

Approaches to Addressing Grief and Bereavement in the LTC Workforce

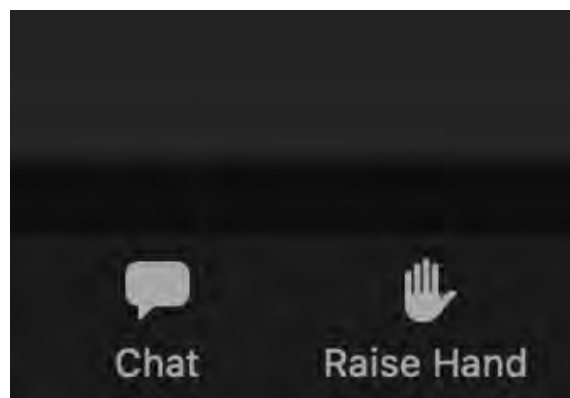




Event Logistics

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



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Our Speakers



Toni Miles
Rosalynn Carter Institute



Bethany Houpt
Altarum

Approaches to Addressing Grief and Bereavement in the LTC Workforce

August 6, 2024



Overview

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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



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

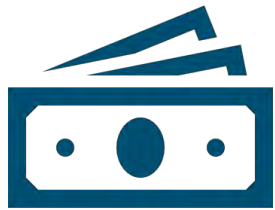
Among LTC Workers:

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.

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)

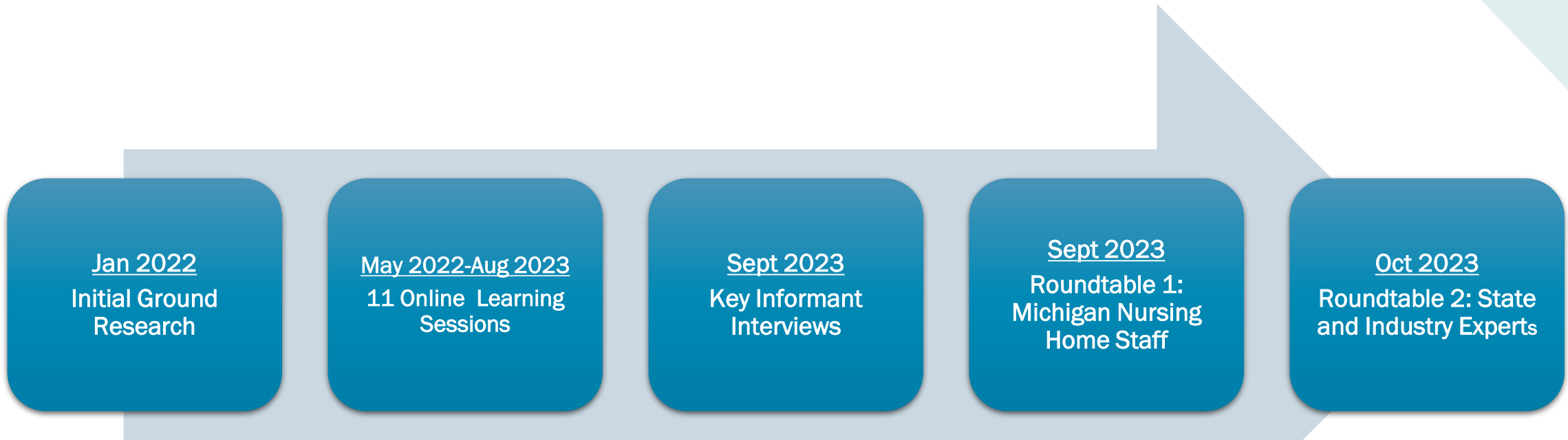


Half of LTC facilities report a turnover rate of 40-60%.

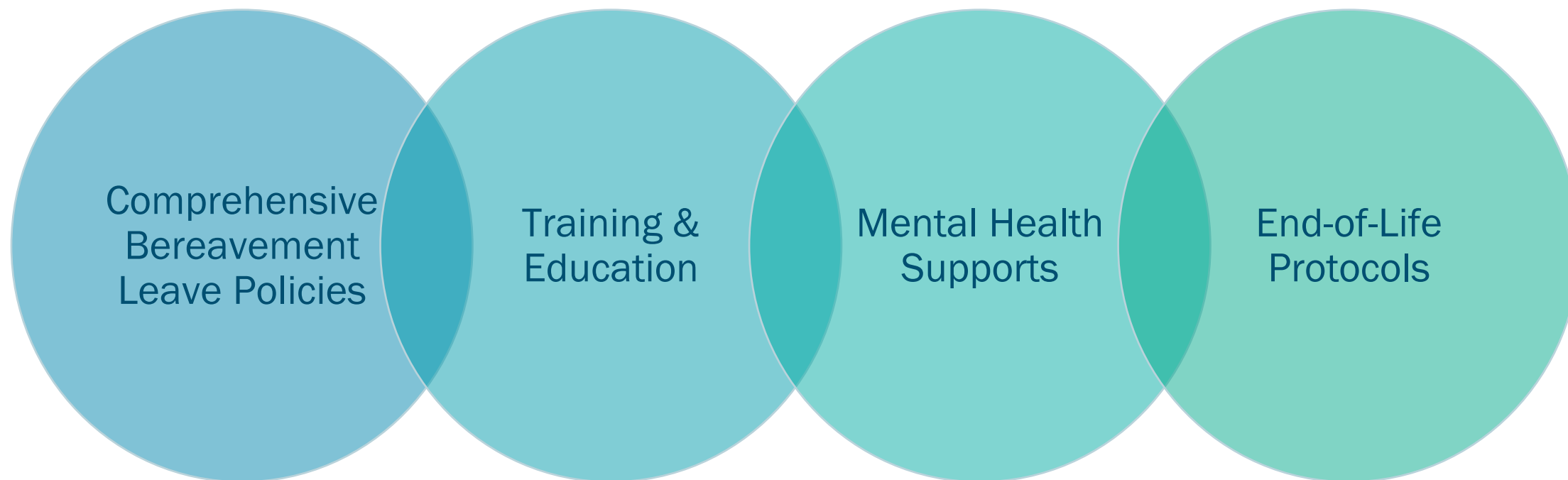
Is unsupported grief and bereavement a factor?

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

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



Results from the *WellbeingTREE* Roundtables





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



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



Summary

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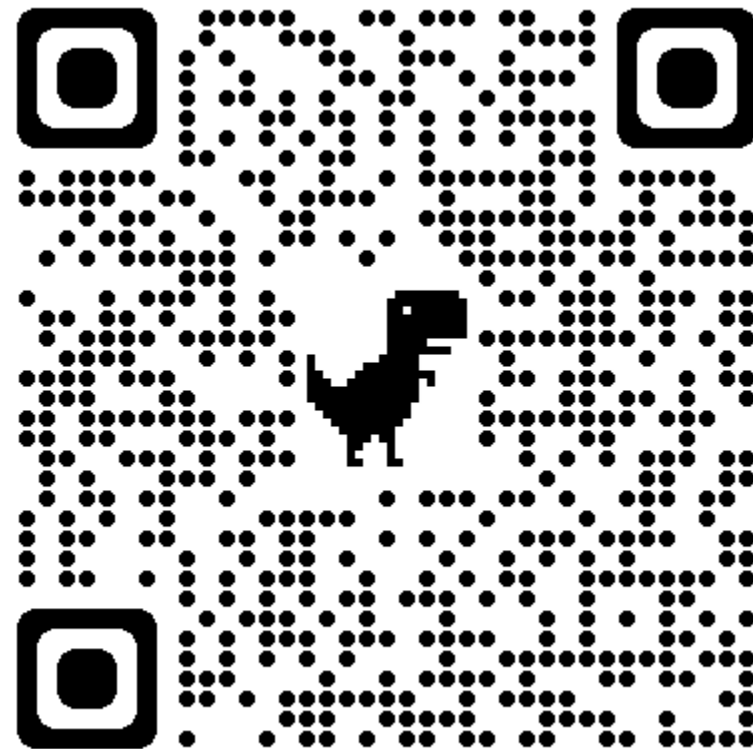
Questions & Thoughts

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



Policies Continued

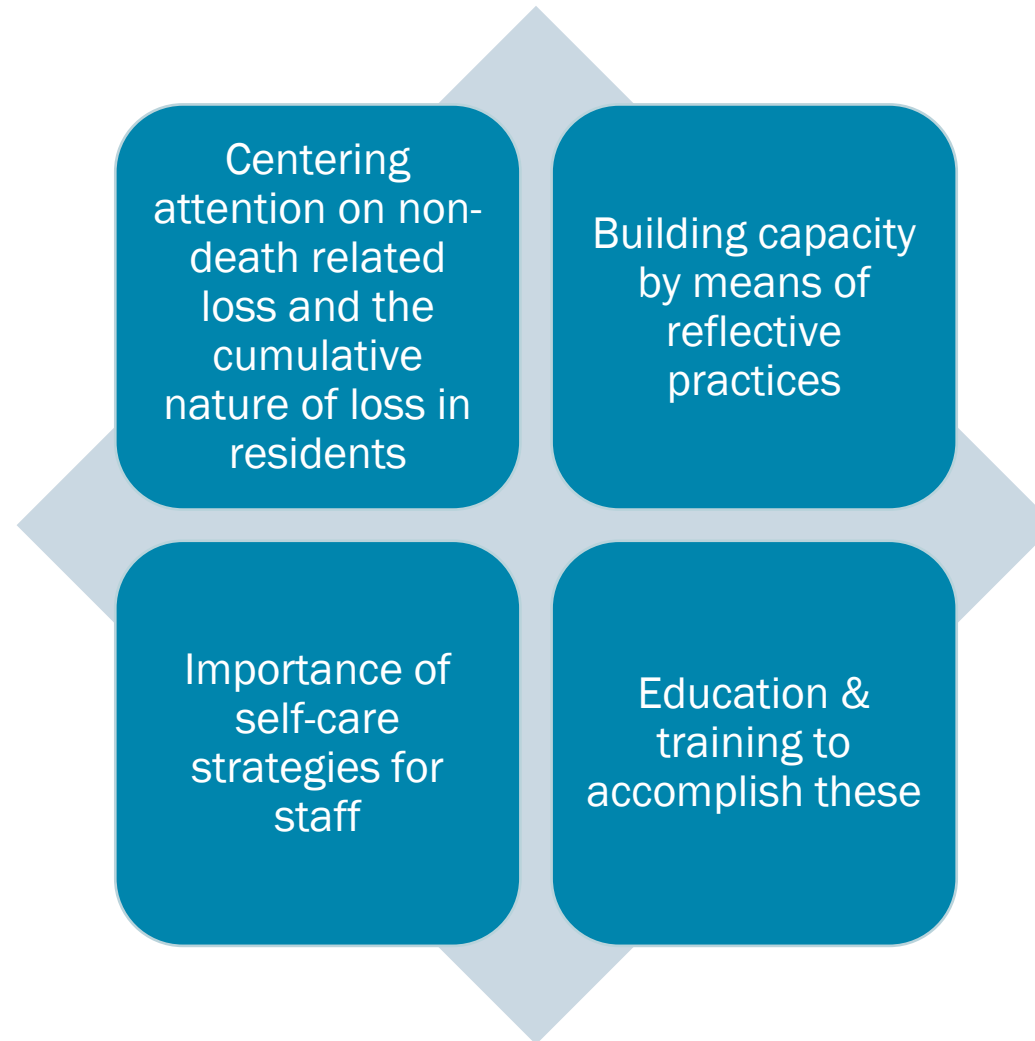
Bereavement Leave:

- 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 griever's trauma.”

~ Tanmoy Goswami

Grief Care Policies for Residents & Staff



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.”

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

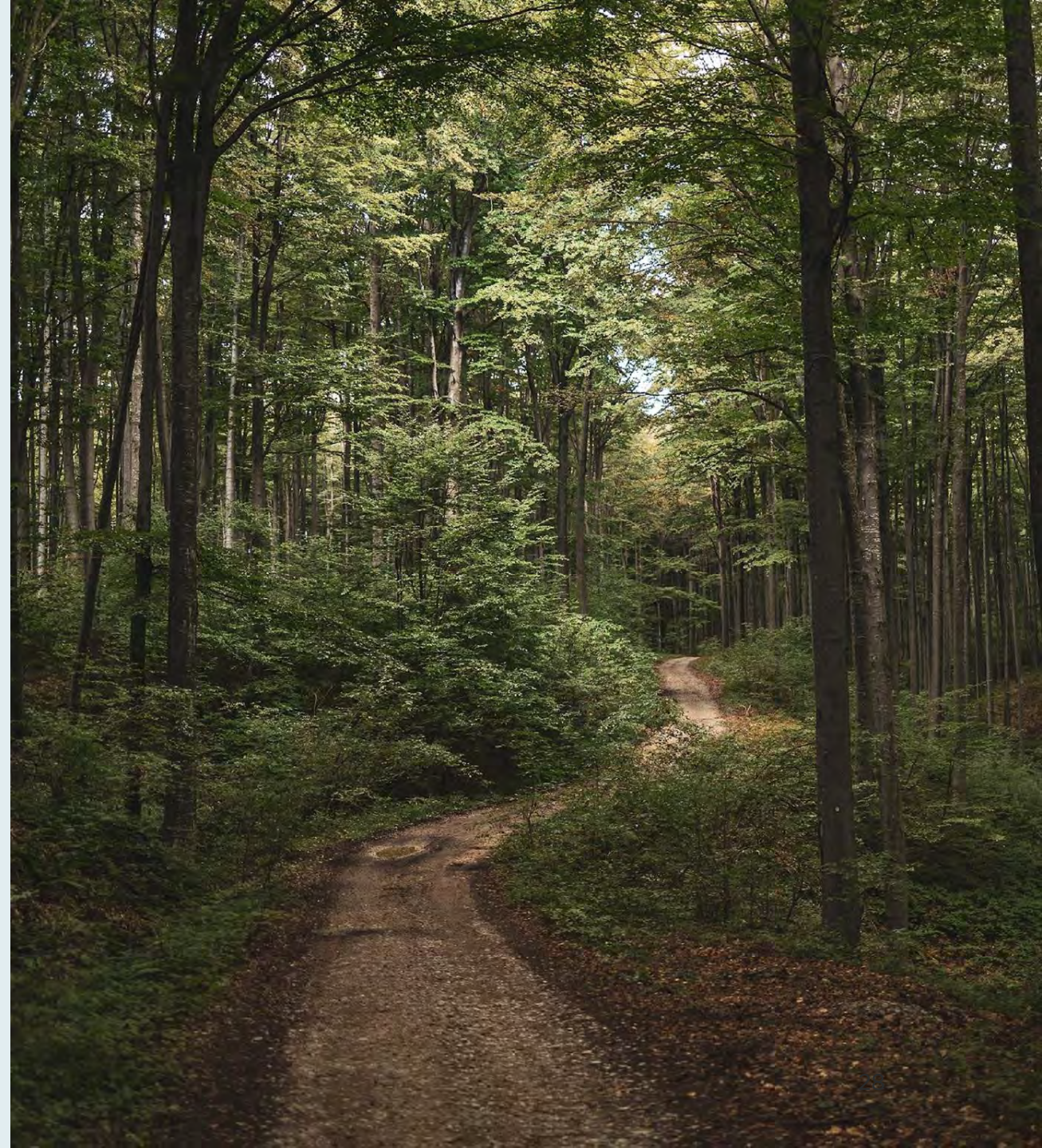
Addressing Resident Loss with Staff & Other Residents

- 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



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



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/lorys-place>
- Altarum Grief & Bereavement Resources:
<https://altarum.org/WellbeingTREE>

