Implementing a Bereavement Program

Mary W. Ross, RN

At the American Association of Critical-Care Nurses 2001 National Teaching Institute (NTI) in Anaheim, California, I attended a lecture presented by Glenda Craft and Kathleen Vollman. The topic of this lecture was starting a bereavement committee to reach out to families after the death of a loved one in a critical care unit. The speakers stressed that follow-up can help with closure for the patient’s family and for the staff, and that they had received very positive feedback. Many program attendees shared their experiences with this type of program and were also pleased with the results.

I thought a bereavement program could be adapted to the cardiac intensive care unit where I work, at Yale-New Haven Hospital, New Haven, Connecticut. I engaged another nurse, Mary Harris, to assist with program development. Our first step was to formalize a committee that would base its work on the concepts presented at the NTI lecture. After several meetings, we had designed a trial program.

Bereavement Program

At the time of a patient’s death, we gave the family a folder with a letter noting we would keep in touch for a year; a list of support groups in New York, Connecticut, and Rhode Island (Yale-New Haven is a major referral hospital); and 7 brochures addressing bereavement issues (see Table). We then sent a sympathy card 2 weeks after the patient died and called the family 6 weeks after the death. We mailed a handwritten letter at 6 months and a second handwritten letter at 1 year. We also sent a follow-up questionnaire 3 weeks after the 1-year anniversary.

At the NTI lecture, the speakers recommended giving the family a folder at the time of the patient’s death, but when we placed our 6-week call we discovered few family members recalled receiving the folder. We realized that most people don’t retain the information provided during the first few weeks after the death of their loved one. We now mail the folder to the family 4 weeks after the death. Then, when we call them at 6 weeks to ask how they are doing, most have already started to read the information in the folder.

Because some of the families speak only Spanish, we send them a sympathy card in Spanish, including a letter with several brochures in Spanish. When we call the family, we have a staff translator available for a 3-way call.

During the 6-week phone call, if the family member is having a difficult time, we suggest contacting a support group early. Most support groups recommend that people wait to attend meetings until 2 months after the death. They will, however, do brief individual grief counseling as appropriate before that time. We also ask

Continued on page 87
family members having an unusually difficult time to contact their healthcare provider.

The last part of the program is the questionnaire we send at 55 weeks. On this questionnaire we ask if our telephone and written contacts have been helpful and appropriately timed. We also ask for suggestions to improve our program in the future.

Results

Since 2002, we have received more than 160 responses—some with long notes on the back of the questionnaire. All but 2 have expressed very positive reactions to our bereavement program. In particular, they were touched that we remembered them and their loved one and really appreciated the handwritten letters. Many said that few people keep in touch after the funeral—people seem to think the families need to get on with their lives and get over the death of their loved one. They appreciate our acknowledgement of the fact that grief has no timetable.

Comments From Family Members

“I shared your letters with my family, and that gave us a chance to talk about the good times with their dad. We will never forget him, but think that it is very important to remember him in a positive light rather than dwell on his passing. Your letters gave us an opportunity to do this.”

“Just to hear someone else mention your loved one’s name is uplifting. My friends and I continue to speak of my husband, recalling happy times and things shared. Your mention of him pleased not only me, but my two grown children as well.”

“Continue doing your good work, for sometimes grieving families have nowhere or no one to turn to. Kind and sympathetic words are always welcome. Thank you and the staff for caring.”

“I can’t begin to adequately express my appreciation for the genuine caring and concern you have shown me this past year...I could feel the caring in our phone conversation. I felt as though I were right there with you and felt the smile and hug go across the country...The booklets you sent were treasures.

“They dealt upfront with things that are so painful, like getting through birthdays, the holidays and that first anniversary...What you are doing for the bereaved is incredible.”

“It was nice ‘conversing’ with someone who is not family, but someone who deals with death every day and must totally understand the heartache.”

Summary

Now, members of the medical house staff in the intensive care units also send a sympathy card to the families of patients who die in the units. The families tell us that they really appreciate hearing from the physicians too.

There have been various bereavement programs in hospital units across the country for many years. Like the others, ours has evolved over time. Throughout the program, bereaved family members have responded positively, and the nursing staff in our busy unit continues to keep in touch with them. Our bereavement program is providing comfort for the families and closure for the nurses.

Acknowledgments

The author would like to thank her colleagues and former colleagues in the cardiac intensive care unit at Yale-New Haven Hospital, without whose assistance and support this program would not have been possible. They include Mary Harris, RN, CCRN; Francine LoRusso, RN, MHA, CCRN, CNS; Noreen Goreto, RN, BSN; and Marjorie Funk, RN, PhD, FAHA, FAAN.

Mary W. Ross is a clinical nurse III in the 5-1 cardiac intensive care unit at Yale-New Haven Hospital, New Haven, CT. For more information, contact her at mewr2003@yahoo.com.
Implementing a Bereavement Program
Mary W. Ross

Crit Care Nurse 2008;28 88-89
American Association of Critical-Care Nurses
Published online http://ccn.aacnjournals.org/

Personal use only. For copyright permission information:
http://ccn.aacnjournals.org/cgi/external_ref?link_type=PERMISSIONDIRECT

Subscription Information
http://ccn.aacnjournals.org/subscriptions/

Information for authors
http://ccn.aacnjournals.org/misc/ifora.xhtml

Submit a manuscript
http://www.editorialmanager.com/ccn

Email alerts
http://ccn.aacnjournals.org/subscriptions/etoc.xhtml