Charting in the New EMR Environment
Key Sharing for Holistic Care

NACC 2015 Annual Conference, Arlington, Virginia
March 6, 2015
Chaplain Rod Accardi and Chaplain Karen Pugliese
Participant Introductions

- What is your name?
- Where is your ministry?
- What is your role?
- Do you use EMR or paper or both?
- What is your policy on charting/documentation?
- Do you take a religious census?
- Do you use narrative, drop-down or both?
- What about what you are doing now is going well?
- What’s problematic and not going well from your perspective?
- What do you most want to get out of this workshop?
Lectio: What are you listening for today?
Presenters’ Disclaimers

• Organic, not already pre-set
• Building blocks for ongoing development of Chaplain documentation system as ministry
• PowerPoint available post-Conference via email, integrating participants’ contributions
Philosophy of Chaplain Documentation

• Who is the Chaplain and what is the Chaplain role on the IDT?
• Should we be documenting our ministry in the EMR?
• Why do we Chaplains document in the medical record?
• What is a spectrum of approaches to Chaplain documentation?
• Who is the audience?
• Who is the subject of the documentation?
• What is the focus: Problem, Goal, Outcome?
• Which format: FICA, SPIRIT, HOPE, FACT, FACIT, 7X7, R-COPE, SOAP, etc.?
• What software: Epic, McKesson, Meditech, etc.?
Philosophy of Chaplain Documentation

Who is the Chaplain and what is the Chaplain role on the IDT?

• Central DuPage Hospital (CDH) Chaplains are Board Certified professionals on the interdisciplinary treatment team.

• A professional Chaplain is like a wilderness guide. When people find themselves in the unfamiliar, unpredictable and frightening terrain of grief and loss, Chaplains venture on that journey with them. CDH Chaplains recognize landmarks and can help “travelers” to keep moving on their journey without feeling so lost and alone. Being acquainted with the variety of “travelers” (age, culture, gender, life experiences and personality preferences) on this difficult trail, the Chaplains also can gauge their needs and abilities and then provide appropriate assistance and encouragement.
Philosophy of Chaplain Documentation

Who is the Chaplain and what is the Chaplain role on the IDT?

• CDH Chaplains have expertise in the areas of grief and spiritual distress. Grief is a normal, healthy response to loss—be it loss of life, loss of body function, loss of expectations, loss of a dream. Chaplains are adept in assessing spiritual distress and developing a treatment plan.

• Clinicians call upon our CDH Chaplains for patients:
  – Struggling with bad news, unexpected diagnosis or outcome
  – Wrestling with difficult treatment choices
  – Dwelling on ethical issues or spiritual concerns
  – Grieving a loss or multiple losses and in search of emotional support
  – Expressing anxiety or fear and seeking a person to confide in
  – Requesting church notification, communion, anointing, prayer or blessing
  – Desiring scripture, prayer rug, rosary or devotional material
Philosophy of Chaplain Documentation
Should we be documenting our ministry in the EMR?

• “Healthcare and the Hospital Chaplain” appeared in Medscape General Medicine in 2007, where bioethicists Roberta Springer Loewy and Erich Loewy content that Chaplains had no business reading or making notations in the patient’s medical record.

• The authors are “suggesting ... that Chaplains visit only those patients who ... have indicated that they wish to be visited by a Chaplain.”

• The authors “argued that ... it is not necessary – indeed even counterproductive – for a Chaplain to have access to patients’ medical records.”

• The authors “claim that the potential burdens of Chaplain access to patient medical records far outweigh the potential benefits.”

• The concluding sentence reads, “If we are truly committed to patient-centered care, then we must err on the side of respecting and protecting the patient’s privacy by restricting the healthcare team and access to patients and their medical records to a bare minimum.”
Philosophy of Chaplain Documentation

Should we be documenting our ministry in the EMR?

“Chaplains, Confidentiality and the Chart” was published by the *e-Journal of the APC* in 2012 where Dave McCurdy DMin BCC, Director of Organizational Ethics at Advocate Heath Care Park Ridge, IL, responds to the previous article and “concludes that there is a reasonable basis for Chaplains’ access to and documentation in patients’ records, and proposes principles and priorities to guide confidentiality-related practices.”

- **Principle 1:** Identify and prioritize the values and interests at stake, putting the patient’s interests first.
- **Principle 2:** Respect and appreciate the potential sacredness in what the patient communicates and document accordingly.
- **Principle 3:** First, do no harm.
- **Principle 4:** Inform patients that Chaplains document and are open to discussing what this means.
- **Principle 5:** Apply the “need-to-know” test thoughtfully.
- **Principle 6:** Ask, “What would I want—and not want—disclosed to the health care team if I were this patient?”
Philosophy of Chaplain Documentation
Why do we Chaplains document in the medical record?

- Communication
- Education as to the role of the Chaplain as members of the IDT
- Chaplain accountability and care planning
- Productivity/activity measures
Philosophy of Chaplain Documentation

What is a spectrum of approaches to Chaplain documentation?

- No charting
- Simply that there was a patient-Chaplain encounter
- Interventions
- Purpose, Assessment, Interventions, Outcomes, Plan, Goals
Philosophy of Chaplain Documentation

Who is the audience?

- Other health care professionals
- Other Chaplains
- The patient and/or family (some hospitals give online access)
- Members of the criminal justice system
Philosophy of Chaplain Documentation

Things to consider

• Who is the subject of the documentation?

• What is the Focus: Problem, Goal, Outcome?

• Which Format: FICA, SPIRIT, HOPE, FACT, FACIT, 7X7, R-COPE, SOAP, etc.?

• What Software: Epic, McKesson, Meditech, etc.?
Chaplain Documentation Standards

- Regulatory
- Professional Chaplaincy
- Organization/System Standards
The Joint Commission does not specify what needs to be included in a spiritual assessment. Your organization would define the content and scope of spiritual and other assessments and the qualifications of the individual(s) performing the assessment.
Documentation Standards

Regulatory: The Joint Commission

Examples of elements that could be but are not required in a spiritual assessment include the following questions directed to the patient or his/her family:

- Who or what provides the patient with strength and hope?
- Does the patient use prayer in their life?
- How does the patient express their spirituality?
- How would the patient describe their philosophy of life?
- What type of spiritual/religious support does the patient desire?
- What is the name of the patient's clergy, ministers, chaplains, pastor, rabbi?
- What does suffering mean to the patient?
- What does dying mean to the patient?
- What are the patient's spiritual goals?
- Is there a role of church/synagogue in the patient's life?
- How does your faith help the patient cope with illness?
- How does the patient keep going day after day?
- What helps the patient get through this health care experience?
- How has illness affected the patient and his/her family?
### 2011 Joint Commission Standard

<table>
<thead>
<tr>
<th><strong>PC.01.02.01</strong> The hospital assesses and reassesses its patients.</th>
</tr>
</thead>
</table>

**Elements of Performance:**

1. The hospital defines, in writing, the scope and content of screening, assessment, and reassessment information it collects.
2. The hospital defines, in writing, criteria that identify when additional, specialized, or more in-depth assessments are performed.
3. Based on the patient's condition, information gathered in the initial assessment includes the following:
   - Physical, psychological, and social assessment
   - Nutrition and hydration status
   - Functional status
   - For patients who are receiving end-of-life care, the social, spiritual, and cultural variables that influence the patient’s and family members’ perception of grief.

### Commentary/Chaplaincy

Screening, assessment, and reassessment are included in the comprehensive plan for chaplaincy care.
<table>
<thead>
<tr>
<th>2011 Joint Commission Standard</th>
<th>Commentary/Chaplaincy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PC. 01.02.03</strong> The hospital assesses and reassesses the patient and his or her condition according to defined time frames</td>
<td>Time frame for initial assessments (and ideally reassessment) included in Chaplaincy scope of service documents</td>
</tr>
</tbody>
</table>
# Documentation Standards

**Professional Chaplaincy: Joint Commission Review Crosswalk for Chaplain Services**

<table>
<thead>
<tr>
<th>2011 Joint Commission Standard</th>
<th>Commentary/Chaplaincy</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC. 01.03.01 The hospital plans the patient’s care.</td>
<td>Included in Chaplaincy’s Scope of Service</td>
</tr>
</tbody>
</table>

**Elements of Performance**

1. The hospital plans the patient’s care, treatment, and services based on needs identified by the patient’s assessment, reassessment, and results of diagnostic testing.

5. The written plan of care is based on the patient’s goals and the time frames, settings, and services required to meet those goals.

22. Based on the goals established in the patient’s plan of care, staff evaluate the patient’s progress.

23. The hospital revises plans and goals for care, treatment, and services based on the patient’s needs.
<table>
<thead>
<tr>
<th>2011 Joint Commission Standard</th>
<th>Commentary/Chaplaincy</th>
</tr>
</thead>
<tbody>
<tr>
<td>RC.02.02.01 The medical record contains information that reflects the patient’s care, treatment, and services.</td>
<td>Chaplains document in the medical record</td>
</tr>
</tbody>
</table>

Elements of Performance:
- Documentation and findings of assessments and reassessments
- The reason(s) for admission for care, treatment, and services
- The goals of the treatment and the treatment plan
- Progress notes made by authorized individuals
- All reassessments and plan of care revisions, when indicated
- The response to care, treatment, and services provided
- Advance directives
Documentation Standards
Organization/System Standards

• Health care system standards
• Hospital policy and procedure
• Department policy and procedure
Legal Ethical Issues

- Timely
- Complete
- Accurate
- Objective
- Avoid building a case for medical negligence, or unduly increasing damages
- No medical or nursing opinions
- Choose language and punctuation carefully
- Penitent: Seal of Confession
- Privacy & Confidentiality
Legal Ethical Issues
Penitent: Seal of Confession

• “It is essential to the free exercise of a religion, that its ordinances should be administered—that its ceremonies as well as its essentials should be protected. Secrecy is of the essence of penance. The sinner will not confess, nor will the priest receive his confession, if the veil of secrecy is removed: To decide that the minister shall promulgate what he receives in confession, is to declare that there shall be no penance...” (People v. Phillips, 1813)

• “The clergy privilege is rooted in the imperative need for confidence and trust. The... privilege recognizes the human need to disclose to a spiritual counselor, in total and absolute confidence, what are believed to be flawed acts or thoughts and to receive consolations and guidance in return.” (former U.S. Supreme Court Chief Justice, Warren Burger Burger)
Legal Ethical Issues

Penitent: Seal of Confession

- Federal Rules of Evidence 506 - Communications to Clergy:
  - A "clergyman" is a minister, priest, rabbi, or other similar functionary of a religious organization, or an individual reasonably believed so to be by the person consulting him.
  - A communication is "confidential" if made privately and not intended for further disclosure except to other persons present in furtherance of the purpose of the communication.
  - General rule of privilege. A person has a privilege to refuse to disclose and to prevent another from disclosing a confidential communication made by the person to a clergyman in his professional character as a spiritual adviser.
  - Who may claim the privilege. The privilege may be claimed by the person, by his guardian or conservator, or by his personal representative if he is deceased. The clergyman may claim the privilege on behalf of the person. His authority so to do is presumed in the absence of evidence to the contrary.
Legal Ethical Issues

Penitent: Seal of Confession

• “Documentation and Confidentiality for Chaplains” appeared in the September 18, 2013 issue of PlainViews, published by HealthCare Chaplaincy, in which co-authors George Handzo and Sue Wintz contend that:
  – It is essential to understand the difference between a clergy person or a leader in a religious community and being a professional Chaplain working as a member of an IDT in a non-religious community setting
  – Only information relevant to the patient’s care is to be communicated to the treatment team
  – Outcome Oriented Chaplaincy Care includes assessment and documentation
  – Very little communication between a patient and Chaplain is officially penitential
  – Studies show that most patients want their health care team to know about their spiritual/religious beliefs, values, struggles and other issues
  – Chaplains may resist the obligation to function as full members of the IDT, which includes documentation.
Legal Ethical Issues
Privacy and Confidentiality

• The Chaplain respects the confidentiality of information from all sources, including the patient, medical record, other team members, and family members in accordance with federal and state laws, regulations, and rules. (Standards of Practice for Professional Chaplains)

• The relationship between a Chaplain and a patient/family is one of sacred trust.

• Documentation should always convey respect, dignity, and sense of the sacredness of person being seen and of the pastoral encounter itself. Pay some consideration to how the patient or family member would respond if they read your note. Would they see themselves, agree with your assessment, and feel as if you upheld their humanity/personhood?
Building a Spiritual Care EMR System Together

• Both in the large group as well as in small groups, together we will develop the essential components of a Spiritual Care template for Chaplain documentation
• Brainstorm the dominant, most common, items, and then always leave room in the system for “other” and “comment”
What are the main sources of referral?
## Referral Source

**CDH template**

<table>
<thead>
<tr>
<th>Care Coordinator</th>
<th>Friend</th>
<th>Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chaplain</td>
<td>Hospice</td>
<td>PCT</td>
</tr>
<tr>
<td>Child Life</td>
<td>Ministry volunteer</td>
<td>Physician</td>
</tr>
<tr>
<td>Faith community</td>
<td>Nurse</td>
<td>Social Work</td>
</tr>
<tr>
<td>Family/significant other</td>
<td>Palliative Medicine</td>
<td>Other</td>
</tr>
</tbody>
</table>
Reasons for the Visit

What are the main reasons for a visit?
## Reasons for the Visit

**CDH template**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Consultation Type</th>
<th>Visit Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission question</td>
<td>Ethics consult</td>
<td>Initial visit</td>
</tr>
<tr>
<td>Advance directive request</td>
<td>Family conference</td>
<td>IDT rounds</td>
</tr>
<tr>
<td>Change in condition</td>
<td>Fetal demise</td>
<td>New diagnosis</td>
</tr>
<tr>
<td>Code/rapid response</td>
<td>Follow-up visit</td>
<td>Patient actively dying</td>
</tr>
<tr>
<td>Death</td>
<td>Grief/bereavement</td>
<td>Surgical</td>
</tr>
<tr>
<td>ED</td>
<td>Group</td>
<td>Other</td>
</tr>
</tbody>
</table>
Spiritual Assessment

- Spiritual History
- Spiritual Screen
- Spiritual Assessment
Spiritual/religious history-taking is the process of interviewing a patient, asking them questions about their life, in order to come to a better understanding of their needs and resources. The history questions are usually asked in the context of a comprehensive examination, by the clinician who is primarily responsible for providing direct care or referrals to specialists such as professional chaplains.
Spiritual/religious screening or triage is a quick determination of whether a person is experiencing a serious spiritual/religious crisis and therefore needs an immediate referral to a professional chaplain. Good models of spiritual/religious screening employ a few, simple questions, which can be asked by any health care professional in the course of an overall screening.
Spiritual/religious assessment refers to a more extensive [in-depth, on-going] process of active listening to a patient's story as it unfolds in a relationship with a professional chaplain and summarizing the needs and resources that emerge in that process. The summary includes a spiritual care plan with expected outcomes which should be communicated to the rest of the treatment team.
Spiritual Assessment
APC Standards of Practice for Professional Chaplains

Assessment is a fundamental process of chaplaincy practice. Provision of effective care requires that chaplains assess and reassess patient needs, and modify plans of care accordingly. A spiritual assessment of a patient and family in hospice and palliative care settings involves relevant physical, psycho-social and spiritual/religious factors, including the needs, hopes and resources of the individual patient/family, keeping in mind the relationship between spirituality and religion. Spirituality is the overarching reality. Religion is spiritual but not all that is spiritual is necessarily religious. Assessing for spiritual care is appropriate, even when a patient or family does not identify with, or express interest in, religion.
Spiritual Assessment
APC Standards of Practice for Professional Chaplains

A comprehensive spiritual assessment:
• Gathers and evaluates information about the spiritual/religious, emotional and social needs, hopes and resources of the patient or the situation.
• Identifies potential obstacles and/or risk factors for effective spiritual, religious and existential care.
• May employ a standardized instrument.
Spiritual Assessment

Approaches to Spiritual Assessment

- Goal Centered & Outcome Oriented Approaches
- Spiritual Distress and Spiritual Struggle Approaches
- Spiritual Well-Being & Resilience Approaches
- Others?
Spiritual Assessment
Approaches: Spiritual Distress and Spiritual Struggle Approach

Referral by oncology team to chaplaincy services

Chaplaincy assessment

Grief (DIS-22)
Concerns about death and afterlife (DIS-22)
Conflicted or challenged belief systems (DIS-22)
Loss of faith (DIS-22)
Concerns with meaning/purpose of life (DIS-22)
Concerns about relationship with deity (DIS-22)
Isolation from religious community (DIS-23)
Guilt (DIS-24)
Hopelessness (DIS-25)
Conflict between religious beliefs and recommended treatments (DIS-26)
Ritual needs (DIS-27)

Follow-up and communication with primary oncology team and family/caregivers
Spiritual Assessment
Approaches: Spiritual Distress and Spiritual Struggle Approach

NCCN Guidelines Version 2.2013
Distress Management

CHAPLAINCY SERVICES

Evidence of:
- Grief
- Concerns about death and afterlife
- Conflicted or challenged belief systems
- Loss of faith
- Concerns with meaning/purpose of life
- Concerns about relationship with deity

→ Spiritual assessment

- Spiritual counseling
- Reading materials (spiritual, philosophical)
- Prayer
- Rituals

→ Concerns relieved

Yes → Continued support

No → Refer to social work or mental health services (DIS-4)

Yes → Refer to mental health professional

Yes → Continued spiritual counseling

See appropriate psychological psychiatric pathways (DIS-6) and continued spiritual counseling

No → Continued spiritual counseling
Spiritual Assessment

Brainstorm in small groups

What are the main elements of documented spiritual assessment?
<table>
<thead>
<tr>
<th>Anger</th>
<th>Frustration</th>
<th>Medical diagnosis, treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>Guilt and shame</td>
<td>Rejection</td>
</tr>
<tr>
<td>Beliefs or values challenged</td>
<td>Hopelessness and despair</td>
<td>Relational conflicts</td>
</tr>
<tr>
<td>Betrayal</td>
<td>Isolation from faith community</td>
<td>Relationship with God (deity)</td>
</tr>
<tr>
<td>Death, dying, afterlife</td>
<td>Lack of peace</td>
<td>Resentment</td>
</tr>
<tr>
<td>Ethical issues</td>
<td>Lack of self-care</td>
<td>Sadness</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Loneliness</td>
<td>Trust issues</td>
</tr>
<tr>
<td>Fear</td>
<td>Loss and grief</td>
<td>Unrealistic expectations</td>
</tr>
<tr>
<td>Forgiveness issues</td>
<td>Meaning in illness and suffering</td>
<td>Other</td>
</tr>
</tbody>
</table>
Chaplain Intervention
APC Standards of Practice for Professional Chaplains

• Any act, with or without words, originating in the Chaplain’s discipline, offered or intended for another’s healing or well-being.

• Offering care and counsel to patients, their caregivers and staff regarding dynamic issues, including loss/grief, spiritual/religious/existential struggle, strengths, opportunities for change and transformation, ethical decision making, and difficult communication or interpersonal situations.
What are the main Chaplain interventions?
<table>
<thead>
<tr>
<th>Chaplain Intervention</th>
<th>CDH template: Chaplain Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarified/reviewed info from treatment team</td>
<td>Mediated internal and external conflict</td>
</tr>
<tr>
<td>Encouraged assertiveness</td>
<td>Normalized patient/family experience</td>
</tr>
<tr>
<td>Encouraged focus on present</td>
<td>Notified faith community</td>
</tr>
<tr>
<td>Encouraged self-care</td>
<td>Priest provided sacrament of Anointing</td>
</tr>
<tr>
<td>Explored emotional needs and resources</td>
<td>Provided anxiety containment</td>
</tr>
<tr>
<td>Explored hope</td>
<td>Provided baptism</td>
</tr>
<tr>
<td>Explored quality of life choices</td>
<td>Provided blessing</td>
</tr>
<tr>
<td>Explored relational needs and resources</td>
<td>Provided communion</td>
</tr>
<tr>
<td>Explored spiritual needs and resources</td>
<td>Provided education regarding spiritual practice(s)</td>
</tr>
<tr>
<td>Facilitated adjustment to situation</td>
<td>Provided grief counseling</td>
</tr>
<tr>
<td>Facilitated completion of Advance Directive</td>
<td>Provided hospitality</td>
</tr>
<tr>
<td>Facilitated confession</td>
<td>Provided prayer</td>
</tr>
<tr>
<td>Facilitated expression of regret</td>
<td>Provided relationship counseling</td>
</tr>
<tr>
<td>Facilitated group experience</td>
<td>Provided religious resources (prayer rug, rosary)</td>
</tr>
<tr>
<td>Facilitated life review</td>
<td>Provided ritual</td>
</tr>
<tr>
<td>Facilitated post-mortem needs/rituals</td>
<td>Provided silent/supportive presence</td>
</tr>
<tr>
<td>Facilitated reconciliation with God (deity)</td>
<td>Provided sacred text/literature</td>
</tr>
<tr>
<td>Facilitated reconciliation with significant others</td>
<td>Reframed patient/family experience</td>
</tr>
<tr>
<td>Facilitated story telling</td>
<td>Supported spiritual well-being</td>
</tr>
<tr>
<td>Identified, evaluated, reinforced coping strategies</td>
<td>Other</td>
</tr>
</tbody>
</table>
Outcomes

APC Standards of Practice for Professional Chaplains Glossary

• What difference does our presence and intervention make?
• What flows from our ministry?
• What does our care lead to?
Outcomes
Brainstorm in small groups

What are the main patient or family outcomes of the intervention?
<table>
<thead>
<tr>
<th>Outcomes</th>
<th>CDH template: Patient/Family Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Declined further Chaplain support</td>
<td>Progressed in responsibility and trust</td>
</tr>
<tr>
<td>Distress reduced</td>
<td>Progressed toward finding meaning</td>
</tr>
<tr>
<td>Expressed gratitude</td>
<td>Progressed toward finding purpose</td>
</tr>
<tr>
<td>Expressed hopefulness</td>
<td>Progressed toward new normal</td>
</tr>
<tr>
<td>Expressed humor</td>
<td>Progressed toward reconciliation</td>
</tr>
<tr>
<td>Expressed peace</td>
<td>Progressed toward understanding</td>
</tr>
<tr>
<td>Identified meaningful connections</td>
<td>Progressed towards acceptance</td>
</tr>
<tr>
<td>Identified priorities</td>
<td>Reported decreased pain</td>
</tr>
<tr>
<td>Made decisions</td>
<td>Spiritual resources utilized</td>
</tr>
<tr>
<td>Processed emotions</td>
<td>Unknown outcome</td>
</tr>
<tr>
<td>Progressed in focus on present</td>
<td>Other</td>
</tr>
</tbody>
</table>
Spiritual Care Plan
APC Standards of Practice for Professional Chaplains

A detailed method that identifies needs, lists strategies to meet those needs, and sets goals and objectives. The format of the plan may include narratives, protocols, practice guidelines, interventions, clinical pathways, and desired outcomes.

The chaplain develops and implements a plan of care, in collaboration with the patient, the patient’s family, and with other members of the health care team. It includes interventions provided to achieve desired outcomes identified during assessment. Chaplains are able to adapt practice techniques to best meet patient needs within their health care setting. Care will be based on a comprehensive assessment.
Spiritual Care Plan

• Will the Chaplain follow up with future ministry, or end the pastoral relationship?
• If so, with what intended frequency?
• Are there appropriate referrals to be made?
Spiritual Care Plan

Brainstorm in small groups

What are the main elements of a Spiritual Care Plan?
<table>
<thead>
<tr>
<th>Will follow up daily</th>
<th>Will make referral to Child Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will follow up every other day</td>
<td>Will make referral to faith community clergy</td>
</tr>
<tr>
<td>Will follow up multiple times a day</td>
<td>Will make referral to Palliative Medicine</td>
</tr>
<tr>
<td>Will follow-up upon request</td>
<td>Will make referral to Social Work</td>
</tr>
<tr>
<td>Will make referral to Catholic priest</td>
<td>Other</td>
</tr>
<tr>
<td>Will make referral to Chaplain</td>
<td>Ended</td>
</tr>
</tbody>
</table>
Spiritual Care Goal(s)
APC Standards of Practice for Professional Chaplains

• Standard 3: Documentation of Care: The chaplain enters information into the patient’s medical record that is relevant to the patient’s medical, psycho-social, and spiritual/religious goals of care.

• Interpretation: Documentation related to the chaplain’s interaction with patient, family, and/or staff is pertinent to the overall plan of care and therefore accessible to other members of the health care team. The format, language, and content of a chaplain’s documentation respect the organizational and regulatory guidelines with regard to confidentiality while ensuring that the health care team is aware of relevant spiritual/religious needs and concerns.
Spiritual Care Goal(s)

Brainstorm in small groups

What are the main elements of Spiritual Care Goal(s)?
### Spiritual Care Goal(s)

**CDH template: Spiritual Care Goal(s)**

<table>
<thead>
<tr>
<th>Goal</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support spiritual well-being</td>
<td>(comment)</td>
</tr>
<tr>
<td>Facilitate adjustment to current situation</td>
<td>(comment)</td>
</tr>
<tr>
<td>Alleviate spiritual distress</td>
<td>(comment)</td>
</tr>
<tr>
<td>Other</td>
<td>(comment)</td>
</tr>
</tbody>
</table>
### Case Studies
- Rhonda Apricot
- Fightirish Baby Boy
- Lindsey Test
- Will Zzopptcone

### Initial Palliative Medicine Spiritual Assessment

<table>
<thead>
<tr>
<th>Location</th>
<th>Neurosciences Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for Encounter</td>
<td>change in condition and initial visit</td>
</tr>
<tr>
<td>Referral Source</td>
<td>Palliative Medicine and Social Work</td>
</tr>
<tr>
<td>Assessment: Sources of Spiritual Distress</td>
<td>anxiety, beliefs or values challenged, fear, forgiveness issues, guilt and shame, lack of self-care, loss and grief, meaning in illness and suffering, medical diagnosis, treatment, relationship with God (daily), sadness and trust issues</td>
</tr>
<tr>
<td>Chaplain Intervention</td>
<td>encouraged focus on present, explored emotional needs and resources, explored relational needs and resources, explored spiritual needs and resources, facilitated adjustment to situation, facilitated confession, facilitated expression of regret, facilitated story telling and provided anxiety containment</td>
</tr>
<tr>
<td>Patient/Family Outcomes</td>
<td>processed emotions</td>
</tr>
<tr>
<td>Spiritual Care Plan</td>
<td>will follow up multiple times a day</td>
</tr>
<tr>
<td>Spiritual Care Goal(s)</td>
<td>facilitate adjustment to current situation and alleviate spiritual distress</td>
</tr>
</tbody>
</table>
### Case Study Documentation: Rhonda Apricot

#### Spiritual Care Consult Note

**Initial Spiritual Assessment**

<table>
<thead>
<tr>
<th>Location</th>
<th>Medical Oncology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for Encounter</td>
<td>Advance Directive request, new diagnosis, surgical and unknown support system</td>
</tr>
<tr>
<td>Referral Source</td>
<td>Nurse</td>
</tr>
</tbody>
</table>

**Assessment:**

- anxiety, ethical issues, fear, lack of self-care, medical diagnosis, treatment, relational conflicts, sadness, loneliness and isolation

**Chaplain Intervention**

- encouraged focus on present, explored emotional needs and resources, explored quality of life choices, explored relational needs and resources, explored spiritual needs and resources, facilitated adjustment to situation, facilitated completion of Advance Directive, facilitated expression of regret, facilitated story telling, identified, evaluated, reinforced coping strategies, provided anxiety containment and provided prayer

**Patient/Family Outcomes**

- distress reduced, identified meaningful connections, identified priorities, made decisions, processed emotions and spiritual resources utilized

**Spiritual Care Plan**

- will follow up multiple times a day and make referral to Music Therapy

**Spiritual Care Goal(s)**

- support spiritual well-being, facilitate adjustment to current situation and alleviate spiritual distress
### Spiritual Care Consult Note

<table>
<thead>
<tr>
<th>Location</th>
<th>NICU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for Encounter</td>
<td>admission question, change in condition and family distress</td>
</tr>
<tr>
<td>Referral Source</td>
<td>family/significant other and Nurse</td>
</tr>
<tr>
<td>Assessment: Sources of Spiritual Distress</td>
<td>fear, guilt and shame, isolation from faith community, lack of peace, loss and grief, medical diagnosis, treatment, relational conflicts, relationship with God (deity), resentment, sadness, unrealistic expectations, isolation from family and loneliness</td>
</tr>
<tr>
<td>Chaplain Intervention</td>
<td>encouraged assertiveness, encouraged self-care, explored emotional needs and resources, explored hope, explored relational needs and resources, explored spiritual needs and resources, facilitated adjustment to situation, facilitated expression of regret, mediated internal and external conflict, normalized patient/family experience, notified faith community, provided anxiety containment, provided prayer, provided relationship counseling and provided silent/supportive presence</td>
</tr>
<tr>
<td>Patient/Family Outcomes</td>
<td>distress reduced, expressed gratitude, expressed hopefulness, identified meaningful connections, identified priorities, made decisions, processed emotions, progressed toward finding purpose, progressed toward new normal and progressed towards acceptance</td>
</tr>
<tr>
<td>Spiritual Care Plan</td>
<td>will follow up daily, will make referral to Child Life, will make referral to faith community clergy and will make referral to Nurse Specialist</td>
</tr>
<tr>
<td>Spiritual Care Goal(s)</td>
<td>support spiritual well-being, facilitate adjustment to current situation, alleviate spiritual distress and provide infant blessing when extended family is present</td>
</tr>
</tbody>
</table>
## Spiritual Care Consult Note

### Initial Palliative Medicine Spiritual Assessment

<table>
<thead>
<tr>
<th>Location</th>
<th>Neurosciences Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for Encounter</td>
<td>change in condition and initial visit</td>
</tr>
<tr>
<td>Referral Source</td>
<td>Palliative Medicine and Social Work</td>
</tr>
<tr>
<td>Assessment: Sources of Spiritual Distress</td>
<td>anxiety, beliefs or values challenged, fear, forgiveness issues, guilt and shame, lack of self-care, loss and grief, meaning in illness and suffering, medical diagnosis, treatment, relationship with God (deity), sadness and trust issues</td>
</tr>
<tr>
<td>Chaplain Intervention</td>
<td>encouraged focus on present, explored emotional needs and resources, explored relational needs and resources, explored spiritual needs and resources, facilitated adjustment to situation, facilitated confession, facilitated expression of regret, facilitated story telling and provided anxiety containment</td>
</tr>
<tr>
<td>Patient/Family Outcomes</td>
<td>processed emotions</td>
</tr>
<tr>
<td>Spiritual Care Plan</td>
<td>will follow up multiple times a day</td>
</tr>
<tr>
<td>Spiritual Care Goal(s)</td>
<td>facilitate adjustment to current situation and alleviate spiritual distress</td>
</tr>
</tbody>
</table>
# Case Study Documentation: Will Zzopptccone

## Spiritual Care Consult Note

### Initial Spiritual Assessment

<table>
<thead>
<tr>
<th>Location</th>
<th>Medical Oncology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for Encounter</td>
<td>admission question, new diagnosis and chemotherapy reaction</td>
</tr>
<tr>
<td>Referral Source</td>
<td>patient</td>
</tr>
<tr>
<td>Assessment: Sources of Spiritual Distress</td>
<td>anxiety, beliefs or values challenged, death, dying, afterlife, fatigue, fear, forgiveness issues, guilt and shame, hopelessness and despair, lack of peace, lack of self-care, meaning in illness and suffering, relationship with God (deity), sadness, trust issues and loneliness</td>
</tr>
<tr>
<td>Chaplain Intervention</td>
<td>encouraged focus on present, encouraged self-care, explored quality of life choices, explored relational needs and resources, explored spiritual needs and resources, facilitated adjustment to situation, facilitated confession, facilitated expression of regret, facilitated reconciliation with God (deity), facilitated storytelling, mediated internal and external conflict, normalized patient/family experience, provided anxiety containment, provided grief counseling and provided prayer</td>
</tr>
<tr>
<td>Patient/Family Outcomes</td>
<td>distress reduced, identified meaningful connections, identified priorities, processed emotions, progressed in focus on present, progressed toward finding purpose, progressed toward reconciliation, progressed towards acceptance and spiritual resources utilized</td>
</tr>
<tr>
<td>Spiritual Care Plan</td>
<td>will follow up daily and provide daily Communion</td>
</tr>
<tr>
<td>Spiritual Care Goal(s)</td>
<td>facilitate adjustment to current situation and alleviate spiritual distress</td>
</tr>
</tbody>
</table>
Lectio 1: We began the day by asking, “What are you listening for today?” We end by asking, “What did you hear in a special way that you are taking away with you from this workshop?

Lectio 2: What is your commitment flowing out of your participation in this workshop?
Thank You