Aligning Spiritual Care to an Organization’s Mission and Strategic Priorities
Part II

Mary Lou O’Gorman, M.Div., BCC
mogorman@stthomas.org

Objectives

› Explore the essential role of an organization’s mission in shaping the scope and practice of a spiritual care department.
› Identify the impact of spiritual care on realization of the Mission.
› Examine the relationship of organizational strategy to the priorities of the spiritual care department.
› Describe examples of spiritual care program development and specific practices that demonstrate the organizational mission and strategy.
Ascension Health Mission

- Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable.
- Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities.
- We are advocates for a compassionate and just society through our actions and our words.

Our Values

- Service of the Poor
  - Generosity of spirit, especially for persons most in need
- Reverence
  - Respect and compassion for the dignity and diversity of life
- Integrity
  - Inspiring trust through personal leadership
- Wisdom
  - Integrating excellence and stewardship
- Creativity
  - Courageous innovation
- Dedication
  - Affirming the hope and joy of our ministry
Integral Model for Mission Integration & Spirituality:
A TOOL TO HELP US IDENTIFY & DEEPEN SPIRITUALITY IN THE WORKPLACE

**Define Spirituality**

**Ascension Health Framework For Workplace Spirituality**
- diverse
- inclusive
- relational
- life-giving, soul-satisfying
- rooted in reality and truth
- discoverable in awareness
- effective in service

**Select, Welcome and Engage Associates, Physicians, Volunteers, Board**

**Develop relationships and build a Model Community reflective of our values**

**Create a healing environment through spiritual/emotional support and life-giving space**

**Celebrate our identity in ritual**

**Weave spirituality into strategic and operational processes, decisions and actions**

**Provide vital formation/development experiences (leaders, associates, physicians, board)**

**Call to Action**
Healthcare that works, healthcare that is safe, and healthcare that leaves no one behind.
Provide spiritually centered holistic care

Measure mission outcomes and impact; maintain accountability
Manifesting the Mission

- At the bedside and beyond by:
  - Care provided to
    - Patients
    - Families
    - Associates
  - Activities that address the needs of the spirit
  - Organizational leadership
  - Interdisciplinary practice
  - Education
  - Community relationships, outreach, and collaboration

Mission Related Activities

- Are experts in spirituality and healing
  - Teach how to assess and address spiritual needs
  - Address spiritual distress
- Possess the ability to “make meaning”
  - In environments hungry for meaning
- Are able to listen and be present
- Are experts in
  - Care of the dying
  - Dynamics of grief and loss
- Help organizations move through change
Deliver culturally competent, person centered care
  ◦ Understand beliefs/values of diverse religious traditions, cultures
Are experts in creating and leading prayer/rituals
  ◦ Affirm, bless, celebrate, heal and mourn
    ◦ Organizational, team, individual
Facilitate “sanctuary” in the midst of chaos
Are engaged in workplace spirituality
Participate in formation programs

Are front line
  ◦ Risk managers
  ◦ Ethicists
Play vital role in care of individuals living with chronic illness
Are knowledgeable about human development and faith development
Transcend denominational lines
Facilitate community relationships
**Services/Staffing Plan**

- **Goal:** To develop a plan to provide services that will meet the needs of the local ministry based on:
  - Mission
  - Organizational strategy
  - Identified needs of key stakeholders
  - Environmental considerations

**Consider Organizational Variables**

- **Size of institution** (number of inpatient beds)
- **Type of institution**
  - Acute Care
  - Long Term Care
  - Critical Access
  - Tertiary Care
- **Specialty services** (Orthopedics, Maternity, Cardiovascular, neurology, etc)
- **Outpatient services**
- **Level of emergency care**
  - Trauma Center
  - Community Hospital
- **Patient catchment area**
  - Community relations
- **Patient population needs—demographics**
  - Acuity levels (CMI)
  - Co-morbidities
  - Number of deaths
- **Patient Centered Medical Home (PCMH)**
Services/Staffing Plan: Priorities

- Identify activities of spiritual care department that are aligned with the strategic direction of the health ministry
  - Determine where care is happening
    - PCMH
  - Patient experience/satisfaction
  - Palliative care initiatives
    - SC assessment for at least 90% of PC patients
  - Associate engagement/satisfaction
  - Spirituality in the workplace

- Dialogue with key stakeholders to determine needs and secure support
  - Senior/Organizational leaders
  - Patients
  - Family members
  - Staff
    - Medical
    - Nursing
  - Community representatives

- Assess current level of services based on input
- Evaluate need to add, reduce or eliminate services
Services/Staffing Plan: Leading Practices

- Identify spiritual care services that:
  - Integrate leading practices into our health ministries
  - Are consistent with professional literature and current research
    - Specific disease populations
    - Levels of acuity
    - Continuum of care
    - Wellness

Services/Staffing Plan: Measure Effectiveness/Compliance

- Utilization of Metrics
  - Is the norm for most disciplines
  - Demonstrates value to clinicians and leadership
  - Establishes standard of excellence

- Evaluate Regulatory Compliance
  - The Joint Commission (TJC)
  - Ethical and Religious Directives for Catholic Health Care Services, Parts Two and Five
  - Standards of Practice for Professional Chaplains in Acute Care, Spiritual Care Collaborative 2009
Ongoing Process

› Engage in periodic review of services and staffing
  • Engage in dialogue with key leaders
  • Reconsider strategic initiatives, organizational priorities
    • Ascension Health
    • Local health ministry
  • Assess effectiveness/productivity/quality
  • Consider regulatory standards, leading practices, research
  • Revise staffing/services
  • Implement/utilize of technology
    • E-chaplaincy

Communicating Our Value

› Articulate
  • Who we are – Best practice
    • Define role in the healing process
    • Develop competencies for new settings
  • What we do
    • Continue to define services
    • Align goals with organizational initiatives
    • Measure effectiveness/impact
  • Role in creating healing environments
    • Staff retention
    • Expansion into emerging markets
    • Technology
    • Wellness/prevention
  • Legacy
...communicating

- Share information with major stakeholder groups who can support the ministry, including:
  - Board
  - Organization’s senior leaders
  - Management Council
  - Key Councils/Committees
  - Communications/public relations
  - National organizations
Chaplain Services

How Spiritual Care Supports Holistic Care and Healing in Our Health Ministries

End-of-Life Care
- Comfort care
- Organ procurement support
- Ethical decisions around end-of-life care
- Spiritual and cultural education
- Spiritual issues

Community Service/Outreach
- Ministerial alliances
- Interdenominational networks
- Diocesan relationship
- Parish volunteer training/ministry formation
- Educational resources
- Community service projects

Support Groups
- Bereavement
- Pre- and post-transplant
- Chronic illness
- Perinatal and neonatal
- Cancer
- AICD and cardiac
- Pulmonary
- Brain and spine
- Mental health
- Care for caregivers

Spirituality Groups
- Retreats
- Guest preaching
- Invocations
- Benedictions
- Blessings

Special Services
- Mass/worship
- Sacraments
- Holy seasonal services and rituals
- Eucharistic prayer services
- Patient memorial services

Employee Support
- New staff orientation
- Pastoral counseling
- Weddings, blessings
- Critical Incident Stress Management (CISM) group support
- Associate memorials/funerals/retrats

Patient/Family Ministry
- Crisis ministry/management
- Assessing and working with diverse family dynamics
- Spiritual/religious/cultural assessment
- Spiritual and emotional support
- Bereavement care
- Prayer, blessings and rituals
- Facilitation of ethical decision-making

Documentation Technology
- Develop electronic tools for documentation
- Document spiritual assessments, interventions and care plans
- Generate HIPAA compliant patient lists for volunteers and area clergy

Interdisciplinary Teams
- Patient care conferences
- Patient rounds
- Ethics conferences
- Advance Directives
- Palliative Care teams

Clinical Pastoral Education
- Clinical faculty for program
- Create didactic presentations for learning
- Mentor residents, interns and externs
- Clinical resource for program participants

Committees
- Ethics
- Patient Rights
- Palliative Care
- Critical Care
- Perinatal Loss
- Trauma Care
- Bereavement
- Institutional Review Boards

Leadership
- Strategic initiatives and long-range planning
- Workplace Spirituality
- Model Community
- Leadership teams and formation
- Operations meetings
- Mission Integration
- Department meetings
- Service recovery
- Education
- Boards

Volunteer Programs
- Eucharistic volunteers
- Spiritual Care volunteers
- Special program volunteers
Expanding The Model

- Clinics
- End-of-Life Care
- Community Services/Outreach
- Support Groups
- Spirituality Groups
- Ambulatory Care
- Special Services
- Associate Support
- Effectively partnering with parishes/parish nurses
- Committees
- Leadership
- Volunteer Programs
- Clinical Pastoral Education
- Schools
- Documentation Technology
- Interdisciplinary Teams
- Assisted Living/Long Term Care
- E-chaplaincy
- Patient/Family Ministry
- Expanding The Model
- Clinics
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- Patient/Family Ministry
Outpatient Revenue as a Percent of Total Gross Patient Revenue

Average 47.5%
## Transformational Path to Person-Centered Care

### Provider-Centered: transactional model vs. Person-Centered: relationship model

<table>
<thead>
<tr>
<th>Focus</th>
<th>Provider-Centered: transactional model</th>
<th>Person-Centered: relationship model</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Providers’ delivery of medical services to patients to address a healthcare episode</td>
<td>Trust-based relationship that promotes a spiritually centered, holistic approach to supporting a person’s health and well-being</td>
</tr>
<tr>
<td>Locus of Control</td>
<td>Primarily providers</td>
<td>Primarily the person and family supported by trusted ecology of resources</td>
</tr>
<tr>
<td>Nature of Choices</td>
<td>Healthcare choices are mostly reactive</td>
<td>Health choices are well understood and frequently proactive</td>
</tr>
<tr>
<td>Primary Locations</td>
<td>Hospitals and clinics</td>
<td>More care and support in the community, in the home and by virtual means</td>
</tr>
<tr>
<td>Health Information</td>
<td>Provider-based, episodic, transactional</td>
<td>Coordinated, transparent data managed by well-informed individuals</td>
</tr>
<tr>
<td>Duration</td>
<td>Episode of care</td>
<td>Lifetime relationships</td>
</tr>
</tbody>
</table>
Paradigm Shift

- “New and exciting method for the delivery of spiritual care from a pastoral visit to an ongoing relationship
  - From pen/paper to computer/technology
  - From acute care to patient care site/home
  - From “come to us” to “we meet you where you are”
  - From in-person encounter to contact
  - From silo to integration
  
  –Kenneth Potzman, Director, Pastoral Services, Mercy’s Eastern Communities

The Vision of Saint Thomas Health

- As an integrated ministry, we will help people lead healthier lives, transforming the healthcare experience through trusted personal relationships and holistic, reverent care.
Key Elements of Our Vision

- **Integrated Ministry**
  - Providing coordinated, seamless care across time and space

- **Helping People Lead Healthier Lives**
  - Setting the pace for community health improvement efforts, starting with our own associates
  - Transforming the healthcare experience
  - Requiring bold steps to accomplish fundamental change in the healthcare delivery system
  - Trusted personal relationships
  - Moving to a person-centered approach and developing lasting relationships beyond individual healthcare encounters

- **Holistic, Reverent Care**
  - Promoting spiritually holistic approaches to supporting people’s broader needs for health and well-being

Integration Tools

- Work with care managers/navigators and out patient staff to identify protocols for referrals/care
  - Staff education on spiritual assessment
  - Screening tools (triggers) for a referral
  - Develop care plans that incorporate spiritual needs
  - Identify barriers to coping/healing

- Explore technology enabled chaplaincy
  - E-mail
  - Skype
    - Video consult
    - Video education
  - Phone
    - Texting
Staff Support/Education

- Addressing spiritual needs
- Cultural competence
- Role of the chaplains
- Addressing moral distress
- Debriefing opportunities
- Interpreters of the culture
  - Find meaning in chaos of change/transformation
- Rituals of healing
- Wellness/prevention

Spiritual Assessment
In Tangible Terms

- Coping
- Resiliency of spirit
- Connection to God/other
- Meaning, hope, love
- Comfort with mystery, unknown
- Identifying sources of support
- Reframing death to alleviate death anxiety
- Sense of control over what seems out of control
- Optimism (adapted from Puchalski, 2004)
- Beliefs and values
Episodic Bundles

- Areas of initial focus will include, but not be limited to:
  - Chronic Obstructive Pulmonary Disease
  - Pneumonia
  - AMI and Heart Failure
  - Spinal Fusion
  - Joint Replacement

Potential Pilots

- Outpatient infusion center for treatment of cancer
- Heart failure clinic
- Cardiac rehab
- Pulmonary rehab
- Clinic ministry with diabetic patients
- Joint replacement patients
- Partner with faith community nursing to provide outpatient follow-up of specific populations
Unity System

- An integrated system to treat brain tumors
- Interdisciplinary meetings
- Pre–op ministry
- Care across the continuum
Palliative Care

ASCENSION HEALTH
PALLIATIVE CARE MODEL

DIAGNOSIS
OF LIFE
THREATENING
CONDITION
OR
DEBILITATING
ILLNESS OR
INJURY

DISEASE MODIFYING TREATMENT

PALLIATIVE CARE

HOSPICE
BEREAVEMENT

DISEASE PROGRESSION

CONDITION APPROPRIATE FOR PALLIATIVE CARE MAY
OR MAY NOT PROGRESS TO DEATH

BIOLOGICAL
DEATH
CPE/Symposium

- CPE program
- Provide community education for lay persons/deacons pastors
  - Basic pastoral care skills
  - Didactics by community members
  - Spring course advanced skill building
- Enhance community relationships to engage in collaborative outpatient ministry

Faith Community Nursing

- The integration of the practice of faith with the practice of nursing
- Promotes
  - Wellness
  - Disease prevention
  - Health education
  - Spirituality/religious needs
- Outreach into the community
- Collaboration with faith communities
- Potential pilot sites for post discharge care
Key Elements of Strategic Planning

- Be proactive
- Review organizational priorities
- Identify focus(i) of ministry
  - Follow high priority populations
    - Home
    - Office visits
    - Utilization of technology
- Delegate—Cannot do it all
  - Care partners
    - CPE students, Stephen Ministers, Volunteers
- Educate
- Collaborate with interdisciplinary colleagues
- Tell our stories

Contact Information

Mary Lou O’Gorman, M. Div., B.C.C.
Director of Pastoral Care and CPE
Nashville, TN 37205
615.222.3570 (office) 615.222.6848 (fax) 615.714.8194 (cell)

Jane W. Smith, D. Min., B.C.C.
Chaplain, Director of Mission Effectiveness (ret)
Fulton, Missouri, 65251
573-875-8787 (home) 573-424-9373 (cell)