Making the Case for Chaplaincy in Our Current Service Environments

CHA PCAC
Communication Subcommittee
Acknowledgements

- Gratitude
- You
- CHA Pastoral Care Advisory Committee
- Communication Subcommittee
What address?

- Changing landscape

- Challenge to rethink, re-envision, and make the case for spiritual care.
What address?

Navigating the New Opportunities by answering:

- Where are we coming from?
- What do we now do that contributes to compassionate and competent care?
- What are the new opportunities? Where do we need to be going?
- What do we need as leading practices/competencies for this new time?
2015 - Where are we coming from?

What has been and is the landscape of Spiritual/ Pastoral Care Environment?
Collaboration Partners

- ACPE
- The National Association of Catholic Chaplains
- CASC / ACSS
- SPIRITUAL CARE
  PASTORAL COUNSELLING
  TRAINING
  RESEARCH
- American Association of Pastoral Counselors
- NAJC
- Chaplains
  Healing through Spiritual Care
- HealthCare Chaplaincy Network
  Caring for the Human Spirit™
Common Documents

  - Context of research of impact of spirituality on health care
  - Roles and benefits of professional chaplaincy

- 2004 – Common Standards (Certification) and Code of Ethics for Professional Chaplains

- 2004 – Principles for Processing Ethical Complaints
Common Documents

- 2009 – Standards of Practice for Professional Chaplains in Acute Care Settings
- 2010 – Standards of Practice for Professional Chaplains in Long-Term Care Settings
- 2013 – Standards of Practice for Professional Chaplains in Hospice and Palliative Care
So how do we contribute?
Introduction (pp. 12-13/6-7)

- Catholic health care must treat all in a manner that respects human dignity and their eternal destiny; help others experience their own dignity and value

- Care offered must embrace the whole person: physical, psychological, social and spiritual
### Theological/Ethical Foundation
ERD’s Part Two: Pastoral and Spiritual Care

<table>
<thead>
<tr>
<th>VALUE</th>
<th>THEOLOGICAL REFLECTION</th>
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<tbody>
<tr>
<td>Human Dignity</td>
<td>Catholic health care has the responsibility to treat those in need in a way that respects the human dignity and eternal destiny of all.</td>
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<tr>
<td>Holistic Care</td>
<td>Catholic health care institutions are communities of healing that embrace treatment of the physical, psychological, social and spiritual dimensions of the person.</td>
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<td>Healing Presence</td>
<td>Catholic health care combines medical expertise with other forms of care to promote health and relieve human suffering</td>
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<td>Diverse Roles and Collaboration</td>
<td>Within the health care institution, clergy, religious and laity exercise diverse but complementary roles in pastoral care. Also, more frequently, the local parish assumes greater involvement in pastoral care both before and after hospitalization.</td>
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How do we contribute?

- Sacred trust
- Space for personal connections invite others to search for hope and meaning
- Person-centered care
  - Who is this person? How have they lived? Who have they loved? What feeds his/her spirit? What/who is important to them?
  - We're so much 'more' than whatever brought us into the hospital in the first place!
How do we contribute?

- Address resistances/blocks to healing
- To ease suffering - helping access spiritual and emotional strengths/resources when body is besieged
Clinician Quote (CHA Survey)

The value lies in the fact that we are not simply physical beings. There is a part of us that, although not physical, requires support and healing during physical illness.
Clinic Quote (CHA Survey)

Spiritual care contributes to the **holistic approach** to healing and death with dignity. It is a source of **comfort, hope, and clarity** for so many of our patients. It provides an opportunity for **patients to share in a non-biased way those thoughts, fears, and feelings** that may otherwise be unaddressed.
Clinician Quote (CHA Survey)

It helps make the healing experience rounded, one's spirit and will have a profound effect on healing. Spiritual care can help support patients and families in tough times. When someone is in a hospital environment, they often feel they have little control of anything. One thing that is theirs is their beliefs and their spirituality, and the inclusion of spiritual care is necessary for giving the patient and their families a foundation for the rest of medicine to build upon.
Spiritual care is a vital component of our multi-disciplinary approach to meeting our patient's needs. Spiritual care for our patients and their families provides emotional support during uncertain times. It assists with giving patients and their families the holistic care they need either to get better or to come to terms with end of life situations. Our chaplains also serve as wonderful advocates for our patients and often assist with requests or complaints to improve their hospital experience. The value of spiritual care is priceless...whether you are spiritual or not, having the 1:1 contact with a chaplain, to know someone else cares enough to sit with you, listen to you and pray with you can certainly bring a calmness over you.
Current service environment

What are the new opportunities? Where do we need to be going?

How do we position Spiritual Care within health reform?

How will we be part of the transformation of health care and the shift of focus toward health?
Current Healthcare Service Environment

- Acute/Rescue Care ➔ Preventative/Wellness Care
- Inpatient Services ➔ Coordinated Outpatient Care
- Provider-Centered Care ➔ Person-Centered Care
- Empower people to improve their own health
  - Passive Recipients ➔ Active Partners for health
- Redesign payment systems
  - Pay for Volume ➔ Pay for Value
- Involve communities in the solutions
  - Healthcare Providers Managing Health ➔ Communities Driving Health
Current Environment: Team Based Care

- Physician/NP/PA
- Nurses
- Pharmacists
- Health Coaches
- Community Health Workers
- Behavioral Health Providers
- Care Coordinators
- Pastoral Care/Faith Community
- Patients and Families
Current Environment: Wellness Focus – Patient/Person Engaged

- Self-Care
- Education
- Decision Support
- Social Support
- Healthy community initiatives
Elements align with SC

- Whole person care
- Relationships
- Communication
- Wellness
- Coordination with community
Patient (Person) Experience aligns with SC

Patient-Center, Patient-Experience = Communication

- Listen to and elicit patient/family wishes/goals
- Sensitivity to patient/family culture
- Religious/spiritual values influence on HC choices
- Patient/family needs/preferences elicited =
  - more compliance with treatment plan
  - more satisfied with care
  - use less health resources
Patient Satisfaction align with SC

Patients having spiritual needs met at end of life =
✓ higher satisfaction,
✓ family more satisfied,
✓ less time in ICU,
✓ less $ on EOL care

Goals to improve patient satisfaction complement reduced HC costs
• Better communication = patients managing their care better
  ✓ less emergency/aggressive care,
  ✓ generally use less expensive/ aggressive at end of life

George Handzo – the Case for Spiritual Care
http://www.handzoconsulting.com/spiritual-care/
When SC needs are met or not met...

Research by professionals other than chaplains

- *Journal of General Internal Medicine*
- *Journal of Clinical Oncology*
- *The Journal of Behavioral Medicine*
- *Journal of Palliative Medicine*
- *JAMA Internal Medicine*
SC Model and Chaplains

- SC Model = addresses these issues – team-based, match patient/family goals of care to health care team’s treatment plans

- Professional chaplains
  - Listening skills, help patients/families articulate own beliefs, values, preferences without imposing own
  - Educate/coach IDT and staff = screening
  - Culture brokers – The Joint Commission
Questions for value...

• How well do we, as chaplains, understand and utilize the right structures (such as a spiritual screenings) to focus our expertise?
• Are we seeing the right patients, given limited resources?
• Are we supporting our clinical partners to exercise their own scope of practice in caring for the whole person?
• What is the potential for healing, if patients and families experienced our care as a truly coordinated team, focused on their healing?
Questions for value?

- How can I become involved with my health care partners?
- How can I engage the faith community?
- Who do I know? What doors can I open?
- How am I an advocate for the poor, the vulnerable, the needy?
- What tables do I need to be at right now to be a part of this transformation?
New Focus

Prior
- Initial
- 1-1, family
- Non-anxious presence
- Distress
- Death and bereavement

2014 and forward
- Patient populations
- SC expert
- Build relationships
- Member of team contributing to healing/health outcomes
- Educate/teach others on spiritual needs
New Identity

Prior
- Work in hospital
- Provide pastoral care
- Generally work alone
- Keeper of ministry
- Pastor of staff

2014 and forward
- Work at touch point of service
- SC profession on IDT
- Integral to mission
- Educator/coach/mentor
New Priorities

Prior
- Distress
- See every patient
- Face-to-face
- Respond to crises, codes, deaths, traumas w/in facility
- Only provider

2014 and forward
- Wellness
- Judgment/priority/triage
- Respond to crises, codes, deaths, traumas outside hospital
- Work at highest level of competencies
- Engaging partners in screening and participating in SC
- Teaching
New Roles

- Change agent
- Innovator
- Educator
- Facilitator
- Team Participant
- Quality Manager
- Advocate
- Administrator
Avenues/Opportunities for SC

1. Ensure System-Level SC Standards
2. Refine Core Services
3. Name the Benefits – Make Business Case
4. Diversify Delivery System
5. Build Partnerships
6. Strengthen Referral System
7. Support Staff
8. Work on evidence-based efficacy
1. System-Level SC Standards

- See CHA Pastoral Care Advisory Committee Draft
- Core Elements for System Standards
2. Refine Core Services

**SPIRITUAL CARE CONTINUUM**

**OVERLAP**
- Know me
- Care for me
- Ease my way

**REFERRAL**
- Therapeutic presence
- Active listening
- Spiritual screening
- Spiritual assessment
- Skilled intervention
- Spiritual care plan

**PATIENTS and FAMILIES**

**Chaplains: Modeling, Teaching, Coaching**

**GENERAL/STAFF** **PRIMARY/CLINICIANS** **SPECIALIST/CHAPLAINS**

**PROVIDENCE Health & Services**
3. Name Benefits

- Describe ministry in benefit language
- We can help you....
4. Diversify Delivery System

- Flexibility and accessibility
- Use of diverse communication means besides face to face
  - Calls
  - E-chaplaincy
  - Materials
- Others?
5. Build Partnerships

- Mission
- Physicians
- Clinical team members
- Outpatient leaders
- Community leadership
  - Education
  - Support
  - Advocacy
6. Strengthen Referral System

- Determine a Model
- Train on Screening for Spiritual Distress
- Referral Indicators
- Pilot Projects
7. Support Staff

CHA study showed staff support was one of top priorities for both executives and clinical team members
8. Work on evidence-based efficacy

- **Productivity?** What is being done by chaplains?
- **Quality?** Is what is being done contributing to overall patient quality and satisfaction?
- **Effectiveness?** Is what is being done effective?
- **Impact?** Can one identify and measure the outcomes of spiritual care?
Quality

Performance Against Standards

Process Measures

Outcome Measures
Electronic Medical Records

- Mining EMR’s - data indicators
- Core elements - spiritual assessments “leading practice”
- Potential quality measures
Power of Your Presence – an MD voice

- Never underestimate your influence for good
- Look for opportunities to inspire, to provide a vision, to demonstrate your values
- Create collaboration
- Provide support and encouragement to patients and providers, as an active partner
- Lead courageously
- Be steady in the midst of change
- Pray continuously
- Be visible, be present
So…. Let’s turn to making the case

- http://www.nacc.org/resources/career/default.aspx#elevatorspeeches
On NACC Website

Elevator speech resources

- Conversations for Making the Care Patient Experience
- Clinical Quality Measures
- Financial Issues
- Physician Satisfaction
- Employee Engagement
- Mission
Executive Concerns

- Clinical Quality Measures
- Employee Engagement and Retention
- Financial Issue
- Mission-alignment
- Patient Experience – Satisfaction with Care
- Physician Satisfaction
Strategic Approach

1. Understand their concerns and priorities.
2. Identify the Situation.
3. Identify the assumptions/fears you may be having.
4. Work on the key talking points you may want to make during this conversation.
5. Identify supporting evidence.
6. Consider other points to support you.
Financial Concerns

- Executive Concern
  - Cost Reduction
  - Cost Containment
  - Litigation Reduction and Risk Management
- Assumptions/Fears
- What you could say...
- CHA Pastoral Care Survey Quotes
- Point of Research
Patient Experience/Satisfaction

- Executive Concern
  - We are focused on top decile HCAHPS results

- Some talking points to consider
- CHA Pastoral Care Survey Quote
- Other points to consider
- Points of research
Ascension Experience
Questions, Feedback