Spiritual Care Leadership: The Value Factor - Building a Case for Spiritual Care

A Leadership Path Workshop for NACC 2011 National Conference

Developed in collaboration with the Ascension Health Spiritual Care Task Force
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The Context for this Work

- Spiritual Care in Larger Context of Health Care Need to find Way to Communicate Importance of Ministry.
- Some local ministries were being asked for productivity data or for metrics by their administration.
- Metrics and productivity are the norm for all disciplines in hospital setting.
Susan Wintz and George Handzo

*Pastoral Care Staffing and Productivity: More Than Ratios*

- How many chaplains per bed.
- What metrics needed to convince administrators
- How Chaplains’ work described and determined? What considered “productive” and how is this measured?
- How do you interpret the work of chaplaincy to administrators?
Reviewed the Work of Others


  – Needs of the patient come first
    • Needs identified by patient survey
  – Chaplain Centered Issues
    • Understanding of ministry and call
  – Metrics
    • Why
      – Accountability, budget, continuous improvement, patient satisfaction, research, staffing plan, supervision
    • How
      – Data Collection of “service events”
        » Determines the staffing ratio based on services provided
• Orin Newberry, “The Grasp Model for Pastoral Care Staffing”
  • Establish unit acuity
    – Need for chaplain visibility
      » How routinely visible a chaplain needs to be
    – Ability of Chaplain
      » Competency/ experience based on patient acuity
    – Urgency
      » Urgency of requests/needs for intervention
      » Triage criteria
Developing a Staffing Plan

FOR SPIRITUAL CARE

Establish Priorities
- Identify strategies related to how spiritual care contributes to the strategic initiatives of Ascension Health and the Health Ministry.
- Determine the desired level of service through collaboration with other efforts in the Health Ministry.

Consider Elements of Leading Practices
- Identify leading practices that support the Health Ministry’s goals and strategy and promote excellence in spiritual care.
- Assess current staffing model and services in light of leading practices identified in professional literature and research.

Measure Effectiveness
- Utilize metrics that measure productivity, quality and outcomes.
- Evaluate compliance with standards and regulations.
- Periodically review organizational and departmental policies to determine the effectiveness and ensure continued connection with Health Ministry objectives.

DETERMINING A STAFFING PLAN
Staffing Guidelines for Health Ministries

- Goal:

  The intention of this document is to assist Spiritual Care departments to develop a staffing plan that meets the Health Ministry’s needs based on organizational strategy, identified needs and environmental considerations. Spiritual Care departments may find the following steps useful.
DETERMINING A STAFFING PLAN

Establish Priorities
I. Establish Priorities

A. Identify strategies related to how spiritual care contributes to the Strategic Direction of the Health Ministry. (e.g. associate engagement, patient experience, palliative care, high reliability, model community and end of life care).

– Describe how spiritual care contributes to the Health Ministry’s Mission, Vision and Values.

– Review Strategic Direction and be aware of the Health Ministry’s goals and daily operational priorities.
1. Establish Priorities cont....

- Evaluate the way the Health Ministry envisions its position within the community it serves.

- Solicit input from and engage in dialogue with operating executives, medical and nursing staff, community representatives and other key stakeholders regarding expectations of spiritual care in the Health Ministry.

- Identify the unique contribution that spiritual care will make to the achievement of the Health Ministry’s strategic goals.
I. Establish Priorities cont....

- When determining priorities, it is also helpful to consider institutional variables including:
  
  - Size of institution (number of inpatient beds).
  
  - Type of institution (acute care, long-term care, critical access, tertiary care).
  
  - Specialty services (orthopedics, maternity, cardiovascular, neurology).
  
  - Level of emergency care (trauma center, community-based).
  
  - Patient population needs (inner city, urban, suburban, rural).
  
  - Patient demographics (ethnicity, culture, religious needs).
  
  - Teaching or non-teaching.
  
  - Acuity levels, (case mix index, co-morbidities, number of deaths).
I. Establish Priorities cont....

B. Determine the desired level of service through collaboration with other efforts in the Health Ministry, e.g. Patient Experience focus groups, Model Community and other integral stakeholders.

- We developed an *Ascension Health Chaplain Services* diagram and definitions of services, assess current services provided to patients, families, staff, the Health Ministry and the community.

- Evaluate if current services are meeting the needs of patient, families and staff.
CHAPLAIN SERVICES CATEGORIES

- Developed by the Ascension Health Spiritual Care Task Force
  - The “Gold Standard” of possible services
    - Not every ministry will provide the entire range
    - All services flow from Patient/Family Ministry
  - Used to develop definitions of the most frequently offered services based on survey
Patient/Family/Staff Ministry

- Crisis ministry/management
- Assessing and working with diverse family dynamics
- Spiritual/Religious/Cultural Assessment
- Bereavement care
- Rituals
- Facilitation of ethical decision-making

Out Patient Services

Support Groups

End-of-Life Care

Employee Support

Committees

Interdisciplinary Teams

Spirituality Groups

Documentation Technology

Community Outreach

Special Liturgical Services

Eucharistic Minister Volunteers

Leadership

Spiritual Care Supporting Holistic Care & Healing
I. Establish Priorities cont....

Engage focus groups composed of patients, families and associates to determine expectations and desired services.

Questions to consider for focus groups may include:

• How do you define emotional and spiritual support?
• How do/did you experience emotional and spiritual support?
• What are your expectations around emotional and spiritual support?
• Are there any gaps between your expectations and your actual experience?
• If you were visited by a chaplain, what was helpful? Not helpful?
• What is the most important thing the chaplain did for you?
• Are there additional ways you would like emotional and spiritual support to be provided?
I. Establish Priorities cont....

Recommended questions for associates:

- What is the most important thing the chaplain does for you?
- Does the chaplain meet your emotional/spiritual needs?
- Are your expectations of the Spiritual Care department and chaplain services being met?
- Is there anything more you need from chaplain services both personally and/or professionally?
- What is the most significant contribution the chaplains make to the culture of this organization?
- What is the greatest opportunity for improving spiritual care services?
- Do the chaplains help you understand the patients’ healthcare needs from a religious/spiritual perspective?
1. Establish Priorities cont....

- Identify if additional services are necessary to meet those needs and to address key stakeholder expectations, the strategic goals and the Mission, Vision and Values.

- Collect narrative stories that demonstrate ways the Spiritual Care department sustains, informs, creates and models a healing culture.

- Assess sacramental needs based on the Roman Catholic census, patients and associates.
DETERMINING A STAFFING PLAN

- Establish Priorities
- Consider Elements of Leading Practices
II. Consider Elements of Leading Practices

A. Identify leading practices that support the Health Ministry’s goals and strategy and promote excellence in spiritual care. Some examples may include:

- Spiritual care coverage is available at all times.
- Spiritual assessments are conducted for patient and documentation of the spiritual care plan is part of the medical record.
- Comprehensive spiritual care is available for dying patients and grieving loved ones.
- Palliative care patients will receive a spiritual assessment and follow up care.
II. Consider Elements of Leading Practices cont....

–Services are provided by Board-certified chaplains whenever possible (see *Guidelines of Excellence for Spiritual Care*).

–Crisis intervention support is available for staff.

–Chaplains will be involved in ethical decisions related to patient care.

–Chaplain will be present for all codes, traumas and deaths.

–Chaplains are visible and active members of the care team on all patient care units.

–A Performance Improvement plan should be in place for the Spiritual Care department.

–Chaplains should receive professional training and education to support the achievement of the *Guidelines of Excellence for Spiritual Care*.
II. Consider Elements of Leading Practices cont....

B. Assess current staffing model and services in light of leading practices identified in professional literature and research.

- Review significant professional literature such as research related to spiritual care.

- After reviewing documentation, ask, “Does the Spiritual Care departments’ current staffing model reflect the findings of current research?”
DETERMINING A STAFFING PLAN
III. Measure Effectiveness

A. Utilize metrics that measure productivity, quality and outcomes.

• It may be helpful to consider metrics that help determine the impact of spiritual care services, including: *time studies, relative value unit matrix, patient satisfaction surveys, staff surveys and other measurements.*

• Identify institutional variables to consider in productivity analysis.
III. Measure Effectiveness cont.

B. Evaluate compliance with standards and regulations.

Numerous organizations and documents suggest standards and/or practices for spiritual care, including:

• The National Association of Catholic Chaplains
• The Association of Professional Chaplains
• The Joint Commission
• The Ethical and Religious Directives for Catholic Health Care
• Policies and Procedures of the Health Ministry
• The Standards of Excellence for Ascension Health Spiritual Care Departments.

*Please see Appendix Two for more information regarding these standards or practices.*
C. Periodically review organizational and departmental policies to determine effectiveness and ensure continued connection with Health Ministry strategic goals and daily operational priorities.

- Ensure that there is a plan for quality performance improvement processes within the department.
Productivity

- **Productivity is measured using worked man hours (MH) per units of service (UOS)**
  
  - **Workload (UOS)**
    - Measures the amount and type of work that is performed within a department
    - For many departments, but not all, the unit of service is a revenue generating service that offsets the labor expense
      - Visits, RVUs, Tests, Procedures, Referrals, Patient Days, Minutes, Cases, Deliveries, Square footage
  
  - **Man Hours**
    - Captures the amount of worked hours necessary to perform the work associated with departmental services
    - Worked hours typically include:
      - Regular, Overtime, Orientation, Call Back, Education
Measuring Productivity

• Determining the correct MH/UOS measurement for a specific department considers the following:
  – Hours of operation
  – Services performed
    • Functions and activities
  – Volume related to the service performed
    • Direct:
      – Inpatient/Outpatient
    • Indirect
      – Staff meetings/Education/Administrative
  – Employees required to perform service
    • Skill sets
    • Regulatory staffing mandates
• Relative Value Unit (RVU), a comparable service measure used by hospitals to permit comparison of the amounts of resources required to perform various services within a single department or between departments.

• It is determined by assigning weight to such factors as personnel time, level of skill, and sophistication of equipment required to render patient services.

• It becomes the workload UOS measure for the department.
Measuring Productivity: RVU

• Creating the RVU matrix
  – Identify the predominant services/activities (tasks) performed in the department (workload)
  – Conduct a time study for each task and determine average time for each task
  – Assign an equivalent time value (man hours) for an RVU
    • e.g. 1 RVU = average of 20 minutes per task
  – Calculate the RVU Factor (weighted RVU) = Average time value of task divided by the RVU time equivalent

• Determining RVU benchmark MH/UOS
  – One RVU = 20 minutes
  – 20 minutes/60 minutes = 0.33 hrs
    • 0.33 MH/RVU
WHAT WE’VE DONE - Sharing Our Experiences

• Proactive in developing metrics for our departments.

• Utilized metrics to measure productivity and evaluate priorities.

• Added Chaplain positions to be meet needs of patients, families and associates.
Seton Family of Hospitals, Austin TX

- Moved to Requirement for Board Certification for Staff Chaplains

- Established a Clinical Pastoral Education Program

- Developed Department Standards of Care and Policies and Procedures

- Developed 5 year Strategic Direction for Chaplain Services aligned with Strategic Direction for Seton Family of Hospitals
Seton Family of Hospitals Experience cont....

- Recognized Need to Educate Mission Leader, Administration and Other Professional Disciplines regarding Role of Chaplain

- Intentional Plan for Chaplain Integration in Priorities of Network

- Development of Chaplain Activity Record

- Increased FTE’s for Chaplain Services and CPE
Chaplain Activity Record (CAR)

- Developed by the Chaplains – Ground Up Experience
- Utilized Pilot to Evaluate and Revise CAR
- Chaplains Have Complete Access and Utilize CAR to Evaluate Individual and System Priorities
- Able to Speak Common Language that Administration and Finance Understands
- Increased FTE’s for Chaplain and CPE Staff
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Example of use:
Using formula to substantiate staffing needs

- **Total Deaths for January 2010 in Carondelet Health Network**
  - 86 patients died
  - Expectation is that a chaplain ministers to the patient/family/staff 85% of the deaths
  - 85% \( \times \) 86 = 73 death ministries in the month of January
  - 73 patients \( \times \) 2 RVU per death = 146 RVU = .66 MH per death = 48.1 MH

- **Example New Patient Admissions for January:**
  - 3,500 new patients per month
  - Expectation is that a chaplain will see 75% of new patients = 2625 new patients
  - 2,625 new patients \( \times \) 1 RVU per pastoral visit =2625 RVU = .33 MH per contact = 866 MH to meet expectation

- To provide these two services we need chaplains for 914.10 MH
  - 1 FTE Chaplain = 160 hours
  - 914.10 divided by 160 = **5.71 FTE’s this month just for these two services.**
Results: Carondelet Health Network

• By using this type of record keeping
  – tracking the number of service types and
  – the average time for service

• We have substantiated staff at current levels and
  – Added
    • PRN staff
    • Night chaplain

• The purpose: Meeting the patient’s spiritual needs.
WHY WE DID IT

• Meet patient’s spiritual needs.

• Ascension strategic plan for 90% of Palliative Care patients to have formal spiritual assessment by qualified chaplain.

• Provide spiritual care for associates.

• Utilize metrics that are common for other disciplines.

Journal of Pastoral Care, Spring 2001, 55:1 (81-97)
Authored by professionals represented by:
Association of Professional Chaplains; Association for Clinical Pastoral Education; Canadian Association for Pastoral Practice and Education; National Association of Catholic Chaplains; National Association of Jewish Chaplains
2. *The Common Standards for Professional Chaplaincy 2004*
   Spiritual Care Collaborative web site:
   www.spiritualcollaborative.org

3. *Essential Functions of a Board Certified Chaplain Fall 2008*
   NACC website

4. *Spiritual Leadership Competencies* for Pastoral Care fall 2009 NACC

5. *Improving the quality of Spiritual Care as a Dimension of Palliative Care: The report of the consensus conference: Journal of Palliative Medicine, volume 12, #10, 2009*
Web Resources

• National Association of Catholic Chaplains, www.nacc.org
• Spiritual Care Collaborative, www.spiritualcarecollaborative.org
• Association of Professional Chaplains, www.professionalchaplains.org
• Association for Clinical Pastoral Education, www.acpe.edu
• Canadian Association of Pastoral Practice and Education, www.cappe.org
• National Association of Jewish Chaplains, www.najc.org
• American Association of Pastoral Counselors, www.aapc.org
• Healthcare Chaplaincy website, www.healthcarechaplaincy.org
Where Do We Go From Here

• Share Resources

• Further Professional Development of Chaplains

• Better Educate Local Health Ministries Regarding Role of Chaplaincy

• Develop Metric that Health Ministry Understands

• Other Suggestions
Contact us

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