

Change Ideas for Death and Dying

Typical issues and evidence of discordance:	Dying in a nursing home can be a cold, isolated event not in any way reflective of a celebration of one's life. An elder's condition is often kept hidden. Upon death, doors are closed and bodies taken out through a side entrance in an attempt to shield other residents from the death. A resident's death can be emotionally taxing on caregivers. Staff care about the people they care for but are often given little room for grieving or acknowledgment of loss. There is little opportunity for closure. Residents see how the deaths of others are handled and know this is how their ends will be.
Barriers:	Death and dying is an issue with which our culture is uncomfortable. This discomfort is passed on to an environment where it is a large and looming aspect of daily life. Dying is a fact of life—all the more so in nursing homes—yet the taboos of society infiltrate the nursing home and prevent it from providing space for the healing and reconciliation that is a developmental task of old age. Many times information pertaining to death is withheld because of a misconception of HIPAA regulations; however, deaths, like births, are a matter of public record. Additionally, there is a tacit understanding that it is unprofessional to express one's sadness over the death of an elder. Equally complex is the denial that a relationship existed between staff and elder.
Goal:	<ul style="list-style-type: none"> • To support people in dying with dignity and caring. • To acknowledge and console people in the nursing home community in their losses.
Infrastructure helpful to support the change:	<ul style="list-style-type: none"> • Invite a committed team of individuals including staff, families, and elders to begin conversations that identify the current process and who can create a vision for the changes needed. • A chaos-free atmosphere (consider issues related to overhead paging, body alarms, call lights, etc.).
Measurement possibilities:	<ul style="list-style-type: none"> • Family/staff feelings of support, appropriate closure and grieving. • Noting current practice vs. changes adopted to prove supportive practices are effective. • The number of people who die alone.
PDSA Cycles:	<p><u>PLAN</u>: Engage a team to discuss and explore ways to support, acknowledge and console people in the nursing home community.</p> <p><u>DO</u>: Create rituals and memorials that offer opportunities for people to express their grief. Consider a handmade quilt for the body as it leaves the building, decorative boxes for personal effects, a memorial book to give to the family and a memorial service for staff, family and friends.</p> <p><u>STUDY</u>: By survey, determine if people feel a greater sense of support by having these artifacts available.</p> <p><u>ACT</u>: Continue to explore other possibilities to bring comfort and support.</p>
Questions to consider:	<ul style="list-style-type: none"> • Do we support the dying elder, staff, family and friends physically, mentally and spiritually? • In what ways do we keep the process cold, isolated and hidden?

- In what ways can we acknowledge and honor death?
- What resources do we provide to assist all parties?
- How can the organization honor the death of community members?
- Are there rituals that we can create to assist the dying elder, staff, family and friends?
- Do we know how each elder would like to be remembered?
- How is communication handled about the dying of an elder and the death of an elder?

Change Ideas:

- Create a culture that considers death a natural part of life and create ways to acknowledge and honor it.
- Create a relationship with religious professionals who can provide support on an organizational basis.
- Establish a *comfort service* for families that includes a cart refreshed frequently with small snacks, beverages and other items. Include a CD player with music, hand cream, appropriate books, freshening wipes and religious items if desired.
- Provide staff with the opportunity to be with the dying person.
- Support through hospice education.

Resources:

1. Teno JM, Casey VA, Welch LC, Edgman-Levitan S. Patient-focused, family-centered end-of-life medical care: views of the guidelines and bereaved family members. *J Pain Symptom Manage* 2001 Sep; 22 (3): 738-51.