Social Work Involvement in Supporting Survivors of an Unexpected Death in an Emergency Department

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INTRODUCTION
People occasionally present to a hospital’s emergency department (ED) after an event such as a heart attack or a motor vehicle accident that results in their sudden and unexpected death. Although members of the ED attempt to support the survivors as much as possible, due to the fast pace of the environment and responsibilities to other patients, the survivors may not always be provided with the necessary resources and support. This can leave survivors feeling isolated and confused about the appropriate course of action after this type of experience. Kaul identifies the emergency department social worker as the most appropriate person to coordinate the entire death notification process including supporting the survivors. Nurses may not have the time available to spend with the survivors due to their responsibilities to other patients. The author also contends that clergy in many health care institutions are not as familiar with the emergency room environment as a social worker who is in it every day. Therefore, Kaul proposes that the social worker is the most logical choice to complete this task because their professional training includes assessment, crisis intervention, and cultural diversity and because the social worker’s primary function is to provide support for people experiencing crisis.

Between the years of 2003-2008, there were 116 unexpected deaths in the ED at Immanuel St. Joseph’s Hospital (ISJ) in Mankato, which included 16 deaths in 2008. Currently, ISJ does not have a formal policy in place which outlines support provided to the survivors of an unexpected death in the ED. The purpose of this research is to learn what type of support other hospital organizations provide to the survivors of an unexpected death in the ED and the role of the social worker in this program.

METHODOLOGY
Hospitals in Minnesota, Michigan, and Illinois were contacted by phone to complete a survey. Phone calls were made to the hospitals in hopes of speaking with a social worker who had experience in the ED. For facilities that did not have an ED, the survey was not completed.

The survey included twelve questions about the level of social work involvement in the ED at the time of an unexpected death, hospital policy/protocol during such a situation, and support provided to the ED staff after an unexpected death. Additional comments regarding the specific duties of the ED social workers at each facility were collected when volunteered by the participants.

The participants of this survey included 15 social workers, 3 nurses, and 1 hospital chaplain. One participant agreed to participate in the study by phone, but due to conflicting work schedules, the survey was e-mailed to her and she faxed her responses to the researcher.

Some hospitals with formal policies in place shared their policies, brochures, and resources. The information received through the surveys was compiled to prepare recommendations for a new policy that will be proposed to Immanuel St. Joseph’s Hospital-Mayo Health System.

RESULTS
Nineteen hospitals completed the survey for this study. The results indicate that 16 of 19 hospitals have social work services available in the ED. One hospital strictly utilized chaplaincy services in the ED to provide support. Two hospitals have social workers in their ED, but their primary focus is behavioral health and chemical dependency assessments.

Social workers at 8 of the 19 facilities are involved in locating the next-of-kin of a patient who is unable to independently contact their support system, such as in the case of a traumatic injury. At facilities where the social worker does not complete this task, the nurse or chaplain is involved. Social workers at 4 of the 19 facilities are involved in notifying the next-of-kin about a death. At the remaining facilities, the physician or the nurse was responsible for death notifications whether in person or by phone.

At 7 of the 19 facilities, a formal policy is in place which outlines the support provided to the survivors of an unexpected death in the ED. One facility’s policy was developed based on evidenced-based practices which evolved over 2 years of research and work from the emergency department’s social worker, physicians, and nursing staff.

Social workers at 8 of the 19 facilities surveyed are involved in supporting survivors of an unexpected death in the ED. While some social workers were involved in detailed support programs, other social workers reported that they attempted to provide support in such instances, but rarely had the time to commit to this. Social workers at 5 of the 19 facilities are involved in supporting survivors of an unexpected death after the survivors leave the ED. In this situation, the hospitals which had policies in place to support the survivors in the ED often had on-going programs to support the survivors after they left the ED through phone calls, resources, and sympathy cards.

Support is provided to the ED staff after an unexpected death at 9 of the 19 facilities. The main form of support includes debriefing sessions with ED staff anywhere from the day of the event up to one month after the event.

IMPLICATIONS FOR PRACTICE
The data shows that 84% of surveyed hospitals have some level of social work involvement in the ED. Through conversation with the survey participants, the duties of the ED social worker varied significantly. In some situations, the social worker was considered a “back-up” to the chaplain as needed, whereas in other facilities the ED social worker was greatly involved in supporting the survivors of an unexpected death, coordinating follow-up/on-going involvement after the survivors left the ED, and leading debriefing sessions with the ED staff involved.

In addition, Adamowski, et al. (1993) suggests a program in which the social worker provides most of the psychosocial counseling and direct assistance to the survivors which lessens the demands on the emergency nurses and physicians. These kinds of programs combined with staff education about supporting the survivors have made significant differences in how survivors perceive and respond to sudden-death notifications (Adamowski, et al., 1993).

Based on the current findings and the existing literature, some recommendations can be made. A social worker is the most logical professional to coordinate the support to the survivors of an unexpected death in an emergency department. Creating a hospital policy to follow during such cases is a helpful guide for the ED staff and provides a consistent approach for the survivors. Survivors can benefit from emotional support during their time in the ED, as well as on-going support from the social worker after the death when more questions may arise.

References available from the author by request.