

THE NATIONAL ASSOCIATION OF CATHOLIC CHAPLAINS

Audio Conferences
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Communicating the Value of Chaplaincy

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SESSION TWO

I. Review of purpose

How do we talk about chaplaincy, especially to healthcare leaders and our clinician colleagues? Over the past year, research and writing have occurred that can help chaplains better understand how they are perceived and the types of messages that can be developed to communicate about our profession and its benefits.

These two audio conferences will share insights from the recent CHA surveys of healthcare executives and clinicians, as well as synthesize other writings on this topic, and invite the participants to develop and test ways of expressing their work.

Objectives

Participants will have:

- Gained knowledge and understanding of the CHA surveys to both healthcare executives and clinicians, and their key perceptions of spiritual care.
- Examined other recent writings on making the case for spiritual care, and the language of Association of Professional Chaplains and HealthCare Chaplaincy on explaining the benefits of chaplaincy.
- Explored ways of communicating the value of chaplaincy in light of the focus of the patient experience and patient-centered care.

II. Other recent writings on making the case for the value of spiritual care

1. George Handzo – the Case for Spiritual Care
<http://www.handzoconsulting.com/spiritual-care/>
 - i. Patient-Center, Patient-experience = communication
 - Listen to and elicit patient/family wishes and goals
 - Sensitivity to patient/family culture
 - Religious/spiritual values influence on HC choices
 - Patients having spiritual needs met at end of life = higher satisfaction, family more satisfied, less time in ICU, less \$ on EOL care
 - Patient/family needs/preferences elicited = more compliance with treatment plan, more satisfied with care, use less health resources

- ii. Goals to improve patient satisfaction complement reduced HC costs
 - o Better communication = patients managing their care better = less emergency/aggressive care, and generally use less expensive/ aggressive at end of life
- iii. PC Model =addresses these issues – team-based, match patient/family goals of care to health care team’s treatment plans
- iv. Professional chaplains
 - o Listening skills, help patients/families articulate own beliefs, values, preferences without imposing own
 - o Culture brokers – The Joint Commission
- v. Why not?
 - o HC decision makers uninformed about chaplains skills/competencies
 - o HC decision makers not know how to recruit chaplains with right skills
 - o Chaplains unable/often unwilling to make the business case, and professional community fractured/not speak with one voice
 - o Evidence base for efficacy of professional chaplaincy is almost nonexistent

2. Comparing the language of Association of Professional Chaplains, HealthCare Chaplaincy, and the findings of the Catholic Health Association Survey (See Comparative Benefit Language)

III. Communicating the value of chaplaincy in light of the patient experience and patient-centered care

1. Messages developed by NACC colleague responses to questions posed (See Communication Messages)
2. Messages helpful to explaining the evolution of the Chaplain’s role (See Evolution of the Chaplain)
3. Some visual examples that position spiritual care
 - i. Providence Model (See Prov SC Model Figure 1)
 - ii. Ascension Model (See AH Spiritual Care Handout)

IV. Other plans based on NACC Strategic Goal II

1. Training program for NACC members
2. Messaging on the NACC website
3. Power Points
4. Research articles

V. Questions and Sharing