Spiritual Care Leadership: The Value Factor - Building a Case for Spiritual Care

A Leadership Path Workshop for NACC 2011 National Conference

Developed in collaboration with the Ascension Health Spiritual Care Task Force
Presented by:

Cheryl Wilson-Weiss, BCC
Retired Director, Spiritual Care & Mission Integration, Carondelet Health Network, Tucson, Arizona

(Presented with the permission of Ascension Health to the National Association of Catholic Chaplains audio conference, July, 2012.)
Part One: The Work
July 19, 2012
12:00 pm Central Time
The Context for this Work

- Spiritual Care in Larger Context of Health Care
  - Need to find Way to Communicate Importance of Ministry.
  - Share with administration

- Some local ministries in Ascension Health were being asked for productivity data or for metrics by their administration.

- Metrics and productivity are the norm for all disciplines in hospital setting.
Susan Wintz and George Handzo
Pastoral Care Staffing and Productivity: More Than Ratios

- How many chaplains per bed.
- What metrics needed to convince administrators
- How Chaplains’ work described and determined? What considered “productive” and how is this measured?
- How do you interpret the work of chaplaincy to administrators?
Reviewed the Work of Others

  - Needs of the patient come first
    - Needs identified by patient survey
  - Chaplain Centered Issues
    - Understanding of ministry and call
  - Metrics
    - Why
      - Accountability, budget, continuous improvement, patient satisfaction, research, staffing plan, supervision
    - How
      - Data Collection of “service events”
        » Determines the staffing ratio based on services provided

http://www.nacc.org/vision/articles/cost-for-chaplain-services.asp
Reviewed Work of Others cont......

- Orin Newberry, "The Grasp Model for Pastoral Care Staffing"
  - Establish unit acuity
    - Need for chaplain visibility
      » How routinely visible a chaplain needs to be
    - Ability of Chaplain
      » Competency/ experience based on patient acuity
    - Urgency
      » Urgency of requests/needs for intervention
      » Triage criteria
Developing a Staffing Plan

For Spiritual Care

April 2010

Determining a Staffing Plan

Establish Priorities
- Identify strategies related to how spiritual care contributes to the strategic initiatives of Ascension Health and the Health Ministry.
- Determine the desired level of service through collaboration with other efforts in the Health Ministry.

Consider Elements of Leading Practices
- Identify leading practices that support the Health Ministry’s goals and strategy and promote excellence in spiritual care.
- Assess current staffing model and services in light of leading practices identified in professional literature and research.

Measure Effectiveness
- Utilize metrics that measure productivity, quality and outcomes.
- Evaluate compliance with standards and regulations.
- Periodically review organizational and departmental policies to determine the effectiveness and ensure continued connection with Health Ministry objectives.
Staffing Guidelines for Health Ministries

- Goal:

  The intention of this document is to assist Spiritual Care departments to develop a staffing plan that meets the Health Ministry’s needs based on organizational strategy, identified needs and environmental considerations. Spiritual Care departments may find the following steps useful.
DETERMINING A STAFFING PLAN
I. Establish Priorities

A. Identify strategies related to how spiritual care contributes to the Strategic Direction of the Health Ministry. (e.g. associate engagement, patient experience, palliative care, high reliability, model community and end of life care).

- Describe how spiritual care contributes to the Health Ministry’s Mission, Vision and Values.

- Review Strategic Direction and be aware of the Health Ministry’s goals and daily operational priorities.
1. Establish Priorities cont....

- Evaluate the way the Health Ministry envisions its position within the community it serves.

- Solicit input from and engage in dialogue with operating executives, medical and nursing staff, community representatives and other key stakeholders regarding expectations of spiritual care in the Health Ministry.

- Identify the unique contribution that spiritual care will make to the achievement of the Health Ministry’s strategic goals.
I. Establish Priorities cont....

- When determining priorities, it is also helpful to consider institutional variables including:
  
  - 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).
  
  - Level of emergency care (trauma center, community-based).
  
  - Patient population needs (inner city, urban, suburban, rural).
  
  - Patient demographics (ethnicity, culture, religious needs).
  
  - Teaching or non-teaching.
  
  - Acuity levels, (case mix index, co-morbidities, number of deaths).
I. Establish Priorities cont....

B. Determine the desired level of service through collaboration with other efforts in the Health Ministry, e.g. Patient Experience focus groups, Model Community and other integral stakeholders.

- We developed an *Ascension Health Chaplain Services* diagram and definitions of services, assess current services provided to patients, families, staff, the Health Ministry and the community.

- Evaluate if current services are meeting the needs of patient, families and staff.
CHAPLAIN SERVICES CATEGORIES

- Developed by the Ascension Health Spiritual Care Task Force
  - The “Gold Standard” of possible services
    - Not every ministry will provide the entire range
    - All services flow from Patient/Family Ministry
  - Used to develop definitions of the most frequently offered services based on survey
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

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

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

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

- **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

- **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

- **Documentation Technology**
  - Develop electronic tools for documentation
  - Document spiritual assessments, interventions and care plans
  - Generate HIPPA 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

MISSION INTEGRATION | SPIRITUAL CARE | Chaplaincy
Patient/Family/Staff Ministry

Crisis ministry/management
Assessing and working with diverse family dynamics
Spiritual/Religious/Cultural Assessment
Spiritual and emotional support
Bereavement care
Rituals
Facilitation of ethical decision-making

Out Patient Services
Support Groups
End-of-Life Care
Employee Support
Interdisciplinary Teams
Special Liturgical Services
Community Outreach
Documentation Technology
Leadership
Eucharistic Minister Volunteers
Spirituality Groups

Carondelet Health Network
Spiritual Care Department

Ascension Health

Spiritual Care Supporting Holistic Care & Healing
Engage focus groups composed of patients, families and associates to determine expectations and desired services.

Questions to consider for focus groups may include:

• How do you define emotional and spiritual support?
• How do/did you experience emotional and spiritual support?
• What are your expectations around emotional and spiritual support?
• Are there any gaps between your expectations and your actual experience?
• If you were visited by a chaplain, what was helpful? Not helpful?
• What is the most important thing the chaplain did for you?
• Are there additional ways you would like emotional and spiritual support to be provided?
I. Establish Priorities cont....

Recommended questions for associates:

- What is the most important thing the chaplain does for you?
- Does the chaplain meet your emotional/spiritual needs?
- Are your expectations of the Spiritual Care department and chaplain services being met?
- Is there anything more you need from chaplain services both personally and/or professionally?
- What is the most significant contribution the chaplains make to the culture of this organization?
- What is the greatest opportunity for improving spiritual care services?
- Do the chaplains help you understand the patients’ healthcare needs from a religious/spiritual perspective?
I. Establish Priorities cont....

- Identify if additional services are necessary to meet those needs and to address key stakeholder expectations, the strategic goals and the Mission, Vision and Values.

- Collect narrative stories that demonstrate ways the Spiritual Care department sustains, informs, creates and models a healing culture.

- Assess sacramental needs based on the Roman Catholic census, patients and associates.
DETERMINING A STAFFING PLAN

Establish Priorities

Consider Elements of Leading Practices
II. Consider Elements of Leading Practices

A. Identify leading practices that support the Health Ministry’s goals and strategy and promote excellence in spiritual care. Some examples may include:

- Spiritual care coverage is available at all times.
- Spiritual assessments are conducted for patient and documentation of the spiritual care plan is part of the medical record.
- Comprehensive spiritual care is available for dying patients and grieving loved ones.
- Palliative care patients will receive a spiritual assessment and follow up care.
II. Consider Elements of Leading Practices cont....

– Services are provided by Board-certified chaplains whenever possible (see Guidelines of Excellence for Spiritual Care).

– Crisis intervention support is available for staff.

– Chaplains will be involved in ethical decisions related to patient care.

– Chaplain will be present for all codes, traumas and deaths.

– Chaplains are visible and active members of the care team on all patient care units.

– A Performance Improvement plan should be in place for the Spiritual Care department.

– Chaplains should receive professional training and education to support the achievement of the Guidelines of Excellence for Spiritual Care.
II. Consider Elements of Leading Practices cont.

B. Assess current staffing model and services in light of leading practices identified in professional literature and research.

- Review significant professional literature such as research related to spiritual care.

- After reviewing documentation, ask, “Does the Spiritual Care departments’ current staffing model reflect the findings of current research?”