Financial Issues

Executive Concern

- **Cost Reduction:** “We don’t have the margin for services that are nice, but not necessary”
- **Cost Containment:** “I understand that value of spiritual care, but what is the benchmarking for core staffing?”
- **Litigation Reduction and Risk Management:** “We need to reduce our litigation exposure”

Assumptions/Fears you may be having…

- If you have been called into CFO office, you may be assuming you will be losing staff.
- You may want to take some time to ponder what you fear in this conversation, and name the assumptions, biases or fears that are at work that might get in the way of a constructive conversation.
- Develop a further listening posture, and be prepared to suggest some points.

Cost Reduction

“We don’t have the margin for services that are nice, but not necessary”

What you could say:

“As an integral part of a multidisciplinary team, a chaplain’s skills include facilitation of clarifying conversations re goals of care. The chaplain has the time to develop rapport with patients and their families, and facilitate conversations about goals of care (e.g. palliative care, end of life issues). This often reduces costs while preventing unnecessary suffering for patients, especially those who shift from curative treatment to palliative treatment. As chaplains are able to dedicate time for patients to express their feelings and concerns, these issues can be explored and trust in the care team increases.” Pacific Region ACPE Development Committee Dignity Health Spiritual Care Council

CHA Pastoral Care Survey Quotes…

“Invaluable in helping coworkers and those we serve understand end-of-life issues and when further medical interventions are not warranted.” CMO

“Advance Directives, help with goals of care, or to help clarify a course of treatment/treatment plan.” Nurse

A point of research:

The Joint Commission can give a type 1 recommendation for deficiency if spiritual care has not been provided.

Patients visited by Chaplains demonstrate:

- a decreased rate of aggressive medical interventions and accompanying expenses.


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**Cost Containment**

“I understand that value of spiritual care, but what is the benchmarking for core staffing?”

**What you could say:**

“There is no national benchmark for effective staffing of spiritual care departments, despite many efforts to create one. Effective chaplain staffing is impacted by acuity and tailored to what our particular institution requires. Since we have a large number of ________ and our hospital expects chaplains to ________, we build our staffing ratios with consideration of these needs.” Pacific Region ACPE Development Committee Dignity Health Spiritual Care Council

**A point of research from recent *Health Progress* article on staffing:**

“Based on time studies from several time studies from several Catholic health systems, basic assessments and interventions require an average of 18 minutes of a chaplain’s time, including documentation and care planning. As acuity rises, and interventions become more complex and nuanced, assessments and interventions require increased time allotments. In the ICU, a spiritual assessment and care plan needs 39 minutes, an end-of-life care requires 44 minutes, and assisting a patient in palliative care to identify his or her values and hopes for treatment takes an average of 34 minutes. Determining adequate staffing involves matching the number of these kinds of services within a setting to the time needed to offer this care.”

“The research did, however, discover an emerging framework to consider when planning for effective and appropriate spiritual care staffing in a variety of Catholic health care settings. Among the factors to take into account: number of encounters (patient, family and staff), the range of acuity encountered, the unique types of services a setting expects or desires, the levels of integration of spiritual care services within the multidisciplinary care team, and the cultural expectations within a facility, system or community.” *Health Progress*, Sept-Oct. 2014, 95:3) “Spiritual Care in the Midst of Health Care Reform: Creating a Framework for Effective Staffing,” Brian P. Smith, MS, MA, MDiv.

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**Litigation Reduction and Risk Management**

“We need to reduce our litigation exposure.”

**What you could say:**

“We know that common reasons for medical center lawsuits include a failure to treat patients as ‘whole persons’ by not engaging patients’ about their wishes or addressing families’ emotional needs
resulting in poor communication between patients and providers. Chaplains routinely address all these areas: we facilitate and encourage positive interactions between patients and providers, we support and advocate communication of patients’ wishes at end of life, and are skilled in service recovery.” Pacific Region ACPE Development Committee Dignity Health Spiritual Care Council

“Failure to navigate the psycho-emotional labyrinth inherent in critical care decision-making – both for MDs and patients/families – frequently results in protracted, costly unwarranted care or frustration that leads to litigation. The chaplains’ specific skill set helps to mitigate these outcomes, providing crucial cost avoidance and risk avoidance, both of which impact the bottom line.”

Talking points
- We often address patient and family concerns and complaints in conjunction with risk management and patient advocacy personnel.
  - Mediating those difficult conversations with patients, can potentially reduce financial cost by resolving issues and diffusing unattended emotions that could manifest as litigious issues.
  - Supporting families at times of news of terminal diagnosis and, with bereavement at time of death.
  - Facilitating end of life discussions, that helps patients/families make decisions based on meaning and purpose versus what is medically possible to do.

A Point of Research
Patients are significantly less likely to move to litigation when they perceive that they have been heard and their health providers care about them personally.
