



Improving People's Lives Through Innovations in Personalized Health Care

To Expand You Must Plan: Developing a Strategic Plan to Grow Your Chaplaincy Department

Hanci Newberry, M.Div., BCC, Director
Imani Jones, M.Div., Th.M., BCC, Manager
Department of Chaplaincy and CPE



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WEXNER MEDICAL CENTER



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Part I: Laying the Ground Work

Part II: Collection of Data

Part III: Data Mining and Synthesizing

Part IV: Finalization of Strategic Plan

Part V: Implementation of Strategic Plan

Conclusion and Questions

To Expand You Must Plan:

Developing a
Strategic Plan to Grow
Your Chaplaincy
Department



Medical Center & Chaplaincy Department Overview

Key Facts and Figures

System Comprised of 7 Hospitals

University Hospital • University Hospital East

Ross Heart Hospital • Harding Hospital

James Cancer Hospital • Dodd Rehab Hospital

Brain and Spine Hospital

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The Ohio State University Wexner Medical Center is a Level 1 Trauma academic medical center located on the campus of The Ohio State University in Columbus, Ohio



Medical Center & Departmental Overview

Key Facts and Figures

1,321 Beds

59,358 Inpatient Admissions Annually

1.72 Million Outpatient Visits Annually

130,680 Emergency Department
Visits Annually

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Medical Center & Departmental Overview

Key Facts and Figures

4,999 Births Annually

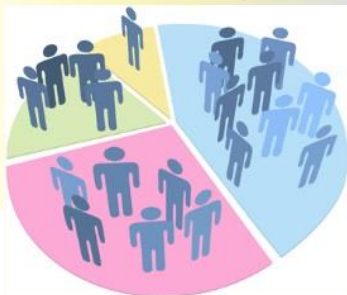
41,852 Surgeries Annually

22,110 Employees

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Medical Center & Departmental Overview

Key Facts and Figures



Chaplaincy Department Staffing in 2014

- 1 FTE Director
- 1 FTE CPE Program Manager
- 1 FTE Administrative Assistant
- 6 FTE Staff Chaplains, 1 PT (.75)
1 Vacant FT position
- 2 IRP (as needed) Positions
- 6 "Work Study" student chaplains
- 2 Contract Catholic Priests
- 5 Year-long Residents
- 6 CPE Summer Interns

Medical Center & Departmental Overview

Key Facts and Figures

Strategic planning process implemented in recognition of the following challenges:

- Inadequate staffing
- Inadequate afterhours coverage
- Limited CPE programming due to staffing
- Poor connection to community clergy
- Lacking in research and metrics
- Limited visibility and engagement of chaplains beyond bedside



Part I: Laying the Ground Work



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Laying the Ground Work

- Consulted with medical center's strategic planning department
- Provided vital information about chaplaincy, our staff and our goals
- Received feedback on how to proceed

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Laying the Ground Work

- Project Charter
- Project Scope
- Professional Experts and Champions
- Literature Review
- Strategic Team Formation
- Vision, Mission and Values
- Key Consumers of Services

Laying the Ground Work

Project Charter

Project Charter included:

- Problem Statement
- Project Scope
- Deliverables
- Expectations
- Key Customers
- Milestones
- Estimated Completion Dates

Laying the Ground Work

Project Scope

The scope of the project was aimed at:

- Addressing more fully the spiritual needs of patients, families and staff
- Nurturing connections with local faith communities to enhance spiritual support to our patients
- Developing and expanding our CPE programming

Laying the Ground Work

Identifying Professional Experts and Champions



Laying the Ground Work

Identifying Professional Experts and Champions

Consulted individuals within and outside medical center who have:

- Positions of power and influence (key stakeholders)
- Key medical center stakeholders in positions of power and influence
- Expertise in areas relevant to healthcare and chaplaincy (George Handzo, George Fitchett)
- Commitment to the time demands of serving on strategic planning committee

Laying the Ground Work

Engaging in Literature Review



Extensive literature search and review of scholarly articles focused on:

- Best practice in pastoral care
- Emerging trends in health care chaplaincy
- Evidence-based outcomes
- Research in chaplaincy
- Link between medical outcomes and provision of spiritual care

Laying the Ground Work

Formulation of Interdisciplinary Strategic Planning Team

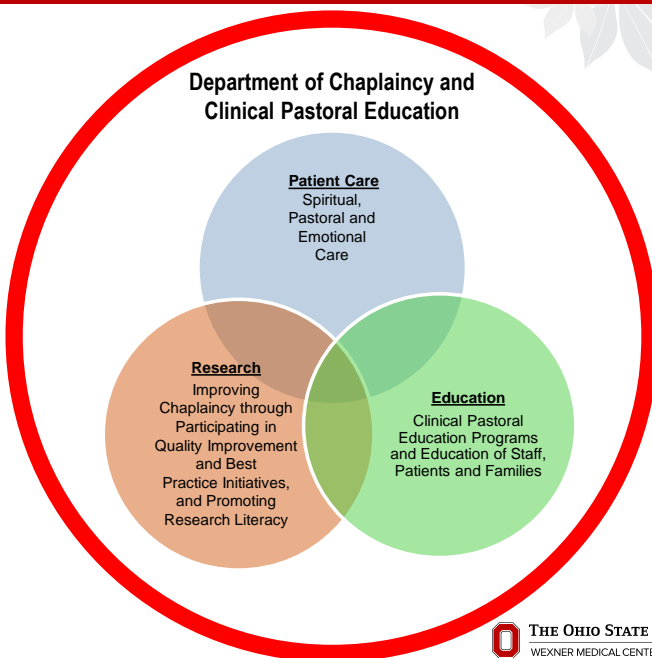
Strategic Planning Committee Team Members by Discipline

- Administrative Director of Patient Experience
- Service Line Administrative of Stephanie Spielman Comprehensive Breast Center
- Chaplaincy Department Director
- Chaplaincy Department CPE Program Manager
- Chaplaincy Department Staff Chaplain
- Medial Center Researcher and Muslim Faith Partner/Physician/Researcher
- Nurse Manager and Pastoral Care Advisory Committee Member

Laying the Ground Work

Review and Update of Mission, Vision and Values

Department of Chaplaincy and Clinical Pastoral Education

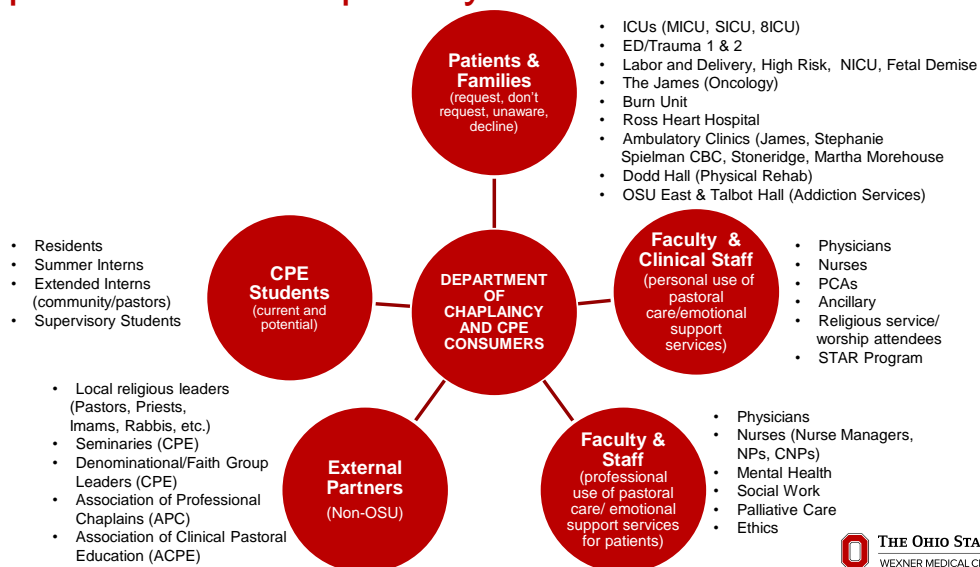


Laying the Ground Work

Identification of Key Consumers of Services

- Patients and Families
- Faculty and Clinical Staff
- CPE Students
- External Partners
- Internal Partners

Department of Chaplaincy and CPE Consumers



Part II: Collection of Data



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Part II: Collection of Data

5 Sources of Data

Faculty and Clinical Staff Survey

CPE Program Survey

Clergy Faith Partners Survey

Peer Benchmarking Survey

Chaplain Internal Staff Survey

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Collection of Data

Faculty and Clinical Staff Survey



Created online survey through Survey Monkey to seek feedback from:

- Nursing
- Social Work
- Palliative Care
- Physicians

Collection of Data

Faculty and Clinical Staff Survey



Survey administered via email and comprised of 10 questions regarding initiation, delivery and effectiveness of chaplaincy services to identify:

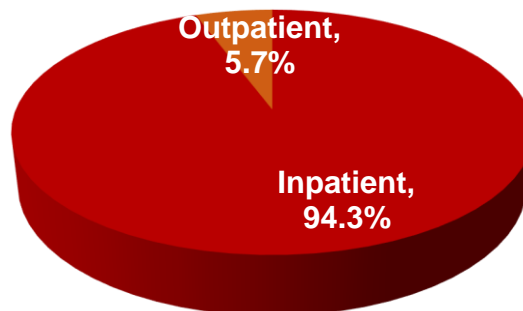
- Areas that are working well
- Areas that are broken
- Elements that are missing
- Current effectiveness
- Chaplaincy services in ideal future
- Additional comments/suggestions

Respondents

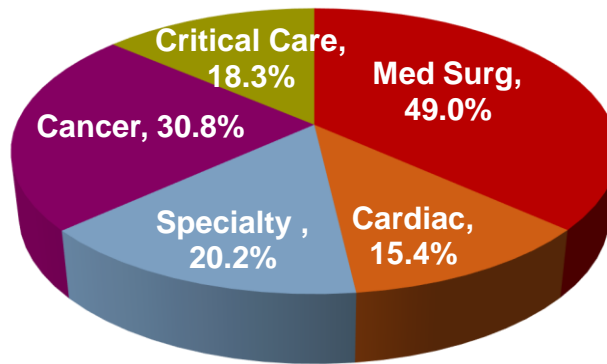
- Total of 235 respondents
- Heavily based in inpatient, but spread across clinical areas
 - Cancer
 - Critical Care
 - Med Surg
 - Cardiac
 - Other Specialty Care

Nurses n=105

Primary Work Setting

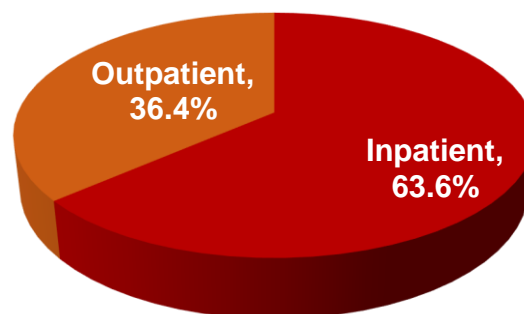


Nursing Clinical Areas

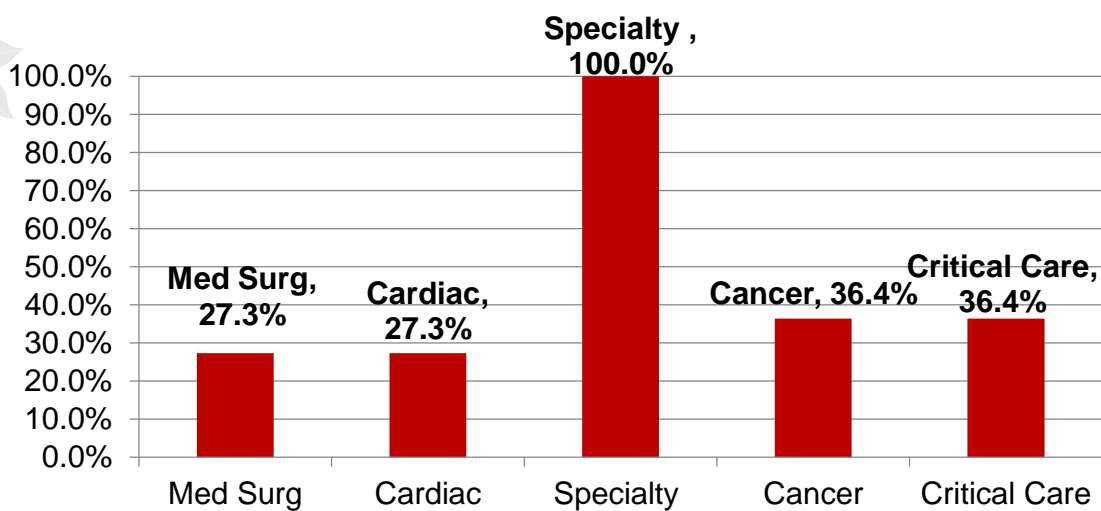


Palliative Care n=11

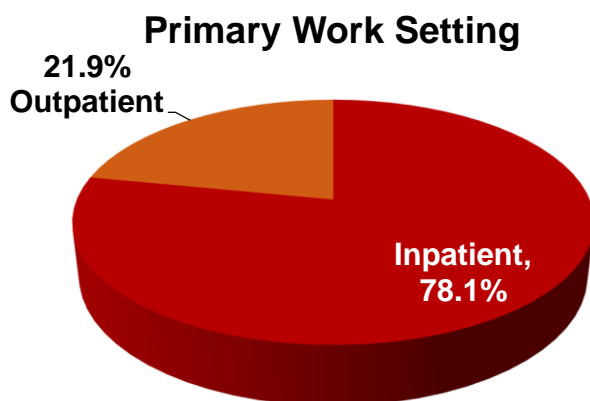
Primary Work Setting



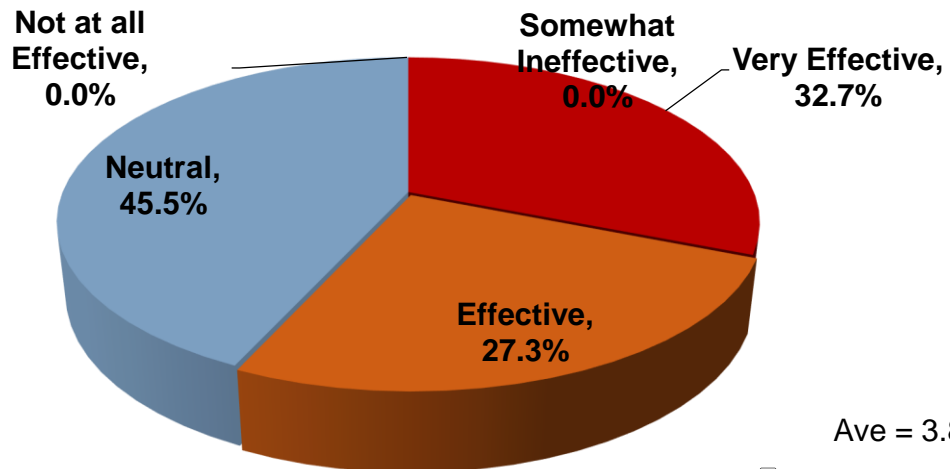
Palliative Clinical Areas



Social Workers n=32

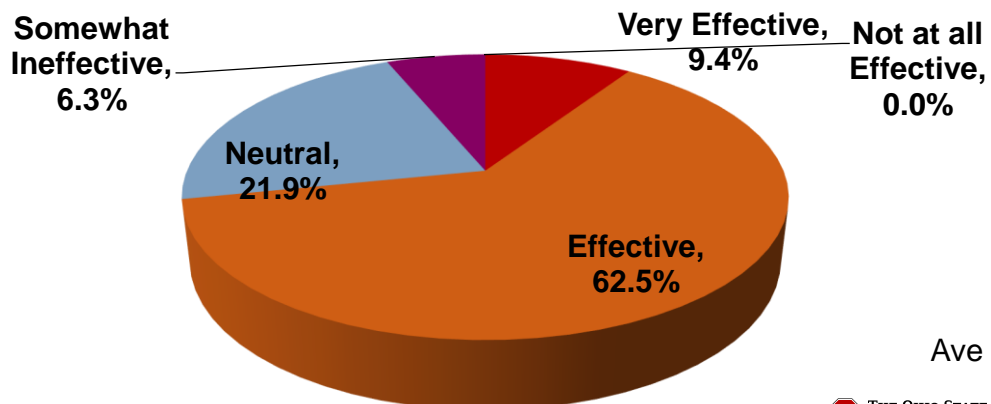


Effectiveness Meeting Pt and Staff Needs in Your Department? (Palliative)



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Effectiveness Meeting Pt and Staff Needs in Your Department? (Social Work)



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Collection of Data

Faculty and Clinical Staff Survey



Survey results helped us to identify key:

- Strengths to retain/leverage
- Weaknesses/opportunities
- Gaps
- Possibilities
- Priorities per respondents

Collection of Data

CPE Program Survey



- Current Students
- Former students
- Staff Chaplains
- Local Seminary Liaisons

Collection of Data

CPE Program Survey

Series of 10 questions, administered via phone by outside volunteer to identify:

- Strengths
- Weaknesses
- Opportunities for growth
- Current effectiveness
- Comments/suggestions

Collection of Data

Clergy Faith Partners Survey

Series of 10 questions, administered via phone by staff chaplain to identify:

- Strengths
- Weaknesses
- Opportunities for growth
- Current effectiveness
- Comments/suggestions

Collection of Data

Peer Benchmarking Interviews



Collection of Data

Peer Benchmarking Interviews

Interviewed chaplaincy department directors of 7 “like” medical centers:

- Baystate Medical Center
- Barnes-Jewish Hospital
- Brigham and Women’s
- Indiana University Health
- University of California Los Angeles
- University of Virginia Health System
- Wake Forest Baptist Hospitals

Collection of Data

Peer Benchmarking Interviews

Series of 8 questions, administered via phone by Chaplaincy Department director to identify:

- Staffing structure
- Manager/Director roles
- Certification requirements
- CPE programing
- Clinical coverage
- Prioritized use of staff and students
- Afterhours/on-call coverage
- Staff support
- Volunteer programming
- Data collection and metrics
- Engagement in research

Collection of Data

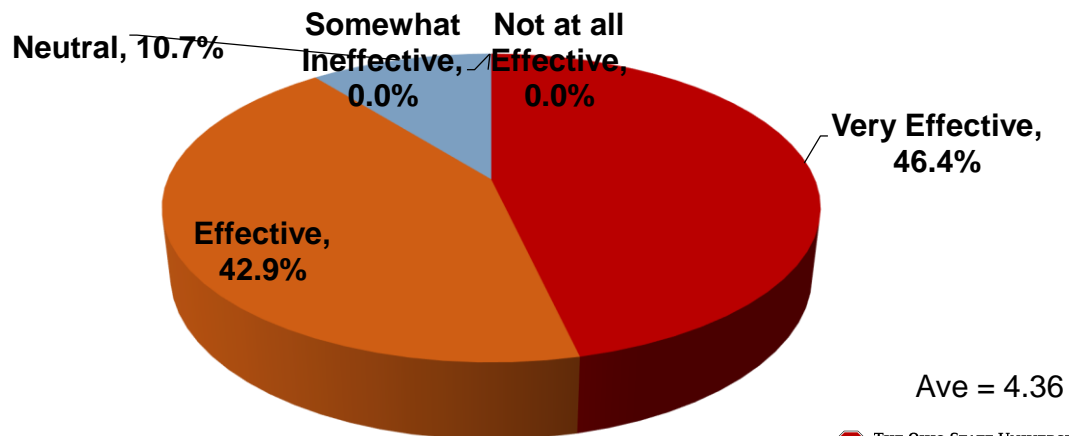
Chaplain Staff Internal Survey



Series of 10 questions via phone by outside volunteer to identify the effectiveness of the chaplaincy department in meeting patient and staff needs:

- Strengths
- Weaknesses
- Opportunities for growth
- Current effectiveness
- Comments/suggestions

Effectiveness Meeting Pt and Staff Needs in Your Department? (Chaplain List)



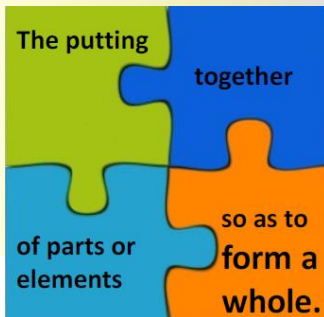
Part III Data Mining and Synthesizing

Formation of Data Review Teams

Creation of Data Summaries

Development of Strategic Plan SWOT Analysis

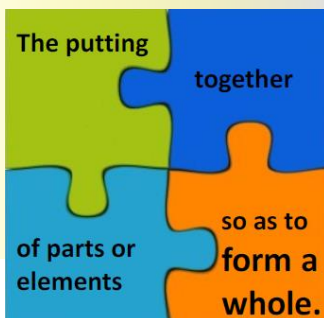
Data Mining and Synthesizing



Formulation of Data Review Teams

- 4 data review teams formed
- Teams of two with buddy system
- Extensive data review process

Data Mining and Synthesizing



Creation of Data Summaries

- All raw data reviewed and synthesized into one page summaries
- Buddy to review written summary for accuracy
- Presentation of summaries to larger group
- Feedback given and revisions made

Data Mining and Synthesizing



Data Mining and Synthesizing

SWOT Analysis

- Summaries used to create SWOT analysis
- SWOT reviewed and revised by strategic planning team

Overview of SWOT Analysis

Data Mining and Synthesizing

Strengths

- Chaplain presence & accessibility
- Level of expertise
- Quality, caliber and reputation of department & CPE program
- Diversity in experience and faith traditions
- Initial presence in ambulatory ahead of industry
- Integration with clinical teams

Weaknesses

- Chaplains spread thin
- Some inconsistency in service and availability
- Inadequate afterhours coverage
- No participation in QI processes
- Only 2 CPE supervisors
- Extended CPE discontinued
- Limited bereavement services
- Lack of clarity of who to contact & when

Opportunities

- Further collaboration & integration with medical team
- Form connective relationships w/area churches & University Hospital East
- More proactive support for staff
- Focus toward evidence based practice
- Senior level support & endorsement

Threats

- Budget and financial pressures
- Changes in WMC leadership
- Lifestyle/workload considerations related to on-call duties

Part IV: Finalizing of Strategic Plan

Development of Goals, Strategies, Tactics and Tasks

Feedback and Revisions

Prioritization of Tasks

Assigning and Execution of Tasks

Presentation of Final Plan to Key Stakeholders

Finalizing of Strategic Plan

Based on SWOT Analysis 3 goals were developed to focus on:

- Offering world class spiritual care to patients, families and staff
- Strengthening relationships with local clergy/faith leaders
- Advancing the CPE Program

Finalizing of Strategic Plan

- Clear strategies, tactics and tasks were created for each goal
- Goals, tactics and tasks underwent battery of revisions
- Tasks prioritized based on urgency and review of resources
- Realistic timelines for each task set
- Assignments given to chaplaincy staff based on current involvement, interest, and skill level

Finalizing of Strategic Plan

- Final report prepared and presented to key stakeholders (CEO/COO of each business unit/hospital) for feedback
- Made additional revisions to incorporate feedback
- Strategic plan presented to Pastoral Care Advisory Committee at quarterly PCAC meeting
- Strategic plan presented to Chaplaincy Department staff at ½ day retreat

Part V: Strategic Plan Implementation: Phase 1

(We have a lot to smile about!)





Part V: Strategic Plan Implementation: Phase 1

New Strategic Plan-Optimal Pastoral Care
James Cancer Hospital

Revamped Department Administrative Structure

Staffing Expansion

CPE Program Changes and Expansion

Provision of Pastoral Care

Spiritual Care Education for Staff

Development of Staff Support Services

Increase in Chaplain Visibility and Influence

Technological Advances

Metrics/Measurement Development

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Strategic Plan Implementation: Phase 1

Optimal Pastoral Care for
James Cancer Hospital

- Quarterly meetings between Chaplaincy Director and James Chief Nursing Executive
- Executive was aware of strategic planning process and goals
- In August 2015, Executive invited Chaplaincy Director to develop “optimal pastoral care plan for James patients, families and staff for all shifts and all patients, both inpatient and ambulatory”

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Strategic Plan Implementation: Phase 1

Optimal Pastoral Care for
James Cancer Hospital

- If plan was accepted, a Service Line Agreement (SLA) would be developed to specify services/staff Chaplaincy would provide in exchange for funding
- Director presented this invitation to staff
- New strategic planning process developed within weeks for chaplains to work on
- Chaplain Imani Jones put in charge of oversight of strategic plan
- Subcommittees formed and assignments/timelines made

Elements of Strategic Plan

Strategic Plan Implementation: Phase 1

- Analyzed trend in volume/frequency of pastoral services from July 2014 — October 2015 (oncall logbook review)
- Used GRASP Pastoral Care Staffing Model to determine minimum day shift inpatient chaplains needed
- Conducted online survey (Qualtrics) of Clinical staff (200 respondents)
- Held face to face feedback meetings with ICU nurse managers regarding optimal pastoral services

Strategic Plan Implementation: Phase 1

Elements of Strategic Plan

- Conducted benchmarking conversations with “like” cancer centers nationally
- Conducted phone meetings with pastoral care thought leaders (George Handzo, George Fitchett)
- Conducted literature review related to:
 - spiritual care
 - oncology
 - spiritual needs
 - spiritual distress
 - quality of life
 - patient satisfaction

Strategic Plan Implementation: Phase 1

Elements of Strategic Plan

- Compared Wexner Medical Center/James pastoral services to APC Standards of Practice

Optimal Pastoral Care for
James Cancer Hospital

Strategic Plan Implementation: Phase 1

Optimal Pastoral Care for
James Cancer Hospital

Proposal Development

- Subcommittee work/findings reviewed and discussed by all staff
- Draft proposal of optimal staffing/services developed, discussed and finalized by all staff
- Director wrote proposal document with input/feedback from Manager and Service Line Administrator

Strategic Plan Implementation: Phase 1

Optimal Pastoral Care for
James Cancer Hospital

Proposal Development

- Process, from initial conversation with Executive to delivery of proposal, took 5 months
- Additional 90 days (mid-March 2016) until meeting occurred to discuss details
- **Proposal accepted!**

Strategic Plan Implementation: Phase 1

Optimal Pastoral Care for
James Cancer Hospital

Proposal Outcome

- Inpatient Units: 4 FT Chaplains
- ICU Unit: 1 FT Chaplain
- Breast Center/Mill Run Ambulatory Clinic: 1 FT Chaplain
- Martha Morehouse Ambulatory Clinics: 1 FT Chaplain
- Night Chaplain (10pm – 8am): 1 FT Chaplain
- Swing Shift Ambulatory Clinic/Evening (12p-10p) 1 FT Chaplain
- Weekend Day (Fri-Sun 8am – 8pm): 0.9 FT Chaplain (36/wk)
- Weekend Night (Fri-Sun 8pm – 8am): 0.9 FT Chaplain (36/wk)
- Total chaplains dedicated to James Cancer Hospital: 10.8
- Total new hires: 8.8
- Additional Office Associate approved 12/16

Strategic Plan Implementation: Phase 1

Revamped Department
Administrative Structure

Realignment of Department Leadership Roles

- Developed Manager role:
 - Operational oversight
 - Scheduling
 - Onboarding
 - Orientation
 - Supervision of afterhours staff

Strategic Plan Implementation: Phase 1

Revamped
Department
Administrative
Structure

Realignment of Department Leadership Roles

- Director role
 - Capacity to focus on strategic vision
 - Involvement in new medical center committees and initiatives
 - James Patient Experience Council
 - James Bereavement Plan Steering Committee
 - Hospice Development Committee
 - Increase CPE supervisory capacity

Staffing Expansion

Chaplaincy Department Staffing in 2014

- 1 FTE Director
- 1 FTE CPE Program Manager
- 1 FTE Administrative Assistant
- 6 FTE Staff Chaplains, 1 PT (.75)
1 Vacant FT position
- 2 IRP (as needed) Chaplains
- 6 "Work Study" student chaplains
- 2 Contract Catholic Priests
- 5 Year-long Residents
- 6 CPE Summer Interns

Chaplaincy Department Staffing in 2017

- 1 FTE Director
- 1 FTE Department Manager
- 1 FTE Administrative Associate
- 1 FTE CPE Program Manager
- 1 FTE Office Manager
- 1 FTE Office Associate (vacant)
- 15 FTE Staff Chaplains
 - 2 FT (0.9)
 - 1 Vacant
- 1 PT (.75)
- 2 IRP (as needed) Chaplains
- 2 Contract Catholic Priests
- 5 Contract (as needed) Chaplains
- 8 Year-long CPE Residents
- 6 CPE Summer Interns

Strategic Plan Implementation: Phase 1

CPE Program Changes and Expansion

- 3 Additional resident positions in 2015 (James funded)
- Hiring of new CPE Program Manager
 - Job description updated
 - Contracted with Thorne Consulting
 - Advocated for increased salary range, which was approved
- Addition of Supervisory Education Accreditation in May 2016

Strategic Plan Implementation: Phase 1

CPE Program Changes and Expansion

- Addition of CPE Resident rotation at University Hospital East
- Considering offering CPE Extended Unit, Fall 2017
- Submitted Transforming Chaplaincy CPE Resident Grant

Strategic Plan Implementation: Phase 1

Provision of Pastoral Care Services

- Routine application of GRASP Staffing Model for staff chaplain and chaplain resident unit assignments
- Chaplain unit assignments increasingly based on service lines rather than geographic location
- Development of contract chaplain role utilizing Pastoral Care Endowment Fund

Strategic Plan Implementation: Phase 1

Provision of Pastoral Care Services

- Development and implementation of new flow sheet in Epic EMR by our chaplaincy staff
- Enhanced pastoral care services and staffing with CPE residents at University Hospital East
- Administrative assistant reclassified to Office Manager
- Additional Office Associate approved

Strategic Plan Implementation: Phase 1

Spiritual Care Education for Staff

- Spiritual Care Wellness Module for OSU College of Nursing Students and OSU Your Plan for Health
- Presentations/modules/didactics done by staff chaplains on clinical units
- Spiritual Assessment of Oncology Patients, Nursing Grand Rounds and Psychosocial Grand Rounds
- Spirituality Module for James Cancer Hospital Nurse Residency Program
- Hospice and Palliative Medicine Fellowship Spirituality Curriculum



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Strategic Plan Implementation: Phase 1

Development of Staff Support Services

- Bereavement Support for James Nurses through Remembrance and Renewal Program
- Staff chaplain attendance and involvement in Schwartz Center Rounds
- Staff chaplains trained in Peer Support Staff (BEST) Program
- Invited to partner with Mental Health Clinical Nurse Specialists at The James
- Offer annual employee remembrance service (planning phase)
- Invite employees to attend quarterly patient memorial services



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Strategic Plan Implementation: Phase 1

Increase in Chaplain Staff Visibility and Influence

- Attending more meetings, interdisciplinary rounds, QI, Patient Experience, Ethics, etc.
- Serving on various Medical Center committees
- Director and manager attending hospital leadership meetings
- Director invited to sit on key committees

Strategic Plan Implementation: Phase 1

Technological Advancement

- Spiritual Care App development through OSU Capstone Program
- Internal chaplaincy website enhancements
- Increasing use of technology in provision of pastoral care
- Implementation of App-based scheduling software for on-call and departmental tasks

Strategic Plan Implementation: Phase 1

Metrics/Measurement Development

- Expected by James Service Line Agreement (SLA)
- Becoming general expectation of all departments within medical center
- Committee formed to explore current best practices and develop dashboard to measure chaplaincy effectiveness
- Partnering with James Data Analytics Department to assist with metrics from E-Chart and patient satisfaction data

Strategic Plan Implementation: Phase 1

Strategic Plan Ongoing Monitoring and Reviewing:

- Chaplain manager tracks progress, maintains timelines for task completion
- Annual department retreat to set department goals related to strategic plan for next fiscal year
- Consistently keep champions and key stakeholders informed of progress and new developments

Conclusion: Lessons Learned

Strategic Planning Advice

- Engage in ongoing assessment of:
 - spiritual services provided
 - gaps in coverage
 - needs you have (staffing, administrative, financial, etc.)
- Partner with individuals/departments in your organization with specific backgrounds, skill sets and areas of expertise:
 - MBA's
 - Researchers
 - Strategic Planning Department
 - Data/Analytics Department
 - Development Department

Conclusion: Lessons Learned

Strategic Planning Advice

- Do your homework and provide evidence-based data to hospital administrators to support your case for requesting additional funding and resources
- Create opportunities for chaplain staff to partner in strategic initiatives. Directors and managers can't do this alone!
- Just do it – even if you feel inadequate, you can figure it out as you go!

Questions?

