Integrating Spirituality into Healthcare

Chaplain as Lead Expert..... Lessons Learning
Background

St. Anthony’s Hospital

- Established in 1931 by Franciscan Sisters of Allegany, New York
- Was part of Allegany Health Systems, became CHE, and now Trinity Health system with Joint Operating Agreement with BayCare Health System in Clearwater, Florida
- Licensed for 395 beds
- Approximately 2000 Team Members
Integrating Spirituality…

- Studies show majority of patients want clinicians to know about their spiritual beliefs – patients want us to know them!
- Taking a brief Spiritual history gives a picture of both physical and spiritual needs
- Integrating through entire hospital – not just Palliative Care
- Not just for the chaplain
Interprofessional Spiritual Care

ISC takes a holistic approach to patient-centered care. The healthcare team, working together, addresses a patient’s physical and spiritual needs to develop an optimal treatment or care plan for the patient. This is Patient-Centered Care. Each member of the healthcare team has a role in ISC. All healthcare providers need to “know” the patient and how they make decisions about their healthcare.
Chaplains should be an integral part of the health care team. Chaplains are considered the lead expert in Spiritual issues.

Primary Care Physicians treat many issues, but will refer to a specialist for something out of their scope of practice. So it is with Spiritual Care.
Interprofessional Spiritual Care

By taking a brief Spiritual History, all providers will have a complete history of the patient and will help us understand what is important to the patient.

Physicians and other clinicians should be looking for Spiritual Distress diagnoses which then can be referred to the Chaplain who is the lead expert in Spiritual Issues.
Professional Chaplain

A Professional Chaplain is defined as a Board Certified Chaplain (NACC, APC, or NAJC.)

Our Trinity *Standards of Excellence for Spiritual Care* state that we should hire Board Certified Chaplains. Non-certified chaplains should have at least one unit of CPE. Our goal would be all Board Certified Chaplains.
Spiritual Assessment Tool – FICA®

F - Faith(Spiritual) or Beliefs
I - Importance and influence
C - Community
A - Address

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Cards available at www.gwish.org
F: What is your Spirituality or belief system? What gives meaning to your life?

I: Is it important in your life? What role do your beliefs play in regaining your health?

C: Are you part of a spiritual or religious community?

A: How would you like me, your provider to address these issues in your healthcare?
Integrating…

October, 2013

• Christina Puchalski, MD presents 1.5 day retreat
• Six physicians, 14 Nurse Managers and/or Nursing Supervisors, VP of Mission, 5 chaplains and Director of Pastoral Care
• Most nurses/chaplains receptive
• Physicians skeptical as to practicality
• Some thought it was great – for chaplains
• *Nursing Director saw it as “missing piece” for patient-centered care*
The Role Play...

Cardiologist...

- Thought idea was ok, but couldn’t imagine how to incorporate into practice
- Christina asked him if he was willing to do a short 2-3 minute role play with her
- Doctor thought role play went well – and fast! Doctor was honest about his own Spirituality. Said he would try to use it and did!
Leadership Group

Leadership group formed from participants at retreat. First meeting:

• Told stories of how retreat impacted them
• Began to ask spiritual questions
• 3 Physicians on Leadership group spoke of reluctance at first, but then became more comfortable as they tried it
• Clinicians began thinking of how EMR may need some enhancements
Leadership…

- Three physicians on Leadership group (Oncologist, Cardiologist, and Primary Care) all agreed that getting to Spiritual question was easier in the office than in hospital when patient in crisis…
- But good to know that information when patient is in crisis…
- Relationship with patient makes for better conversation and understanding patient
Next Leadership meeting

• Cardiologist reports that he has been asking many patients about Spiritual beliefs – and it has opened up much more meaningful conversations (“I even asked one woman about her poodle!”)

• PC physician reports that more Team Members and physicians are asking what this project is all about and will they be participating?
Bedside…

• Physicians asking Spiritual questions either bedside or in their office
• They report it is helpful to have a “bigger picture” of the patient
• Many nurses report patients wanting to talk about Spiritual issues and not just with chaplain
• Happening throughout the hospital
Bedside…

• Spiritual Care has been integrated into healthcare team at SAH. Chaplains have worked closely with physicians and nurses. They were encouraged to call the chaplain (and still do.)
• Idea is understood, but easier to call the chaplain
• Chaplains participate in Rounds throughout the hospital
Electronic Medical Record

• Chaplains see most patients in hospital and do Spiritual Assessment in the EMR

• EMR has a Religious/Cultural screen on the Admission Data Base that the admitting nurse asks. SAH trying to change to “concerns you may have.” Nurse will listen for spiritual issues in this admission dialog

• Need common area for all disciplines to chart Spiritual Issues in EMR
Unexpected Values…

Leadership group meets monthly for sharing. Our Cardiologist talked about his frustration with practicing medicine today and was even asking himself if he wanted to continue in medicine. He says that this initiative (even in early stages) has made a “tremendous impact on him and he now feels renewed and excited about practicing medicine”…..
Values…

We hear from other Team Members that this physician is now freely talking about Spirituality at other meetings.

He has begun a Heart Failure Support group that is Spiritually driven to address the needs of HF patients. This Support Group has been very successful.
Training

Christina was here last week and trained an additional 60 Healthcare Team Members and around 10 physicians for a 2.5 hour training session. All Team Members (nurses, techs, etc.) are paid during the training. Some come in on their day off.

Hopefully, we will have more “conversion” stories to tell!
Lessons Learning....

- Key physicians on-board with program help with success
- Encourage everyone to take *ownership* and not wait to be told to do it
- This is *patient-centered care*
- Key to improving patient satisfaction scores
- Nurse Managers need to lead and teach their nurses about FICA and be hands on Interprofessional Spiritual Care – not just to refer to Chaplain
Learning…

• Keep momentum going and celebrate wins!
• Meet together (monthly) and tell stories
• Interprofessional Spiritual Care is everyone’s responsibility – not just the Chaplain
• Have key dates set in advance
• Speak language of each discipline – physicians – “complete history of patient;” nurses – “nursing diagnoses with spiritual issues,” – patient-centered care, etc.
Learning…

• Chaplains and nurses were receptive at beginning with physicians reluctant, at this point, our physicians are the champions!
• Some physicians need “permission” to approach spirituality
• Some physicians taught not to cross that line
• Changing forms in EMR not always easy!
References

George Washington University – Institute of Spirituality: www.gwish.org


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