

Outcome Oriented Chaplaincy



Overview

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Case Example: Mary

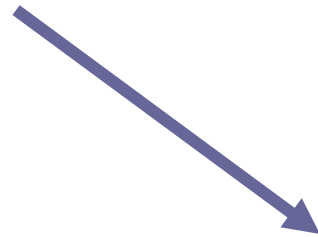
- Received referral from nursing
 - Clinical: Newly diagnosed brain tumor; scheduled for surgery <24 hours after admission
 - Social: No identified support system
 - Spiritual: Pt facing major surgery complicated by issues of social isolation and aphasia

- Updated by RN:
 - 73 yo female found in an unclean apartment lying on a soiled mattress on the floor
 - Family: one cousin in Minnesota she had not spoken to in 3 years; had been located by RN and had spoken to pt
 - Right sided weakness, expressive aphasia
 - Initial diagnosis: lesion on right frontal lobe, scheduled for neurosurgery that afternoon
 - RN concern that patient's wishes be identified and documented

- Reviewed chart

Case Example: Mary

- Response to chaplain self-introduction
 - "I...don't...want"



Chaplain response?

Case Example: Mary

- Chaplain conversation revealed:
 - Receiving no community adult services
 - No friends or neighbors she socialized with
 - No religious tradition, community, or practices
 - Income: monthly social security check
 - "...What's...wrong...with...me?"
 - "...I...don't...want...."
 - "CPR...shock..."
 - "Machines...breathe"

—————→ Chaplain response?

Case Example: Mary

Simple intervention and documentation,
right?

- ▣ Pastoral presence and listening
- ▣ Completion of Advance Directives: Healthcare Power of Attorney and Living Will
- ▣ Blessing/hopeful words before surgery

—————→ Or maybe not...

Case Example: Mary

- Talked to (the new) neurosurgery resident
 - Reintroduced the role of the chaplain on the unit (month previously had presented an in-service as part of their orientation)
 - Made aware of Living Will and patient's question "What's wrong with me?"
 - Asked about pt's neuro diagnosis
 - Asked about hoped-for-outcomes of surgery
 - Asked about plan of care following surgery
 - What about the chest x-ray?
 - Would a palliative care consult be appropriate?

Case Example: Mary

- Spoke with attending intensivist/pulmonary critical care MD who:
 - Reviewed chest x-ray
 - Talked to patient
 - Called neurosurgery resident and attending to delay surgery until
 - Ordered chest CT and full body scan
 - Ordered palliative care consult
 - *"This is why I am glad you are on our team."*

Case Example: Mary

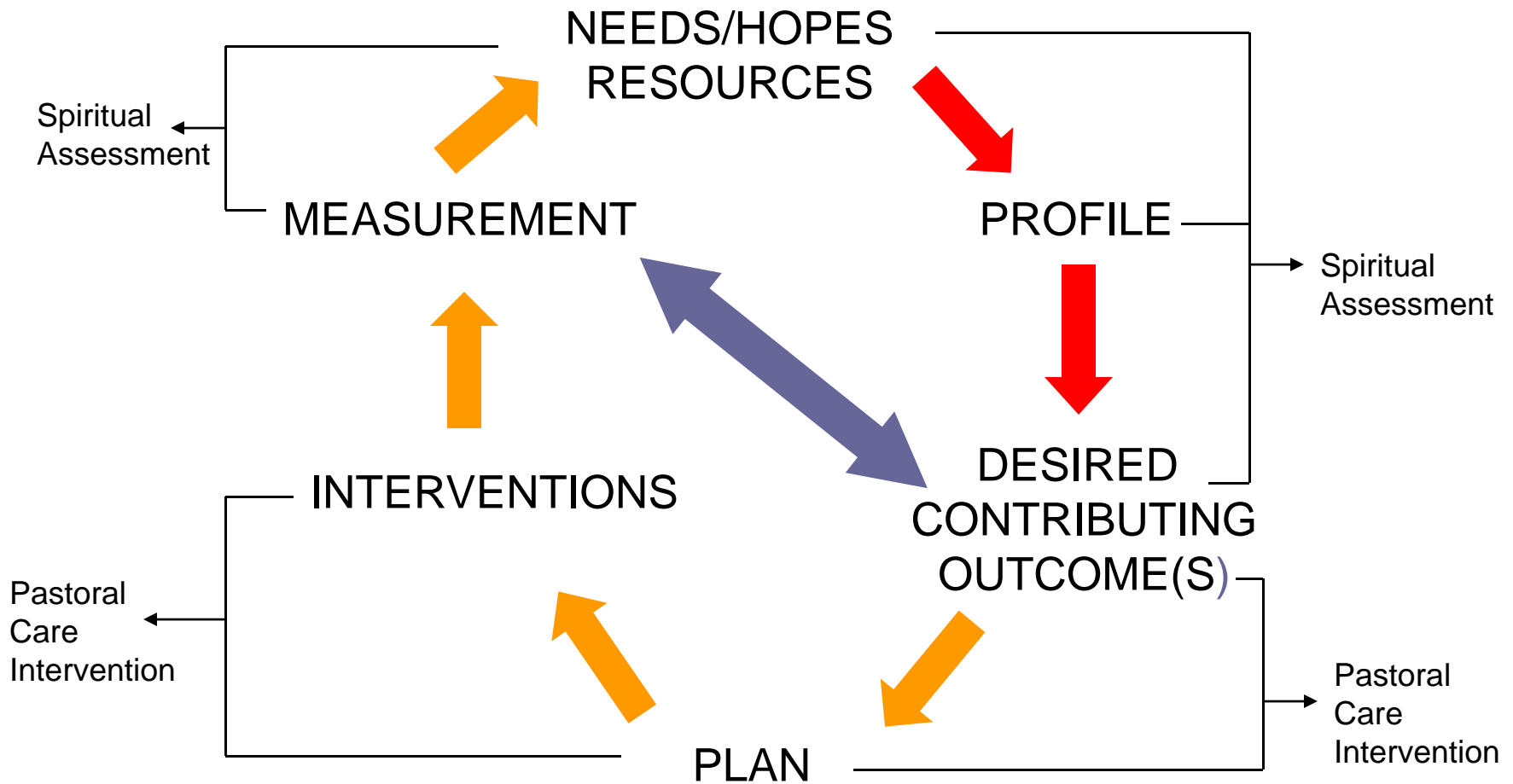
- Outcomes:
 - Diagnosis of metastatic cancer
 - In consultation with palliative care team, patient and her cousin/HPOA made decision for comfort care only – “No...treatment”
 - Patient’s beliefs, values, and preferences were respected “Die...my...way.”
 - Needless pain/suffering avoided “No...surgery”
 - Discharged to inpatient hospice for end of life care
 - Shorter length of hospital stay
 - Improved use of healthcare resources
 - Effective communication within the multidisciplinary team and additional education with neurosurgery residents

Components of Outcome Oriented Chaplaincy

- Spiritual Assessment
 - Needs, hopes and resources
 - Profile (“Snapshot”)
 - Identify desired contributing outcomes
- Care planning
 - Co-ownership
 - Integrated
- Pastoral care interventions
- Measurement
- Re-assessment

Outcome Oriented Chaplaincy

Lucas: Discipline for Pastoral Care Giving



Spiritual Assessment

- ❑ Process of discerning the spiritual and religious needs and resources of persons
- ❑ Summarizes the religious and spiritual needs and resources in ways that are applicable to the persons' immediate situation and future coping
- ❑ Requires understanding of the spiritual and religious dimensions
- ❑ Requires training and competency
- ❑ Normally done by a professional chaplain

Spiritual Assessment

“Demonstrate ability” in spiritual assessment means to:

- Have a professional model based on updated theory and accepted professional practice
- Be able to articulate it in professional language congruent with spiritual care.
- Be able to demonstrate how one uses the information in a variety of ways

You are doing Spiritual Assessments now if you have some idea:

- Who and what is before you
 - Needs, hopes, resources
 - Themes running through his/her story
 - Profile, or 'snapshot" of the person/family and their values/beliefs

- What to do next

- How you will know when you are done for now

Spiritual Assessment: Driving Questions

- How do I know?
 - Attacks assumptions
 - Undercuts projective infilling

- So what?
 - Contextualizes
 - Relevance checks

Identified Contributing Outcomes

- Activity: Who I am and How I am ... What I am doing/saying
- Intervention: Who/How I am and what I do/say in caring relationship ... For the good of the person(s) in my care
- Outcome: What flows from Who/How I am and what I do/say ... In terms of the other person's experience and being



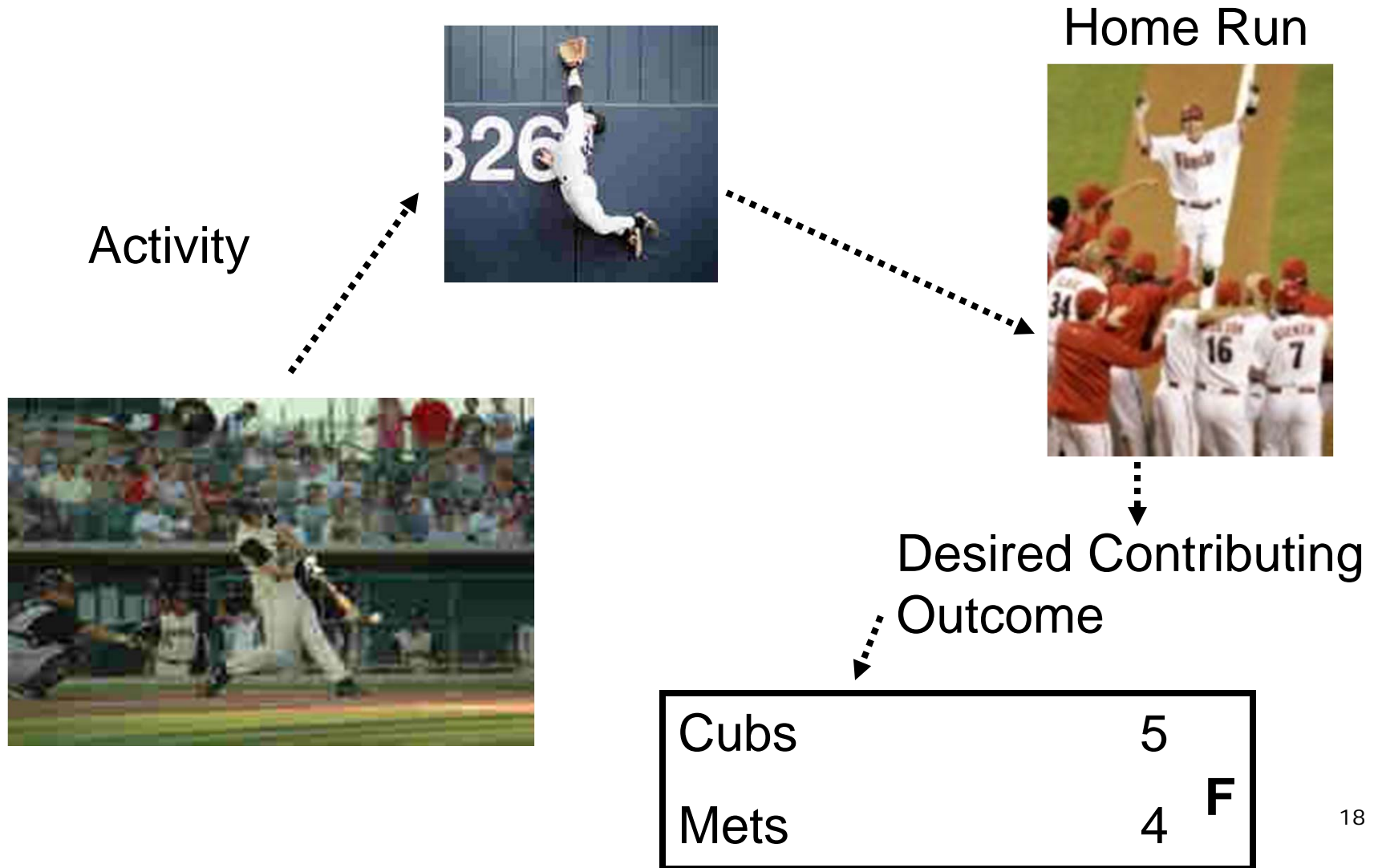
You are identifying Desired Contributing Outcomes now if you:

- Find yourself hoping your presence and care for Mr. Smith might...
- Sometimes pray Mrs. Goldberg could...
- Talk with a colleague about how you were so touched by Dr. Rana's story and just wish he could...

Identified Contributing Outcomes

- In terms of the patient/family
- Shared
- Sensory based
- Indicate movement or change
- Able to be communicated
- “So that...” - what will make a difference for the patient/family?

Identified Contributing Outcomes





Plan

- Clear
- Communicable
- Responsibilities distinguished
- Mutual
- Integrated



Interventions

- Specific and concrete
- Resources
- Presence/Absence
- Non-Defensive
- Relational
- Intentional
- Faithful
- Non-Judgmental

Measurement

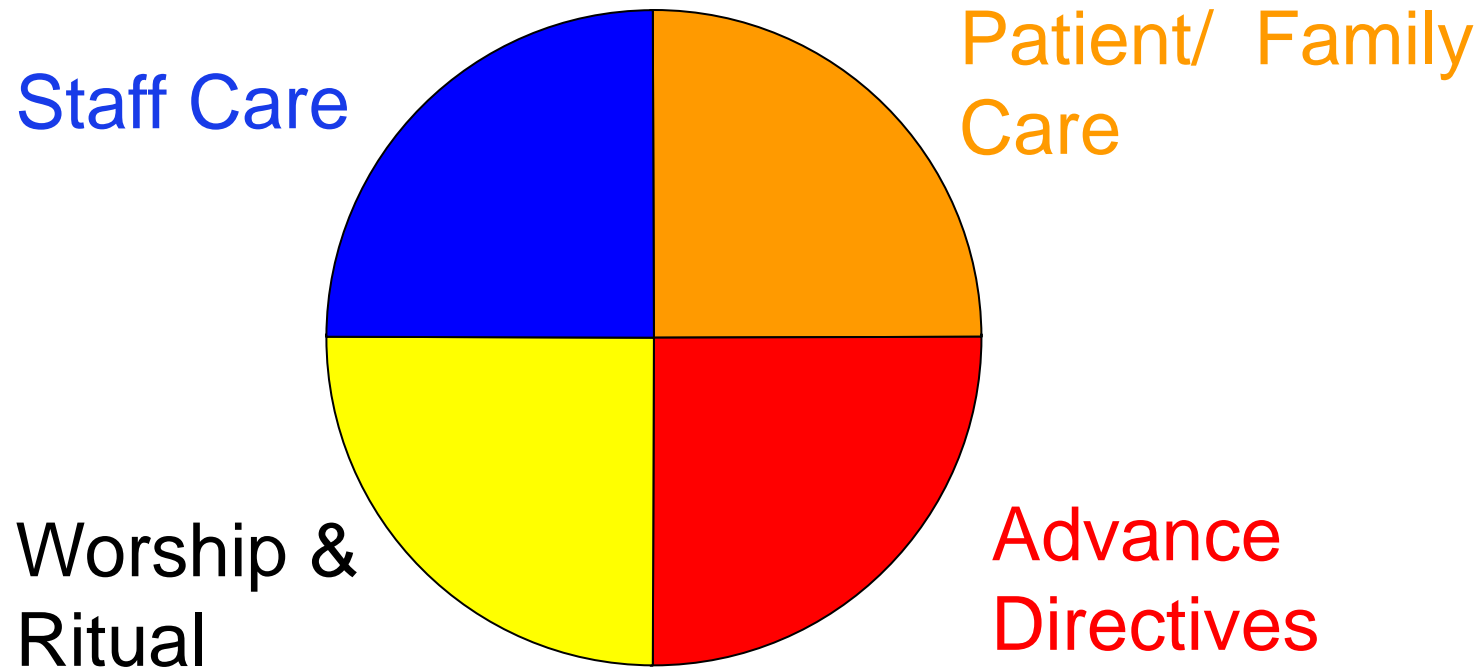
- Sensory based
- Indicate movement or change
- Able to be communicated
- Referent for Measurement **MUST BE** the Desired Contributing Outcome(s) established earlier.



Measurement

- Makes use of religious and spiritual resources, faith practices, beliefs, and values by...
- An active partner in their healing process by...
- Identifies the significance of illness, recovery, life changes by...
- Identifies and connects with persons who are there for them by...
- Empowered to make decisions about their life direction by...

Department Before Outcome Oriented Chaplaincy



Department Since Outcome Oriented Chaplaincy

Staff & MD Care

Sacraments

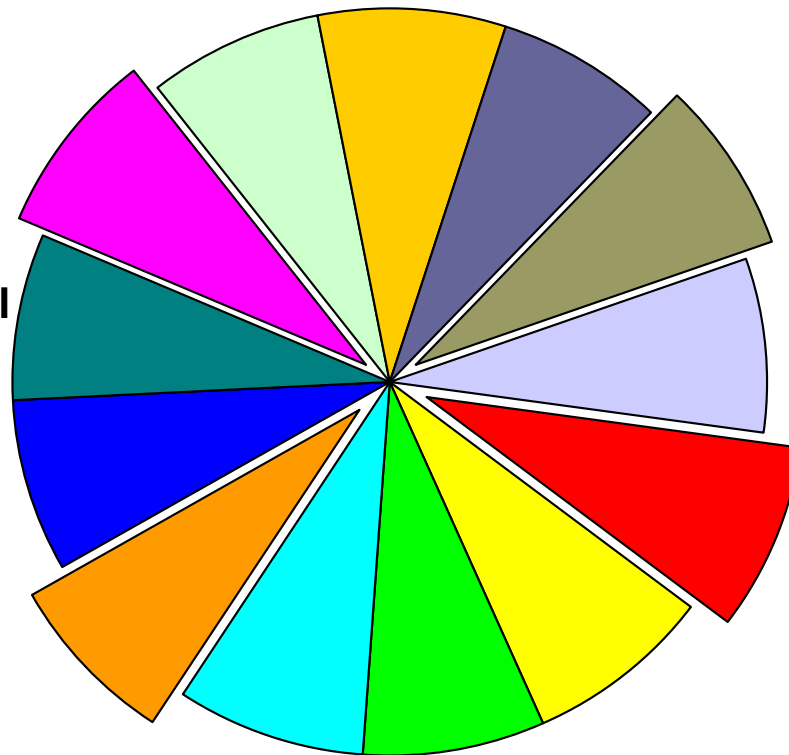
Advance Care Planning

Ethics Consults

Medical staff, Clinical, and Medical Resident education

Medical & Clinical Rounds

Quality Improvement activities



Multidisciplinary Patient/Family Care

Worship, ritual, meditation

Chaplain consult orders by MDs

Spiritual pathways incorporated into clinical pathways

Participation on projects at unit, service line, and administration level

Risk issues response

Clinical lines

Referrals

- Before Outcome Oriented Chaplaincy
 - 70%+ Emergent/Urgent calls
 - 30% - Routine Activity
 - Ask the patient if they want a chaplain

- With Outcome Oriented Chaplaincy
 - 70%+ By Protocol
 - -30% Emergent/Urgent Calls
 - Chaplain is part of the team: trusted, recommended, and included

Case Example: Mary

- Referral and Integration
- Team communication
- Patient outcomes
- Chaplain documentation
 - “We want your notes placed in physician progress notes because we want the residents to read them.”

Outcome Oriented Chaplaincy

Connecting pastoral care with multidisciplinary team outcomes

Mysterious



Understood

Appreciated



Accountable

Generic



Customized

Stand alone



Integrated

Optional



Essential

Outcome Oriented Chaplaincy

Outcomes are desired differences

- The desired difference that chaplain contribution may help bring about
- The accumulative benefit from the attentiveness, collaboration, and cooperation of all
- An observed and witnessed change in ability to cope and adapt
- A measurable “turn-around” point (or points)

Outcome Oriented Chaplaincy

What outcomes are not

- Promises that we cannot keep
- Guarantees that we cannot fulfill
- Working solo, under the illusion that my actions caused something to happen--bad or good
- An attitude that I am in charge of someone else's spiritual destiny



Outcome Oriented Chaplaincy

- Expect define contributions
 - Noticed if it's not done
 - Accountability

- Role of the chaplain with the team
 - Recognizing patterns in patients and unique spiritual dynamics
 - Educating the team
 - Integrated and accountable pastoral care
 - Increasing communication, both verbally and with documentation

Outcome Oriented Chaplaincy

□ Transitional questions

- What direction should I be heading?
- How am I going to get there?
- Am I expected to rethink how I normally do things?
- What else do I have to learn or consider in order to be an effective, outcome oriented chaplain?

Outcome Oriented Chaplaincy

Transitional Answers: Rethinking

□ What will change:

- More focus
- More intentionality
- More clarity
- More constructive use of time

□ What won't change:

- Person-centered care
- Being a valuable resource
- Opportunity for growth and effectiveness

Case Study: Elizabeth

Referral from Nursery ICU RN: Mom whose baby daughter was admitted during the night is sitting by the baby's bedside crying.

Mom is 24 years old and married. 2nd pregnancy.
She also has a 3 year old son.

Baby born at 28 weeks, currently on a ventilator.

Dad not currently present.

Elizabeth: Documenting Reason for Contact

Referral from NYICU RN to see mom Elizabeth of 28 wk pt named "Rebekah" currently intubated. Husband/FOB is David. 3 year old sibling. At time of contact, Mom was sitting alone by the bedside crying.

Elizabeth: Needs, Hopes, Resources

- "I know I need to be strong, but I'm not sure I can stand to see her like this." Need
- "I want her to be okay, normal and healthy!" Ultimate hope
- "I want my older son, who is 3, to be able to see and hold this new sister and understand that she is sick." Intermediate hope
- "...my husband...my family...my faith...attend church occasionally; it's hard with a 3 year old..." Resources

Elizabeth: Profile

- “Its so important we be a family through this.”
- “God can work miracles and heal her completely”
- “I want my older son, who is 3, to be able to see and hold his new sister and understand that she is sick.”
- “Rebekah has already made such differences in us as a family— I want to help us all be able to see...”
- “We have a good marriage, but my husband’s job takes a lot of his time. He has to travel nearly every other week.”
- “I wish my mom could be here. All of my family lives in Ohio.”

Family as an “ultimate value”

Elizabeth: Documenting Spiritual Assessment

Religious tradition is Presbyterian (USA) Christian. Mom describes God as source of strength, healing, and miracles. Stated hope for Rebekah is that she survive w/o significant challenges that will impair ability to live a whole and meaningful life. Greatest fear 'brain damage'. Wants to be able to parent child by holding and caring for her. Expresses sadness has not been able and for loss of normal pregnancy. States hope that husband and son will be able to see/be involved with baby so that they "can be a family". Feels isolated from her extended family in Ohio.

Elizabeth: Desired Contributing Outcomes (and Documentation)

Desired contributing outcomes of this contact with Mom are:

1. She will identify and utilize her religious and spiritual resources so that she will have lowered anxiety
2. She will be bond with baby through demonstrated verbalization and touch, including participation in care as appropriate



Elizabeth: Plan (and documentation)

Plan for this contact was to assist mom in decreasing her anxiety, bonding with her baby, and connecting with her spiritual, personal, and NyICU resources

Elizabeth: Interventions

- ❑ Explored mom's feelings of loss.
- ❑ Assisted mom in beginning to identify a future story of family to encourage her bonding with baby.
- ❑ Explored mom's feelings of connectedness to family, friends, congregational faith community.
- ❑ Activated mom's religious resources by notifying her church community at her request.
- ❑ Assisted in connecting mom with NyICU resource persons.

Elizabeth: Documenting Interventions

Assisted mom in identifying losses experienced, including having a normal pregnancy/delivery and current inability to have baby home. Supported need and request for connectedness with faith community by contacting her pastor, Rev. Jones at First Presbyterian Church at (480) 555-5555. Introduced to the NyICU Developmental Specialist who engaged her in discussion of care mom can provide. Per request, prayer provided as she participated through touch and verbalization to pt.

Elizabeth: Measurements

- Mom's statements:
 - "I can't wait to touch/talk to/hold Rebekah" (using baby's name for first time in conversation)
 - "I feel so much better after praying for my baby. I know that God is caring for her."
 - "I want all the information I can get about the NyICU and preemies so I can learn what I need to know to help Rebekah."
- Future Story Outcome: Begun and is in process. Re-evaluate at least every 72 hours or when significant changes occur in baby's clinical course



Elizabeth: Documenting Measurements

Mom stated at end of contact: "I feel so much calmer." Voice had lowered, was able to move from chair to bedside. Demonstrated bonding by appropriate touch and soft voice. Used baby's name, changed diaper, assisted RN with positioning. Appeared able to interact appropriately with RN and Developmental Specialist by asking questions, stating fears/concerns for Rebekah, and participating in her care.

Elizabeth: Identifying Recommendations

Mom wants to:

- be present and supportive to her daughter
- include her husband and son in interactions with baby as they become a “new family”
- learn how to interact with premature baby
- hold on to her hope as expressed in her Christian faith
- renew her connectedness to a faith community

Elizabeth: Documenting Recommendations

Staff to note mom's desire to bond w/pt; encourage her to touch, talk to, and assist with care as appropriate. Significant support utilized is mom's Christian faith, particularly prayer. Appropriately encourage mom and facilitate visits from clergyperson. Significant to explain visitation and sibling policy for 3yo brother Max to see pt and to encourage dad's presence and inclusion according to his work schedule.

Chaplains can be the difference that make the difference

For the **recipient of the chaplain's care:**

- Whole person-centered, pastoral approach of NEEDS, HOPES and RESOURCES.
- Care for patient loved ones is also given.
- Strengthening the patient's community.
- Recognition that disease and/or loss is often unexpected, unwanted, or uninvited change.
- Team care recognizes that the patient or family's anxiety may be so intense that they are unable to hear what is being said to them.
- Plain speak in gaps of communication.
- Patient advocacy.
- Focus on spirituality.
- "I/we are not alone."

Chaplains can be the difference that make the difference

What outcome oriented chaplaincy provides for the **multidisciplinary team and organization**

- Patient satisfaction: Unit surveys indicate scores are as high or higher than other units despite fewer chaplain contacts
- Patient advocacy
- Impact on length of stay
- Improved communication
- Impact on risk issues: Fewer 'exceptional families' and quicker resolution
- Staff satisfaction and retention
- Education

Chaplains can be the difference that make the difference

- What outcome oriented chaplaincy provides for the **chaplain**
 - Structuring what one does into a framework
 - Ability to articulate what one does
 - Improved ability to reflect on one's chaplaincy
 - Improved learning and collegiality
 - Improved communication with other members of the multidisciplinary team
 - Improved accountability
 - Further integration into the team(s)
 - Knowing what one contributes

Training



Progression of Contacts
Patterns Emerge



Progression of Contact

- Before
 - Gather Yourself
 - Know What You Know

- During
 - Be There
 - Notice the Difference(s) Your Care Is Making

- After
 - Reflect
 - Own your Accountability

Progression of Contact - Before

□ Gather Yourself

- What is your mission in visitation?
- What is your purpose for this visit?
- Have you reflected on, integrated and let go of what ever you have been doing?
- Who are your allies?

□ Know what you know

- About yourself
- About the person in your care

Progression of Contact - Before

- Know what you know about the other person
 - What do you know or want to know
 - About the person/family
 - Systems, Spirituality
 - About what is going on with him/her/them

- What are you already assuming?

- What do they know or believe they know about you?
 - What pastoral relationship have you to build on?

Progression of Contact - During

- Listen and Watch
 - To Verbal and Non-verbal communication
 - To what said and unsaid
 - To individuals and the system
 - For what you were not ready to see/hear

- Follow Your Plan
 - Touchstone in the onslaught of input
 - Pay attention to your indicators

- Notice what differences your care IS making



Progression of Contact - After

- Reflect
- Own your accountability – desired contributing outcomes
- Integrate into your future ministry
 - For this person or family
 - For others

Progression of Contact - Charting

Reason

- What got you in the room?

Assessment

- Needs/Hopes/Resources
- Profile

Contributing Outcomes

This Visit

- Desired Contributing Outcomes
- Plan
- Evaluation

Plan if for Ongoing Care

- Desired Contributing Outcomes
- Plan

Recommendations

- For Interdisciplinary Team



Patterns Emerge

In terms of spiritual dimension dynamics
more commonality was found among

people of different faiths facing the same health
care challenge

than among

people of the same faith facing different health
care challenges



Patterns Emerge

For example:

- Among lung transplant patients
 - Capacity to trust
- Among heart surgery patients
 - Ability to form positive vision of a new/changed future
- Among neuro-medicine patients
 - Ownership in care plan, care plan role

Patterns Emerge

In chaplains' "best practice"



What is now Outcome Oriented Chaplaincy



Patterns Emerge

- Reflect on why you do what are doing.
- Think about what difference you made.
- Pay attention to what your experiences with patients are telling you
- Observe similarities and differences.
- Use your experiences to identify patterns in order to build a theory.



Patterns Emerge

- Confirm -Are your observations accurate?
- Check them with team members.
- Interweave your own experiences of patients with team contributions
- Contribute to team communication and dialogue about patient care.

Collaborating With the Multidisciplinary Team

- Understanding goals of care
- Defining spiritual dimension
- Clarifying what Chaplain focuses on
 - Understanding how a particular person's spirituality functions
 - Knowing how a particular person's spirituality informs and influences his/her current condition.
 - Supporting a particular person's practice of his/her spirituality

Collaborating With the Multidisciplinary Team

- Contributing outcomes as result of chaplain contributions
 - Defines life goals, hopes, dreams
 - Identifies the meaning and impact of life changes brought on by the progression of disease.
 - Decides what is right for him/her in terms of treatment in light of beliefs/values



Collaborating With the Multidisciplinary Team

- Chaplain accountability
 - Charting
 - Team meetings
 - Rounds
 - Consultations
 - Patient/family conferences

Collaborating With the Multidisciplinary Team

□ Results

- Established protocols
 - Diagnostic
 - Psychosocial and spiritual triggers
- Know and understand spiritual care outcomes
- Expect Chaplain contribution
- Education by chaplain

Chaplaincy Staffing Design

□ Clinical

- By clinical service line and “patient experience”
- “A” Chaplain Initiative driven or “B” referral driven
- Variables -- Knowledge/skill, integration, continuity of care, consistency -- required to provide needed care
 - Professional board certified chaplains
 - ACPE Residents

Chaplaincy Staffing Design

□ Religious

- As a resource for healing and well being
 - Vs. “substitute church” or “evangelism”
- Woven into overall spiritual care by clinically assigned chaplain
- Varies by patient population religious practice needs, especially emergent practice needs
 - Rabbi
 - Catholic Priest
 - Trained & Commissioned Lay Volunteers
 - Community Clergy available as needed