Problem
The busy environment of critical care often does not often allow nurses time to support family members through the event after death and the grief process after the loss of their loved one. The nurse is hurried to move on to the next critically ill patient/admission. When performing an end-of-life honoring ceremony, critical care nurses will report a greater sense of comfort with care after death. Nurses and patients’ families express increased feelings of closure and increased satisfaction with their care.

Solution
Staff on the Oncology unit developed this program to improve the experience of families at end of life of their loved one. The Critical Care unit staff quickly adopted this practice with their families. The Honoring Practice consists of staff and family reading a script and applying lavender oil after the patient has passed. The family and friends and staff of the deceased patient gather immediately after death and do this practice with their loved one.

The Honoring Practice takes approximately 15 minutes from start to finish. Family members may or may not participate. It was decided in the beginning of the research study that two healthcare workers would participate together. This lends support to the other co-worker and allows the experience to be shared. This may include the nurse, patient care tech, but also has included palliative care, chaplains and translation services. Family members may ask for specific team members to participate as well, and if they are working they are present as well. This practice is valuable to the patient's family and staff, in assisting with grief and closure after the loss of a loved one and our patient. It is a beautiful and intimate ending to a life in a hospital setting and gives families and staff a beautiful way to say goodbye.

The procedure and honoring words are available for education purposes and also published in Nursing Administration Quarterly. (Rodgers, D., BSN, RN, OCN, CHPN, Calmes, B., MSN, RN, J. Grotts, MA. Creating National Standards from the Point of Care. Nursing Administration Quarterly, January/March 2014, Vol. 38, Issue 1, pp. 86–92.) We have presented this practice at a number of national conferences, and large medical centers, rural hospitals and hospices have taken the information to use in their facilities. It can be replicated at any healthcare location or even in the home.

For More Information
Tokie Shynk, RN, Director of Critical Care
Santa Barbara Cottage Hospital
tshynk@sbcch.org

Outcomes
The overreaching results of our qualitative research interviewing 11 Critical Care RNs (having done this practice 31 times) pointed to the sense of closure for both staff and family. Staff felt that they did more for the family than say “I'm sorry.”

The script gave them a way to “honor someone’s life.” Staff expressed satisfaction with their role in supporting the family.