

Establishing a Department of Spiritual Care in an Academic Medical Center

Improving Patient Satisfaction

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Agenda

- ❑ Overview (2009 – 2014)
 - Mission of the Department
 - Growth of the Department
- ❑ Integration with the health care team
 - Productivity Metrics
- ❑ Education
- ❑ Community Engagement
- ❑ Research
 - Patient Satisfaction
- ❑ Quality Improvement
- ❑ Q & A

Mount Sinai Health System



- ❑ 7 Hospitals Health System
- ❑ ~35,000 employees
- ❑ Largest health care employer in New York City

Mount Sinai Hospital - Manhattan



- ❑ 1,170 total beds
- ❑ 12,000 employees
- ❑ 67,000 annual discharges

- ❑ 500,000+ ambulatory visits
- ❑ 100,000+ emergency room visits
- ❑ Rated 16th in US News and World Report

Mission

The mission of the Department of Spiritual Care and Education is closely aligned with that of the Mount Sinai Hospital

- ❑ Patient care
- ❑ Education
- ❑ Research

In addition to the core missions listed above, the Department has prioritized ***Community Engagement*** as another core element of its mission

Issues Considered in order to Meet the Mission

- ❑ Follow best practice standards in the field of chaplaincy
- ❑ Provide high quality patient care
- ❑ Meet the needs of patients and their families
- ❑ Meet the expectations of other disciplines
- ❑ Practice based upon evidence supported by literature
- ❑ Measure and improve performance

Historical Overview

- ❑ **2007** – External review by the HealthCare Chaplaincy identified areas for improvement
- ❑ **2009** – New leadership recruited and charged with
 - Creating a more cohesive department with a new table of organization
 - Integrating chaplains with the health care team
- ❑ **2010** – Chaplains permitted access to patients' medical record and to document their notes
- ❑ **2011** – Charting began in EPIC.

Growth of the Department

□ 2009

- 1.0 FTE Director of the Department
- 0.75 FTE Chaplain assigned to Pediatrics
- 1.0 FTE priest
- 8 volunteers
- 0.20 FTE administrative support

Current Personnel - MSH Manhattan

- ❑ Director
- ❑ Chief Chaplain
 - 1.0 FTE Director of Education / CPE Supervisor
 - 1.0 FTE Assistant Director who is 0.5 FTE Community Liaison
 - 3.8 FTE chaplains
 - 1.0 FTE priest
 - 1.0 FTE Supervisory Educ. Student
 - 5 residents
 - 12-16 interns
 - 50 volunteers
- ❑ 0.9 FTE Medical Director
- ❑ 0.2 FTE Administrative Director
- ❑ 2.0 FTE administrative support



Integration within Mount Sinai Hospital

- ❑ Collaboration with Center for Multicultural and Community Affairs
- ❑ The Department leadership has a presence in several hospital wide committees, including:
 - Patient Complaint Review Committee
 - Ethics Committee (Nursing)
 - Ethics Committee (Hospital wide)
 - Patient Satisfaction Committee (Heart Hospital)
 - Patient Satisfaction Committee (Hospital wide)
 - Organ Donation Committee
 - Administrative Executive Committee of the Medical Board
 - Medical Board

Integrating Chaplains with the Health Care Team

✓ Rafael Goldstein, D.Min



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Integration with the Health Care Team

- ❑ Demonstrated to HIPAA compliance officer that access to patient medical records for chaplains, as members of the healthcare team, was considered “Best Practices” in the top 20 U.S. hospitals according to US News and World Reports*
- ❑ Creation of paper-based “Spiritual Assessment” template
- ❑ Spiritual Assessment template presented to the Forms Committee of the Medical Board of the Hospital
- ❑ Implementation of assessment form with paper record keeping
- ❑ Aggregation of statistics based on the completed forms
- ❑ Department members involved in design and implementation of Spirituality Documentation in the Electronic Health Record (EHR)
- ❑ Implementation of the Spiritual Assessment form in the EHR and hospital wide rollout
- ❑ Establishment of reporting forms and maintenance of statistics for productivity

* Goldstein, HR, Marin, D, & Umpierre, M. Chaplains and Access to Medical Records. *Journal of Health Care Chaplaincy*. 2011;17(3-4):162-8.

Collaboration with the Nursing Department

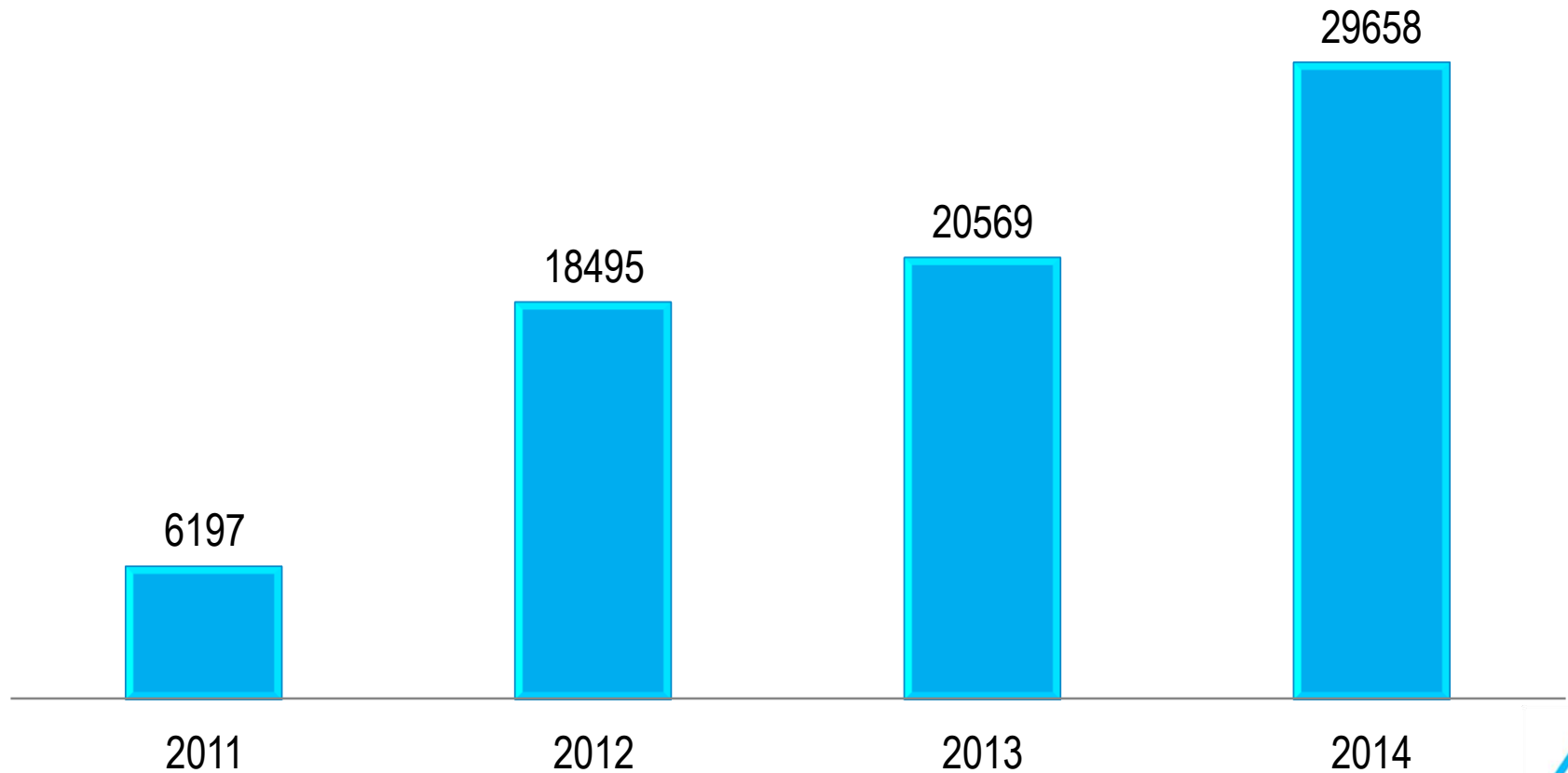
- ❑ Grand Rounds for nurses
- ❑ Implementation of easy-access phone tree, replacement of pagers with cell phones, and use of EHR for referrals and communication
- ❑ Cards, posters, information pieces to enable nurses to reach Spiritual Care easily
- ❑ Establishing alliance with Nursing Department
 - Participation in discharge/interdisciplinary rounds
 - Participation in Nurse's Week with Blessing of Hands
- ❑ Leadership of memorial services for nurses and other staff members of MSH who died
- ❑ Participation in Nursing and Assistive Personnel orientation
- ❑ 24/7 chaplaincy coverage
- ❑ Creation of Staff Care Team, including Chi Time
- ❑ Training of chaplains / nurses in Critical Incident Stress Management (CISM)

Productivity Metrics

- ❑ Number of patients visited
- ❑ Number of family members / friends seen
- ❑ Referral source
- ❑ Religion
- ❑ Length of visit
- ❑ Chaplain activities including work with staff
 - Charting in EHR

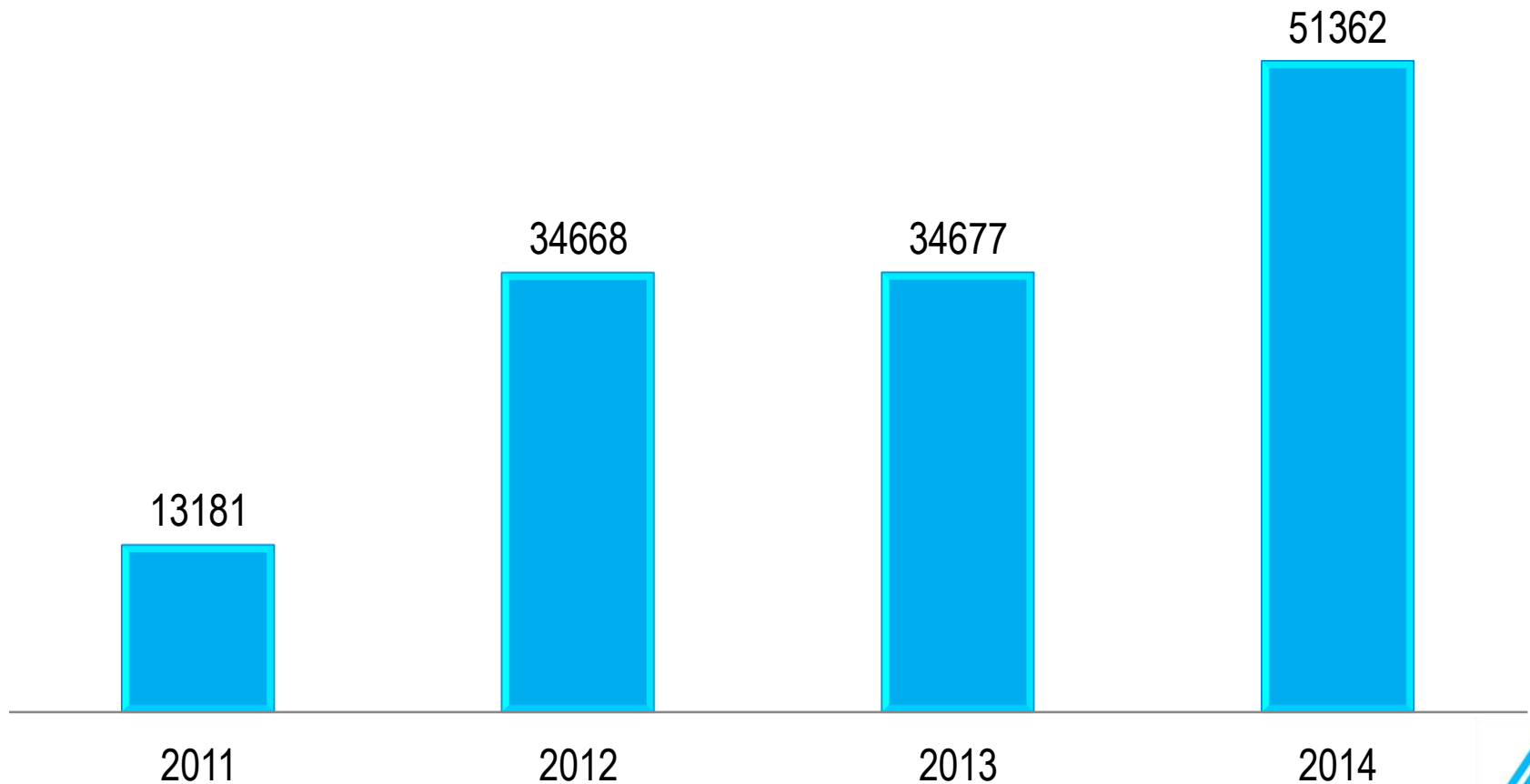
Productivity Metrics 2011-2014

Total Patient Visits (Initial & follow-up combined)



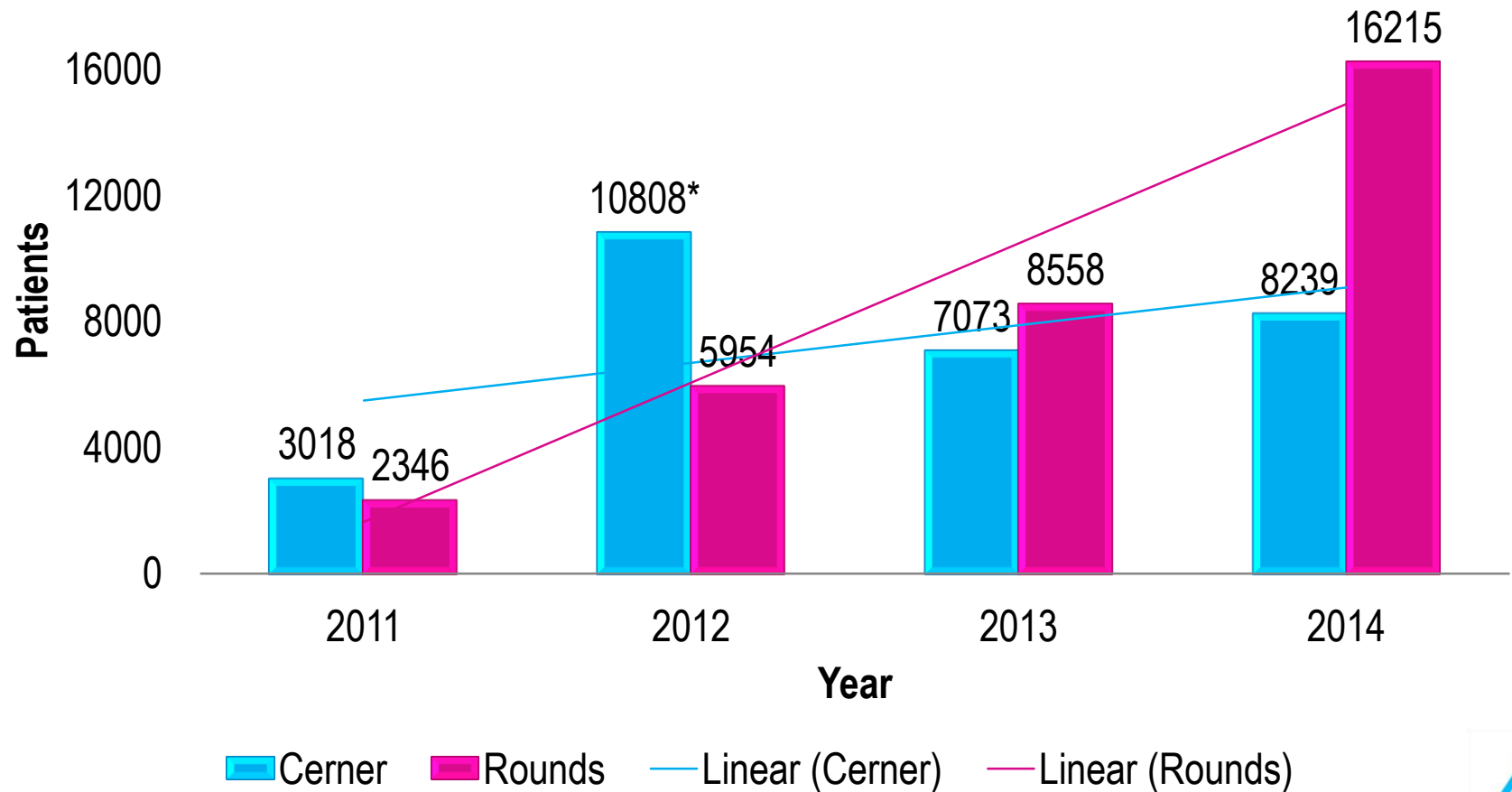
Productivity Metrics 2011-2014

Number of Patients, Family & Friends seen yearly



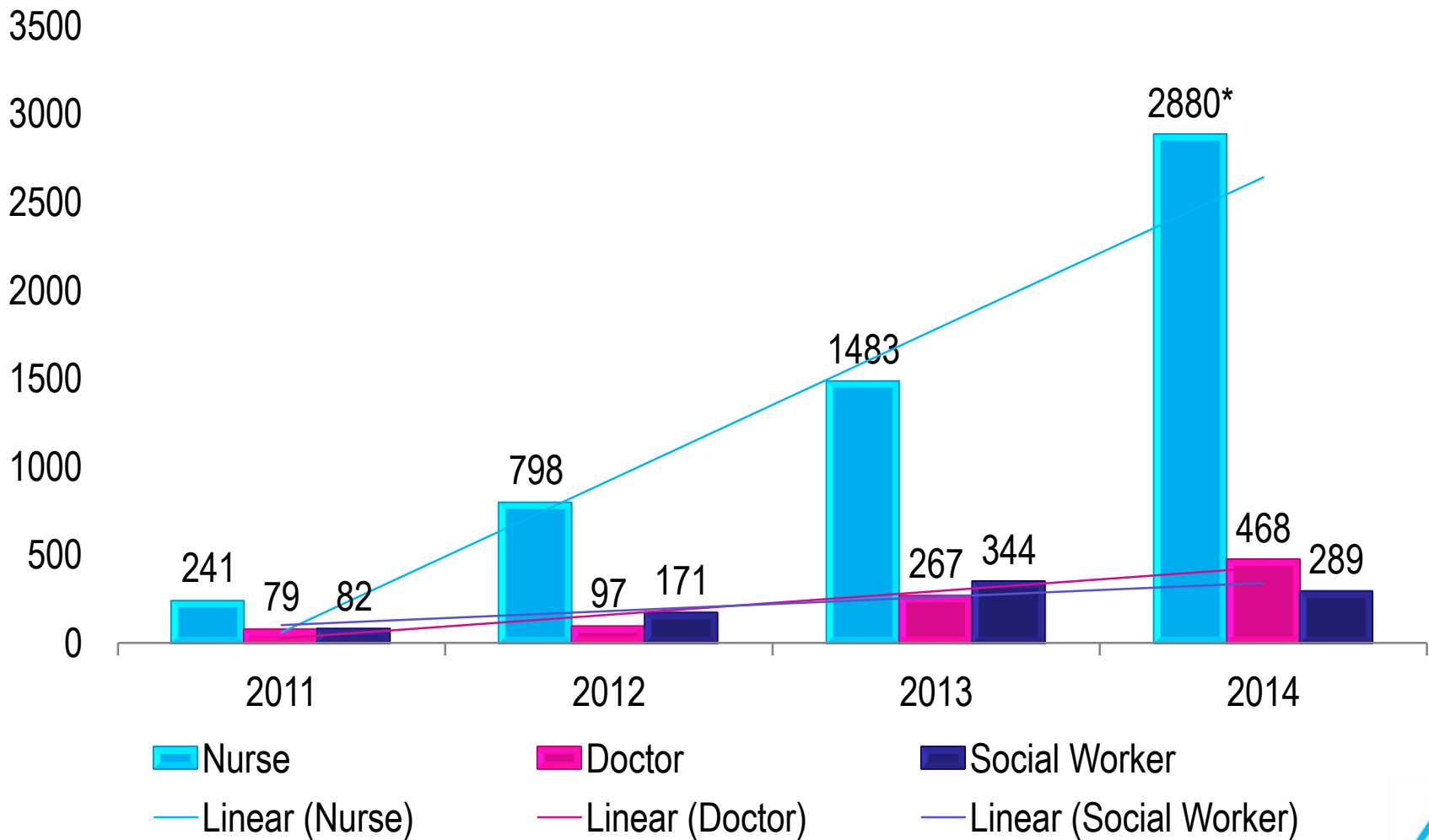
Productivity Metrics – Referrals

Referrals due to Chaplain Rounds vs Cerner DB



* Approx. 25% of visits accounted for by special project involving with Cerner

Productivity Metrics - Referrals



* Spurious increase in Nurse count due to EPIC counting some SW referrals as Nursing referrals

Education



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Development of Educational Programming

- ❑ CPE internship program starting in 2011 – Satellite Program of the HealthCare Chaplaincy
- ❑ Three units successfully completed in the first year.
- ❑ Decision to create residency program
 - Medicare reimbursement opportunity
- ❑ Medicare mandates that supervisory staff must be hospital employees; so decision to develop independent CPE program
- ❑ Hired CPE Supervisor as hospital employee
- ❑ Development of Policies and Procedures for CPE program
- ❑ ACPE Accreditation of Mount Sinai as a CPE site May 2013

Development of Residency Program

- ❑ Residency began July 2013 with 4 full-time residents
- ❑ Creation of Mount Sinai approach to CPE (medical model)
 - mentorship of all students by chaplain staff
 - careful supervision of all students including active co-visits with supervisors
- ❑ Students participate in
 - Interdisciplinary rounds
 - Coordinate efforts with Clinical Nurse Managers
 - Part of Health care team
- ❑ Specialty Chaplaincy, based on chaplain practice at Mount Sinai
 - Cancer
 - Heart
 - HIV / AIDS
 - Body Image
 - Neurology
 - Pediatrics
 - Psychiatry
 - Rehab. Medicine

Other Educational Programs

- ❑ Addition of Hebrew Union College/Jewish Institute of Religion as an Educational Site of Mount Sinai with placement at Mount Sinai Hospital
- ❑ Addition of placement of Zen Center for Contemplative Care interns at Mount Sinai
- ❑ Implementation of joint didactics for all interns and residents from all programs
- ❑ Participation in APC Journal Club
- ❑ System wide implementation of Grand Rounds for Department of Spiritual Care
- ❑ Implementation of Mount Sinai Journal Club

Community Engagement



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Community Engagement Goals

- ❑ Offer opportunities to provide education to community faith based leadership
- ❑ Provide increased access to care
- ❑ Provide health and prevention education for the community
- ❑ Improve the health of local congregations/population health
- ❑ Create opportunities for hospital and congregations to work together to improve health outcomes

Community Engagement Breakfasts

- ❑ Monthly breakfast for religious leaders of local congregations. Leaders of all faiths are invited to attend.
- ❑ Open to all members of the community, with a special emphasis on religious leadership of churches, synagogues, mosques, temples, and other religious institutions in the community.
- ❑ Program usually includes a high-level briefing on medical issues touching our community, and ways congregations can become involved in informing their membership.
- ❑ Group also provides community religious leadership with VIP access to Mount Sinai specialists, through personal referral for them or their congregants.

Breakfast Presentations

- ☐ Genetic Diseases and Women's Cancers
- ☐ Community Outreach from Mount Sinai
- ☐ Organ Donation
- ☐ Men's Health Cancer
- ☐ Dynamics of Hope
- ☐ Nutrition
- ☐ Liver Disease
- ☐ Diabetes
- ☐ Kidney Disease
- ☐ Women's Cancers
- ☐ Palliative Care
- ☐ Chronic Pain
- ☐ Healthy Lifestyle and Heart
- ☐ Community Health Needs
- ☐ Workshop on how to visit congregants in hospital
- ☐ Dementia
- ☐ The Mount Sinai Adolescent Center



- ☐ HIV and AIDS Education and Prevention
- ☐ Hearing Disorders
- ☐ Heart Disease
- ☐ Prostate Cancer
- ☐ Obesity and Bariatric Surgery
- ☐ Cancer and Community
- ☐ ADHD
- ☐ Psalms of Healing (23, 27, 103, 121, 150)
- ☐ Holiday Depression
- ☐ Aging
- ☐ Emergency Preparedness

MICAH and Refuah Shelayma Projects

- ❑ MICAH project (Multifaith Initiative on Community and Health)
 - Speakers Bureau
 - Wellness events tailored to the needs of congregations
 - Screening programs on prevention and early detection
- ❑ UJA Federation grant: To provide health care education and training for visits to hospitalized members of Jewish congregations.
- ❑ Partnering with other Departments to meet community needs
 - Department of Population Health Science & Policy (Cancer Prevention Programs)
 - Department of Government Affairs & Community Relations

Research

✓ Deborah B. Marin, M.D.



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Patient Satisfaction as a measure of Quality of Care

Chaplain Visits and Patient Satisfaction

- ❑ Hypothesis: Patients who see chaplains will be more satisfied with their hospital experience
- ❑ Hypothesis: Chaplain visits will be associated with patients' perception that their spiritual and emotional needs were met

Marin D, Sharma V, Sosunov E, Egorova N, Goldstein R, Handzo G. The relationship between chaplain visits and patient satisfaction. *Journal of Health Care Chaplaincy*. 2015; 21 (1):14-24.

Methods

- ❑ The study period was between December 14, 2011 and May 1, 2013.
- ❑ Chaplain visits were conducted by members of the Department of Spiritual Care and Education, which included 2 chaplains, 2 half time priests, and 7 chaplaincy interns
- ❑ Referrals for visiting patients originated from (1) rounds, when chaplains' queried inpatients and their families regarding any interest in speaking with a member of the DSCE, (2) nurses who solicited a visit, (3) patients, (4) clergy, (5) social workers and (6) other sources including volunteers, family, physicians and other hospital staff. The priests proactively visited patients whose religion was documented as Catholic

Dependent Variables:

Satisfaction with the Hospital

❑ Press Ganey questions:

- “Overall rating of care given at hospital” on a scale from 1 to 5.
- “Likelihood of your recommending this hospital to others”, also on a scale from 1 to 5

❑ HCAHPS questions:

- “What number would you use to rate this hospital during your stay”, with 0 being lowest rating and 10 being the highest rating.
- “Would you recommend the hospital to your friends and family”, with a range from 1 (definitely no) to 4 (definitely yes)

<http://www.pressganey.com>; <http://www.hcahpsonline.org>

Dependent Variables

□ Press Ganey questions:

- “Degree to which hospital staff addressed your spiritual needs”
- “Degree to which hospital staff addressed your emotional needs”

Independent Variables

- ☐ Faith
- ☐ Age
- ☐ Gender
- ☐ Race
- ☐ Hispanic ethnicity
- ☐ Education
- ☐ Socio-economic status of residential neighborhood
- ☐ Language
- ☐ Medical Insurance
- ☐ Illness severity

Characteristics of Patients Visited vs Not-Visited

Variable	Not-visited by Chaplain	Visited by Chaplain	p
N Observations	8,480	498	
Faith: (SD)	<.001		
Christian	3,944 (46.5%)	379 (76.1%)	
Jewish	1,924 (22.7%)	46 (9.2%)	
Muslim	157 (1.9%)	9 (1.8%)	
Other	2455 (29.0%)	64 (12.9%)	
Age	55.9 (18.5)	61.3 (15.9)	<.001
Male Gender	3,382 (39.9%)	192 (38.6%)	.56
Race:	.03		
White	5,499 (64.8%)	299 (60.0%)	
Black	937 (11.0%)	76 (15.3%)	
Asian	438 (5.2%)	17 (3.4%)	
Other	1,606 (18.9%)	106 (21.3%)	
Hispanic Ethnicity	2,175 (25.6%)	143 (28.7%)	.14

Characteristics of Patients Visited vs Not-Visited

Variable	Not-visited by Chaplain	Visited by Chaplain	p
N Observations	8,480	498	
Education:	<.001		
8 th grade	356 (4.2%)	27 (5.4%)	
Some High School	484 (5.7%)	44 (8.8%)	
High School Graduate	1,455 (17.2%)	101 (20.3%)	
Some College	1471 (17.3%)	105 (21.1%)	
College Graduate	1,660 (19.6%)	90 (18.1%)	
>4 Years in College	2,670 (31.5%)	106 (21.3%)	
Language:	.02		
English Language	6,448 (76.0%)	395 (79.3%)	
Spanish Language	531 (6.3%)	37 (7.4%)	
Other	601 (7.1%)	20 (4.0%)	
General Health Status:	<.001		
Poor	255 (3.0%)	31 (6.2%)	
Fair	1,079 (12.7%)	101 (20.3%)	
Good	2,129 (25.1%)	149 (29.9%)	
Very Good	2,668 (31.5%)	133 (26.7%)	
Excellent	2,077 (24.5%)	68 (13.7%)	

Association between Chaplain Visits and Patient Satisfaction: Regression Coefficients

Question	Coefficient	Standard Error	p
Overall rating of care given at hospital ^a	0.11**	0.04	0.001
What number would you use to rate this hospital during your stay? ^b	0.17*	0.08	0.036
Likelihood of your recommending this hospital to others ^a	0.11**	0.04	0.005
Would you recommend this hospital to your friends and family? ^b	0.07*	0.03	0.018
Degree to which hospital staff addressed your spiritual needs ^a	0.27***	0.05	<.001
Degree to which hospital staff addressed your emotional needs ^a	0.10*	0.04	0.020

* $p < .05$, ** $p < .01$, *** $p < .001$.

^aPress Ganey survey questions.

^bHCAHPS survey questions.

Future Directions in Research

- ❑ To improve identification of patients who can benefit from chaplain visits
- ❑ Delineate what are the spiritual needs and struggles in different patient populations
- ❑ Standardize spiritual interventions so that there is a better understanding of what interventions best meet patient needs.
- ❑ Explore other important outcomes of chaplains activities:
 - End of life choices
 - Involvement in population health
 - Access to care

Quality Improvement and Measurement

✓ Vansh Sharma, M.D.



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Quality Improvement Program

The Quality Improvement program has 2 components.

❑ Internal (Operations related)

- Tracking of every single new project with a lead individual and a time line assigned to the task or activity
- Establishing productivity goals for each individual staff member
- Capturing and tracking data internally to monitor productivity

Quality Improvement Program

Analyses of data using external sources.

- ❑ Obtaining Press Ganey data which includes
 - Press Ganey questionnaires
 - HCAHPS questionnaires
- ❑ Subjecting external data to statistical analysis to ascertain if there are measurable changes / improvements in the services delivered.

Components of Quality Improvement



Department Operations - Gantt Charts

A Gantt chart is one of the most popular and useful ways of showing activities (tasks or events) displayed against time. It is commonly used in project management

- ❑ On the left of the chart is a list of the activities
- ❑ Along the top is a suitable time scale.
- ❑ Each activity is represented by a bar; the position and length of the bar reflects the start date, duration and end date of the activity. This allows you to see at a glance:
 - What the various activities are
 - When each activity begins and ends
 - How long each activity is scheduled to last
 - Where activities overlap with other activities, and by how much
 - The start and end date of the whole project

Example of a Gantt Chart

DEPARTMENT OF SPIRITUAL CARE & EDUCATION

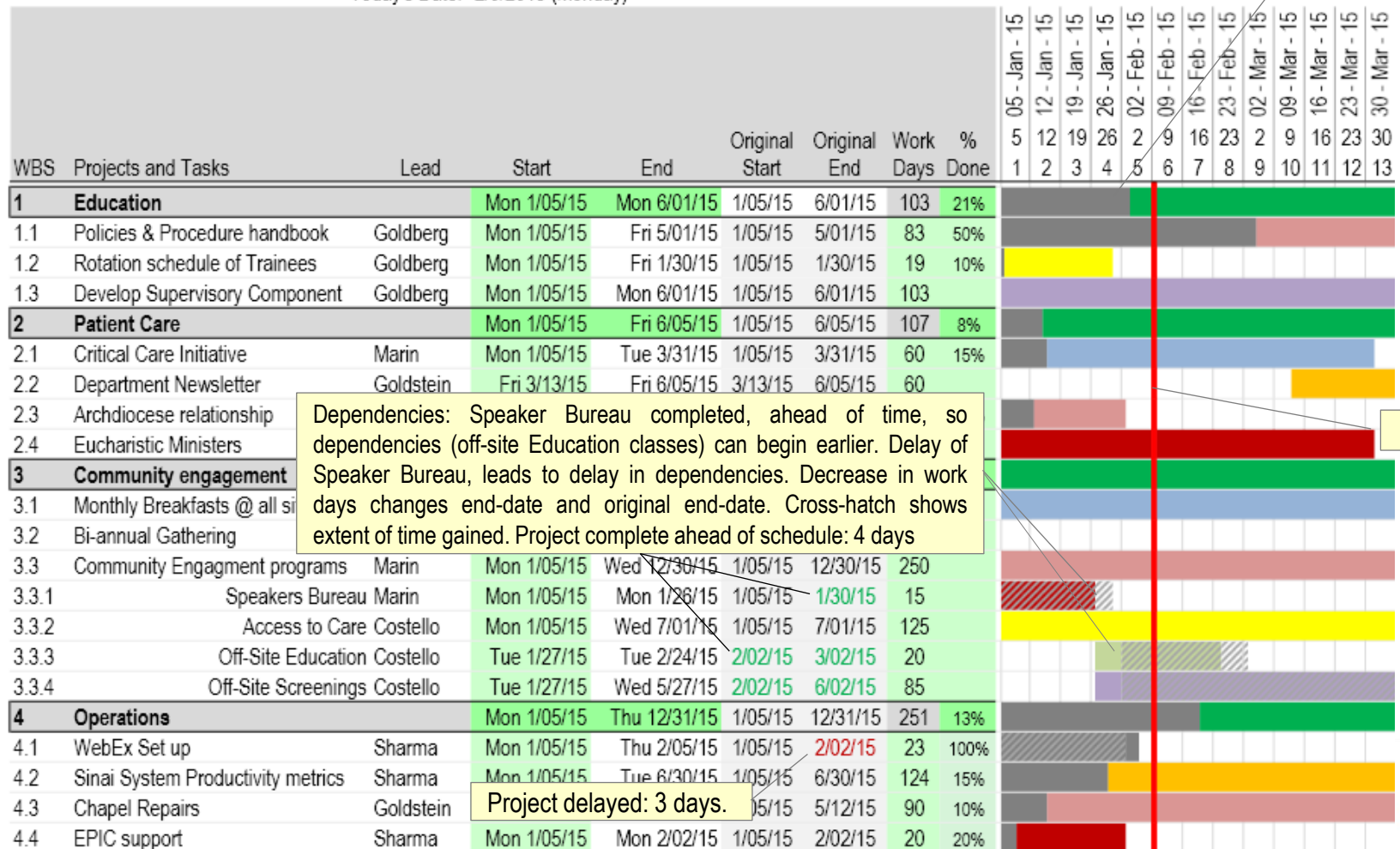
Department Lead: Deborah Marin

Start Date: 1/5/2015 (Monday)

Today's Date: 2/9/2015 (Monday)

End Date: 12/31/15 (Thursday)

% Complete



Components of Quality Improvement



Press Ganey Report - July 2011

Press Ganey – Inpatient Report (Question Analysis – 7/1/11 – 7/31/11)						
Mount Sinai Hospital 7/1/11 – 7/31/11			All Respondents			
			All PG DB		NYC Metro	
Question	Mean	n	Mean	Rank	Mean	Rank
Staff addressed Emotional Needs	82.5	594	86.5	12	82.9	44
Staff addressed Spiritual Needs	78.4	446	84.0	13	82.6	15
Likelihood recommending hospital	89.0	659	89.3	42	86.3	64
Overall rating of care given	88.9	660	90.7	26	88.0	54

Press Ganey Report - 1st Quarter 2015

Press Ganey – Inpatient Report (Question Analysis – 1/1/15 – 3/31/15)						
Mount Sinai Hospital 1/1/15 – 3/31/15			All Respondents			
			All PG DB		NYC Metro	
Question	Mean	n	Mean	Rank	Mean	Rank
Staff addressed Emotional Needs	85.7 (+3.2)	1083	86.3	40	82.9	76
Staff addressed Spiritual Needs	83.2 (+4.8)	841	84.2	33	82.5	68
Likelihood recommending hospital	90.4 (+1.4)	1168	89.0	60	86.3	80
Overall rating of care given	91.1 (+2.2)	1166	90.5	55	87.9	81

Data Analysis - Run Charts

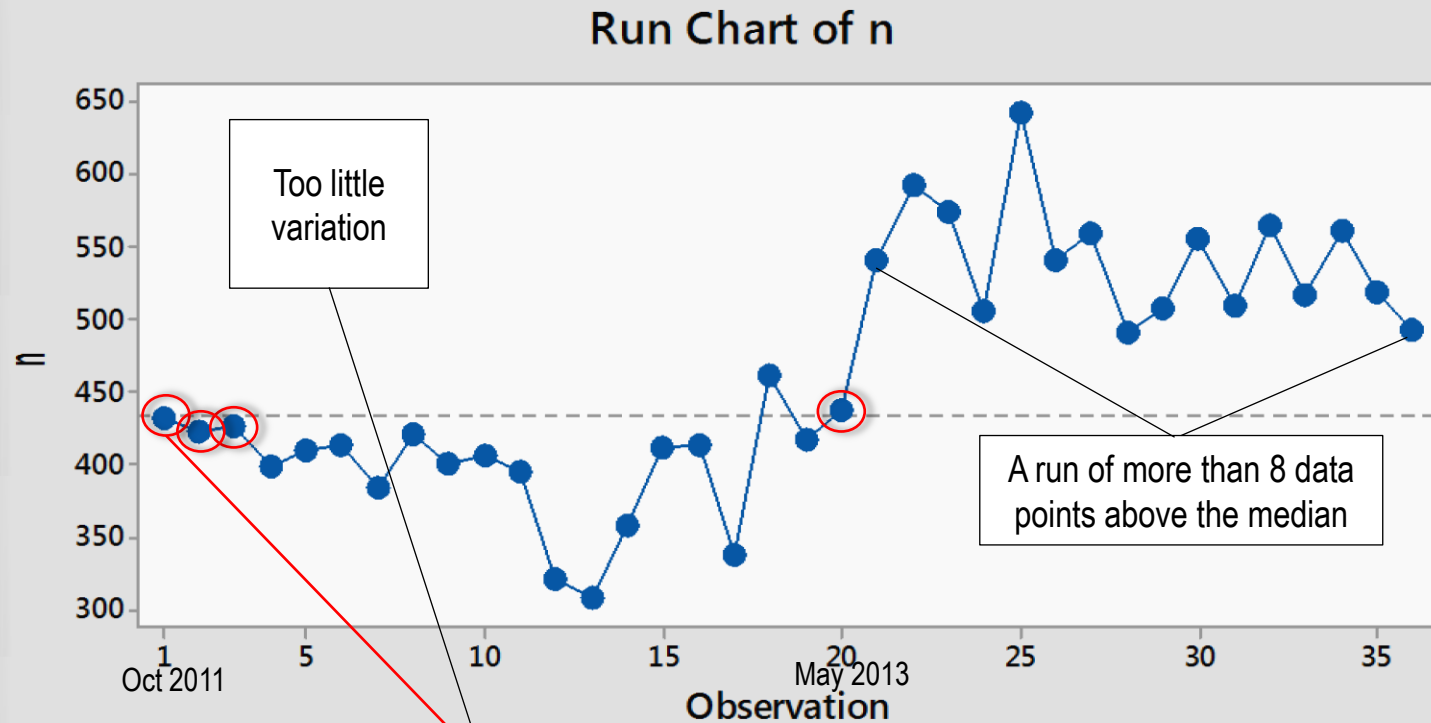
❑ What is a Run Chart?

- A running record of a process over time.
 - ❖ Units of time are on the horizontal (X) axis
 - ❖ Aspect of process being measured is on the vertical (Y) axis
 - ❖ The centerline of a run chart is the *median* of the data points of the Y axis

❑ What is a “Run”?

- One or more consecutive data points on the same side of the median

Run Chart "Signals"



Number of runs about median: 4
 Expected number of runs: 19.0
 Longest run about median: 17
 Approx P-Value for Clustering: 0.000
 Approx P-Value for Mixtures: 1.000

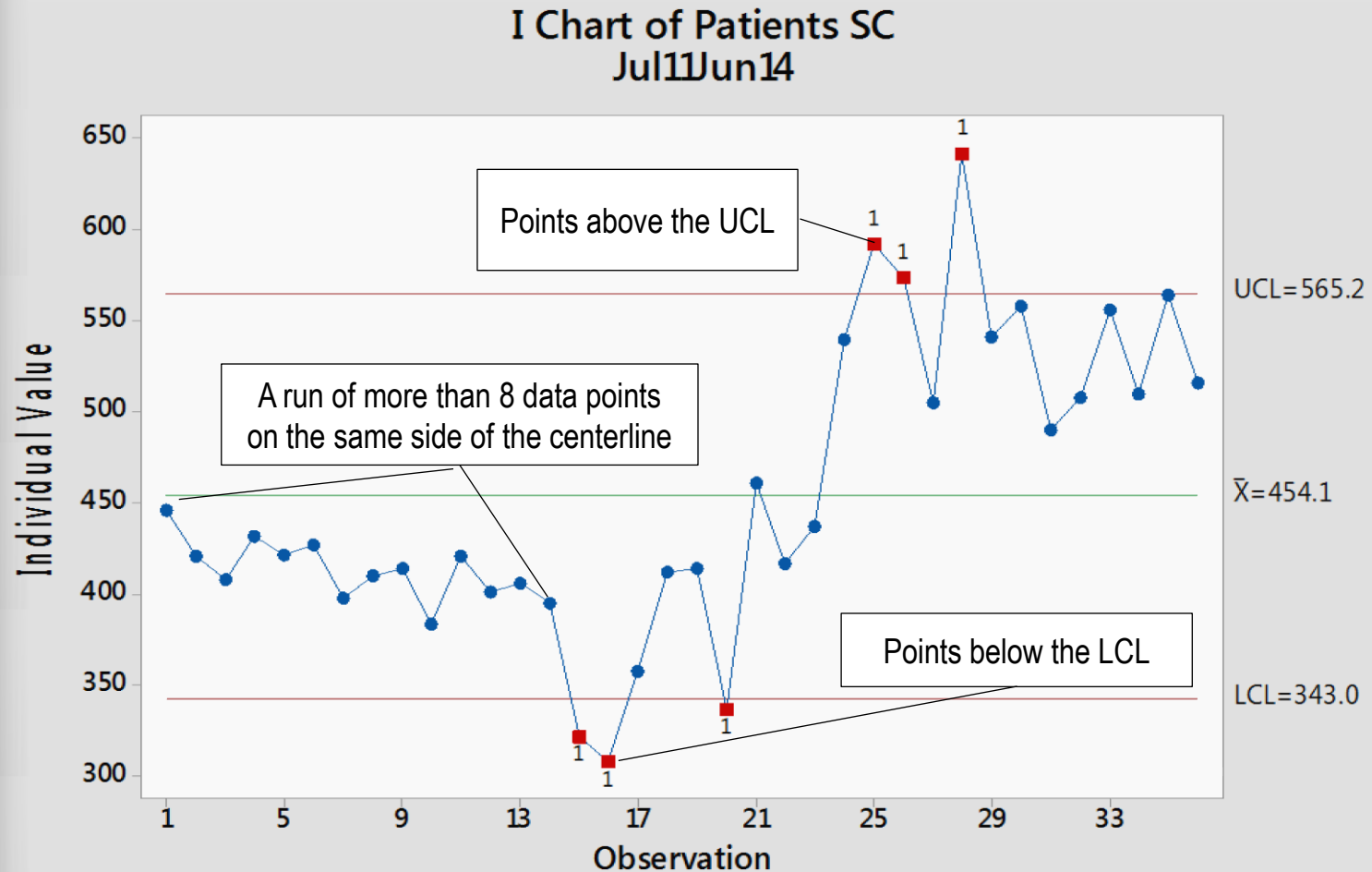
Number of runs up or down: 25
 Expected number of runs: 23.7
 Longest run up or down: 3
 Approx P-Value for Trends: 0.706
 Approx P-Value for Oscillation: 0.294



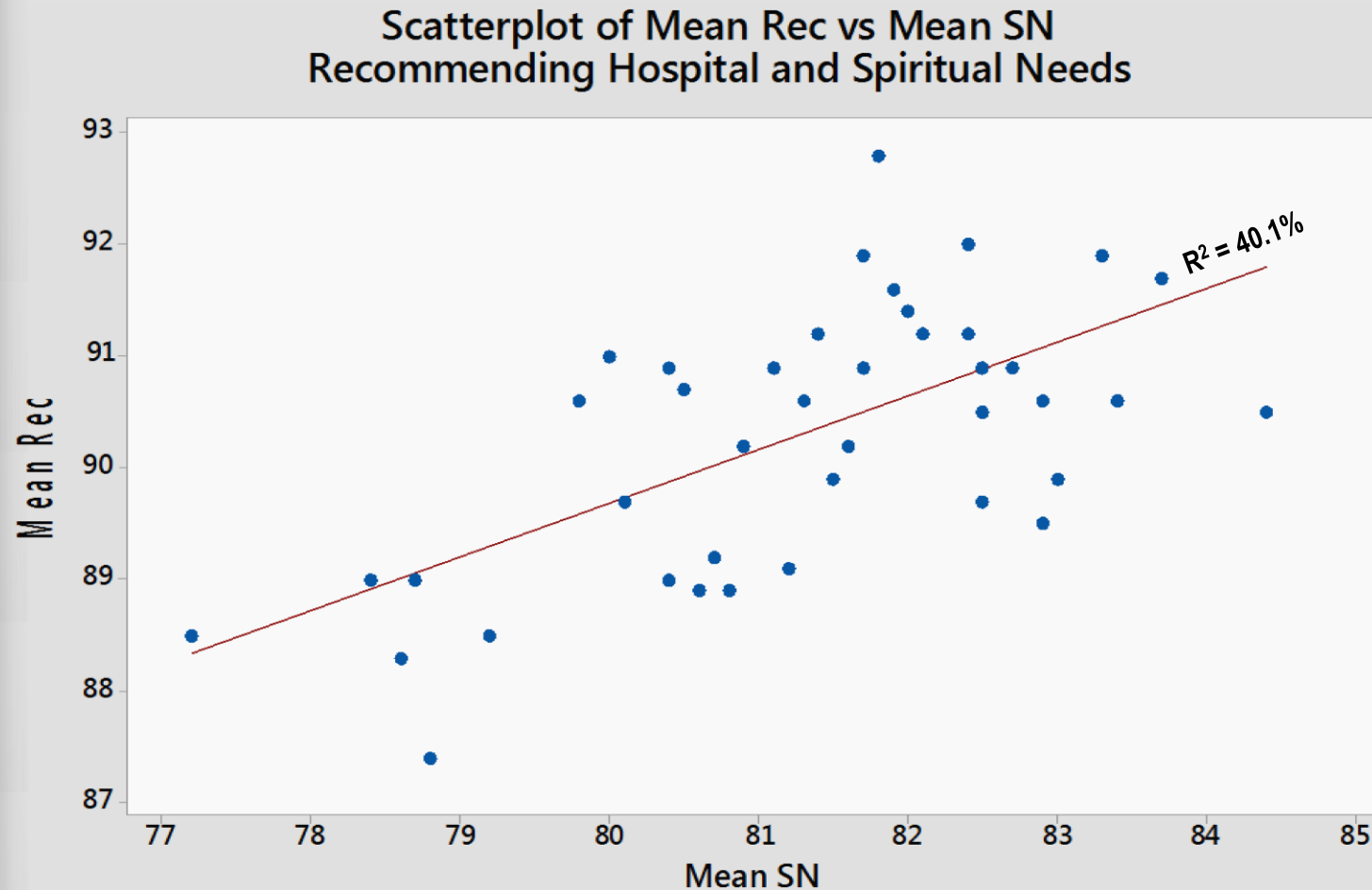
Control Chart

- ❑ More powerful and sensitive than a Run Chart.
- ❑ Has a *centerline*, as does a Run Chart, but additionally has *control limits*.
- ❑ The centerline of a Control Chart is the *mean* of the data points, unlike the Run Chart where the centerline is the *median* of the data point.
- ❑ The control limits are referred to as the *upper* (UCL) and the *lower* (LCL) limits.

Control Charts "Signals"



Relationship between meeting patients Spiritual Needs and Recommending Hospital



Conclusions

✓ Deborah Marin, M.D.



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Summary

- ❑ Senior Leadership buy-in is necessary
- ❑ Anticipate 3-5 years to exact change
- ❑ Growth is incremental and dependent upon
 - Engagement and Collaboration with other Departments
 - ❖ “Learn to speak their language”
 - Availability and Quick response to patients, families and staff members
- ❑ Education Programming is essential for growth
- ❑ Community Engagement should be embraced
- ❑ Research is fundamental to further the mission of the Department and essential for the field.
- ❑ Collection and analysis of data provides an opportunity for performance improvement.

Questions & Answers Session

