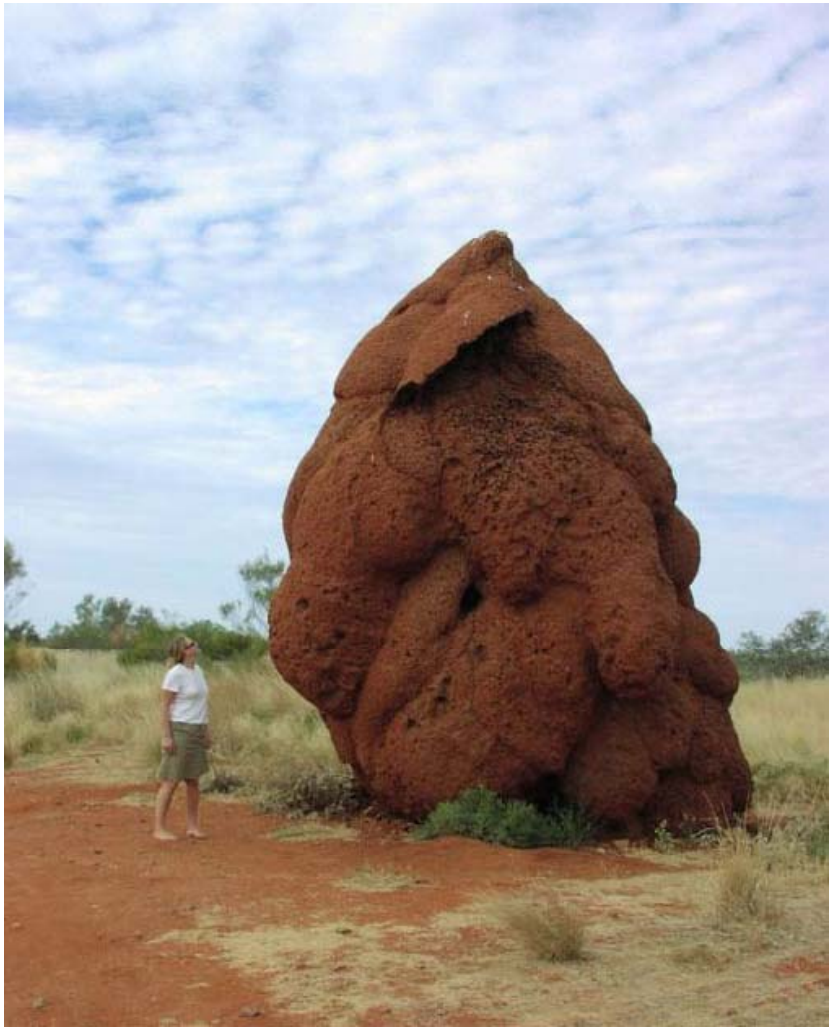
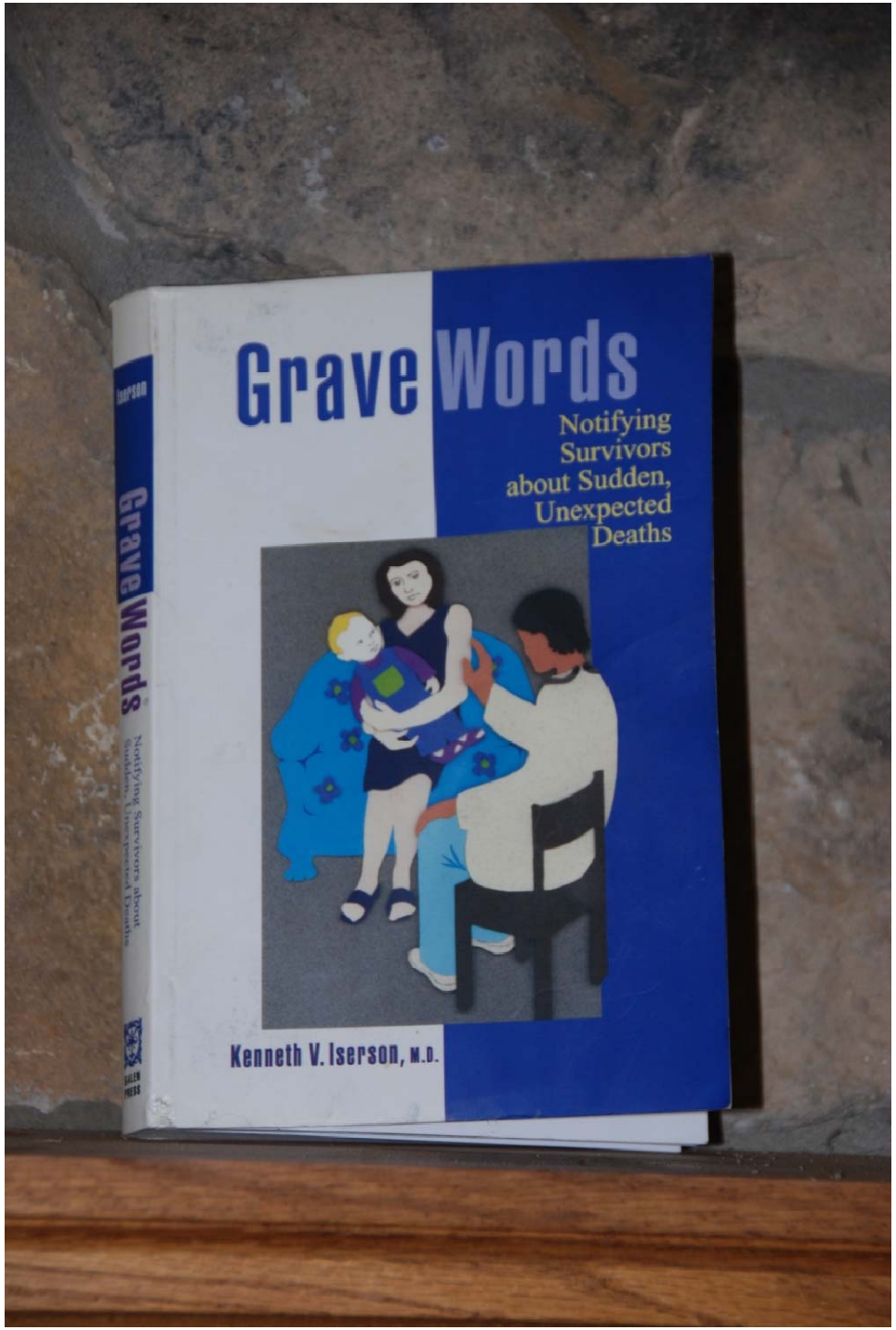
How to Set the Table and Serve Bad News: Your (fill in) is Dead

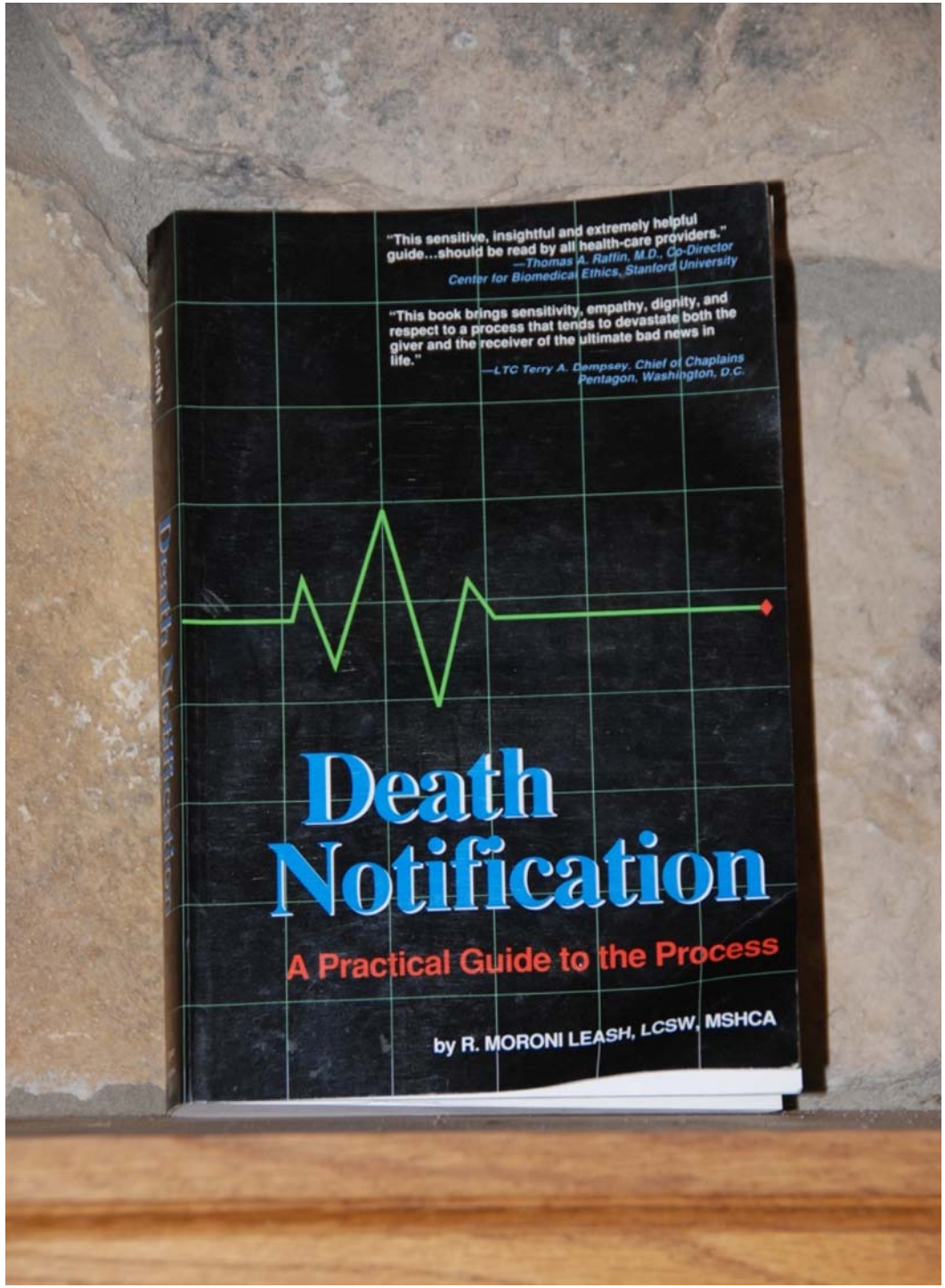
PREP-5014

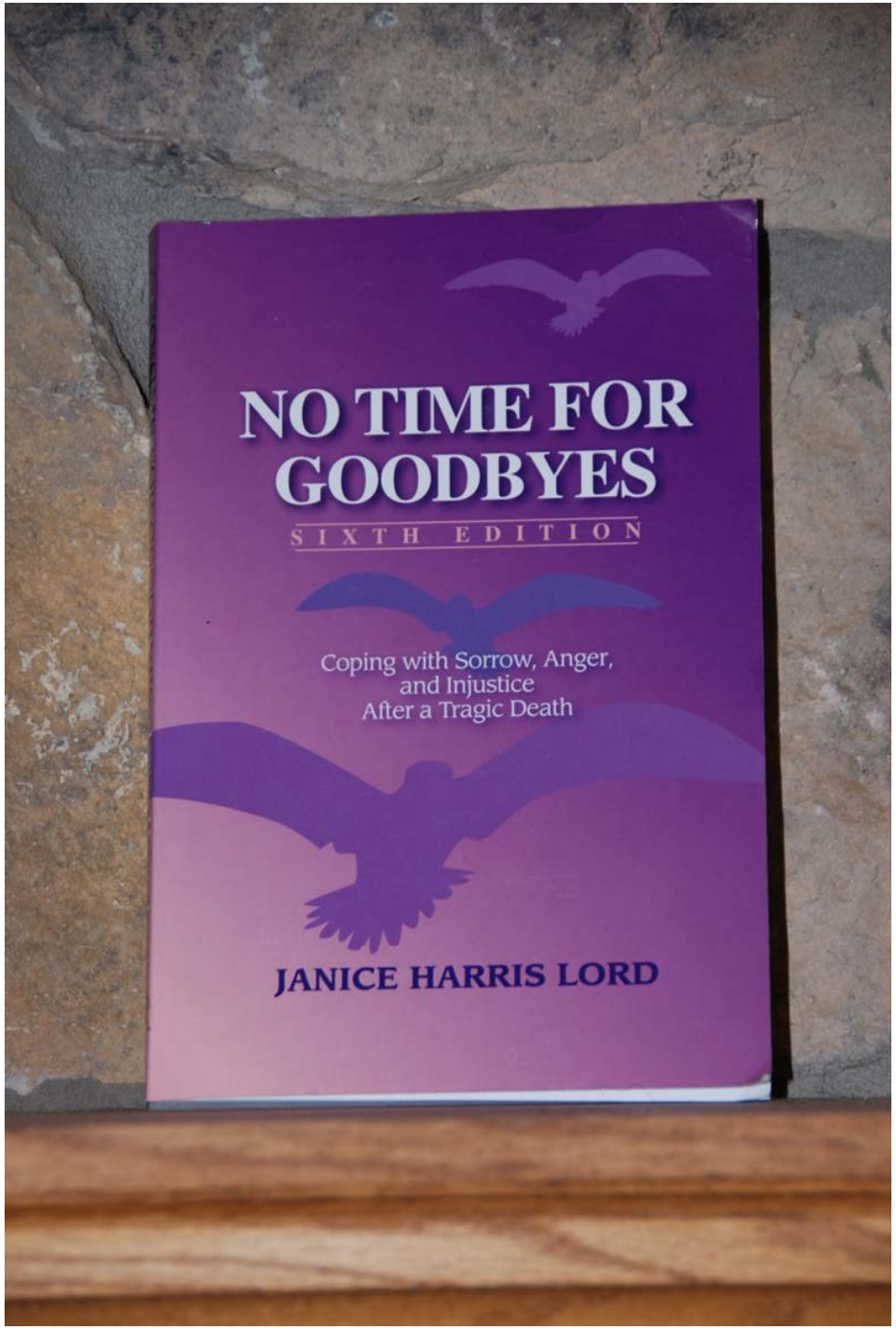
Charles J. Lane, MD, FACEP

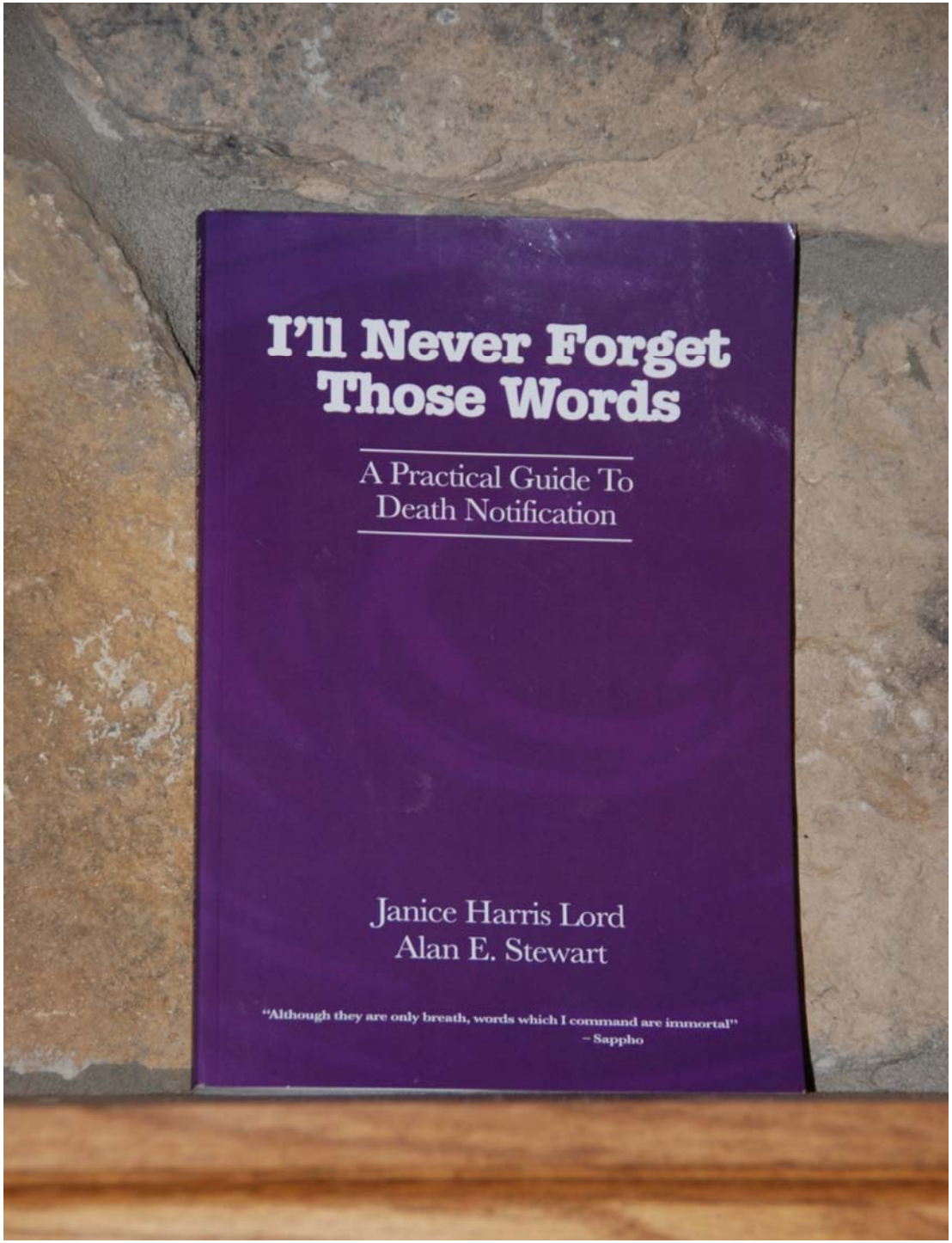


If you don't eat this, I am going to SCREAM!!


Grave Words
Notifying Survivors about Sudden, Unexpected Deaths
Kenneth V. Iserson, M.D.
Iserson
Grave Words
Notifying Survivors about Sudden, Unexpected Deaths
GALEN PRESS


"This sensitive, insightful and extremely helpful guide...should be read by all health-care providers."
—Thomas A. Raffin, M.D., Co-Director
Center for Biomedical Ethics, Stanford University
"This book brings sensitivity, empathy, dignity, and respect to a process that tends to devastate both the giver and the receiver of the ultimate bad news in life."
—LTC Terry A. Dempsey, Chief of Chaplains
Pentagon, Washington, D.C.
Death Notification
A Practical Guide to the Process
by R. MORONI LEASH, LCSW, MSHCA


NO TIME FOR GOODBYES
SIXTH EDITION
Coping with Sorrow, Anger, and Injustice After a Tragic Death
JANICE HARRIS LORD


I'll Never Forget Those Words
A Practical Guide To Death Notification
Janice Harris Lord
Alan E. Stewart
"Although they are only breath, words which I command are immortal"
– Sappho

Charleslane@franklincountyva.org

Metaphor

- Serving Dinner "Host/Hostess"
  - Prepare menu
  - Set table with plates, napkins, dinnerware, serve appetizer, salad, entrée, desert
  - Conversation
    - Free flowing, multi-directional
    - Guided, by the host
      - General structure and flow
      - Diner is an event, with a start and finish
  - Anything can happen (especially if alcohol served)

- Death notification "The Notifier"
    - Preparation
    - Event, with start and finish
    - Set the table, prepare the context
    - Reveal death, the "notification"
    - Resolution
    - Anything can happen (especially if alcohol served)

Death Notification

Lecture Summary

1. Timely announcement of the death.
2. Control of the physical environment
3. Details of the efforts to save the life.
4. Clinical Explanation of the causes of death.
5. Selection of staff with special skills in crisis intervention and grief management to facilitate the mourning process.

Leash 1994

Death Notification

Why discuss death notification?

- As Emergency Physician, Medical Examiner, OMD
  - What I do
- Law Enforcement, Supervisor/Administrator, Case Manager, Social Worker, Clergy
  - What you do
- EMS Provider
  - Sorta what we have done
  - Should probably be doing more
    - Stay and Play with Cardiac Arrest
- Human Being
  - You will give death notification in your life.

Death Notification

Why discuss death notification?

We just don’t do it well sometimes.

Sometimes we do it badly!

Death Notification

Why is Death Notification important?

- It is a life changer
  - Survivor
  - You
- How you perform as the “Notifer” will matter
  - Start grieving process off well, or badly
  - Lifetime impression on survivors
  - You only get one chance
- Medicolegal consequences

Death Notification

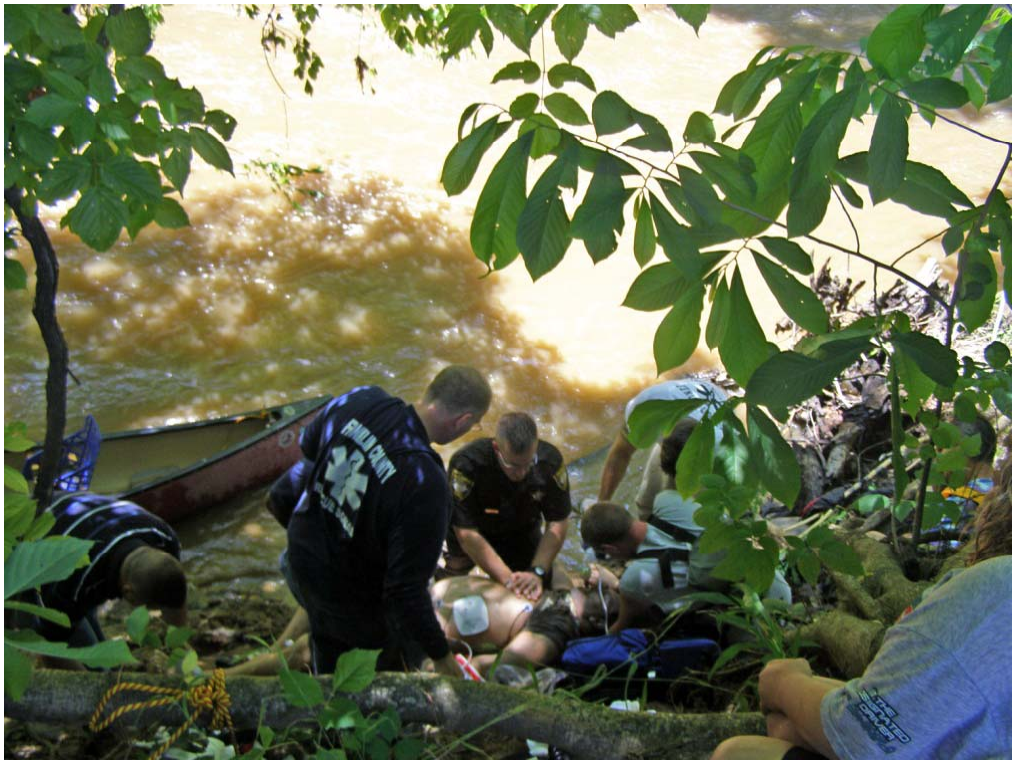
Why is Death Notification different for us?

- Sudden/Unexpected Death
  - Typically what we do
    - Shock Factor
      - Instantly you go from:
        - » Married to Widowed
        - » Child to orphan
        - » Parent to childless
    - "Calamitous" Death
      - Violent, destructive, demeaning or degrading
      - Crime, Disaster, Terrorism

Death Notification

Why is Death Notification different for us?

- Location of death
  - Bedroom, WalMart Parking lot, street, church



Death Notification

Why is Death Notification different for us?

- Value Factor
  - Most of us would say no
    - GF crack addict vs. GF Law Student
  - But really yes
    - Firefighter's funeral vs. fire victim
    - Drunk driver vs. fell asleep at wheel
  - Context important
    - Terrorism, Hurricane Katrina, Crime
- Multiples
  - Parents, Parent/child, kids, teams, MCI's
- Legal System
  - LEO, Commonwealth Attorney
  - Medical Examiner System

Death Notification

Why being "The Notifier" is hard

- Important
- Requires
  - Compassion
  - Empathy
  - Behavior we don't always display
    - "…genuineness, warmth and respect for the survivors, active listening, empathy, and openness. Iverson, pg 9
- You may not have it!
  - At all!
  - Temporarily
  - Trainable

Death Notification

- Lets define some important terms
  - **Compassion**
  - **Empathy**
    - Compare with Sympathy

Death Notification

Compassion:

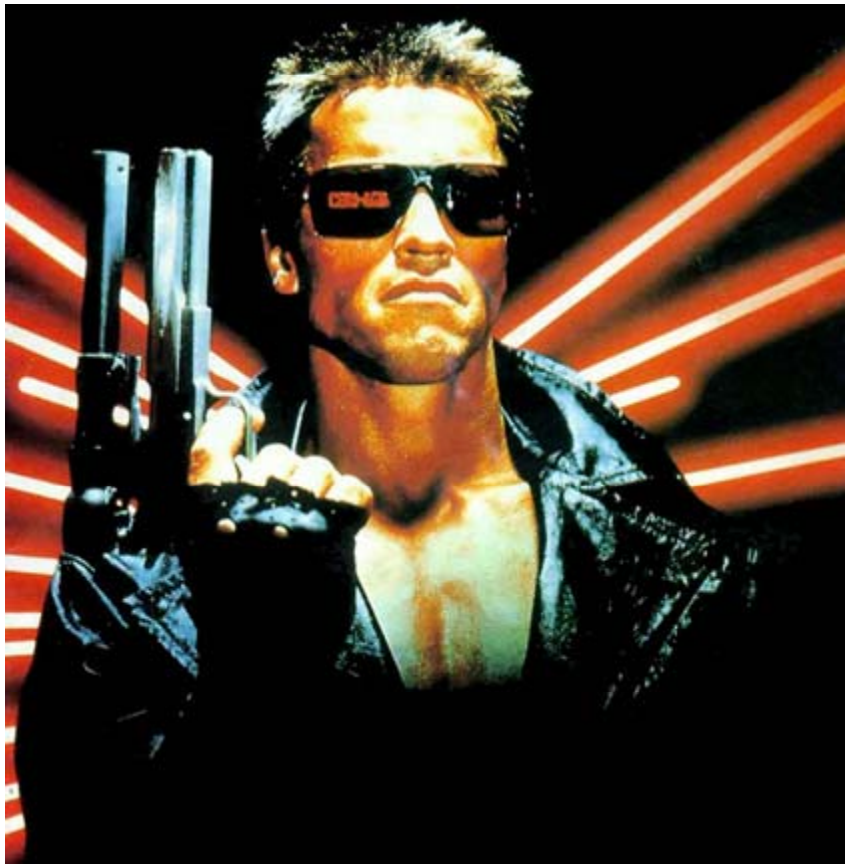
- sympathetic consciousness of others' distress together with a desire to alleviate it
- a feeling of wanting to help someone who is sick, hungry, in trouble, etc.
  - He felt *compassion* for the lost child.
  - She shows *compassion* to the sick.
  - She had the *compassion* to offer help when it was needed most.

Death Notification

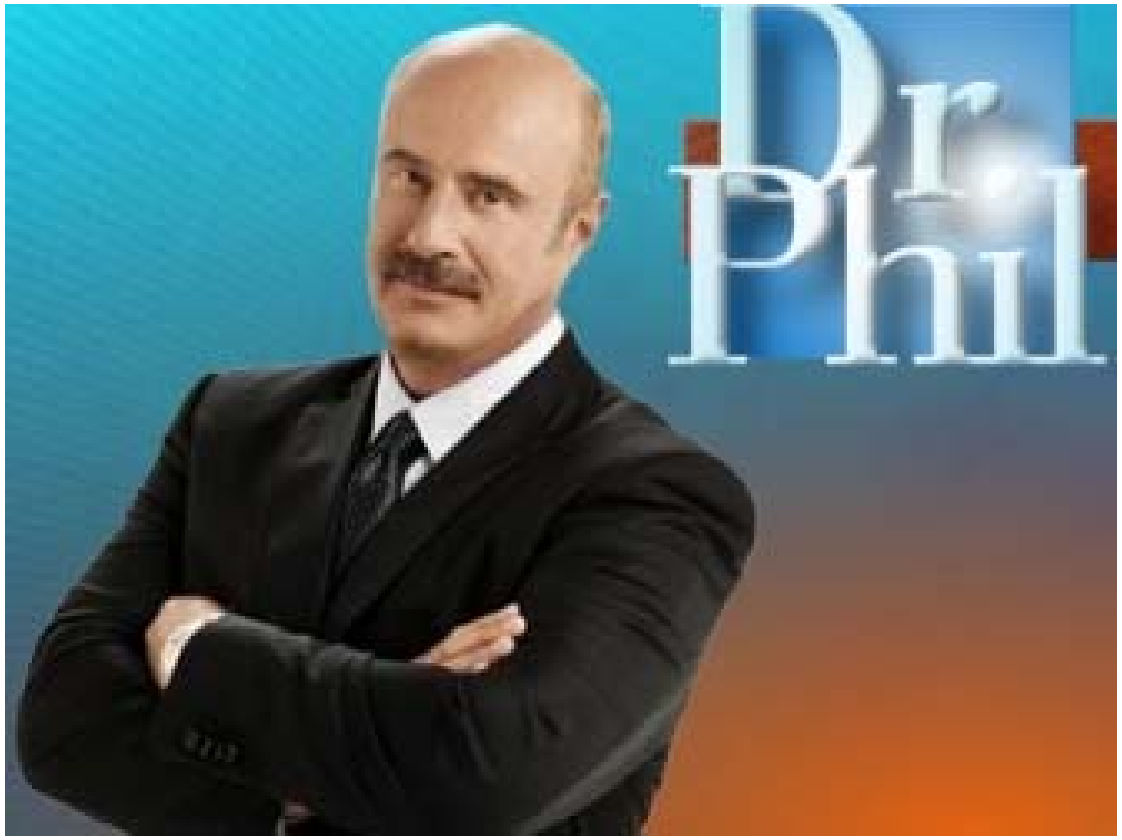
Empathy:

- Understanding what someone else is feeling because you have experienced it yourself or can put yourself in their shoes.
  - Sympathy: Acknowledging a person's emotional hardships and providing comfort and assurance.

The Notifier?



The Notifier?



The Notifier

Death Notification

Why being "The Notifier" is hard

- Difficulties telling survivors about a sudden death
  - Lack of training
  - Fear being blamed
  - Survivor's reactions
  - Fear expressing emotions
  - Fear not knowing right answers
  - Fear of your own death or disabilities

Death Notification

- Stewart, Lord, Mercer (*2000)*
  - Examined death notifications 245 DN's
    - Categories
      - LEO, Clergy, Mortuary professionals, HCP, MHP, Victim Assistance providers
  - Greatest Emotional Demand on DN
    - Victims of crime
    - Suicide
    - MVC related to drunk driving
    - Child Death
    - Accidental death non-child (drowning, falls, OD)
    - MVC not caused by DD.

Death Notification

- Stewart, Lord, Mercer (*2000)*
  - Examined death notifications 245 DN's
  - **MOST Difficult Reaction of Survivors to Manage**
    - *#1. Aggressive or Destructive Behavior*
      - Toward self, others, both
      - Quick decision to intervene or not
    - *#2. Expressions of intense anxiety and uncontrolled crying*
      - Felt Should know how to comfort, but Did Not

Death Notification

Why being "The Notifier" is hard.

- Performance affected by your experience with death and loss
- Affected by your beliefs about death and dying

Survey time:

Raise your hand if…

Mortality tables fractionate the certainty of death into a variety of certain causes…

But the statistics about death itself are easy to remember----100%.

Everybody's gonna die!

Weisman, Avery D. Coping with untimely death. From Iverson

Death Notification

- **If you need to do it, where did you learn how?**
  - EMT/Medic Class?
  - Medical School/ Residency
  - Police Academy
  - *MADD Course*
  - College
  - TV?

Death Notification

- Communicating with the Living
  - New patient
- Excellent Communication
  - Verbal/Para-verbal
  - Non-verbal
  - Interpreters?
  - Anger Management
  - Sedation

Death Notification

- **Communication**
  - *Usually botch this because*
    - Technical language
    - Don’t show appropriate concern for problems voiced
    - Don’t pause to listen
    - Don’t verify listener got the information
    - Impersonal approach to interaction, including manner of speech.

Death Notification

- **Para-verbal and Verbal Communication**
  - *Para-verbal*
    - Noises- mmmmm, ahhh, mhmmmm
    - Often with appropriate non-verbal like head nodding
    - Using voice does not always mean talking
    - Shows you are listening & understand

Death Notification

- **Verbal Communication**
  - *Echoing*
    - Repeating back key words, often as questions
      - "I am so angry…"
  - *Reflect Content*
    - Summarize what they just said.
    - Give focus, clarity
      - "We have bills, I just went to part time, the kids want all this…"
  - *Reflect Feeling*
    - Help survivor put label on emotion
    - Non-critical, non-judgmental
      - "Sounds like you are afraid to go back to work?"

Death Notification

- **Non-Verbal Communication**
  - As important as Verbal
  - Make sure Verbal and Non-Verbal Messages Same
  - Will cover
    - Contact/Touch
    - Posture
    - Eyes/Facial Expression
    - Hands/Feet
    - Head Position
    - Proximity
    - Relative position to Survivor

Death Notification

- **Non-Verbal Communication**
  - *Contact/Touch*
    - Shoulder, Arm , Hand
      - Safe for all ages, gender
    - Other, hugs
      - Circumstances
      - Survivor initiated
    - What if you goof?
      - Explain action, apologize
      - “I’m sorry, I did not mean to make you uncomfortable, I wanted to provide comfort, again I apologize”

Death Notification

- **Non-Verbal Communication**
  - *Body Posture*
    - Sitting forward connotes empathy
    - Sitting too relaxed connotes disinterest, fear, anger
      - E.g. sitting back with arms draped over furniture, sitting on stretcher

Death Notification

- **Non-Verbal Communication**
  - *Eye Movements*
    - Culturally unique
      - Direct eye contact suggest you are listening
      - Persistent eye contact suggest control
        - » **Good when survivor is threatening, getting violent**
        - » May make uncomfortable
      - In some cultures direct eye contact is sign of disrespect

Death Notification

- **Non-Verbal Communication**
  - *Facial Expressions*
    - How mouth is held, eyebrows and nose move show how really feel
  - *Eyebrows*
    - Commonly used to express disbelief, surprise, puzzlement, anger.

Death Notification

- **Non-Verbal Communication**
  - *Hand/Feet Gestures*
    - At rest, unless hands touching
    - No fidgeting, suggest disinterest or deceit
    - Don’t sit on your hands
  - *Head Position*
    - Neutral chin centered over chest
    - Not turned away from survivor
    - Nodding is good

Death Notification

- **Non-Verbal Communication**
  - *Physical Proximity*
    - Sitting next to key survivor, or crouching in front suggest empathy. I often kneel.
  - *Relative Position to Survivor*
    - Sitting or kneeling balances power
    - Your uniform or white coat is enough of power statement

Death Notification

- **Interpreters**
  - *Deaf*
    - ASL
    - Cannot assume read lips, written communication
    - Case law ADA related to deaf woman not able to communicate with ED staff over dying husband.
  - *Language*
    - Use professional, Language line
    - Don’t put family, especially kids in difficult situation
    - Caution with colleagues, self-declared experts

Death Notification

- **Anger/violence**
  - Non-clinical “experts” think we should just be prepared for anger/potential violence as part of the grief reaction, everything's gonna be ok.
  - Clinical “experts” set limits on behavior
    - *Unstable environment*
  - Expect it, more common in unexpected death
  - Don’t take personal
    - Do not get defensive in tone or posture

Death Notification

- **Anger**
  - *Goal is to set limits*
    - Immediately
    - Verbally
      - "You're angry, but you cannot…"
      - "if you keep tearing things up, I'll have security or police stop you, you'll be no help to your family or your self"
    - Non-verbally
    - Quiet voice, unless "*command voice*" needed
    - "Yes and…" instead of "No, but…" statements
    - Acknowledge the anger

Death Notification

- **Anger**
  - *If escalates, limit is exceeded*
    - Use friends, family to control
    - Time Out
    - Exit
    - Security and/or police
      - Show of force probably better sometimes
  - *Our environment less controlled*
    - Gang member
    - House
    - Street
    - Alcohol/Drugs

Death Notification

Sedation

- **No**

- But he is so upset!
  - **No**
- Sedation just postpones the emotion
  - Does not eliminate it
- Exceptions
  - Underlying mental health issues
    - Psychotic break
  - Underlying health issue
    - E.g., acute grief triggering angina, treat both

Let’s eat Grandma.

Let’s eat, Grandma.

Commas save lives!

Death Notification

- **Conversation**
  - Use supportive phrases, person-centered, encouraging, caring
  - Avoid clichés, overused expressions
  - Focus on their feelings
    - You understand them
    - You accept them
    - You respect them
  - Scripting
    - Determine your response to anticipated questions, statements, situations.

Death Notification

- **Conversation**
  - **What if you don't know what to say?**
    - It's ok.
    - Don't go political and just make stuff up
    - Tell them:
      - I'm so sad, I don't know what to say to you!
      - "I feel terrible"
      - "I want to cry with you"

Death Notification

- **Conversation**
  - Questions/Statements can help or hurt
    - Assumptions that lie behind them
    - Tone of voice
  - Applies to ***unhelpful phrases*** listed later
      - Loving, kind tone may be ok
      - Certain context may be ok
  - Very careful with religious content!
    - Political correctness
    - Faith is intimate

Death Notification

- **Conversation**
  - Survivors report that only 1 in 5 phrases are helpful (Davidowitz, 1984)
  - Untrained
    - Use less “helping” phrases
    - Use “Non-helpful” phrases 80% of time
  - Why?
    - Discomfort with death
    - Unease with survivors
    - Don’t know better
  - Primum Non Nocere
    - Above all , do no harm

Death Notification

- **Conversation: "I'm sorry"**
  - "I'm sorry" (for you) or sounds like "sucks to be you!"
    - Survivors do not like, may make angry.
    - Don't want to be pitied.
  - Physician/Team Leader says "I'm sorry"
    - Confusing, they perceive…
      - "I'm sorry I failed"
      - "I'm sorry I screwed up"
  - Try
    - "I am sorry for your loss"
    - "We are sorry for your loss"

Death Notification

- **Helpful Phrases 1**
  - I can’t imagine how difficult this is for you.
  - I know this is very painful for you.
  - I’m so sorry for your loss.
  - It’s harder than most people think.
  - It’s ok to be angry with God.
  - It must be hard to accept. You must have been very close to him/her.

Death Notification

- **Helpful Phrases 2**
  - How can I be of help?
  - Let’s spend some time together.
  - People really cared for him/her.
  - I’m praying for you.
  - You are not alone, I (we) are here to help you.
  - I know this must feel like a dream to you.
  - Tell me how you are feeling.
  - I know you will miss him/her.

Death Notification

- **Helpful Phrases 3**
  - I know you are feeling totally overwhelmed right now.
  - I'd give anything to be able to make it better for you, but I can't.
  - Most people who have gone through this react the same way.
  - Tell me about (decedent's name) and your life with him/her.

Death Notification

- **Helpful Phrases 4**
  - When did you last see (decedent's name)?
  - What special memories do you have?
  - May I just sit with you here?
  - How long have you been together?
  - Is there anyone I can call for you? Where were you when (Decedent's name) died? What was that like for you.
  - I'll call you tomorrow, in the meantime, if you need me here is my number.

Death Notification

Unhelpful Phrases 1

1. God Clichés
2. Unhealthy Expectations
3. Disempowering Statements
4. Ignorance
5. Basic Insensitivity

Death Notification

Unhelpful Phrases

1. **God Clichés**
   - It was God's will.
   - God picks the most beautiful flowers first.
   - This will make your faith stronger.
   - God needs him/her more than you do.
   - God never gives us more than we can handle.
   - It was actually a blessing because…
   - God has a reason for this.

Death Notification

Unhelpful Phrases

2. Unhealthy Expectations

- You shouldn’t feel/act that way.
- Death happens, you need to get over this.
- You are young…you’ll find someone else.
- You still have (can have) other children.
- You’ll get over this.
- Don’t take it so hard.
- You must be strong for your other children, spouse, etc.

Death Notification

Unhelpful Phrases

3. Disempowering Statements

- You don’t need to know that.
- What you don’t know can’t hurt you.
- I can’t tell you that.

Death Notification

Unhelpful Phrases

5. Basic Insensitivity

- I know just how you feel. My _____ died last year.
- We all have to deal with loss.
- He/she never knew what hit them.
- Time heals all wounds.
- He/she had a full life.
- You must go own with your life.
- *Call me if you need anything*

Acute Grief Reaction

Acute Grief Reaction

- ***Survivors are now victims***
  - **Acute Psychic Pain**
    - 15-30 minutes
    - Little information absorbed or given
  - **Grief**
    - Life suspended
    - Disbelief
    - Hopelessness
    - 6 -36 months

Acute Grief Reaction

Actions/Attitudes Denoting Grief

- Anger (rage, screams, shakes)
- Self-harm
- Anxiety
- Helplessness
- Hopelessness
- Shame

Acute Grief Reaction

Actions/Attitudes Denoting Grief

- Relief/Giddiness
- No reaction
- Guilt
- False calmness
- Fear (terror)
- Confusion/aimless activity
- Numb/mechanical responses

Acute Grief Reaction

Coping Strategies

- Denial
- Blame (self or others)
- Cry
- Disbelief
- Drugs/Alcohol
- Resolve to “go on living”

Acute Grief Reaction

Coping Strategies

- Get on with life
- Acceptance
- Talk with others
- Intellectualization
- Work through pain
- Physical exercise
- Adjust to new environment

Acute Grief Reaction

Unique

- ***<u>Each person grieves differently</u>***
- How you grieve depends of many factors
  - How did you cope with stress in life before tragedy
  - Quality of the relationship with deceased
  - Religious belief
  - Ethnic/Cultural
  - Personal resilience

Acute Grief Reaction

How you grieve depends on many factors

- Support from family and friends
- Financial support
- Physical/mental health
- Success dealing with
  - Criminal Justice System
  - Insurance Companies
  - Hospital
- Nature of Death
  - Anticipated
  - Sudden/Unexpected
  - Violent

Grief can be a roller coaster

Instead of a series of stages, think of the grieving process as a roller coaster, full of ups and downs, highs and lows. Like many roller coasters, the ride tends to be rougher in the beginning, the lows may be deeper and longer. The difficult periods should become less intense and shorter as time goes by, but it takes time to work through a loss. Even years after a loss, especially at special events such as a family wedding or the birth of a child, we may still experience a strong sense of grief.

Source: *Hospice Foundation of America*

2 men were fishing one morning. They had pulled their bass boat up underneath a bridge, their favorite fishing spot. A funeral procession started coming across the bridge and one fellow, lowered his rod, took off his ball cap and bowed his head, until it passed.

His partner said, Bob, I did not know you had it in you, compassion, would not have thunk it!

Bob said, it’s the least I can do, I was married to her for 40 years….

Death Notification

Key Elements Death Notification

1. Timely announcement of the death.
2. Control of the physical environment
3. Details of the efforts to save the life.
4. Clinical Explanation of the causes of death.
5. Selection of staff with special skills in crisis intervention and grief management to facilitate the mourning process.

Leash 1994

Death Notification

The Process

- Iserson, has “Protocols”

- PISA
  - Prepare — anticipate, identify, notify, organize
  - Inform — introduce, tell
  - Support — reassure, relieve, assist, answer, communicate, view, protect, provide, conclude
  - Afterwards — debrief, follow up

Death Notification

The Process

- Janice Lord (2008)
    - » No template, skills to apply to each situation
  - Collect accurate information
  - Plan who will assist
  - Special Circumstances
  - Plan appropriate physical setting
  - Notify without memorizing
    - Continued

Death Notification

The Process

- Janice Lord (2008)
  - » No template, skills to apply to each situation
  - – Notify without memorizing
    - Introduce self
    - Identify immediate family
    - Deliver the Preparation Statement
    - Make the Core Death Statement
    - Listen
    - Practical Assistance & Info
    - Address Organ/Tissue donation. Autopsy/ME issues
    - Discuss viewing the body
    - End with written material
    - Follow up.

Death Notification

- **Dr. Nancy Davis**

http://drnancydavis.com/home

- **FBI Training Video**

http://drnancydavis.com/home/death-notification-training-video

- **CD/MP3 Audio/visualization. Job Related Trauma: Health Care Professionals**

http://drnancydavis.com/shop/index.php?main_page=product_info&cPath=2_6&products_id=2

Death Notification

The Process

GRIEV_ING

A Tool to Improve Death Notification

- Developed to train Emergency Medicine Residents
- Dr. Cheryl Hobson(2008)
- http://www.acep.org/deathnotification/

GRIEV_ING

- **Mnemonic**
  - Prompt to organize and gather information
  - Allows accurate and complete transfer of information
  - “Frees you to attend to empathic portions of the communication”

GRIEV_ING

G	gather
R	resources
I	identify
E	educate
V	verify
_	space
I	inquire
N	nuts and bolts
G	give

GRIEV_ING

G gather

- The family or survivors
  - Ensure everyone is present
  - Offer to call others or wait if other family members will be arriving soon

GRIEV_ING

R resources

- Call for support resources to assist family with grief
  - Chaplain services
  - Family minister
  - Family and friends
  - Interpreter
  - Victim Services/Bereavement support

GRIEV_ING

I identify

- Yourself and your role
- Deceased by name
- Family's state of knowledge
- You are bringing BAD NEWS
  - Warning shot

GRIEV_ING

E Educate

- The family
  - Start from where they ended their story
  - If possible use their terms
  - Avoid jargon
  - Use slow and steady steps
  - If needed, fire another warning shot
  - Check comprehension frequently

GRIEV_ING

V Verify

- Their family member has died
- Be clear! Do not use euphemisms
  - “passed away”
  - “no longer with us”
- Use the words “dead” or “died”

GRIEV_ING

_ **Space**

- Give them personal space
- Emotional moment
- Registration of information
- Tolerate silence
- Touching ok
- Give them permission to cry

GRIEV_ING

I Inquire

- Ask if there are any questions
- Answer them all
- Assess understanding
  - Elicit summary statements from them
  - Listen for the hidden question

GRIEV_ING

N Nuts and Bolts

- Organ donation
- Funeral home
- Personal belongings
- Offer the family the opportunity to view the body

GRIEV_ING

G Give

- Give them your card and contact information
- Offer to answer any questions that may arise later
- Always return or take their call
- Offer information about local resources

GRIEV_ING

Policies

- Hospital Specific
- Be the expert, know your hospital's policies for:
  - Reporting deaths to ME
  - Discussing organ donation with family
  - Calling your state's organ procurement association

GRIEV_ING

G	gather
R	resources
I	identify
E	educate
V	verify
_	space
I	inquire
N	nuts and bolts
G	give

Section Apply DN to EMS

Futility, TOR, EMS approach

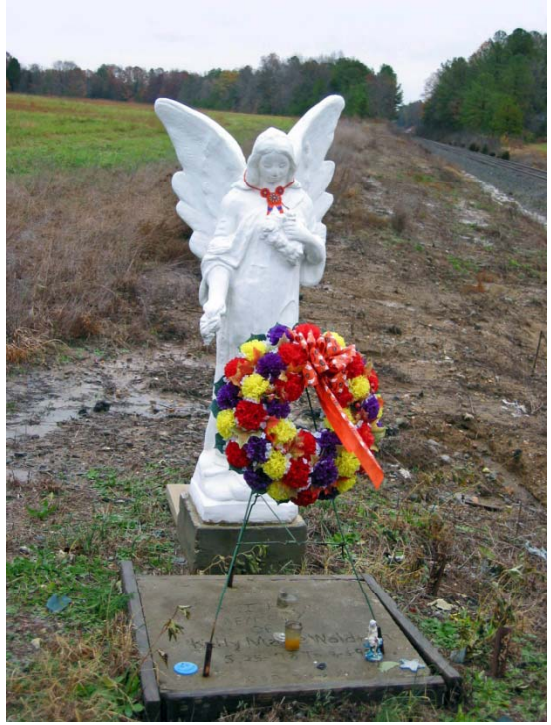
Futility

- *Patients or families may ask for care that is highly unlikely to improve health outcomes. Healthcare providers, however, are not obliged to provide such care when there is scientific and social consensus that the treatment is ineffective. If the purpose of a medical treatment cannot be achieved, the treatment can be considered futile.*

Morrison, LJ; et. al. "Part 3: Ethics: 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care". *Circulation* 2010;122;S665-S675.

Termination of Resuscitation

- **TOR**
  - *Reduces unnecessary transports*
    - 60% in BLS systems
    - 40% in ALS systems
  - *Benefit*
    - Cost
    - Risk of RLS Transport
      - EMS Providers
      - Public
    - Ineffectiveness CPR in transport

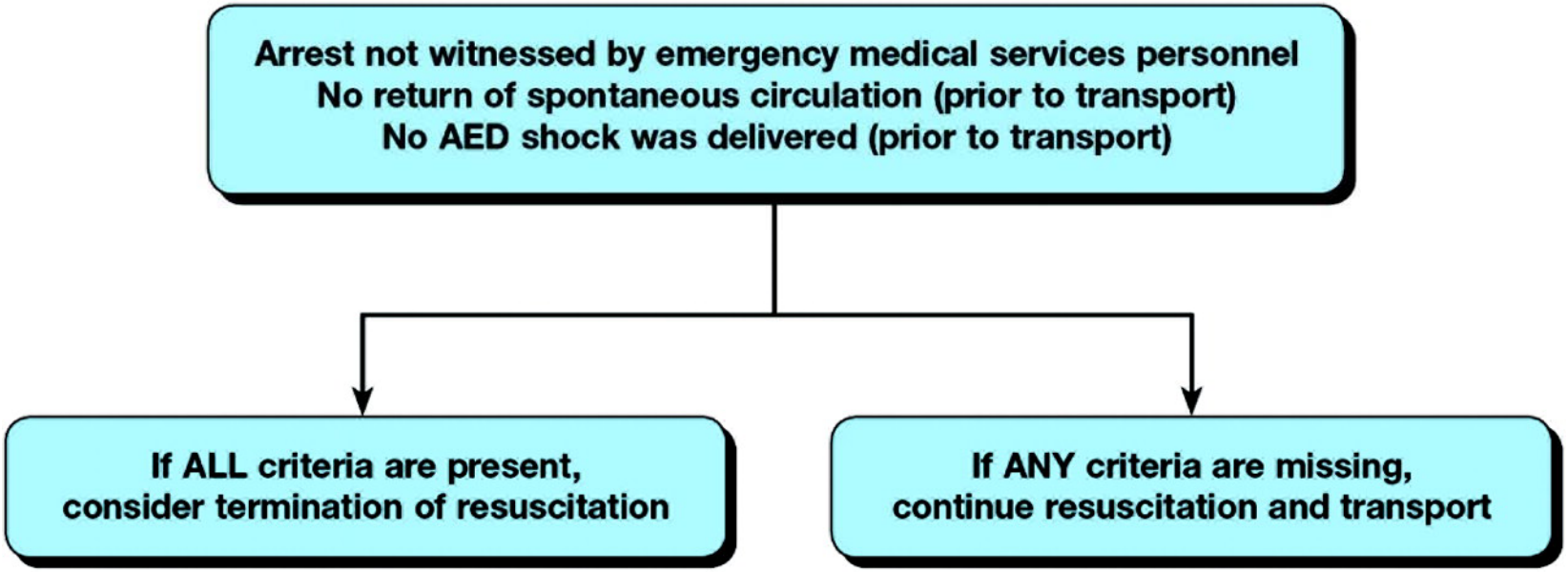


Termination of Resuscitation

TOR

- *BLS Rule*
  - The arrest was not witnessed by responders
  - No return of spontaneous circulation (ROSC)
  - No AED shocks delivered
- *ALS Rule*
  - Unwitnessed arrest (by anyone, not just responders, in contrast to the BLS criteria)
  - No bystander CPR
  - No ROSC after full ALS care
  - No defibrillation

BLS termination-of-resuscitation rule for adult OHCA.23.



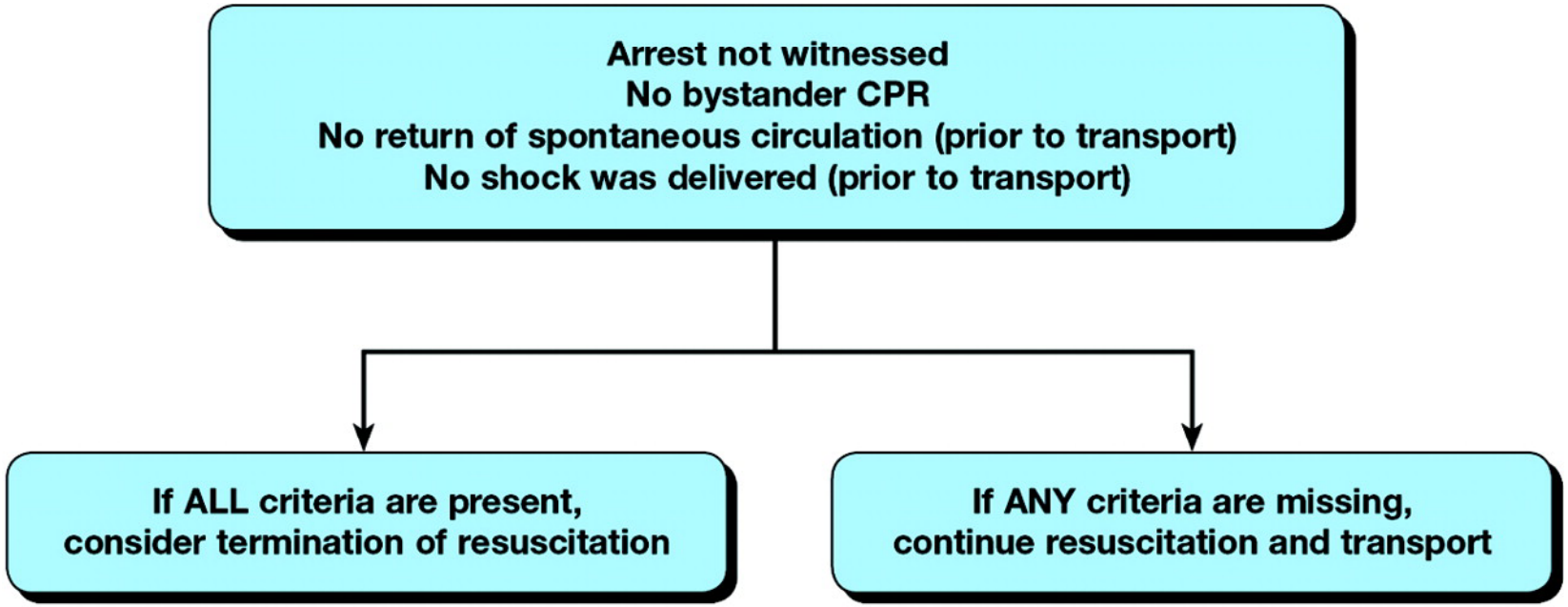
© 2010 American Heart Association

Morrison L J et al. Circulation 2010;122:S665-S675

American Heart Association
Learn and Live

Copyright © American Heart Association

ALS termination-of-resuscitation rule for adult OHCA.33.



© 2010 American Heart Association

Morrison L J et al. Circulation 2010;122:S665-S675

American Heart Association
Learn and Live

Copyright © American Heart Association

Termination of Resuscitation

- **Survivor Acceptance**
  - **Looks at acceptance by family members regarding no transport of patients in cardiac arrest following unsuccessful resuscitation occurring in private residences.**
    - **33 cases, all dead**
    - **64% (21/33)Not Transported**

Elizabeth A. Edwardsen, MD, Sharon Chiumento, BSN, EMT-P, Eric Davis, MD. Family perspective of medical care and grief support after field determination after field termination by emergency services personnel: A preliminary report. A PRELIMINARY REPORT. *PREHOSPITAL EMERGENCY CARE 2002;6:440–444*

Termination of Resuscitation

Family Members Contacted

- **97% (32/33) satisfied with services provided**
- **100% Non-transport patients, satisfied**
  - **Medical care**
  - **Emotional support**
- **25% (3/12) transported patients**
  - **Would have preferred patient die at home**

Elizabeth A. Edwardsen, MD, Sharon Chiumento, BSN, EMT-P, Eric Davis, MD. Family perspective of medical care and grief support after field determination after field termination by emergency services personnel: A preliminary report. A PRELIMINARY REPORT. *PREHOSPITAL EMERGENCY CARE 2002;6:440–444*

Termination of Resuscitation

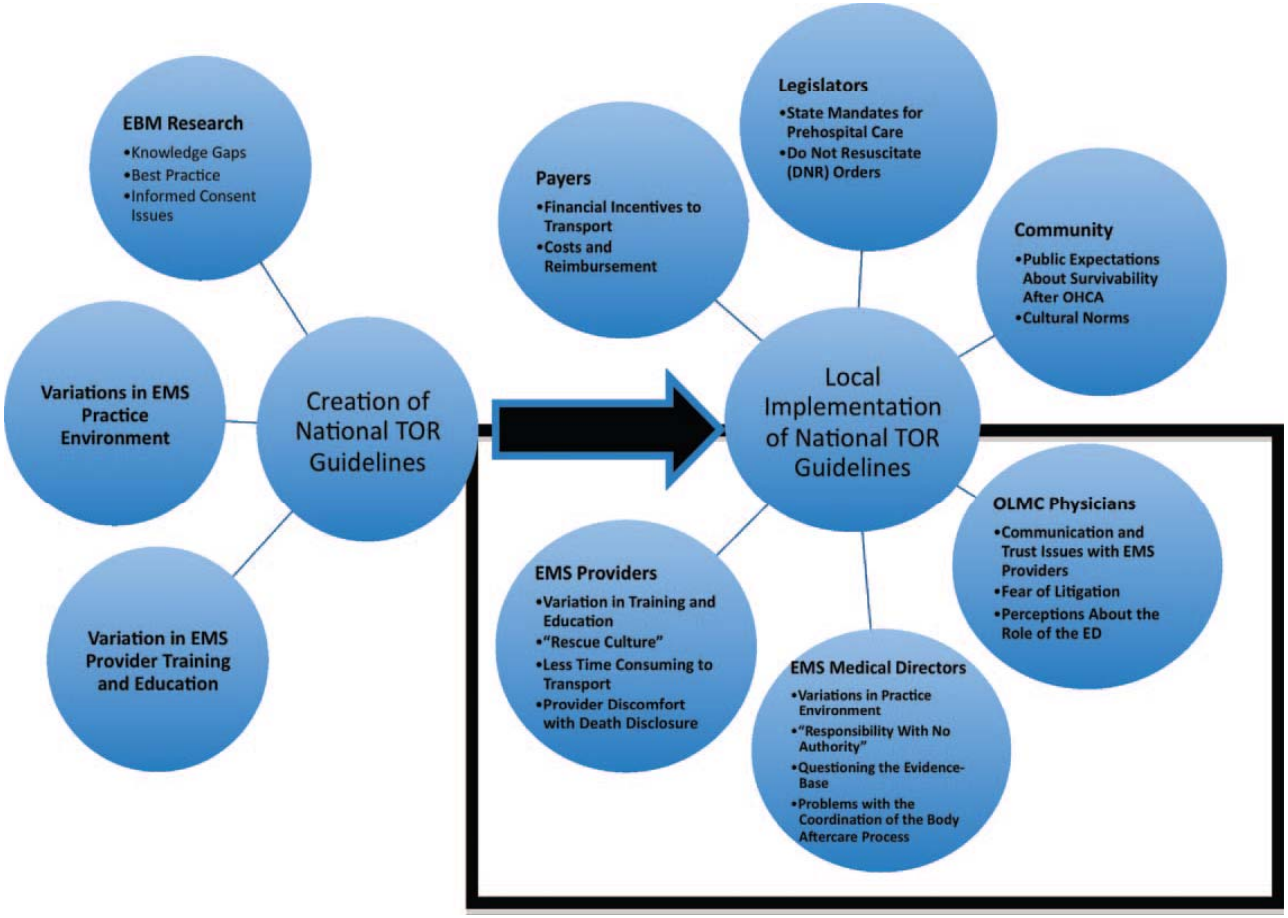
- **Transporting Cardiac Arrest**
  - Anxiety rushing to ED
  - Futility of transport, rapid termination at ED
  - Less positive interactions at ED
  - Felt lonely sitting in ED waiting area
- **Non-transport**
  - Feel close to deceased
  - More aware of events
  - Feeling deceased would have preferred die at home

Termination of Resusciation

- **How will this work?**
  - EMS providers must be comfortable with this
  - OLMD
  - OMD
  - Public
  - Payer's
- Each will need specific training, education, change administrative law

Termination of Resuscitation

- A QUALITATIVE STUDY TO UNDERSTAND BARRIERS TO IMPLEMENTATION OF NATIONAL GUIDELINES FOR PREHOSPITAL TERMINATION OF UNSUCCESSFUL RESUSCITATION EFFORTS



Death Notification for EMS

- **Integrate New Concepts**
  - Team CPR (Stay & Play)
  - TOR
  - EDN (Emergency Death Notifier) ;-P

Death Notification for EMS

Emergency Death Notifier

- *Establishes Contact Family*
  - On scene or if family off scene
- *Gather information*
  - About patient, medical problems, medications, recent hx
  - Advanced Directives, POLST
- *Set Expectations*
  - Resuscitation Process
  - Anticipate questions
    - Why aren't you running to hospital
    - What's gonna happen
- *Liaison with Resuscitation Team/Leader*
- *Establish degree participation/observation*

Death Notification for EMS

Emergency Death Notifier

- *Contact & Guide Family/Key Friends/Clergy*
  - Goal to increase family support
  - Notifications
    - Close by: come on over
    - Distant families: collect and prepare, no calls yet
  - Kids
    - Determine level of participation
      - » Include or remove (with someone)

Death Notification for EMS

Emergency Death Notifier

- *Patient Transported?*
  - Remember goal **TOR** is to reduce ***unnecessary*** transports to the hospital, ***not eliminate***.
  - Allow to ride in front
  - Coordinate who takes survivor, family, friends
    - Avoid letting them drive alone
    - Instruct not to follow directly behind
    - Map?
  - Communicate/coordinate with receiving facility

Death Notification for EMS

Emergency Death Notifier

- *Set the Table*
  - Basic explanation patient's response to treatment
    - "Your husband does not have a pulse and is not breathing"
    - "We are trying to get the heart beating with medications, electricity, etc. "
  - "If this is unsuccessful, if we cannot get his heart beating and pumping then this will not be successful"
  - "We have a pulse, we are starting to cool his body to protect his brain"
  - "He has a pulse and blood pressure…our experience is that he has a 50% chance of leaving the hospital alive and well"

Death Notification for EMS

Emergency Death Notifier

- *Set the Table*
  - "We have given 5 rounds of medications to try and start his heart back. People who are going to survive usually have responded by now. We will keep working and try to give him a reasonable chance, but things do not look good, I'll be honest"
  - "Your husband has not responded to medications, electricity and artificial breathing, I am going to talk to our Medical Control doctor".
  - "Dr. Lane, agrees, there is no medical therapy left to help and we are prepared to stop"

Death Notification for EMS

Emergency Death Notifier

- *Serve Bad News*
  - Summarize what has been done
    - As you know he collapsed a little after 2:00, we found him with no pulse nor respirations and started to try and get his heart beating and him breathing again. We have worked very hard to try and bring him back with medications, shocking the heart, CPR"
  - "Mrs. Johnson, your husband continues to have no pulse and breathing on his own. We have stopped now at 3:15 p.m. I'm so sorry for your loss, your husband has died. He is dead".

Death Notification for EMS

Emergency Death Notifier

- Serve Bad News
- Do a “nice thing”
  - Can’t really call it “closure”
- “Please come here, be with him, hold his hand”
- An act of finality, ending.
- If people of faith, encourage them to pray
- Or just “Say a few words about your (insert)”

Death Notification for EMS

Emergency Death Notifier

- After you've served Bad News
- Now wait
  - Acute grief reaction
    - Supportive
    - Listen
  - Mourning begins
    - Allow to touch, hold, talk
    - Now notify distant family, significant others

Death Notification for EMS

- **Operational Stuff**
  - Protocol Driven
  - Specific to your area/agency
  - Talk to Police, ME, Funeral Home, PCPs
- **Determine Destination**
  - Organ/Tissue donation
    - May still need to go to hospital for recovery
  - Commonwealth of Virginia
    - EMS transport of the dead should be exception
    - May have agreements with local funeral homes

Death Notification for EMS

- **Finalize with family**
  - *Verbal & Written Information*
    - EMS system
    - LEO Contact
    - Funeral Home Contact
    - ME office
    - Community Resources
      - Grief counseling
      - Loss Groups
        - » SIDS, Child, Crime, etc.
      - Check List for family

Death Notification for EMS

- **Finalize with family**
  - Never leave key survivor alone*
  - Crew can be cleaning up while EDN interacts with family
  - Express sorrow for their loss
  - Ask for questions, provide answers or sources

Death Notification for EMS

- **Follow up**
  - Second day call
  - Sympathy Card
    - Quicker than bill
  - Debrief EMS Team

Death Notification for EMS

- **Who should be your EDN?**
  - *Who do you have?*
    - Supervisor, Chaplain, Specially Trained Providers
    - Associate Members, no longer clinically active
    - Faith/community based member
  - *Not ad hoc*
    - *Need buy in from agency, OMD, providers*

Death Notification for EMS

Notifier → Facilitator

- Trained and equipped
  - Equipment
    - Information
      - Funeral Homes
      - ME Information/Brochure
      - Checklists
      - Grief Resources
      - Child Grief Resources
      - Animal assistance
      - Clean up resources
      - Red Cross Military Contact
    - Memo pad, pen
    - Tissues

Death Notification for EMS

Notifier → Facilitator

- Trained and equipped
  - Knowledge from training
    - Didactic
    - Role Playing
    - Interviews with Survivors

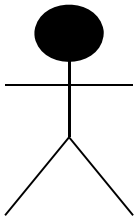
Death Notification for EMS

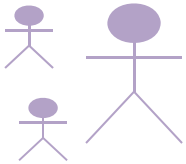
Notifier → Facilitator

- Must have your own support system
- Must have resilience
  - You will be affected
  - Must allow you to recover
    - Who takes care of the caretaker?
  - Systematic
  - Develops and reenforces your positive coping mechanisms.

Team CPR

+ Facilitator





“Give sorrow words; the grief that does not speak knits up the o-er wrought heart and bids it break.”

William Shakespeare, *Macbeth*

Bibliography

- Lord, Janice H and Alan Stewart. *I'll Never Forget Those Words: A Practical Guide to Death Notification.* Burnsville, N.C: Compassion Press, 2008.

- Lord, Janice H and Alan Stewart. *No Time For Goodbyes: coping with Sorrow, Anger, and Injustice After a Tragic Death.* Burnsville, N.C: Compassion Press, 2006.

- Iserson, Kenneth V. *Grave Words: Notifying Survivors about Sudden, Unexpected Deaths.* Tucson: Galen, 1999.

- Leash, Moroni. *Death Notification: A Practical Guide to the Process.* Hinesburg, VT: Upper Access, 1994.

Literature

Delbridge TR et al, “Field Termination of Unsuccessful Out-of-Hospital Cardiac Arrest Resuscitation: Acceptance by Family Members”, *Annals of Emergency Medicine,* 1996; 27:5

Edwardsen, EA, MD, Chimento, S, BSN, EMT-P, Davis, E, MD. Family perspective of medical care and grief support after field determination after field termination by emergency services personnel: A preliminary report. *PREHOSPITAL EMERGENCY CARE 2002;6:440–444*

Olasveengen, TM; et. al. “Quality of cardiopulmonary resuscitation before and during transport in out-of-hospital cardiac arrest”. *Resuscitation* 2008;76(2);185-190. *Prehosp Emerg Care. 2010 Oct-Dec;14(4):537-42.*

Ponce A, Swor R, Quest TE, Macy M, Meurer W, Sasson C. Death notification training for prehospital providers: a pilot study. *Prehosp Emerg Care. 2010 Oct-Dec;14(4):537-42.*

Sasson, C, MD, MS, Forman, J, ScD, MHS, David Krass, BA, Macy, M, MD. A Qualitative Study to Understand Barriers to Implementation of National Guidelines for Prehospital Termination of Unsuccessful Resuscitation Efforts. *PREHOSPITAL EMERGENCY CARE 2010;14:250–258.*

Schmidt TA, Harrahill MA. Family Response to out-of-hospital death. Academic EM, 1995;2(6): 513-8

Kellermann A, Lynn J. Withholding resuscitation in prehospital care. Ann Intern Med. 2006;144:692–693.

Feder S, Matheny RL, Loveless RS Jr.,Rea TD. Withholding resuscitation: a new approach to prehospital end-of-life decisions. Ann Intern Med.2006;144:634–640.

Meoli M. Supporting the Bereaved: Field Notification of Death, JEMS, 1993; Dec.: 39-46.

Morrison LJ, Visentin LM, Kiss A, Theriault R, Iby D, Vermeulen M, SherbinoJ, Verbeek PR. Vali dation of a rule for termination of resuscitation in out-of-hospital cardiac arrest. N Engl J Med. 2006;355:478–487.

Morrison LJ, Verbeek PR, Zhan C, Kiss A, Allan KS. Validation of a universal prehospital termination of resuscitation clinical prediction rule for advanced and basic life support providers. Resuscitation. 2009;80:324–328.

Richman PB, Vadeboncoeur TF, Chikani V, Clark L, Bobrow BJ. Independent evaluation of an out-of-hospital termination of resuscitation (TOR) clinical decision rule. Acad Emerg Med. 2008;15:517–521.