Overview

- Context for how we are visioning the delivery of pastoral care at Mercy
- What we are doing with clinics
- What we have learned
- Next steps
- Time at the end for questions and sharing learning
“New and exciting method for the delivery of spiritual care…”

“This is a complete paradigm shift
  ▫ from pen/paper to computer/technology
  ▫ from acute care to patient care site/home
  ▫ from ‘come to us’ to ‘we meet you where you are’
  ▫ from silo to integration
  ▫ from in-person encounter to contact”

- Kenneth Potzman, Director, Pastoral Services, Mercy’s Eastern Communities, speaking about our direction in pastoral care
Key Working Assumption

Mercy’s Pastoral Services will

- Fulfill Mercy’s Vision
- Be aligned with Mercy’s Strategic Goals
- Support Mercy’s Key Initiatives

Vision

Pastoral Services

Everywhere and every way that Mercy serves, attention to spiritual needs will be evident.

We are the people of Mercy Health Ministry. Together, we are pioneering a new model of care. We will relentlessly pursue our goal to get health care right. Everywhere and every way that Mercy serves, we will deliver a transformative health experience.
Mercy’s Strategic Plan

- Redefined how and where we serve

- Named reality of where patients are
  - Inpatient hospital
  - Physician offices and outpatient

Where are we serving?

Prior to 2009
What if every Mercy patient—all 3 million—were introduced to spiritual care and the availability of a chaplain?
Mercy’s Strategic Goals & Key Initiatives

Implications for Pastoral Services

- Expect new sites and new multidisciplinary teams for ministry
- Expect financial pressures to be part of the environment

Why is Pastoral Services extending to clinics?

- 96% of patient encounters are outside of hospital
- Pastoral Services Strategic Goals are aligned with Mercy’s
- Pastoral Services VISION:
  
  Everywhere and every way Mercy serves, attention to spiritual needs will be evident.
About Mercy Clinic

- 1,900 integrated physicians practicing in 300 locations
- Physician led, professionally managed
- Primary care doctor and specialists are linked by electronic health record

Assumptions in Planning

- Redesign priorities and expectations of where chaplains spend time
- Cannot just export what exists in hospitals
- Try new things and learn from them
Assumptions in Planning

- Pastoral Services resources shared across the ministry

- Use new technology to connect chaplains with patients in clinics

“We are walking on a bridge we are building.”
First Year (FY2011)

- Some outreach

- Learning
  - Need to be more intentional and focused in adapting to clinic setting

Second Year (FY2012)

- Approached clinic leaders as “learning partners”

- Developed Pilot Projects in 37 clinics
Intended Focus of Pilot Projects

- Process to identify spiritual needs
- Referral process
- Response to the referral
  - Timing
  - How? In person, phone, e-mail, video
- Outcomes and quality

Third Year (FY2013)
Compiling Learning and Tools

- Smart Teams
  - Shared successful practices
  - Defined approach
  - Defined tools
  - Developed training for chaplains
  - Developed promotional materials
  - Surveyed clinics
Current Focus (second half of FY2013)

- Increase number of clinics
- Standards for referrals for specific groups, e.g., oncology, palliative care
- Screening processes
- Referral infrastructure
- Standardized documentation

Everywhere and every way Mercy serves, attention to spiritual needs will be evident.

Lessons Learned: Build Support

- Need clinic leadership support
- If possible, get an introduction
Lessons Learned: Adapt

- Learn clinic culture/rhythm
- Build on what is present
  - Clinical staff already recognize spiritual needs
  - Gratitude for the resources

Lessons Learned: Education

- Educational session raised awareness and enthusiasm, but did not build infrastructure
- Work within schedule of clinics
- Best received when invited to bring to clinic
Lessons Learned: Screening

- Need to find ways for clinic staff to screen for needs

Lessons Learned: Referrals

- Education is not enough to generate referrals

- Referrals cannot be dependent on the personality of or relationship with a chaplain

- Need screening tools and “triggers” to ensure appropriate referrals
Lessons Learned: Staffing

- Technology enables coverage
  - E-chaplaincy (e-mail)
  - Phone
  - Electronic prayer requests
  - Still working on video consult

Lessons Learned: Integration

- Integrate into the care team model
- Find out what clinicians perceive the needs of their patients to be
Lessons Learned: Creating a Spiritual Environment

- Awareness of what is in the physical space resulted in
  - Brochures about pastoral services
  - Care Notes
  - Prayer boxes

Lessons Learned: Feedback

- Wanted feedback from Clinic leaders

- Survey to
  - Clinic leaders and some forwarded to others
  - 55 clinics where Chaplains had worked over 6 months
  - 70 responses
Survey of Clinics – Positive Results

- 86% reported interacting with chaplain
  - 98.2% of these reported very positive (74.5%) or positive (23.7%) experience

Survey Results
Top Reasons to Refer to Chaplain

<table>
<thead>
<tr>
<th>Reason to Refer</th>
<th>Percent of Respondents</th>
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<tbody>
<tr>
<td>Patient expresses/evidences emotional or spiritual distress</td>
<td>89%</td>
</tr>
<tr>
<td>Patient expresses need for spiritual or cultural support around faith or belief</td>
<td>89%</td>
</tr>
<tr>
<td>Family needs support</td>
<td>82%</td>
</tr>
<tr>
<td>Patient needs support for end-of-life decisions</td>
<td>78%</td>
</tr>
<tr>
<td>Patient receives terminal diagnosis</td>
<td>74%</td>
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</tbody>
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Survey: Overall Observations

- Clinic staff value spiritual care:
  - Opening question: I feel spiritual care is important in overall patient care
  - Results: Over 965% of respondents agree
    - 81.4% strongly agree
    - 15.7% agree

Survey: Overall Observations

- Chaplains led with prayer, where they are comfortable
- Resources such as brochures are desired
- Need greater focus on patient ministry
- Need infrastructure to enable referrals
Survey: Overall Observations

- Emerging priorities/different settings need different levels of care
  - Convenient care – patients want or need very little
  - Cancer care – patients have significant needs

Survey Results: Value of Chaplains

- Chaplains positively influence patient satisfaction: 84%
- Chaplains promote cultural and religious diversity: 85%
- Chaplains play positive role in supporting staff: 81%
Tools: Overview for Chaplains

- Outline for how to approach a clinic
  - Personal Introduction
  - Planning meeting
  - Action Plan
  - Follow-up

Action Plan

- What would work in your clinic for addressing patients’ spiritual needs?
- “Triggers” for referrals
- How to make referral
- Measuring impact
Tools: Promoting Pastoral Care

- On-going clinic formation module focused on spiritual needs and role of the chaplain
- Brochure

Chaplain’s Perspectives

- Energizing
- Changing traditional role
Chaplains’ Role Evolving

- **Empower/Teach** co-workers to recognize and attend spiritual needs and refer to chaplains
- **Direct Care** through referrals and consults for more complex spiritual issues
- Work with physician/office manager of clinic
- Support formation efforts

Physicians Perspectives

- Tie to who we are as Mercy
- Support for staff and patients
Emerging Challenges

- Financial structures
- Planning for appropriate staffing
- Distance between chaplains and clinic locations
- Infrastructure
  - Screening tools
  - Automatic referrals
  - Documentation to support team approach and continuity of care

Supported/enabled our success...

- Alignment with strategic goals
- Mission leader support
- Ministry-wide formation in clinics
- Physician integration
- Emerging physician leadership/governance
- Palliative Care Key Initiative
- Communications/Marketing expertise
If you asked for advice....

- Identify what strengths you already have to build on
- Share internal resources and ideas
- Try something
- Pilot projects
  - Small failures
  - Build on successes
  - Clarify questions

Questions?