Electronic Medical Records Spiritual Assessments and Quality Measures for Chaplains: What Are We Learning?

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Tim Serban, Providence
David Lichter, NACC

Acknowledgments

- CHA PCAC
- Many systems participating
- John Meyer, Quality Consultant, Mercy Health

Challenges

- Productivity? What is being done by chaplains?
- Quality? Is what being done contributing to overall patient quality and satisfaction?
- Effectiveness? Is what is being done effective? How do we communicate to the rest of the team?
- Impact? Can one identify and measure the outcomes of spiritual care?
Quality Improvement

- Fundamental to HC
- Across all facets of HC
- SC providers take the lead in creating a culture of care and measure quality of SC services
- Three perspectives for measuring quality
  - Process Measures
  - Performance Aligned with Standards
  - Outcome Measures

Integration

- Process Measures
- Outcome Measures
- Performance Aligned with Standards

Process Measures

- A measure which focuses on a process that leads to a certain outcome
  - Did you do it (services complete)?
  - Did you do it right? Process measures can be isolated to a particular activity.
  - Is the process designed and implemented to gather the identified elements?

Examples:
- Newly admitted patients seen within 2hrs of admission
- Time of charting within 30 minutes after encounter
- Chaplain notified within 60 minutes....
Outcome Measures

- A measure of the results of a system, relative to aim
  - Did the process you completed get the outcome desired/expected?
  - Are provisions made to continue to standardize, update, improve, and review outcomes?

Examples:
- To what extent is the chaplain meeting your spiritual need (outcome measure). Did the spiritual well-being change- what does the patient report?
- To what extent is the chaplain meeting your emotional need... Did emotional well-being change? what does the patient report?
- Chaplain called to comfort anxious patient. Was there a change- what does the patient report?

Performance Aligned with Standards

- What are the measurable standards agreed upon across the profession that demonstrate effectiveness in spiritual care?
  - Standards of Practice for Professional Chaplains in Acute Care (SOP-AC)
  - Standards of Practice for Professional Chaplains in Long-Term Care (SOP-LTC)
  - Performance aligned with one of the (SOP-AC)
    - Standard 3 - Documentation of care
    - Set a measure to do a chart audit on a specific number of patient charts each month to review that charting was timely, appropriate, and accurate.
  - SC Standards of a system, department

Acute Care Setting Example

Spiritual Care Department is an integral component of Palliative Care Team.
**Acute Care Setting Example**

- **Process Measure:** Palliative Care team initiates contact with chaplain upon patient admission to services within 24 hours.
- **Performance Aligned with Standard:** Annually, conduct an evaluation with Palliative Care team of chaplain performance aligned with Standards 1-6. (Standards of Practice for Professional Chaplains in Acute Care.)
- **Outcome Measure:** Chaplain tracks number of palliative care patients seen. Patient encounter included with other quality data that shows variables in patients seen and not seen by chaplain.

**Non-Acute Setting Example**

Spiritual Care department to provide training to clinical staff on spiritual distress screening tools.

Staff screenings are designed to generate Spiritual Care referrals.

**Non-Acute Setting Example**

- **Process Measure:** Report number of staff trained to utilize spiritual distress assessment tool and count number of referrals made to Spiritual Care staff.
- **Performance Aligned with Standards:** Screening and referral tools and processes in place, with training of all (100%) of staff. Can build in year cycles (year one = 50%, year two = 80%, year three = 100%)
- **Outcome Measure:** Staff take pre and post test indicating level of comfort with detecting Spiritual Care distress.
EMR Spiritual Assessments and Quality

**EPIC Participants**
- Beverly Beltramo, Oakwood Health System, Dearborn, MI
- Carolanne Hauk, Lancaster General Health, Lancaster PA
- Julie House, NYCHHC
- Mary Lou O’Gorman, St. Thomas (Ascension Health), TN
- Tim Serban, Providence Health and Services, OR
- Mark Skaja/Ann Marcum, Mercy Health, OH
- Mary Toole, St. Francis Hospital, Roslyn, NY, part of CHSLI
- Mary Jo Zacher, OSF HomeCare Services, Peoria IL

**Cerner Participant**
- Matthew Kroenke, Dignity Health

**Meditech Participant**
- Richard Brochu, along with Sr. Marie Parker, VP Mission, Trinity Health

**Recently joined**
- Kay Gorka, Providence Health and Services, Spokane, WA
- Gordon Hilsman, retired CPE supervisor, formerly with CHI Franciscan Health - Tacoma

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**Desired Outcome**

- The ultimate goal is to explore/determine what kind of reports, and potential quality measures, that data from these assessments can provide.

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**Early Learnings**

**Need to articulate common language re: purpose of spiritual assessments**
- Grounded in **dignity and wholeness** of the human person
- **Research**: if spiritual/religious emotional needs/distress not addressed, affects choice of treatments, health outcomes, patient experience, perception of quality care
- Identifying/addressing **resistances** to healing also affects ability to cure
- Providing to IDT information about the whole person, provides **insight into patient’s personal** values, goals of care, preferences for treatment, how to communicate with the person regarding treatment options.
Early learnings

Articulate purpose of designing and integrating spiritual Assessments, including charting, in EMR
- For IDT: EMR = vehicle for information transmission – chaplain contributes
- Chaplain core competency: capturing in words the present humanness of the patient, to “capture current soul”
  - Adding unique and vital knowledge of the patient
  - Better appreciation by IDT members who function in a highly humanistic (in best sense of the word) milieu (and happen to be human themselves)
  - In some specialties (hospice, ICU, palliative care, etc.) helps IDT find direction as their discipline recedes to helpless
- Chaplain to chaplain: clarify the chaplain’s mind and communicate to other chaplains who may subsequently encounter the patient
- For patients/family members (who activate right to see medical records): summarize how the patient is being treated as a fine human being regardless of any difficulties s/he may be seen as causing

Process Measures

- Within the EMR chaplains establish the process of designing and implementing an electronic spiritual assessment.

Most common elements found in the various EMR SCA’s:

1. Type of assessment – APIE/SOAP
   - Initial/ongoing/crisis/sacrament/mediation, A.D./grief
   - Religious affiliation
   - Connection with family
   - Connection with faith community – requests contact with faith community
   - Fear level (severe substantial, moderate, mild)
   - Ethical issues identified
2. Spiritual care interventions
3. Consult/referral to other services
Other assessment items found:
1. Sense of Holy/God
2. Mutuality (patient anxiety/fear regarding this admission – EPIC)
3. Peace - Comfort
4. Spiritual strengths
5. Role of faith community (meals, grief counseling...)
6. Physical pain (hospice-centric)
7. Future care: with narrative, with types (Dignity Health)

Performance Aligned with Standards

› What are the measurable standards that demonstrate effectiveness in spiritual care? (Agreed upon across the profession.)

Chaplaincy certification standards:
(NACC)
- 303.8 Communicate effectively orally and in writing
- 304.6 Formulate and utilize spiritual assessments in order to contribute to plans of care.
- 305.1 Promote the integration of Pastoral/Spiritual Care into the life and service of the institution in which it resides.
- 305.5 Document one’s contribution of care effectively in the appropriate records
Chaplaincy Standards of Practice

- Chaplaincy Standards of Practice include:
  - Standard 1, Assessment: The chaplain gathers and evaluates relevant data pertinent to the patient’s situation and/or bio-psycho-social-spiritual/religious health.
  - 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.

1. A spiritual assessment tool is in place with EMR specific core content elements that include:
   - Referral source/comment
   - Type of assessment (AKA clinical encounter – better term) (initial, crisis, mediation, grief work, palliative care)
   - Assessment model: (SOAP, SOAPIER, APIE, AIE) assessment/goal/intervention/outcome
   - Key interventions (drop down boxes) top five?
     Specific and clear list available to chaplain, i.e. NCCN and others
   - Free form narrative capability

2. The quality of the chaplain EMR spiritual assessment is measured by whether:
   1. Assessment tool for spiritual care is available/accessible to all and in all settings
      - Transparent to patients, colleagues, care teams
   2. Patient Focused
      - Meaning
      - Community/support system
      - Hope/peacefulness
      - Concept of the Holy, Divine, etc
   3. Clear, common terminology defined, such as assessment, intervention, goals, outcomes.
   4. Includes both assets and distress language
   5. Referral to others
2. Continued - The quality of the chaplain EMR spiritual assessment is measured by whether:

- Time to chart (20 minutes of visit)
- Narrative/documentation
- Future care
- Inter-disciplinary team focused: including complementary healing disciplines
- Spiritual integration network is created, identified, and known in each community

3. The quality of the spiritual care narrative/documentation is measured by whether:

- Narrative has a clear structure, e.g.
  - Why were you called?
  - Who was present?
  - What were the interventions?
  - How were the interventions received?
  - What's the future plan?
- Narrative is understandable, concise, substantive
- Affirmed as helpful by IDT through feedback

Outcome Measures - a measure of the results of a system, relative to aim.

- Did the process you completed get the outcome desired/expected?
- Are provisions made to continue to standardize, update, improve, and review outcomes?
One can measure the quality of the results of the spiritual assessments in the EMR by:

1. Provisions are made to continue to improve, update, fine tune spiritual assessments in EMR.
2. Validation of the assessment tool
3. Periodic chart review for CQI – viewed by others.
   - An expectation should be set for regular chart reviews by the spiritual care department and other disciplines for quality input, and to identify new needs and improve patient satisfaction.
   - Design/utilize a criteria template for chart review - using current chart review teams in quality departments
4. Involve input of providers, caregivers, l-teams on usefulness of quality of chaplain interventions and notes...champions and challengers
5. Spiritual care departments regularly provide ongoing education on quality document.

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Matrix

<table>
<thead>
<tr>
<th>Spiritual Assessment</th>
<th>1 - packs</th>
<th>2 - through</th>
<th>3 - effective</th>
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</thead>
<tbody>
<tr>
<td>Faith</td>
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<tr>
<td>Caring</td>
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<tr>
<td>Sources of Strength</td>
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<tr>
<td>Fears/Concern</td>
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<tr>
<td>Identified</td>
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<thead>
<tr>
<th>Implications for Care</th>
<th>1 - aligns</th>
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<tbody>
<tr>
<td>Reaction to Care Team</td>
<td></td>
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<tr>
<td>Follow-up</td>
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<tbody>
<tr>
<td>Clarity</td>
<td></td>
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<td>Beauty</td>
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<td>Professionalism</td>
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## Approaches to Assessing Documentation Quality: Oakwood Healthcare, Lancaster General Health

### Matrix – Oakwood Healthcare

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<tr>
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<tbody>
<tr>
<td>Spiritual Assessment</td>
<td>Faith, Coping, Sources of Strength, Family/Custodian Identify</td>
<td>Will help staff know that's expected, also help keep team keep a healthy relationship</td>
<td>Good for team to know spiritual and emotional side</td>
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<tr>
<td>Interpersonal/Cultural</td>
<td>Followed up not noted</td>
<td>Good for team to know spiritual and emotional side</td>
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<tr>
<td>Spiritual</td>
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### Matrix – Lancaster General Health

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<td>Spiritual Assessment</td>
<td>Faith, Coping, Sources of Strength, Family/Custodian Identify</td>
<td>Catholic Activity grieving Faith, spouse Ethical aspects, sexual intimacy, past tx of abuse</td>
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Matrix – Lancaster General Health

Another System’s Journey
Kay Gorka – Providence

Goals

- To use standardized documentation that would work for any Chaplain, in any assignment, in both hospitals
- To document a quality spiritual care encounter in the EMR
- To have the Chaplain documentation valued by the interdisciplinary team
Process

Part 1:
- Met monthly with 2 teams, and individual chaplains to evaluate charting format to answer the questions:
  - What Works
  - What are the barriers
- Completed Chart audits
  - Was the charting format used?
  - Are the quality measures met?

Involved Interdisciplinary Team

Part 2
- Asked the Palliative Care Team for feedback, which included, 3 MDs, 4 ARNPs, 2 RNs, and 1 SW
  - Do you read our chart notes?
  - Do you find them valuable to your work?
  - What about the note is meaningful to you?

Spiritual CARE Documentation Format
Recommendations

- Quality needs to remain a priority, and chart audits and education need to be on-going
- More study needs to be done outside this pilot group in order to evaluate CARE as a valuable format across hospital specialty areas according to the interdisciplinary team
- Continue to use and adapt the CARE format of documentation

Questions, Observations, Feedback