

Improving the experience for bereaved families by developing a process for issuing death certificates.

Norma Langford, Deputy Charge Nurse, University Hospital Crosshouse & Josaleen Connolly Macmillan Project Lead Education Programme in Palliative Care, NHS Ayrshire & Arran.

Background

I have undertaken an education programme delivering practical palliative care through a distance learning module and placement shadowing members of the various specialist palliative care teams in hospital, community and at the Ayrshire Hospice. The education was provided by the University of the West of Scotland and the overall project was funded by Macmillan Cancer Support.

This programme provided me with the knowledge, skills and competence in delivering general palliative care to patients who were admitted to the ward that I work in. Ward 4C in University Hospital Crosshouse is a surgical high dependency ward. The patients who are cared for in this ward include those who have been admitted for planned major surgery and admissions from the Accident and Emergency unit.

In some cases, families can express distress at the prospect of losing their loved one. Ward 4C is a busy ward which does not always provide a calm atmosphere and the specialist support that can be found readily in a hospice environment.

Rationale for the improvement project in ward

Since completing the programme in May 2013 I was concerned that the process for issuing the death certificate for the deceased sometimes caused unnecessary additional distress for families.

The Issue

Without a death certificate it is not possible for families to finalise funeral arrangements or to begin to inform other agencies that the person's death has occurred. Obtaining a death certificate should not add to the grief and distress that family are experiencing but it seemed that this was often what I observed happening in our ward.

Observations

I noted a number of things that needed to be addressed:

- Delays in completion of death certificates by medics
- No consistent procedure for processing the death certificate
- No policy on how a newly bereaved family should be treated
- No procedure for issuing the death certificate to family members

There were repeated phone calls from distressed members of family to the ward requesting the death certificate while others turned up at the ward and waited until it was completed and issued to them. This could be particularly distressing especially when the family member would have to explain who they were and give details of the person who had died, to a different member of staff. Repeatedly being told by phone that the death certificate was not ready made relatives feel like they didn't matter.

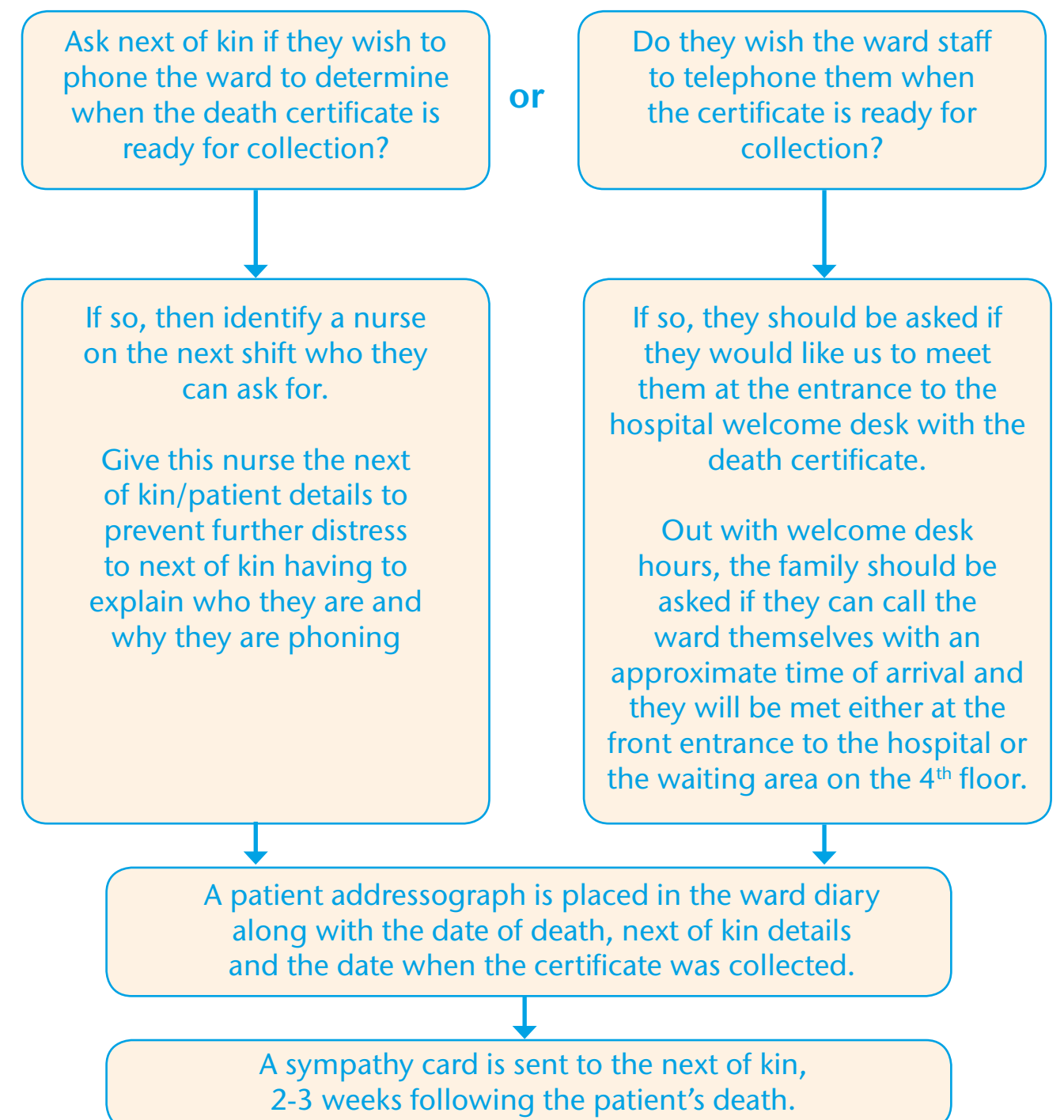
Families who arrived back to the ward to collect the death certificate became distressed if they had to walk towards or past the bed where their loved one had died only to see another patient as the new occupant. It would often be the case that they were seen by a member of staff who had not been involved in the care of the deceased, which made the contact and experience impersonal.

What did I do?

I felt there were a number of simple changes that could be made to address these issues and improve the experience for families. I based my approach on the premise that families' preferences should determine the way in which they obtained the death certificate and after I discussed the issues with the ward manager and other colleagues it was decided that a simple flow chart could guide the process.

Improving The Care Of The Newly Bereaved

Once the improvement plan had been agreed with the ward manager, I was encouraged by the help from two colleagues who supported the projects implementation in my absence. A box was identified to contain all the material required in the event of a death and the flow chart was attached to the front of the box.



Colleagues reactions

Some staff were reluctant to follow the guidance but they were in the minority and their objections were overcome as they soon discovered that the process to be implemented was neither complicated nor difficult.

Sustaining the change

This small change has taken over 6 months to implement and it has now become standard practice in ward 4C where the process is followed by thirty nursing staff. The team are in little doubt that the change has helped to minimise distress by creating a simple, clear and compassionate approach to the handing over a death certificate to a family member.

A final thought...

This improvement was easier to implement than I expected. Ward 4C is an area using high technology in its delivery of care and I was concerned that bringing about change would be difficult and complicated. The opposite was the case and the change has brought about benefits for staff and for the families that we care for along with the deceased.