

# A Evidence-based Approach for Death Notification

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- The early experiences following death influences the long-term outcomes of survivors (Merlevede, et al., 2004)
- Why I completed this project

# Factors that Influence Reaction of Survivor

- **Notification itself**
- Circumstances of injury or death
- Characteristics of the survivor and notifier.
- Personal characteristics of both the victim and survivor
- Quality of the relationship.
- Physical and psychological problems of survivors
  - (Gamino, Sewell, and Easterling, 2000)

# PICO Question

- For survivors of sudden death, what is the best way to provide death notification to maximize outcomes such as coping and grief?

# Search Strategy

- The databases used were CINAHL, Proquest, Medline, Cochrane, and Google Scholar.
- The keywords used were combinations of the following: death, notification, coping, grief, sudden, crisis.
- Twenty three articles were determined to be relevant to the search (2 quasi-experimental, 4 correlational, 7 descriptive, and 7 nonresearch)
- Because of minimal research, nonresearch literature was used to supplement research for the recommendations
- Much of the literature was dated – 1980s -2012

# From the Literature (research and nonresearch) a Six Step Process was Identified

- 1. Preparation
- 2. Initiating contact
- 3. Delivering the news
- 4. Responding to survivor's reactions and providing support
- 5. Provision of ongoing support
- 6. Dealing with the notifier's response

TABLE 1

## Notification steps and recommended strategies

## Steps in notification

## Recommended strategies

## Step 1: Preparation

- If appropriate, allow family presence at resuscitation<sup>19</sup>
- Choose an appropriate individual to do the notification (eg, someone who is knowledgeable about victim, professional, sensitive, caring, and confident); utilize a team concept if possible<sup>3,23,24,26</sup>
- Be aware of specific facts about the victim and the death (eg, chronology of events, circumstances of death, treatment)<sup>1,3,6,8,11,12,22-26</sup>
- Be aware of individual factors that may contribute to complicated grieving (younger age, relationship to victim, history of mental health problems, physical characteristics, manner of death)<sup>7,8,11,15</sup>

## Step 2: Initiating contact

- Verify next of kin and confirm identity<sup>11,12,23,24</sup>
- Do notification as soon as possible<sup>3,11,22,24</sup>
- Do notification in person if possible<sup>3,11,24</sup>
- Avoid telephone notification of death; instead, have survivor come to the hospital (but do not lie if they ask if patient is dead)<sup>11,12,24,26</sup>
- Make sure the survivor is greeted on arrival, allow for privacy, and provide a comfortable, safe environment<sup>3,6,11,12,22,24</sup>

## Step 3: Delivering the news

- Give a chronology of events, have facts available, give news of death gradually<sup>1,2,3,11,12</sup>
- Use words such as "dead" and "died"<sup>3,11,12,23</sup>
- Be compassionate and humanistic<sup>1,2,23,24</sup>
- Use clear, understandable language<sup>1,6,12,21,24</sup>
- Use the dead person's name<sup>12,24,25</sup>

## Step 4: Responding to survivor's reactions and providing support

- Remember that individual responses vary greatly; constantly monitor for emotional and physical support needs<sup>3,8,11,23,24</sup>
- Facilitate the use of familiar support persons<sup>2,22-24</sup>
- Allow catharsis/ventilation of emotions<sup>1-3,12,22,23,26</sup>
- Provide practical support for basic and comfort needs<sup>1,2,21</sup>
- Allow the survivors to view/be with the body (prepare them for what they will see)<sup>1,3,6,11,12,20-22,25</sup>
- Allow customs and rituals<sup>20</sup>
- Make sure the survivor has adequate information<sup>3,6,8,12,22,23</sup>
- Provide written information<sup>18,22,23</sup>
- Provide anticipatory guidance<sup>6,22</sup>

## Step 5: Provision of ongoing support

- Provide written information<sup>1,18,21,22</sup>
- Do follow-up contact (telephone)<sup>12,15,22,24</sup>
- Inform survivors of available resources<sup>8,11,15,22</sup>
- Facilitate follow-up with law enforcement and viewing of reports<sup>15,23,24</sup>

## Step 6: Dealing with notifier's response

- Understand situations that may lead to greater stress such as the death of a child or coworker and one's own experiences and attitudes toward death<sup>9-11,16,17</sup>
- Provide adequate education for professionals about death and death notification<sup>9,14,16,17,23</sup>
- Provide opportunities for supportive discussion among those involved in the notification<sup>10,11,25</sup>

- **A 13 y.o. was brought into the ED in full arrest after an accidental drowning. He was swimming with friends and was found after being submerged for about 15 minutes. The EMTs say that his parents have been notified and are on their way.**



**About an hour after arrival the patient is pronounced dead. As you are walking out of his room, a middle age couple is walking down the hall looking very upset. They state they have been waiting with no information and ask “where is my son? Is he OK?” You are somewhat surprised by their appearance on the unit and do not respond immediately. They say “he’s dead, isn’t he?” The ED doctor approaches them and tells them that he will talk to them if they go to the waiting room. They refuse, and insist that they be told if their son is dead. At this point the doctor tells them that their son is dead. Both parents start to cry loudly and insist on seeing their son immediately. As you try to take them to a private room to talk, the mother breaks away and runs towards the room that her son is in. At this point, hospital security is called and the parents become even more upset. After some time and support from a social worker and chaplain, the parents calm down and are able to spend time with their son. At the end of your shift you go home wondering how you could have handled the situation better.**

# Step 1: Preparation

- **If appropriate, allow family presence at resuscitation** (Bourdreaux, Francis & Loyacano, 2002)
- **Choose appropriate individual to do notification (e.g. someone who is knowledgeable about victim, professional, sensitive, caring and confident), utilize team concept if possible** (Leash, 1996; Scott, 1999)
- **Be aware of specific facts about victim and death(chronology of events, circumstances of death, treatment)** (Janzen, Cadell & Westhues, 1994; Leash, 1996)
- **Be aware of individual factors that may contribute to complicated grieving (younger age, relationship to victim, history of mental health problems, physical characteristics, manner of death)** (Gamino, Sewell, Easterling, Scott & White, 1998)

# Step 2: Initiating Contact

- **Verify next of kin, confirm identity** (Eberwein, 2006; Olson, Bueneffe & Falco, 1996)
- **Do notification as soon as possible** (Leash, 1996; Eberwein, 2006)
- **Do notification in person if possible** (Leash, 1996; Scott, 1999)
- **Avoid telephone notification of death, instead have survivor come to the hospital (but do not lie if they ask if patient is dead)** (Scott, 1999; Collins, 1989)
- **Make sure survivor is greeted on arrival, allow for privacy, and a comfortable, safe environment** (Davidson, et al., 2007)

# Step 3: Delivering the News

- **Give chronology of events, have facts available, give news of death gradually** (Janzen, Cadell & Westhues, 2004; Leash, 1996)
- **Use words such as “dead” and “died”** (Hart & DeBernardo, 2003)
- **Be compassionate and humanistic** (Scott, 1999; Lehman, Ellard & Wortman, 1986)
- **Use clear, understandable language** (Von Bloch, 1996)
- **Use victim’s name** (Rutkowski, 2002)

# Step 4: Responding to survivor's reactions and providing support

- **Remember that individual responses vary greatly; constantly monitor for emotional and physical support needs** (Merlevede, et al., 2004; Leash, 1996)
- **Facilitate the use of familiar support persons** (Davidson, et al., 2007; Hart & DeBernardo, 2004)
- **Allow catharsis/ventilation of emotions** (Collins, 1996; Janzen, Cadell & Westhues, 2004)
- **Provide practical support for basic and comfort needs** (Stewart, Lord & Mercer, 2001; Lehman, Ellard & Wortman, 1986)
- **Allow to view/be with body (prepare them for what they will see)** (Williams & Frangesch, 2001)
- **Allow customs and rituals** (Li, Chan & Lee, 2010)
- **Make survivor has adequate information** (Leash , 1996; Von Bloch, 1996)

# Step 5: Provision of Ongoing Support

- **Provide written information** (Li, Chan & Lee, 2002; Stewart, Lord & Mercer, 2001)
- **Do follow-up contact (telephone)** (Olson, Buenefe & Falco, 1998; Parris, et al., 2007)
- **Inform of available resources** (Parris, et al., 2007; Eberwein, 2006)
- **Facilitate follow-up with law enforcement and viewing of reports** (Parris, et al., 2007; Hart & DeBernardo, 2004)

# Step 6: Dealing with the Notifier's Response

- **Understand situations that may lead to greater stress such as the death of a child or coworker and own experiences and attitudes towards death** (Stewart, Lord & Mercer, 2000; Burns & Harm, 1993)
- **Provide adequate education of professionals about death and death notification** (Stewart, Lord & Mercer, 2000; Smith-Cumberland & Feldman, 2006)
- **Provide opportunities for supportive discussion among those involved in the notification** (Olson, Bueneffe & Falco, 1998; Rutkowski, 2002)

- **A 13 y.o. was brought into the ED in full arrest after an accidental drowning. He was swimming with friends and was found after being submerged for about 15 minutes. The EMTs say that his parents have been notified and are on their way.**



**You make sure the private family room available and call the chaplain to come down to the ED, the parents are met by the supervisor and chaplain and taken to the waiting room. The supervisor informs the parents that they are currently providing treatment to their son. She stays with the family and updates them on the patient's condition. About an hour after arrival the patient is pronounced dead. After talking with the physician about the notification, you and the physician immediately inform the parents of the death and include information about the chronology of events. You prepare the patient for the parents to view, tell them what they will see, and allow them to be with their son. Continued support is provided by you and the chaplain, along with a close family member that was called. They spend time with their son and are very appreciative of your support. You provide them with written information and tell them that there will be a follow up call within two days. After the parents leave, you and the others involved in the care of the patient sit down for 10 minutes for a debriefing with the supervisor.**

# Findings are consistent with other research in related topics

- Current review supported research that identified needs of family members of critically ill (CCFNI, Leske, 1991)
  - Support
  - Comfort
  - Proximity
  - Information

# Implications

- Support of survivors during the initial notification can promote positive long term outcomes
- More research (current) is needed
- Interprofessional team is important
- Other factors are important to coping

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