



## **LTQA Webinar Recap: Approaches to Addressing Grief and Bereavement in the LTC Workforce**

**Event:** August 6th, 2024

### **Speakers:**

Toni Miles, Visiting Scholar, Rosalynn Carter Institute

Bethany Houpt, Long-Term Services and Supports Project Manager, Delivery System Transformation, Altarum

In the Long-Term Care (LTC) workforce, unsupported grief and bereavement due to exposure to patient deaths, particularly in nursing homes, can significantly impact the provision of quality care, increase costs, and affect resident quality-of-life. Grief is a reactive emotional response to loss, while bereavement is the acknowledgment of the death of someone known. Repeated exposure to death and loss has significant physical and emotional impacts on workers, contributing to increased absenteeism and presenteeism, reduced patient care quality, and high turnover rates in LTC facilities. For these reasons, supporting staff through policies and approaches aimed at addressing grief and bereavement are critical to support worker quality of life, job satisfaction, and maintenance of high-quality care.

On August 6, 2024, Long-Term Quality Alliance hosted a webinar titled "Approaches to Addressing Grief and Bereavement in the LTC Workforce." The event featured Toni Miles from the Rosalynn Carter Institute and Bethany Houpt from Altarum. The speakers discussed the challenges LTC workers face due to repeated exposure to death, the emotional and physical impacts of grief and bereavement, and the need for supportive workplace policies. The discussion highlighted successful initiatives like Michigan's [WellbeingTREE Learning and Action Network \(LAN\)](#) and Georgia's "Best Practices in Bereavement Care" toolkit, which have implemented measures to support staff wellbeing and improve care outcomes.

Repeated exposure to death increases the likelihood of emotional and physical injuries for LTC staff. These injuries, if left unsupported, can diminish productivity, lead to higher turnover rates, and affect overall job performance. Research highlights significant costs related to unsupported grief and bereavement, contributing to absenteeism and reduced efficiency in the healthcare workforce. For example, according to the [CDC Foundation](#), in 2015, \$225.8 billion was lost in productivity due to absenteeism, and in 2023, grief-related expenses across sectors amounted to \$123.4 billion.

### **Lessons from the Field: Two Approaches**

#### **1. Michigan: WellbeingTREE Learning and Action Network (LAN)**

The WellbeingTREE LAN, running from January 2022 to October 2023, involved Michigan nursing home staff and focused on changing the culture around death and dying in LTC. The LAN provided nursing home leadership and staff tailored education and evidence-based strategies to address the grief, bereavement, social isolation, and loneliness that nursing home communities experience. As part of the project, two virtual roundtables were held with nursing home staff and LTC experts to identify gaps and recommendations to improve supports for staff and residents.



Findings from the initiative emphasized the need for bereavement leave policies, increased mental health resources, and enhanced training for staff. Overall, this LAN approach offered ideas and strategies for building a more supportive environment for both staff and residents that focuses on culture change around death and dying.

Key outcomes included the introduction of better mental health support options and the implementation of protocols that allow staff time to process the death of a resident, which improves job satisfaction and patient care outcomes.

## 2. Georgia: Changing the Culture of Death and Dying in LTC Across LTC Facilities

With funding from the CMS Region IV Civil Monetary Penalty Reinvestment Program (CMPPR), a statewide three-part toolkit was developed in Georgia that took a different approach by directly addressing how LTC facilities handle the death of a resident. Communication protocols were established to ensure that all staff, family, and other residents were informed of a resident's passing. Staff were also provided with mental health resources, such as Employee Assistance Programs (EAPs) and reflective practices.

One key element was the introduction of Physician Orders for Life-Sustaining Treatment (POLST) forms, which made it easier for families and staff to understand and implement a resident's end-of-life wishes. Additionally, the initiative focused on ensuring that cultural traditions surrounding death were respected, thus fostering a more compassionate and culturally sensitive approach to grief and loss in LTC settings.

### **Strategies for Supporting Grieving Staff and Residents**

The presentation also included important strategies and [resources](#) to support staff and residents that are experiencing grief and/or bereavement:

- **Bereavement Leave:** Expand policies to cover close friends, partners, foster/adopted children, and pregnancy loss, allowing more flexible use of leave within the first year.
- **Mental Health Support:** Offer various mental health resources, such as chaplain services, counseling, and crisis support teams. Simple gestures like providing meals or organizing memorials also help support grieving staff.
- **Training and Education:** Incorporate end-of-life care, cultural practices around death, and self-care for staff into onboarding and continuous training.
- **Reflective Practices and Memorials:** Encourage the use of reflective practices, bedside vigils, and personalized memorial services to help staff and residents process loss.

The LTC workforce faces unique challenges in managing grief and bereavement due to repeated exposure to death. Addressing these challenges through comprehensive policies, cultural changes, and mental health support is crucial in fostering a supportive environment for staff and residents alike. By promoting open conversations around grief and loss, LTC facilities can enhance staff retention, reduce turnover, and ultimately improve the quality of care for their residents.