May include IV fluids, cardiac monitoring including cardioversion, and non-invasive airway support.
- ☐ **Full Treatment** Primary goal of prolonging life by all medically effective means. May include intubation, advanced invasive airway interventions, mechanical ventilation, other advanced interventions.

Section C – Additional Orders (optional)
Medical orders for whether or when to start, withhold, or stop a specific treatment. Treatments may include but are not limited to dialysis, medically assisted provisions of nutrition, long-term life-support, medications, and blood products.

Send form with Patient whenever transferred or discharged.

MDHHS-5836 (Rev. 8-22) Previous edition obsolete. 1

Section F – Individual Assisting with Completion of MI-POST Form
Print Preparer's Name | Title | Date
Preparer's Signature | Organization | Phone Number

Section G – To Reaffirm or Revoke this Form
This MI-POST form can be reaffirmed or revoked at any time, verbally or in writing. See MDHHS-5837 for further details on reaffirmation or revocation. **If this document is revoked or is not reaffirmed, and a new form is not completed, full treatment and resuscitation will be provided.**
Healthcare Provider Name/Collaborative Physician (if applicable) | Healthcare Provider Signature
Patient/Representative Name | Patient/Representative Signature | Reaffirmation Date

Send form with Patient whenever transferred or discharged.
HIPAA permits disclosure of MI-POST to other Health Care Professionals, as necessary.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

MDHHS-5836 (Rev. 8-22) Previous edition obsolete. 2

DPH Georgia Department of Public Health — POLST GEORGIA

PHYSICIAN ORDERS FOR LIFE- SUSTAINING TREATMENT (POLST)

Patient's Name (First) (Middle) (Last)
Date of Birth | Gender: Male ☐ Female ☐

A CODE STATUS Check One — **CARDIOPULMONARY RESUSCITATION (CPR): Patient has no pulse and is not breathing.**
- ☐ Attempt Resuscitation (CPR).
- ☐ Allow Natural Death (AND) - Do Not Attempt Resuscitation.

*** Signature of a concurring physician is needed for this section to be valid if this form is signed by an Authorized Person who is not the Health Care Agent. See additional guidance under III on back of form.*
When not in cardiopulmonary arrest, follow orders in B, C and D.

B Check One — **MEDICAL INTERVENTIONS: Patient has pulse and /or is breathing.**
- ☐ **Comfort Measures**: Use medication by any route, positioning, wound care, and other measures to relieve pain and suffering. Use oxygen, suction, and manual treatment of airway obstruction as needed for comfort. *Do not transfer to hospital for life-sustaining treatment.*
- ☐ **Limited Additional Interventions**: In addition to treatment and care described above, provide medical treatment, as indicated. DO NOT USE intubation or mechanical ventilation. *Transfer to hospital if indicated. Generally avoid intensive care unit.*
- ☐ **Full Treatment**: In addition to treatment and care described above, use intubation, mechanical ventilation, and cardioversion as indicated. *Transfer to hospital and/or intensive care unit if indicated.*

Additional Orders (e.g. dialysis):

C Check One — **ANTIBIOTICS**
- ☐ No antibiotics: Use other measures to relieve symptoms.
- ☐ Determine use or limitation of antibiotics when infection occurs.
- ☐ Use antibiotics if life can be prolonged.

Additional Orders:

D Check One In Each Column — **ARTIFICIALLY ADMINISTERED NUTRITION/FLUIDS — Where indicated, always offer food or fluids by mouth if feasible**
- ☐ No artificial nutrition by tube. / ☐ No IV fluids.
- ☐ Trial period of artificial nutrition by tube. / ☐ Trial period of IV fluids.
- ☐ Long-term artificial nutrition by tube. / ☐ Long-term IV fluids.

Additional Orders: | Additional Orders:

DISCUSSION AND SIGNATURES
The basis for these orders should be documented in the medical record. To the best of my knowledge these orders are consistent with the patient's current medical condition and preferences and comply with the requirements of applicable Georgia law.

Physician Name: License No.: State:	Physician Signature:	Date: Phone:
Concurring Physician Name (*if needed; see III.i. on back of form*): License No.: State:	Concurring Physician Signature (if needed):	Date: Phone:
Patient or Authorized Person Name: ****authorized person may NOT sign if patient has decision making capacity*	Patient or Authorized Person Signature:	Date: Phone:

Relationship to Patient (check all that apply):
☐ Self ☐ Health Care Agent ☐ Spouse ☐ Court-Appointed Guardian ☐ Son or Daughter ☐ Parent ☐ Brother or Sister

IV. The status of resuscitation orders during surgery or other invasive procedures should be reviewed by the physician with the patient or patient's "authorized person" (as defined above).
V. Copies of the original POLST form are valid.
VI. The POLST form shall remain effective unless revoked by the attending physician upon the consent of the patient or the patient's authorized person.
VII. An attending physician who issues an order using the POLST form and who transfers the patient to another physician shall inform the receiving physician and the health care facility, if applicable, of the order.
VIII. A health care facility may impose additional administrative or procedural requirements regarding a patient's end of life care decisions, including the use of a separate order form. If the patient is in a health care facility, the attending physician should check with the facility to ensure these orders are valid.

* Georgia Code Section 31-92-2(4) defines a "candidate for non-resuscitation" to mean a patient who, based on a reasonable degree of medical certainty:
(A) has a medical condition which can reasonably be expected to result in the imminent death of the patient;
(B) is in a non-cognitive state with no reasonable possibility of regaining cognitive functions; or
(C) is a person for whom CPR would be medically futile in that such resuscitation will likely be unsuccessful in restoring cardiac and respiratory function or will only restore cardiac and respiratory function for a brief period of time so that the patient will likely experience repeated need for CPR over a short period of time or that such resuscitation would be otherwise medically futile.

SUBSEQUENT REVIEW OF THE POLST FORM
This form should be reviewed when (i) the patient is transferred from one care setting or care level to another (ii) released to return home (iii) there is substantial change in the patient's health status, or (iv) the patient's treatment preferences change. If this POLST is voided, replaced, or becomes invalid, then draw a line through sections A though D, write "VOID" in large letters with date and time, and sign by the line. After voiding the form, a new form may be completed. *If no new form is completed, full treatment and resuscitation may be provided.*

Date/Time of Review	Location of Review	Print Name of Reviewer	Outcome of Review	Physician Signature
			☐ No Change ☐ Form Voided, new form completed ☐ Form Voided, no new form	
			☐ No Change ☐ Form Voided, new form completed ☐ Form Voided, no new form	

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Summary

1. Grief and Bereavement in the LTC Workforce
2. Lessons Learned from the Field
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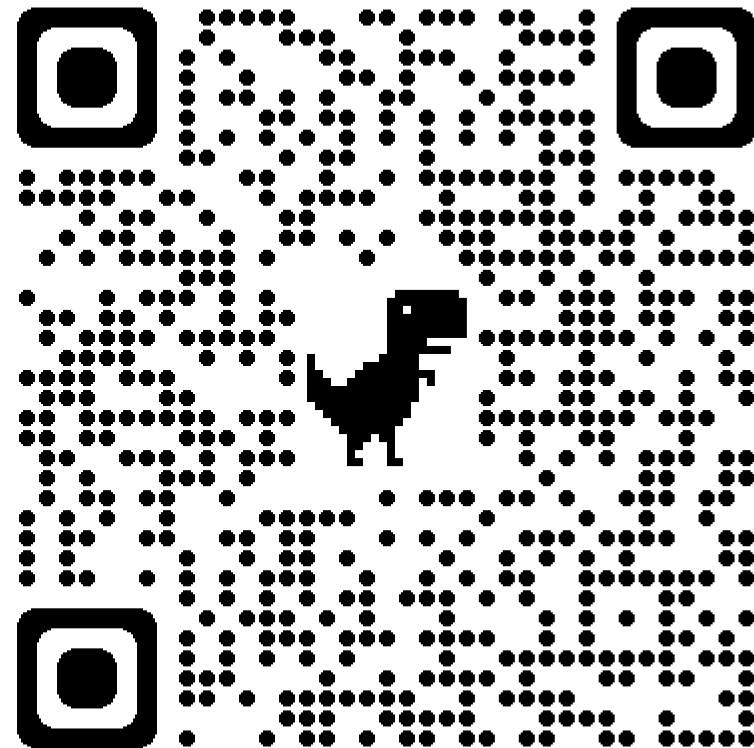
Questions & Answers

Thank you!

Use the QR code to visit the *WellbeingTREE* website and resources.



Appendix

Approaches for LTC Settings

Bereavement Policies for Staff

Broaden policies to include:

- Close people, not just family
- Partners, not just spouses
- Foster/adopted children, not just biological children
- Pregnancy loss
- Part-time staff, not just full-time staff

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Policies Continued

Bereavement Leave:

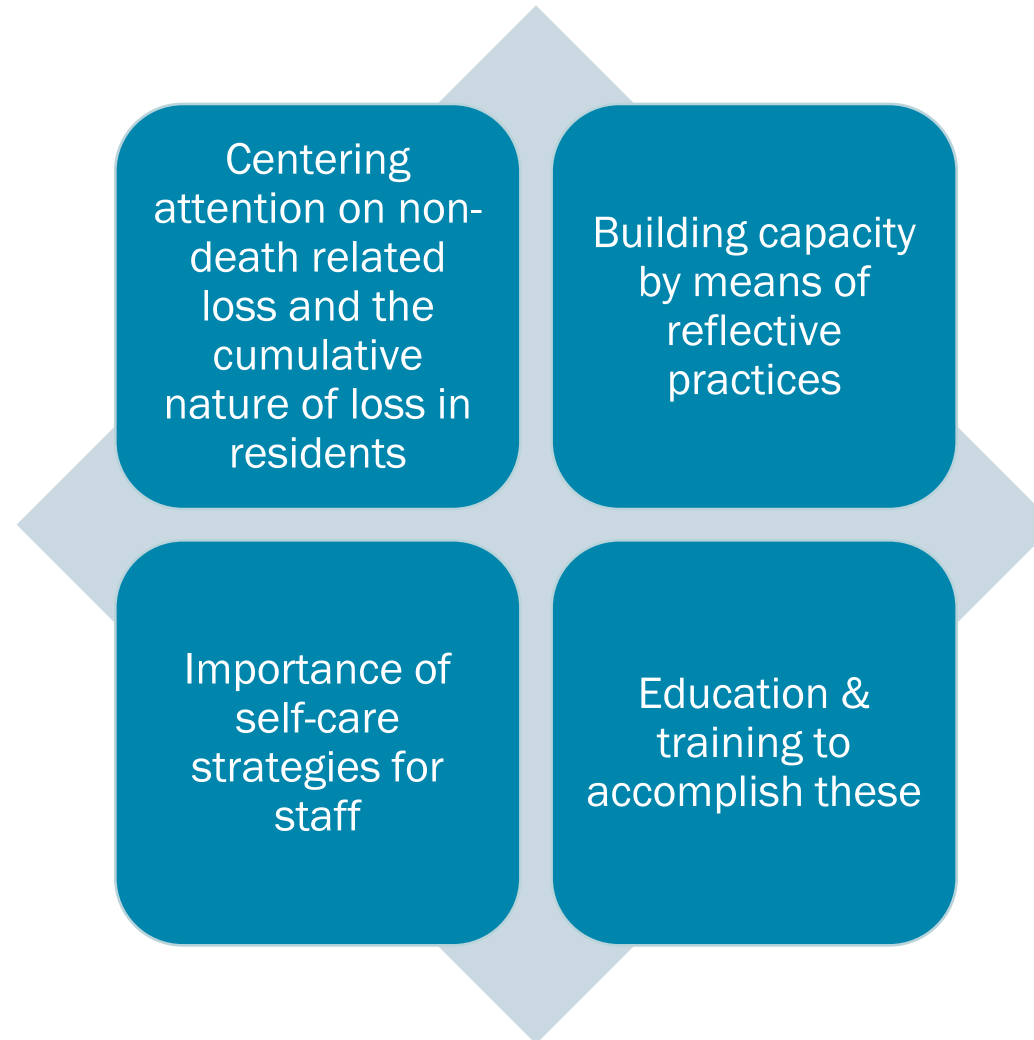
- Allow more than 3 days
- Allow use of time within the first year and nonconsecutively
- Allow unpaid time to be used after paid time
- Allow donations of paid time off between staff
- Allow scheduling flexibility
- Don't require proof of a death

"A workplace attentive to grief will help reinforce health boundaries and make sure people get the time and space they need to heal. At the other end, a workplace where grief isn't legitimized will add to the grievers' trauma."

~ Tanmoy Goswami

Source: Tanmoy Goswami, "Forget the Great Resignation, the real crisis in the workplace is grief".[Online] Available: https://www.welcometothejungle.com/en/articles/dealing-with-grief-and-loss-at-work

Grief Care Policies for Residents & Staff



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Supporting Bereaved & Grieving Staff

- Flexibility
- Communicating regularly
- Acknowledging the loss
- Simple gestures
- Providing food/meals
- Staff support fund
- Appoint one person to facilitate help
- Normalize self-care
- Open door policy
- Find creative solutions to policies

Avoid Assumptions

- "Work is a good distraction."
- "You shouldn't talk about grief."
- "They will feel better after this year."
- "It wasn't a major loss."

Avoid Saying

- "I know how you feel."
- "They are in a better place."
- "God needed them"
- "Time heals all wounds."

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Additional Things to Do

Instead, Do

- Say I am sorry for your loss
- Be a listening ear
- Offer to complete a task
- Exchange responsibilities
- Offer to do something specific vs saying how can I help

Addressing Resident Loss with Staff & Other Residents

- Create a plan to support grieving staff
  - Set the tone
  - Debrief after the passing of a resident
  - Recognize the different ways in which staff may grieve
  - Provide mental health support
    - EAP
    - Employee Resource Group
    - Outside specialized grief support
    - Chaplain
    - Counseling by licensed mental health provide
    - Crisis Support Team

Self-Care for the Bereaved and Grieving

- Adequate sleep
- Proper nutrition
- Meditation
- Exercise
- Spending time in green spaces/nature/gardening
- Grief journaling
- Listening to music
- Creating art
- Spending time with friends/family
- Attend a support group
- Talk to a therapist
- Accept support

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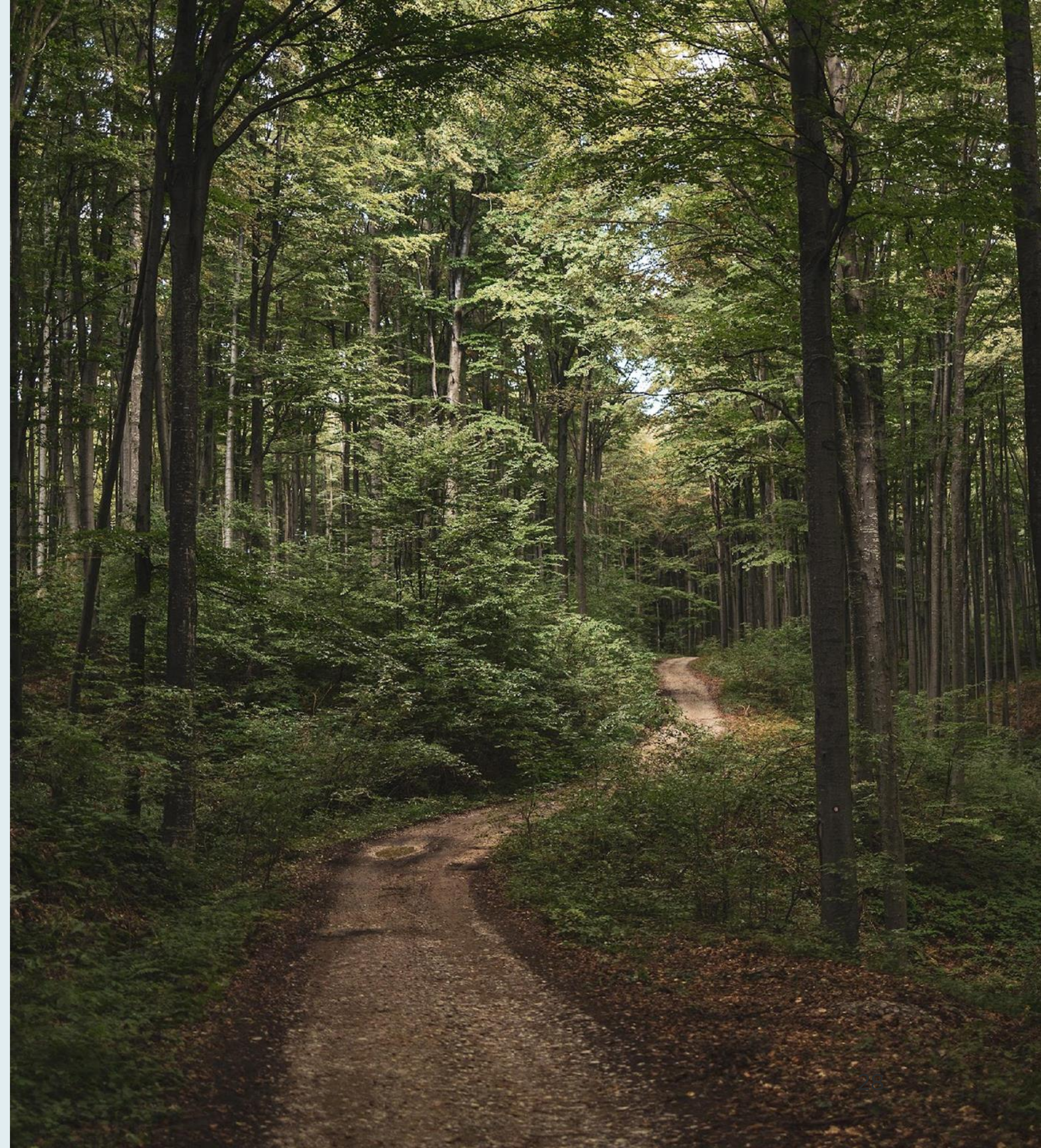

Training and Education

Potential topics include:

- End-of-life care
- How different cultures view death
- Supporting grieving residents
- Self-care for staff
- Supporting grieving staff (for supervisors and leadership)

Training and Education

Training Approaches Include:

- Include in orientation and onboarding
- In-service training
- Combine training on grief and bereavement with other training topics
- Reminder trainings (weekly touches about important topics)
- Reflective Practices

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End-of-Life Rituals - Before Death

Legacy Planning

- Obituary writing
- Preparing video or recorded message(s) or letters for family & friends
- Choosing prayers, poems, or songs for their memorial
- Working on a memorial quilt for themselves or another

End-of-Life Rituals - During Transition

Beside Vigils

- Held by volunteers or staff if no family or friends are available
- Support to those participating (snacks, care items, poetry)
- Relieving them so that they may get a more robust meal, shower, nap, etc.

Providing Comfort to the Resident

- Reading or playing music
- Being a quiet presence
- Holding their hand
- Stop in the room to pay respect before the person dies.

End-of-Life Rituals – After Death

- Preparing the body
- Notification protocols
- Sharing memories, prayer, or poem
- Reminding staff how to access grief support
- Final escort/Dignity Walk
- Preparing their empty room
- Packing belongings thoughtfully and with care
- Have the room blessed
- Sending cards/flowers
- Attending the service/helping residents to attend
- Friendship/support box for the family

Memorials

- Remembrance table
- Bulletin board with the obituary, photo(s), etc.
- Angel Tree decorated with personalized ornaments
- Memorial plaques plants, trees, bushes, benches, etc. on the grounds/memorial garden.
- Memorial service
  - Music/hymn, prayer, poem and/or responsive reading
  - Shared stories/memories
  - Time for reflection
  - Light electric candle(s)
  - Photo montage/video, video created by deceased
- Charitable donations

Resources

- Mental Health First Aid Training for Adults: https://www.canr.msu.edu/mental-health-first-aid/adults
- Northern Michigan University- Grief Support Specialist Program: https://nmu.edu/continuingeducation/grief-support-specialist-program
- American Nurses Foundation Wellbeing Initiative: https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/the-well-being-initiative/
- Children's Bereavement Center: https://childbereavement.org/
- Lory's Place: https://www.spectrumhealthlakeland.org/lorys-place/lory's-place
- Altarum Grief & Bereavement Resources: https://altarum.org/WellbeingTREE