Clinical Quality Measures

Executive Concern

“We need to reduce our length of stay and our re-admission rate, and improve our clinical outcomes.”

What you could say:

“While studies on reduction in length of stay and re-admissions look at multiple factors, there is frequently a correlation between reduced lengths of stays and the presence of spiritual care interventions. When patients are freed up from some of the things that might distract them from their healing process, they are enabled to focus on how to participate in their recovery. They are more able to focus on what they need to do following discharge to remain out of the hospital.”

Pacific Region ACPE Development Committee Dignity Health Spiritual Care Council

Some talking points to consider…

- Research shows that if spiritual struggle, or distress caused by something in one's belief, practice or experience, there is a correlation: when religious struggle/spiritual distress is not identified/addressed:
  - It will have an adverse effect on one's health.
  - Predicted higher number of nights subsequently hospitalized,
  - Higher depression,
  - Marginally lower life satisfaction
- In one study, 61% of in patients with cancer experienced spiritual pain.
- Unmet spiritual needs were associated with lower ratings of quality of and satisfaction with care.
- Greater anxiety, depression, worse mental health, lower life satisfaction, poorer adherence to instructions, more hospital stays, poorer physical functioning.
- Attention to emotional needs (Press Ganey) question is consistently rated a “top box” (satisfaction driver) question year after year. Chaplains impact the results in a positive way.

CHA Pastoral Care Survey Quotes…

“I believe this in an integral part of supporting our mission to provide quality care of the whole patient.” CFO

Help with clarifying needs of patient's from faith backgrounds that we typically do not have experience with. Muslim, Hindu, etc.. and finding support within the community for these patients and families.” Physical Therapist

Some points of research from recent Health Progress Article
“Other research has examined the relationship between religious or spiritual needs and physical and mental health. Several studies have shown the positive associations between religion and health and well-being. However, over the past decade there also has been a significant amount of empirical research on religious and spiritual struggle. This growing body of research indicates that if spiritual struggle, or distress caused by something in one's belief, practice or experience, is not identified and addressed, it will have an adverse effect on one's health. Such distress could show itself as a single primary emotion (guilt, anger), or as a person's internal struggle to reconcile their experience with their beliefs. Well-known researcher Kenneth I. Pargament categorized religious or spiritual struggle or distress as divine (anger with God), intrapersonal (trying to forgive oneself for something), or interpersonal (being betrayed by a religious leader). When these types of distress are not recognized and addressed, they can have an adverse effect on health outcomes.

A study by Crystal Park, a professor of psychology at the University of Connecticut, bears this out. Her research published in the Journal of Behavioral Medicine reports that among congestive heart failure patients, higher levels of religious struggle are associated with poorer physical functioning and increased hospitalization. The study's longitudinal method permits a somewhat stronger inference that religious struggle contributed to these poorer outcomes. Religious struggle predicted higher number of nights subsequently hospitalized, higher depression, marginally lower life satisfaction … Religious struggle appears to have a potentially negative impact on well-being in advanced [congestive heart failure]; therefore, helping patients address issues of struggle may meaningfully lessen the personal and societal costs of [congestive heart failure].

A team of Pittsburgh researchers published an excellent study in the Journal of Palliative Medicine exploring the relationship between religious coping and well-being in women with breast cancer. This was another longitudinal study in which results indicated "negative religious coping predicted worse overall mental health, depressive symptoms, and lower life satisfaction." Such results signal to health care professionals the importance of screening for signs of spiritual distress signs, taking them seriously and referring them to professional chaplains as appropriate.”

Health Progress, March-April 2013, 94:2, “Studies Show Spiritual Care Linked to Better Health Outcomes,” David A. Lichter, DMin

Some other research points:

Patients whose religious/spiritual needs addressed demonstrate:

- Reductions in anxiety and spiritual distress.
• A decreased rate of aggressive medical interventions and accompanying expenses.