

Bereavement Support During COVID 19

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OUR AIM

In the initial stages of the pandemic hospital visiting was prohibited even at end of life care. This was distressing for our patients, their loved ones and the staff. Providing bereavement care to relatives in the ICU is an important part of end of life care (Van Mol et al., 2020). As a team we sought alternative ways to show compassion, empathy and kindness to our patients bereaved families and our staff.

WHAT WE DID

- Bereavement Calls
- Bereavement Cards/Letters
- Resources for Supporting Children
- Staff Care
- Keepsakes
- Love Heart Project
- Patient Diaries

BEREAVEMENT CALLS

SAYING GOODBYE

Kentish-Barnes et al. (2015) suggest that encouraging loved ones to say goodbye may help decrease bereaved families burden. Staff facilitated video/telephone calls providing families the opportunity to say goodbye to their loved ones. Some families wanted to reassure the patient that it was ok for them to leave. Although they would be missed greatly, they would be ok on their own. Others had recorded messages to be played whilst some wanted to play their favourite song or even sing a special song. Each family had their own unique way of saying goodbye.

BEREAVEMENT CARD/LETTER

We felt it was important to acknowledge the families grief. We sent bereavement cards with a handwritten personal letter to the next of kin. This was to help reassure them that their family member was treated with kindness, respect and dignity and that they did not die alone.

FAMILY SUPPORT

The follow up nurses telephoned bereaved family members to enquire after their welfare and offer various sources of support, including on-line resources and contact details for bereavement support helplines. The option of a second call from the follow up nurse along with input from the clinical psychologist was offered.

STAFF CARE

COVID 19 has placed additional stress on staff working within the already challenging environment of Critical Care (Highfield 2020). Those staff who volunteered to help from other areas within the hospital found it particularly stressful.

Recognising the potential harm this could have on our staff's emotional and psychological wellbeing, reflective sessions were organised for staff to attend. This gave them the opportunity to share their own unique experiences within a safe space with support provided from Staff Care and Clinical Psychology. Personal referrals were made for those staff not wishing to attend a group session but felt they may need further support.

KEEPSAKES

- ❖ Child Bereavement Books
- ❖ Paired Teddies (for children)
- ❖ Forget Me Not Seeds
- ❖ Locks of Hair
- ❖ Handprints
- ❖ Paired Love hearts
- ❖ Patient Diaries

All of these keepsakes were available and tailored to suit each families needs.



LOVE HEART PROJECT

PATIENT DIARIES



Pairs of knitted Love hearts were very kindly donated by the local community. We implemented the Love Heart Project in order to facilitate a feeling of connection between our patients and their loved ones. One love heart remains with the patient whilst the other is posted to their loved one. Over the past few months we have received continuous positive feedback that families have taken great comfort from their heart. Due to its success we have chosen to continue with this project.

In our Intensive Care Unit most patient's have a diary completed, documenting their journey from admission to discharge. Most of the entries are made by the nurse looking after the patient, however family members are also encouraged to write in it. The diary helps the patient make sense of what has happened to them and fill in any memory gaps for anything they may not remember once they get home. If the patient does not survive the NOK are offered the diary to keep.

EVALUATION

Bereavement Calls

- Qualitative feedback was obtained during these bereavement calls. 66% of families contacted wished a further call from the follow up nurse along with the clinical psychologist. 90% of the families contacted expressed an overall appreciation and gratitude for the Phone-call they received.

Reflective Sessions

- The reflective sessions for staff were well attended. Qualitative feedback was obtained from them following the session. 85% of staff stated they had found them to be beneficial. Recognising the positive impact this has had we are now going to continue with these supportive measures.

Patient Diaries

- From a previous study in which questionnaires were sent out to the families of deceased patients 75% of respondents agreed that receiving the diary of their loved one had helped them with the grieving process.

CONCLUSION

Losing a loved one without having the opportunity to be by their side is particularly distressing for both families and the healthcare staff involved. The critical care staff at Ayr hospital wanted those who had suffered bereavement to know that they were just as important as the patients we were caring for and that support was available. From the qualitative and quantitative information gathered we believe that we achieved this.

In addition, it was vital for staff well being that there was support available. We feel that the positive feedback following the reflective sessions with staff care and the clinical psychologists that this was facilitated.

REFERENCES

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