

**INVESTING IN RESOLVE THROUGH SHARING<sup>®</sup>  
CREATES A CULTURE OF COMPASSION, ENHANCES  
QUALITY, IMPROVES PATIENT AND STAFF EXPERIENCE,  
AND SUPPORTS NATIONAL STANDARD BENCHMARKS.**

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**Resolve Through Sharing<sup>®</sup>**  
BEREAVEMENT SERVICES

**GUNDERSEN**  
HEALTH SYSTEM<sup>®</sup>

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## Executive Summary

***“Education is the most powerful weapon which you can use to change the world.”***

**Nelson Mandela**

Research shows that death is the most anxiety-producing situation that nurses face<sup>1</sup>. Anecdotal evidence indicates the same is true for other professions. Being prepared for these challenges will help you feel confident that you can make a difference.

For over three decades, Resolve Through Sharing® (RTS) has been the “go to” program for professionals who want the best education centered on caring for those who are grieving. From our headquarters at Gundersen Health System, a not-for-profit organization in La Crosse, Wisconsin, USA, staff have educated over 35,000 individuals worldwide and developed a catalog of over 125 high-quality products to support both bereaved families and the clinicians who care for them.



Everyone associated with healthcare wants the best possible care for their patients. That’s a given. But what does it take to get there? This investment guide and accompanying PowerPoint presentation will provide the tools you need to

- Write a convincing funding proposal to bring training to your facility or to send staff to one of our national conferences; and
- Prepare for a meeting with your manager or senior leadership to
  - Demonstrate the program’s evidence-based foundation,
  - Share metrics on the high satisfaction and increased knowledge attained through course attendance, and
  - Highlight primary gains to your organization through increased excellence in care.

*Investing in Resolve Through Sharing® creates a culture of compassion, enhances quality, improves patient and staff experience, and supports national standard benchmarks, free and downloadable from [www.ResolveThroughSharing.org](http://www.ResolveThroughSharing.org), is the most comprehensive document you will find to help you attain your bereavement care and grief support goals.*

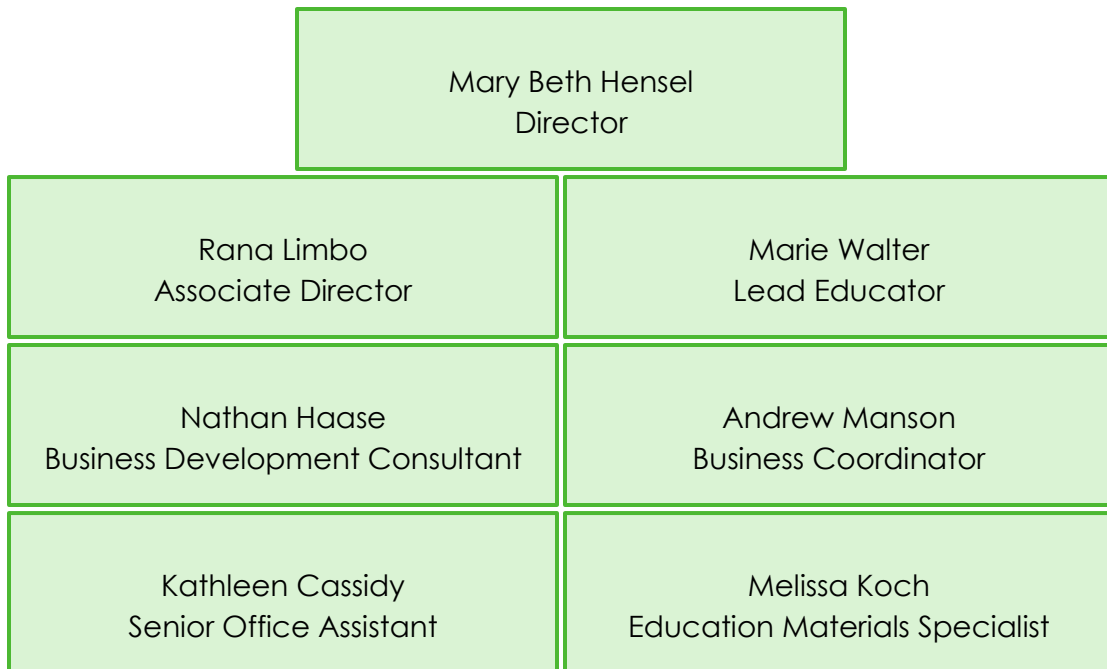
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<sup>1</sup> Peters, L., Cant, R., Payne, S., O’Connor, M., McDermott, F., Hood, K., Morphet, J., & Shimoinaba, K. (2013). How death anxiety impacts nurses’ caring for patients at the end of life: A review of literature. *The Open Nursing Journal*, 7, 14-21.

The guide is easy to use and pragmatically addresses the most pertinent issues facing healthcare today. We provide clearly-written reasons, supporting documents, and the key words known to engage decision makers in order to explain how RTS meets and exceeds the requirements for system-wide, seamless, point-of-care access for families when a loved one dies:

- Industry standards and where you can find them
- The latest research on caring for someone after perinatal, pediatric, and adult death
- Public education that emphasizes conversations within families focused on the elements of advance care planning (e.g., medical facts, goals, values, and beliefs)
- Timely facts on Accountable Care Organization (ACO), Electronic Healthcare Records (EHRs), and perinatal loss certification
- Why the investment in bereavement education is worthwhile
- How RTS training covers all of these important elements

In addition to quality education and support materials, we offer a team of committed staff members to support you as you make RTS a standard of care in your community:



Together, we can truly make a difference in the lives of those whose suffering can be eased by a single person reaching out with the power to “be in relationship.”

*Rana Limbo, PhD, RN, CPLC, FAAN*

Rana Limbo, PhD, RN, CPLC, FAAN

Associate director, co-founder, and first coordinator (1981)

Resolve Through Sharing

*A family member arrives at your facility. The worst thing is happening—someone they love has died or is going to die. The cause could be miscarriage, a traumatic accident, a long illness, or something completely unexpected. Are you prepared?*

## **Resolve Through Sharing® (RTS) Leads the Pack**

Creating a proven, standardized bereavement program throughout your facility ensures that end-of-life care—in any unit—will be patient and family centered, relationship and evidence based, interprofessional, and meaningful. RTS has been considered the “gold standard” for bereavement care for over three decades, providing training to over 35,000 health care professionals all over the world, in all kinds of facilities, including US military bases.

RTS offers three Bereavement Trainings: Perinatal Death, Pediatric and Adult Death, and Neonatal and Pediatric Death. Additionally, participants may choose to take the Coordinator Training to gain the knowledge and skills necessary to educate peers and to implement and manage a comprehensive RTS bereavement program. All trainings use a blended learning approach that includes online modules as well as classroom sessions.

RTS also offers customized consultations to assist in the implementation of a comprehensive program.

## **RTS Pays Off**

Investment in bereavement education will be returned through staff retention, continued consumer involvement, charitable gifts, and the incomparable value of providing the best possible care.

Using a relationship-based, interprofessional approach to bereavement care supports the holistic needs of the patient and family and provides additional support for the care providers who experience their own stress and grief.

RTS training and program implementation also helps hospitals meet regulatory and best practice standards such as The Joint Commission Standard for end-of-life care, The Triple Aim, and ACO standards.

## Why RTS is Right for You

### You want a comprehensive bereavement program

- A standard of care at every point of entry (e.g., ER, OR, L&D, ICU, hospice, NICU, PICU);
- Standardized care guidelines and policies across the organization;
- Continual family support through print and online materials, bereavement rooms, follow-up, and commemorative events;
- Disposition for remains of products of conception;
- Staff education and orientation;
- A perinatal palliative care program;
- Bereavement documentation within the electronic health record; and
- Hospital or system-wide bereavement committees and unit representatives to monitor quality, identify sources of funding, and maintain administrative support.

### You want evidence-based, time-tested methods

- RTS has over 35 years of experience in creating predictable pathways to desired outcomes.
- RTS principles are relationship-based and centered on patient and families.
- RTS principles align care with a variety of regulatory standards (see below).
- RTS care enables provider confidence and decreases turnover rates.
- RTS care facilitates on-going education and cost savings.

### You want to provide quality improvement metrics

Caring for the dying has been identified as the most anxiety-producing aspect of a care provider's job. Research shows that bereavement education decreases anxiety associated with death and leads to increased staff satisfaction and retention.

RTS conducts a participant survey prior to and subsequent to all bereavement trainings. Results indicate a statistical significance in several of the ten categories, including improved level of comfort in caring for the bereaved. This survey, as well as templates for parent/family satisfaction surveys, is provided for coordinators to use when teaching their own courses.

RTS also provides examples of QI measures to use to ensure that your program is working:

- Increased patient/family satisfaction
  - Family returns to the hospital system for other services
  - Family donates to the hospital with memorial gifts

- Family feels supported with palliative, hospice, and follow-up bereavement care
- Family surveys demonstrate increase in satisfaction rates
- Improved patient/family outcomes
  - Decreased involvement of risk management when death occurs
  - Decreased need for family to use the ER or behavioral health for complicated grief
- Increased provider satisfaction
  - Decreased care provider anxiety related to death and bereavement
  - Decreased care provider turnover and burn out
  - Increased use of evidence-based practice

### You want to reach your target consumer

Working women have been identified as both the primary decision maker and care giver when a family member becomes ill. In fact, approximately 80% of family health care decisions are made by a female. Also, women utilize more health care services than men, primarily because of obstetric/gynecological needs. So, if you provide a good health care experience for a woman, you are reaching her entire family in a positive way.

Retrieved from <http://www.dol.gov/ebsa/newsroom/fshlth5.html>

In addition to reaching a woman's family, you are reaching her community. Pew Internet Project (PIP) states that 70% of women use social networking sites to influence health care decisions. Each Facebook post or tweet has the potential to influence her choices. Women seek information from their community, online or otherwise, to learn about experiences with physicians and hospitals. A good or bad experience can easily influence an extensive social network.

Retrieved from <https://www.cpmhealthgrades.com/index.cfm/customers/e-newsletters/june-2012/women-influence-health-care-decisions/>

### You want to increase memorial gifts to your facility

According to Euster (1991), 22.1% of designated memorial contributions were given to a health care association or foundation. 26% of study participants identified the reason for donating "in memoriam" was to continue providing funds for projects, programs, and other efforts valued by the deceased person. 12.4% felt memorials were a means of assuring that programs would ensure unnecessary pain or loss of dignity. Other factors that influenced memorial contributions included affirming loyalty to a particular institution and expressing appreciation for the care and support received by the deceased in the time preceding death.



RTS bereavement care's focus on relationship addresses the wide scope of needs of patients and families during a very difficult time. This personalized, comprehensive support leads to increased satisfaction. In 2013, Gundersen Medical Foundation, Inc. received approximately \$220,000 in memorial gifts. This does not include gifts designated in a personal will.

Euster, G. L. (1991). Memorial contributions: Remembering the elderly deceased and supporting the bereaved. *Omega*, 23(3), 169-179.

Use the link below to read an educational poster that The Hospital for Sick Kids in Toronto uses to connect bereavement care to memorial giving:

<http://www.tracpg.ca/images/uploads/HonouringTheVoices-BereavedParentsContribute-presentation-VMcDonaldetal.pdf>

Use the links below to read inspiring stories of memorial giving:

*A Peaceful Death, a Grateful Daughter*

<http://www.gundersenhealth.org/foundation/why-we-give/marilee-hemstock-swenson>

*Bereaved Family Gives Donation to Hospital*

<http://www.westernmorningnews.co.uk/Bereaved-family-donation-hospital/story-11729575-detail/story.html>

*Bereaved Mother Says "Thank You"*

<http://www.heartofenglandcharity.org.uk/bereaved-mother-says-thank-you/>

*Grateful Dad Helps Raise Money for Heartlands Hospital*

<http://www.heartofenglandcharity.org.uk/grateful-dad-helps-raise-money-for-heartlands-hospital/>

*Bereaved Husband Supports Palliative Care Team at the Freeman Centre*

<http://www.nyghfoundation.ca/our-stories/bereaved-husband-supports-palliative-care-team-freeman-centre>

**You want to meet regulatory standards to improve health of populations, to improve the patient experience, and to reduce per capita cost**

RTS's evidence-based, family-centered design provides health care providers with the tools necessary to provide comprehensive, interprofessional bereavement care that leads to reaching best practice goals appointed by regulatory and authoritative agencies.

- The Joint Commission
  - Program: Hospital

Chapter: Provision of Care, Treatment, and Services

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- Introduction to Standard  
Patients who are near to or at the end of their lives need to receive care that addresses their psychosocial, emotional, and spiritual needs. To provide care that meets these needs, staff members involved in patient care require education about the unique needs of dying patients and their families.

*RTS is relationship based and encourages interprofessional education to provide holistic support of families. RTS coordinators can provide the two-day education model to the staff within their hospital system. In-services can be provided by RTS support persons and RTS coordinators.*

- Program: Hospital
- Chapter: Human Resources
  - Introduction to the Standard  
The hospital defines staff qualifications.
  - Introduction to the Standard  
The hospital provides orientation to staff.
  - Introduction to the Standard  
Staff participates in ongoing education and training.
  - Introduction to the Standard  
Staff is competent to perform their responsibilities.

*RTS provides education to create a standard operating procedure for bereavement care throughout a hospital system, providing staff with specific expectations of care when a patient dies. RTS encourages staff to be oriented on the need for relationship creation when caring for the dying and bereaved.*

*RTS education emphasizes the importance of interprofessional collaboration and honoring cultural practices and beliefs when caring for the dying and bereaved. It is also stressed that coordination of care through documentation, education, and enabling of RTS coordinators ensures consistent care.*

*RTS education meets the educational standard for any unit that experiences death and online and classroom training sessions address different communication techniques throughout. RTS education provides education applicable to novice and advanced competencies for staff caring for bereaved families. RTS trainings include skill-building and role-playing exercises. Those trained as RTS coordinators have the knowledge and background to teach and assess competencies.*

- Centers for Medicare and Medicaid (CMS) Triple Aim

Originally developed by the Institute for Healthcare Improvement (IHI), the Triple Aim is a framework that describes an approach to optimizing health system performance. Adopted by the Centers for Medicare and Medicaid (CMS), the goals of the Triple Aim are defined as (a) improving the patient experience of care [including quality and satisfaction], (b) improving the health of populations, and (c) reducing the per capita cost of healthcare.

Retrieved from [www.oregonhealthnet.org/content/the-triple-aim](http://www.oregonhealthnet.org/content/the-triple-aim)

- The Triple Aim objectives are based on reliability, customization, access, and coordination.
  - Reliable processes deliver consistent care.
  - Care is based on best evidence, which is incorporated into decision support in the electronic health record.
  - Processes are standardized to reduce unwarranted variation.
  - Every member of the care team contributes to their maximum potential.
  - Waste and rework that add unnecessary cost are eliminated through Lean and other process redesign techniques.

*RTS recommends using tools built into the electronic health record (EHR) to help care providers offer options that are consistent with evidence-based research and patient/family goals. Creating an RTS standard of care that is multidisciplinary, supported, and used with EHR at every point of entry on every unit that works with the dying patient and/or bereaved families, decreases variation in care experiences.*

*Having a consistent standard of care decreases unnecessary costs through providing satisfying care—care that results in families feeling supported and followed in their time of grief, lessening the need for additional support through the ER, behavioral health, or risk management.*

*Reduced variation in care allows for care providers to respond to individual needs and choices voiced by the patient and family. RTS has implemented a bereavement navigator into the EHR to provide options for families for memory making, ritual, funeral arrangements, and disposition. RTS supplies information on perinatal palliative care, advance care planning, and guided decision making to help families focus on individual goals and hopes and to make decisions that reflect their belief system. RTS also provides family support materials that discuss grief reactions and coping mechanisms for different situations including miscarriage and traumatic death.*

- To achieve the aim of better care for individuals, we recommended focusing on the six dimensions of health care performance listed in the Institute of Medicine’s 2001 report, “Crossing the Quality Chasm” ([www.nap.edu/openbook.php?record\\_id=10027&page=5](http://www.nap.edu/openbook.php?record_id=10027&page=5)):
  - Safety,
  - Effectiveness,
  - Patient-centeredness,
  - Timeliness,
  - Efficiency, and
  - Equity.

*“A health care system that achieved major gains in these six dimensions would be far better at meeting patient needs. Patients would experience care that was safer, more reliable, more responsive, more integrated, and more available. Patients could count on receiving the full array of preventive, acute, and chronic services from which they are likely to benefit.*

*Such a system would also be better for clinicians and others who would experience the satisfaction of providing care that was more reliable, more responsive to patients, and more coordinated than is the case today.”*

*-HealthPartners*

Retrieved from [www.healthpartners.com/public/about/triple-aim/triple-aim-delivery/](http://www.healthpartners.com/public/about/triple-aim/triple-aim-delivery/)

- Accountable Care Organizations (ACOs)

ACOs create incentives for health care providers to work together to treat an individual patient across care settings – including physicians’ offices, hospitals, and long-term facilities. The Medicare Shared Savings Program will reward ACOs that lower their growth in health care costs while meeting performance standards on quality of care and putting patients first.
- RTS meets the following ACO quality measures:
  - (#2) Patient/Caregiver Experience: How Well Your Providers Communicate
  - (#4) Patient/Caregiver Experience: Access to Specialists
  - (#5) Patient/Caregiver Experience: Health Promotion and Education
  - (#6) Patient/Caregiver Experience: Shared Decision Making

*RTS is relationship based and provides specific education on communicating with the bereaved. Creating an RTS standard of care that is multidisciplinary,*

*supported, and used with EHR at every point of entry on every unit that works with the dying patient and/or bereaved families decreases variation in care experiences. RTS promotes palliative and hospice care and accessing these specialties. RTS teaches Guided Participation to engage patients and families in realizing their goals, hopes, and making shared decisions.*

Retrieved from [www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Quality\\_Measures\\_Standards.html](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Quality_Measures_Standards.html)

- Other Association Standards (details on pages 11-21)

### **You want to obtain or maintain Magnet® Status**

Has your facility obtained Magnet status? Go to [www.ResolveThroughSharing.org](http://www.ResolveThroughSharing.org) to see how the essentials of magnetism are found in the practices at St. Vincent Infirmary in Little Rock, AR. The video clip shows the facility receiving Magnet recognition, which highlights their superior perinatal bereavement program. Program Coordinator, Lynette Spruiell, is a designated RTS Coordinator.

### **You want to provide Evidence Based Practice (EBP)**

RTS training is evidence based: It uses relevant theories, research, and over 30 years of experience to provide interventions and concepts that work. Research shows that when EBP is used in a facility, (a) quality of care and patient outcomes are improved, (b) care consistency leads to cost reduction, and (c) provider empowerment leads to improved patient care and reduced turnover.

### **You want to obtain a Circle of Life Citation of Honor**

Gundersen Health System, founder of RTS, received the Circle of Life Citation of Honor in 2013. Go to [www.ResolveThroughSharing.org](http://www.ResolveThroughSharing.org) to see how their end-of-life programs merit this distinction.

### **You want to receive additional credentialing by the Hospice and Palliative Credentialing Center (HPCC)**

HPCC (formerly the National Board for Certification of Hospice and Palliative Nurses) offers credentialing in specialty certification for various disciplines, all levels of hospice and palliative nurses, and administrators. In 2013, HPCC began offering certification in Perinatal Loss Care (CPLC). Resolve Through Sharing Bereavement Training: Perinatal Death includes the content listed in the detailed content outline found in the Candidate Handbook for CPLC, downloadable from <http://hpcc.advancingexpertcare.org/competence/perinatal-loss-cplc>.

The HPCC website suggests the following as helpful in preparing for the exam: Resolve Through Sharing training; two papers co-written by RTS Associate Director Dr. Rana Limbo; and *Meaningful Moments: Ritual and Reflection When a Child Dies*, co-authored by Dr. Limbo and Kathie Kobler.

Many RTS faculty members have attained HPCC's certification in Perinatal Loss Care.

## Other Association Standards

### American College of Obstetricians and Gynecologists (ACOG)

ACOG provides additional guidelines and information for their members and includes:

- **Anatomy of an Obstetric Loss: Healing the Families and Ourselves**  
This PowerPoint presentation by Cynthia Chazotte, MD, FACOG, available on the ACOG website, discusses breaking bad news, using an interprofessional team to provide support for the family, family offerings, support for the staff, and lists RTS as a resource for families and health care providers.
- **Stillbirth Management Guidelines**  
After a stillbirth, sensitivity to the family's emotional state is important. Parents should be given the opportunity to hold their baby and perform cultural or religious activities, such as baptism.

Retrieved from <http://www.acog.org/About-ACOG/News-Room/News-Releases/2009/ACOG-Issues-New-Guidelines-on-Managing-Stillbirths>

*RTS Bereavement Training: Perinatal Death addresses issues specific to obstetric loss, including education on communication, meaning-making, and suggestions for supporting specific types of loss. RTS provides respect for diversity by encouragement of interprofessional teamwork and education on cultural communication, inclusion, and honoring traditions and ritual.*

### American Medical Association (AMA) Statement on End-of-Life Care

In the last phase of life people seek peace and dignity. To help realize this, every person should be able to fairly expect the following elements of care from physicians, health care institutions, and the community.

- **Elements**

*The opportunity to discuss and plan for end-of-life care*

This should include the opportunity to discuss scenarios and treatment preferences with the physician and health care proxy, the chance for discussion with others, the chance to make a formal "living will" and proxy designation, and help with filing these documents in such a way that they are likely to be available and useful when needed.

*Trustworthy assurances that physical and mental suffering will be carefully attended to and comfort measures intently secured*

Physicians should be skilled in the detection and management of terminal symptoms, such as pain, fatigue, and depression, and able to obtain the assistance of specialty colleagues when needed.

*Trustworthy assurance that preferences for withholding or withdrawing life-sustaining intervention will be honored*

Whether the intervention be less complex (such as antibiotics or artificial nutrition and hydration) or complex and more invasive (such as dialysis or mechanical respiration), and whether the situation involves imminent or more distant dying, patients' preferences regarding withholding or withdrawing intervention should be honored in accordance with the legally and ethically established rights of patients.

*Trustworthy assurance that there will be no abandonment by the physician*

Patients should be able to trust that their physician will continue to care for them when dying. If a physician must transfer the patient in order to provide quality care, that physician should make every reasonable effort to continue to visit the patient with regularity, and institutional systems should try to accommodate this.

*Trustworthy assurance that dignity will be a priority*

Patients should be treated in a dignified and respected manner at all times.

*Trustworthy assurance that burden to family and others will be minimized*

Patients should be able to expect sufficient medical resources and community support, such as palliative care, hospice or home care, so that the burden of illness need not overwhelm caring relationships.

*Attention to the personal goals of the dying person*

Patients should be able to trust that their personal goals will have reasonable priority whether it be: to communicate with family and friends, to attend to spiritual needs, to take one last trip, to finish a major unfinished task in life, or to die at home or at another place of personal meaning.

*Trustworthy assurance that care providers will assist the bereaved through early stages of mourning and adjustment*

Patient and their loved ones should be able to trust that some support continues after bereavement. This may be by supportive gestures, such as a bereavement letter, and by appropriate attention to/referral for care of the increased physical and mental health needs that occur among the recently bereaved.

Retrieved from <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/about-ethics-group/ethics-resource-center/end-of-life-care/ama-policy-provision-life-sustaining-medical.page>

*RTS emphasizes all of the AMA elements for end-of-life care through education on Advance Care Planning, perinatal through adult palliative and hospice care, communicating about withdrawing of life-sustaining interventions, relationship creation*

*that provides dignity, non-abandonment, and honoring patient/family goals. RTS includes family follow up through phone calls, cards, commemorative events, and support groups.*

### **American Nurses Association (ANA)**

- **Standard 1: Assessment**  
The registered nurse collects comprehensive data pertinent to the healthcare consumer's health or the situation.
- **Standard 2: Diagnosis**  
The registered nurse analyzes the assessment data to determine the diagnoses or issues.
- **Standard 3: Outcome Identification**  
The registered nurse identifies expected outcomes for a plan individualized to the healthcare consumer or the situation.
- **Standard 4: Planning**  
The registered nurse develops a plan of care that prescribes strategies and interventions to attain expected outcomes.
- **Standard 5: Implementation**  
The nurse implements the interventions identified in the plan.
  - **Standard 5A: Coordination of Care**
  - **Standard 5B: Health Teaching and Health Promotion**
- **Standard 6: Evaluation**  
The registered nurse evaluates progress toward attainment of outcomes.
- **Standard 8: Education**  
The registered nurse attains knowledge and competence that reflects current nursing practice.
- **Standard 9: Evidence Based Practice and Research**  
The registered nurse integrates evidence and research findings into practice.
- **Standard 10: Quality of Practice**  
The registered nurse contributes to quality nursing practice.
- **Standard 11: Communication**  
The registered nurse communicates effectively in a variety of formats in all areas of practice.
- **Standard 12: Leadership**  
The registered nurse demonstrates leadership in the professional practice setting and the profession.



- **Standard 13: Collaboration**  
The registered nurse collaborates with the healthcare consumer, family and others in the conduct of nursing practice.
- **Standard 15: Resource Utilization**  
The registered nurse utilizes appropriate resources to plan and provide nursing services that are safe, effective and financially responsible.

American Nurses Association. (2010). *Scope and Standards of Nursing Practice* (2<sup>nd</sup> ed.). Silver Spring, Maryland: American Nurses Publishing.

*RTS training provides education in each of these standards. Relationship creation is the underpinning of RTS and when relationships are created with patients, families, and colleagues care is individualized, collaborative, and comprehensive leading to improved outcomes.*

### **The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)**

- **Core Values** (as expressed in the acronym "CARING")
  - **C**ommitment to professional and social responsibility
  - **A**ccountability for personal and professional contributions
  - **R**espect for diversity of and among colleagues and clients
  - **I**ntegrity in exemplifying the highest standards in personal and professional behavior
  - **N**ursing Excellence for quality outcomes in practice, education, research, advocacy and management
  - **G**eneration of Knowledge to enhance the science and practice of nursing to improve the health of women and newborns

Retrieved from

[www.awhonn.org/awhonn/content.do?name=10>AboutUs/10A\\_MissionVisionValues.html](http://www.awhonn.org/awhonn/content.do?name=10>AboutUs/10A_MissionVisionValues.html)

*RTS meets the core values expressed by AWHONN by being committed to professional responsibility in providing evidence-based practice in a consistent manner for all bereaved persons. RTS provides respect for diversity by encouragement of interprofessional teamwork and through education on cultural communication, inclusion, and honoring traditions and ritual. RTS is involved in ongoing research and consistently advocates for patients and families through position statements and education that leads to improved outcomes.*

### **Culturally and Linguistically Appropriate Services (CLAS)**

The Office of Minority Health of the U.S. Department of Health & Human Services has launched the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. First developed in 2000, the CLAS standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations.

The principal standard is to provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Retrieved from <http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf>

*RTS provides education on cultural communication and inclusion. On-line continuing education is available through modules and webinars that also address this topic. The majority of RTS support materials are offered in Spanish and English.*

### **Hospice and Palliative Nurses Association (HPNA)**

- Policy  
The Hospice and Palliative Nurses Association (HPNA) is dedicated to the promotion of excellence in the provision of palliative nursing care via leadership development, education, and the support of research in the field.
- Guidelines  
This Code of Ethics sets forth values, ethical principles, and standards to which professionals aspire and by which their actions can be judged. As an organization, HPNA acts with integrity and operates within a framework built on the following ethical principles and moral obligations:
  - Respect for persons: to honor the intrinsic worth and uniqueness of each person; to respect the basic human rights and the dignity of all patients, without consideration of social or economic status, race, religion, age, gender, sexual orientation, national origin, disability, personal attributes, nature of the health problem(s), or any other factors.
  - Beneficence: to promote good and prevent or remove harm; to promote the welfare, health, and safety of society and individuals in accordance with their beliefs, values, and preferences.
  - Justice: to be fair and promote equity, nondiscrimination, and the distribution of benefits and burdens based on needs and resources available; to advocate on another's behalf when necessary.
  - Confidentiality: to safeguard patients' protected information, except when disclosure is required by law.

- Role fidelity: to respect one's own self-worth and professional integrity, and the integrity of the profession; to maintain the knowledge and skill necessary for competent practice within one's scope of practice.

Retrieved from [www.hpna.org](http://www.hpna.org)

*RTS emphasizes respect and dignity for all patients, including cultural communication and honoring practices. Recognizing the need for individualized care that reflects the personal goals of the patient and family is forged in RTS's emphasis on relationship creation. RTS offers education and materials for organizations to implement a perinatal palliative care program.*

### **The Institute of Medicine (IOM) Committee Report, *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life***

- Delivery of Person-Centered, Family-Oriented Care

*RTS supports a relationship-based, patient- and family-centered approach to care that includes trained, interprofessional care providers. RTS focuses on relationship creation and communication strategies in order to provide holistic care that is informative and consistent with the patients' and families' needs, goals, and values. RTS believes that a standard of care and training of all medical professionals will provide coordinated, efficient, and supportive care for patients and families that can be documented in the electronic health record.*

- Clinician-Patient Communication and Advance Care Planning

*Respecting Choices® is an internationally known advance care planning program that is within the same department as RTS within Gundersen Lutheran Medical Foundation. Communication strategies and skill building are included in all RTS trainings. The concept of Guided Participation allows patients and families to actively participate in decision making and teaching/learning. Guided participation, which occurs in a relationship between the professional and the patient/family member, emphasizes competency development (e.g., in forming relationships, communicating, problem solving, regulating feelings). The expert (i.e., someone with more experience) acts as a guide to enable thoughtful consideration of options. In turn, the patient/family member gains skills in talking with others, making decisions, and figuring out what is best.*

- Professional Education and Development

*RTS offers interprofessional training in bereavement care that includes palliative care throughout the continuum of life. RTS participants are encouraged to acquire credentialing through Hospice and Palliative Credentialing Center (HPCC) at <http://hpcc.advancingexpertcare.org>.*

*By the end of 2015, all RTS National Faculty will have become certified in Perinatal Loss Care (CPLC).*

- Policies and Payment Systems

*RTS supports the concept that shared decision making and advance care planning can reduce medical costs by forgoing treatments and services that are not consistent with the patient and families' goals of care. RTS supports the use of the electronic health record to house advance directives and ongoing communication of patient's and family's evolving goals of care.*

- Public Education and Engagement

*RTS provides training to assist participants in providing education to their communities through presentations in health care organizations, local colleges, houses of worship, civic organizations, and clubs. RTS offers support materials for friends and family about the needs of the patient, what to expect during the course of death and dying, and information to dispel incorrect assumptions about death and grief. Our social media platforms and website, [www.ResolveThroughSharing.org](http://www.ResolveThroughSharing.org), provide current and timely resources for providers, on demand webinars, and other online learning opportunities. RTS is also a founding member of the Pregnancy Loss and Infant Death Alliance ([plida.org](http://plida.org)), an organization that works collaboratively with groups and individuals to provide evidence based practice and strategies for caring for bereaved families.*

The Committee also identified twelve proposed components of quality end of life care surrounding the physical and emotional management of symptoms of distress by coordinated, interdisciplinary care providers and specialized palliative care physicians. Several of these components are those that RTS emphasizes in all bereavement trainings:

- Frequent assessment of the patient's physical, emotional, social, and spiritual well-being

*RTS is based on relationship creation between interprofessionals and the patient and family to identify and meet their needs in a holistic manner.*

- Family caregiver support

*RTS has focused on the bereaved family since its inception. Those who support and care for the patient are encouraged to continue to be an active participant in their care, as desired. Relationship creation allows the family to develop trust in the care provider—to ask questions, be open to guidance, to express hopes and fears, and to create meaningful moments at end of life. Support for the family continues after death with follow up and participation in ritual and commemorative events.*

- Attention to the patient's social, cultural, and spiritual/religious needs

*Relationship-based care is person-centered and allows for the patients' and families' perspective to be known, understood, and acted upon. Guiding families to create the desired atmosphere for end of life, including ritual and spirituality, is part of the RTS standard.*

- Regular, personalized revision of the care plan and access to services based on the changing needs of the patient and family

*RTS understands that hopes and needs are ever changing and instructs care providers to continually assess the evolving needs of patients and families. Adjustments must be consistently made to the plan of care to reflect the goals of the patient and family.*

*Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life* Key Findings and Recommendations retrieved from <http://www.iom.edu/Reports/2014/Dying-In-America-Improving-Quality-and-Honoring-Individual-Preferences-Near-the-End-of-Life.aspx>

### **National Association of Neonatal Nurses (NANN)**

- The worth, integrity, dignity, uniqueness and human rights of patients, employers, colleagues, students, employees, parents and families of the infant will be respected regardless of ethnicity, gender, social/economic status or physical or mental challenges.
- Knowledge and skills will be used for the advancement of human welfare with consideration and respect for individual differences.
- The nurse's primary responsibility is to the patient, whether an individual, group or family. Nurses strive to provide an environment of physical, emotional, social, and spiritual well-being.
- Neonatal nurses will respect family autonomy and strive to ensure that families have accurate, complete and understandable information in order to make informed decisions.
- Neonatal nurses maintain their professional integrity when resolving conflicts, always insuring that patients' safety and best interests are protected.
- Neonatal nurses insure patients' and families' rights and privacy are maintained. Neonatal nurses understand that they have a duty to maintain the confidentiality of all health care information. Neonatal Nurses adhere to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- Neonatal nurses ensure that professionals working in collaboration with them are competent to practice. Reporting of questionable or impaired practice and concerning behavior is essential to protect patients and the profession.

- Neonatal nurses take accountability and responsibility for their own practice and educational needs to maintain competence and professional growth. They are accountable to the decisions they make and routinely assess their own competence.
- Neonatal nurses enhance their environment and advance the profession through active participation in policy development and professional involvement at the local, state and national level. They are active in professional organizations and take leadership roles in these organizations as well as in their institutions.

Retrieved from <http://www.nann.org/about/content/ethics.html>

*RTS principles are relationship based and rely upon interprofessional practice to provide individualized, holistic care that includes cultural communication and sensitivity. Communication skills are fundamental in RTS training, with specific scenarios pertaining to parental decision making in the NICU. RTS supports the NANN position statement on palliative care and provides a link to the statement on ResolveThroughSharing.org.*

### **National Hospice and Palliative Care Organization (NHPCO)**

#### Standards of Practice

- Patient-and Family-Centered Care: Providing care and services that are responsive to the needs and exceed the expectations of those we serve.
- Ethical Behavior and Consumer Rights: Upholding high standards of ethical conduct and advocating for the rights of patients and their family caregivers.
- Clinical Excellence and Safety: Ensuring clinical excellence and promoting safety through standards of practice.
- Inclusion and Access: Promoting inclusiveness in our community by ensuring that all people—regardless of race, ethnicity, color, religion, gender, disability, sexual orientation, age, disease or other characteristics—have access to our programs and services.
- Organizational Excellence: Building a culture of quality and accountability within our organization that values collaboration and communication and ensures ethical business practices.
- Workforce Excellence: Fostering a collaborative, interdisciplinary environment that promotes inclusion, individual accountability and workforce excellence, through professional development, training, and support to all staff and volunteers.
- Standards: Adopting the NHPCO Standards of Practice for Hospice Programs and/or the National Consensus Project’s Clinical Practice Guidelines for Quality Palliative Care as the foundation for our organization.

- Compliance with Laws and Regulations: Ensuring compliance with applicable laws, regulations, and professional standards of practice, implementing systems and processes that prevent fraud and abuse.
- Stewardship and Accountability: Developing a qualified and diverse governance structure and senior leadership who share the responsibilities of fiscal and managerial oversight.
- Performance Measurement: Collecting, analyzing, and actively using performance measurement data to foster quality assessment and performance improvement in all areas of care and services.

Retrieved from <http://www.nhpc.org/nhpc-standards-practice>

*RTS provides patient- and family-centered care that focuses on relationship creation and individualized goals. RTS provides education on cultural competence and communication. RTS education emphasizes the use of interprofessional teams to provide a comprehensive bereavement program that can be accessed at any point of entry at any time. RTS provides information for on-going measurements of outcomes of care.*

### **Pregnancy Loss and Infant Death Alliance (PLIDA)**

PLIDA, founded in 2002, is a 501(c)(3), nonprofit organization that supports health care practitioners and parent-advocates in their efforts to improve care for families who experience the death of a baby during pregnancy, birth, or infancy. RTS is one of PLIDA's founding organizations and RTS associate director, Rana Limbo, is the current president of PLIDA.

- Position Statements
  - Infection risks are insignificant for bereaved parents who have close contact with their deceased baby's body.
  - When bereaved parents hold their baby's body for any length of time following death, there is little or no impact on postmortem pathology studies.
  - Bereaved parents have the right to decide whether, when, and how to spend time holding their baby.
  - When offering the baby to bereaved parents, the health care provider should engage them in ongoing conversations about their feelings and ideas, and respond to their unique needs.
- Practice Guidelines
  - Offering the Baby to Bereaved Parents

Retrieved from [www.plida.org](http://www.plida.org)

*RTS staff and faculty participated in the writing of the PLIDA position statements and guidelines. The content is consistent with the RTS curriculum in perinatal death. These*

*resources are useful to those who are working to establish evidence-based practice standard operating procedure; establish a consistent, system-wide perinatal bereavement program; and provide staff with up-to-date resources to support numerous aspects of family-centered patient care.*



## RTS Recognition and Publications

### ***The Association for Death Education and Counseling***

RTS Bereavement Training: Perinatal Death is recognized by the Association for Death Education and Counseling to meet the thanatology-related contact hours to be certified in Thanatology: Death, Dying and Bereavement.

### ***The End-of-Life Nursing Education Consortium (ELNEC)***

ELNEC provides a copy of Dr. Rana Limbo and Kathie Kobler's book, *Meaningful Moments: Ritual and Reflection When a Child Dies*, to each of their ELNEC Pediatric Palliative Care participants.

### ***The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)***

In regard to supporting families dealing with a baby's death, AWHONN highlights Dr. Rana Limbo, RTS Associate Director, and Kathie Kobler's article, *Will Our Baby Be Alive Again? Supporting Parents of Young Children When a Baby Dies*.

### ***Perinatal Palliative Care (PPC)***

RTS is a leader in PPC education, especially developing palliative care services within an existing perinatal bereavement program. Amy Kuebelbeck, author and founder of [perinatalhospice.org](http://perinatalhospice.org), gives RTS's Blueprint for a Palliative Care Program annual course an enthusiastic endorsement:

*"I recently co-presented the keynote at the [RTS National Bereavement Education Week] conference... and it was awe-inspiring to see so many people gathered in one place specifically to learn how to implement a palliative care program. Attendees came from as far away as Alaska, California, Florida, and Spain! Very exciting to see how this concept has moved so rapidly from idea to reality in many places. The momentum is wonderful."*

Go to [www.ResolveThroughSharing.org](http://www.ResolveThroughSharing.org) to review the RTS Position Paper on Perinatal Palliative Care.

### ***Education Position Statement***

RTS has developed a Bereavement Education Model Position Paper. Go to [www.ResolveThroughSharing.org](http://www.ResolveThroughSharing.org) to see it and other position statements with which RTS has been involved.

### ***Dr. Limbo***

Dr. Rana Limbo, PhD, RN, PMHCNS-BC, CPLC, FAAN, Associate Director of Resolve Through Sharing, has conducted research and published multiple articles related to the topic of bereavement. Dr. Limbo is also the co-author of two books, *When a Baby Dies: A Handbook for Healing and Helping* and

*Meaningful Moments: Ritual and Reflection When a Child Dies.* The latter has been endorsed by several revered bereavement professionals:

*“Rana Limbo and Kathie Kobler bring deep wisdom and compassion to the pages of Meaningful Moments. Together they share a heartfelt and sacred map for families and caregivers alike to navigate their journey with grief. Where it might be assumed that there is no hope, Rana and Kathie empower others to find holy and sacred ground to stand upon. Through pathways of ritual, they invite caregivers and families to pray, honor, grieve, reflect, remember and lament. Whether someone is facing death and bereavement needs for the first time, or have found a well-trodden path in the journey with grief, the suggestions for ritual, memory making and reflection create safe places for people to live with all that they hold in their hearts. This book promises to be a map that not only guides people in their journeys with grief, but also empowers them to create new pathways and maps of the heart in the face of grief.”*

*Rev. Stacey Jutila, MDiv., BCC  
Vice President, Mission & Spiritual Care  
Advocate Children’s Hospital (Oak Lawn and Park Ridge, IL)*

*“We are very grateful to have the Meaningful Moments book available to share in our training programs and for all who work in the area of end of life care and bereavement for pediatrics. The book is so beautifully written and captures the deep human experiences in such a profound way but also provides real suggestions for improving care. The rituals and perspectives of how to comfort families through this time are invaluable resources.”*

*Betty Ferrell PhD, FAAN, FPCN  
The End of Life Nursing Education Consortium  
Professor and Director, Nursing Research  
City of Hope National Medical Center*

Go to [www.ResolveThroughSharing.org](http://www.ResolveThroughSharing.org) to review additional publications by RTS Faculty.

# **GUNDERSEN** **HEALTH SYSTEM®**

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