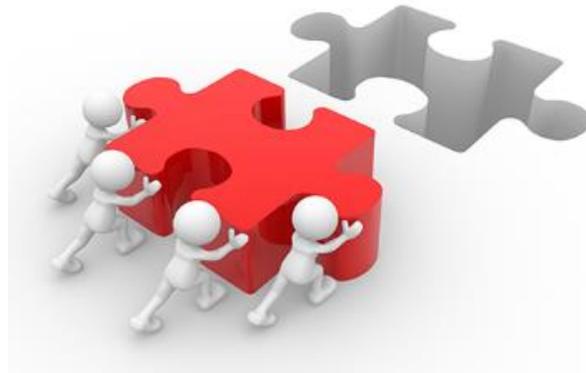


Integrating Spiritual Care

Into an Interdisciplinary Plan of Care





To illustrate how Spiritual Care is a function of the Interdisciplinary Care Team and to explain the role of the Chaplain on the team.



- 1. Promote Spiritual Care as the responsibility of all care team members.**
- 2. Focus on the whole patient not just the illness.**
- 3. Identify common/shared goal(s) among the disciplines on the team.**
- 4. Promote the use of Spiritual Assessment by Chaplains.**

Interdisciplinary Vs Multidisciplinary



INTERDISCIPLINARY CARE MODEL *Working Together as a Team*

1. The focus is on how we work as a team and care for the patient.
2. We communicate with each other to achieve shared goals.

MULTIDISCIPLINARY CARE MODEL *Working Alongside other Disciplines*

1. The focus is on the care that I provide within my discipline for the patient.
2. I communicate with others so they know what my goals of care are.

The shared goal of the Interdisciplinary Care Team is to connect patients with resources that will give them peace and a sense of well-being

Interdisciplinary Care Model Components

- ▶ **Collaboration**
 - ▶ Respect and understand roles.
 - ▶ Contribute expertise.
 - ▶ Share in planning and decision-making.
- ▶ **Coordination**
 - ▶ Work from the same location.
 - ▶ Make appropriate referrals.
 - ▶ Communicate clearly.
- ▶ **Continuity**
 - ▶ Maintain contact.
 - ▶ Monitor progress.
- ▶ **Quality**
 - ▶ Outcomes
 - ▶ Satisfaction
 - ▶ Documentation of evidence of effectiveness.



Bringing us closer to the patient.

Three Components of Spiritual Care Integration

1. Best practice in patient care.
2. Practical Definitions for the healthcare setting.
3. Culture that supports interdisciplinary collaboration.



Best Practice in Patient Care



Normalizing and Integrating Spiritual Care

- ▶ Establish relationships, with patients/families & care team members, conducive to providing & receiving information.
- ▶ Measure patients' willingness & ability to participate in care.
- ▶ Provide patients/families with comforting presence.
- ▶ Listen & inquire with the intent of gaining understanding.
- ▶ Provide patients/families with support for decision making.
- ▶ Respond appropriately and empathically to discomfort.

Practical Definitions

Normalizing and Integrating Spiritual Care

Definitions associated with spiritual care should be user friendly and easily understood by the interdisciplinary care team.

- Spirituality
- Spiritual needs
- Spiritual Care
- Spiritual and Religious
- Chaplains

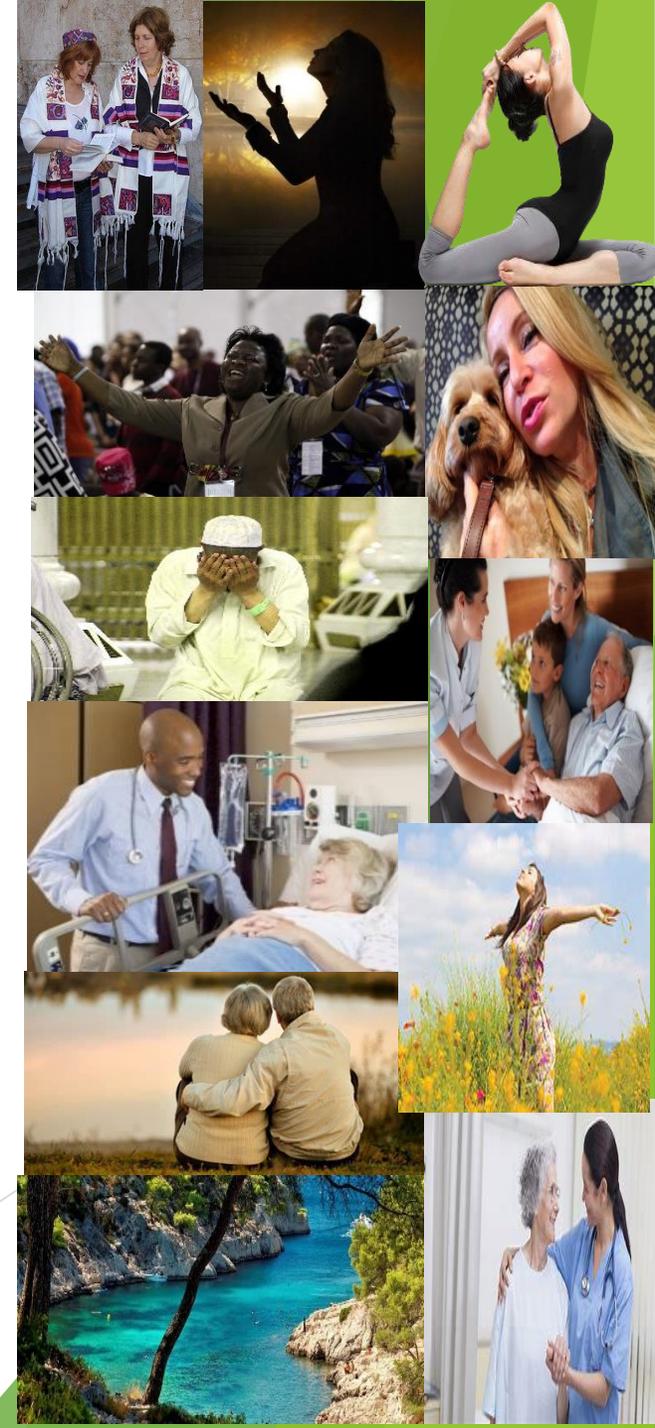


What is that?

Spirituality - What is that?

Spirituality is the ability to connect with something that gives you a sense of peace and well being.

- ▶ Everyone has a level of spirituality.
- ▶ Spirituality can be hampered by illness and confinement.
- ▶ The care team connects patients with resources and helps them maintain and sometime increase spirituality.
- ▶ Peace giving resources are relative to the patient and fall in the following categories:
 - ▶ Religious
 - ▶ Social
 - ▶ Cultural
 - ▶ Healthcare related



Spiritual Needs- What are they?

Spiritual needs are signs of a lack of peace and well-being evidenced in the individual.

- ▶ The need to be heard.
- ▶ The need to feel God's presence.
- ▶ The need to forgive and be forgiven.
- ▶ The need to not be alone.
- ▶ The need to understand.
- ▶ The need to be understood.
- ▶ The need to be cared for.
- ▶ To need to know what to expect next.
- ▶ The need to talk about a fear of death.
- ▶ A need to grieve.



Spiritual Care - What is that?

Spiritual Care is patient centered care that connects people with resources so they can have a greater sense of peace and well being.

- ▶ Connection with someone who will sit and listen.
- ▶ Connection with someone who can answer questions.
- ▶ Connection with family members who can support and advocate.
- ▶ Connection with physicians and other providers to add clarity.
- ▶ Connection with the Sacred through prayer, scripture, Communion, presence of personal clergy etc.
- ▶ Connect with self-advocacy through advance care planning.



Spiritual & Religious-What is the Difference?

- ▶ Religious is related how a person connects with deity, faith and faith community.
 - ▶ Church, Mosque, Synagogue etc. membership and/or attendance.
 - ▶ Prayer, sacred text reading, meditation, fasting, Communion, baptism etc.
- ▶ Spiritual is related to the tendency of a person to connect with resources that either positively or negatively impact the well-being of the individual.
- ▶ Some spiritual resources are religious.
- ▶ All religious resources are spiritual.
- ▶ People in general are spiritual and some are religious.



Jews praying at the Western Wall (the Wailing Wall) at Passover

Chaplain-What is that?

Professional Chaplains are clinically trained members of the Interdisciplinary Care Team who provide spiritual care for patients, families, visitors and staff.



What Chaplains Have in Common with other Disciplines

- ▶ Employees of the Organization.
- ▶ Clinically trained to function as members of the interdisciplinary team.
 - ▶ Personal Clergy should not be referred to as Chaplains.
- ▶ Speak in the vernacular of the healthcare setting.
- ▶ Board Certified and concerned with competencies.

How Chaplains Differ from other Disciplines and Staff *in Most Cases*

- ▶ Ordained ministers.
- ▶ Seminary Graduates.
- ▶ Endorsed by their ecclesiastical bodies to provide institutional ministry.
- ▶ Have had Clinical Pastoral Education beyond Seminary.

Triggers for Referrals

- ▶ **Signs distress.** 
 - ▶ crying, anxious, worried about being abandoned, worried about health outcomes, reluctance to participate in care, etc.
- ▶ **Protocols.** 
 - ▶ new diagnosis, change in prognosis, deceleration of care, trauma, receiving bad news, recent loss, end-of-life issues, addiction, suicide attempt, advance directive education, death, surgery and procedures, new dialysis, ethical issues.

Chaplain Referrals - What to Avoid

- ▶ **Never ask patients if they would like to see a chaplain.**
 - ▶ Chaplains are personnel authorized to provide care.
 - ▶ Patients may not understand the chaplain's role and decline.
 - ▶ **Do not** ask the question and then attempt to explain the role.
 - ▶ Patient may decline due to a previous religious experience.
 - ▶ This question places the patient in the position of conducting their own spiritual assessment.
- ▶ **Never ask patients if they would like a chaplain to provide a specific intervention.**
 - ▶ The question Usurps the Need for Spiritual Assessment.
 - ▶ Think Spiritual Assessment by the Chaplain.
 - ▶ Brief the chaplain on the patient and insights you have.



HOW TO NOTIFY CHAPLAINS OF CONULTS

Epic

Place **all** Spiritual Care Consults to Chaplains in Epic.

The order keeps the patient on the chaplain's radar as the patient moves from floor to floor or go for procedures during the admission.



Weekdays, if you have already placed the consult in Epic, and need someone to respond STAT, call the duty chaplain, carrying 2696, to contact the unit or call the unit chaplain directly.



After office hours and on weekends, have the operator to page the On-Call chaplain. **Remember to place the order in Epic. Chaplains will be charting on the patient.**

Spiritual Assessment - What is that?

The Spiritual Assessment is the assessment performed by the chaplain for the purpose of identifying needs and resources that could help the patient be at peace and make progress during the health crisis.

When Effective:

- ▶ Helps to identify and connect the patient with peace giving resources.
- ▶ Helps to connect spiritual care with the goals of overall care.

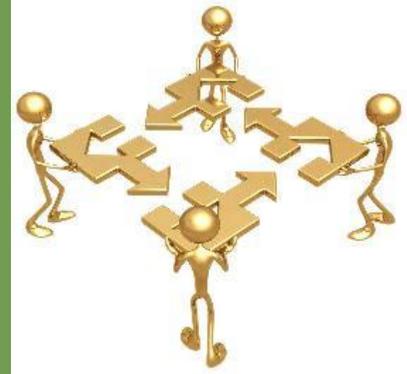


Spiritual Assessment

- ▶ **Relevance of Spiritual/Religious Affiliation**
 - ▶ Do you attend services; does the affiliation and beliefs help you find meaning and purpose? How do your beliefs influence your attitude, coping, and decisions?
- ▶ **Values and What You Live By**
- ▶ **Primary Source of Support**
 - ▶ Who typically provides you with support.
- ▶ **Losses and Responses**
 - ▶ What losses have you incurred or anticipate. What are your grief responses?
- ▶ **Coping**
 - ▶ What kind of coping is use , i.e., emotion focused, activity focused, solution focused?
 - ▶ What are some coping strategies used? Keep yourself distracted...meditate.....talk on the phone.....use humor.....seek answers... use positive affirmation
- ▶ **Spiritual Care Interventions**
 - ▶ Specific care interventions of the chaplain and recommendations.
 - ▶ Communication with interdisciplinary team members and clergy for follow-up.
- ▶ **Documented Evidence of Response and Effectiveness**



Interventions of Chaplains and Care Team



- ▶ Provide religious rites.
- ▶ Contact the patient's personal clergy.
- ▶ Provide support for reconnecting with the faith community.
- ▶ Provide listening for patients who need to “confess.”
- ▶ Create a comfortable environment to talk about death and dying.
- ▶ Provide support for patients deciding on Hospice.
 - ▶ Research shows patients with chaplain contact are more likely to decide on hospice.
- ▶ Educate and assist with Advance Directive execution.
- ▶ Clarify Code status.
- ▶ Provide companionship.
- ▶ Help patients self-advocate and express wishes.
- ▶ Support patients facing ethical issues and dilemmas.
- ▶ Provide support during and after hearing bad news.



Common Issues Addressed in Spiritual Care

- ▶ Issues leading to non-compliance.
- ▶ The emotional and spiritual connection to physical pain.
- ▶ Fear of death and the reasons behind it.
- ▶ The patient's view of the quality of life as opposed to the care team's and caregiver(s)' view.
- ▶ How health is affected by loss, trauma and other stressors.
- ▶ The most pressing concern regarding care in the patient's view.
- ▶ Plans for aftercare.
- ▶ Religious and cultural views impacting care.
- ▶ The driving force behind the patient's decisions.

CULTURE SUPPORTIVE OF INTERDISCIPLINARY CARE

Normalizing and Integrating Spiritual Care

- ▶ Collaborating and setting clear goals.
- ▶ Encouraging diverse disciplines to work together.
- ▶ Understanding joint ownership of patient care.
- ▶ Inviting questions.
- ▶ Capitalizing on the overlaps of expertise and knowledge.



Vision for Spiritual Care



- ▶ Spiritual care is integral to patient-centered care.
 - ▶ Resides at the center of care.
 - ▶ Focuses on the needs of the whole patient.
 - ▶ Identifies needs and concerns that impact patient outcomes.
- ▶ All Interdisciplinary Care Team members provide spiritual care.
 - ▶ Chaplains are the spiritual care specialists who conduct spiritual assessments and provide spiritual care.
 - ▶ Other care team members are spiritual care generalists who also provide spiritual care and refer patients to chaplains.
- ▶ Spiritual Care is for the mind, body, and the spirit.
 - ▶ Takes the whole person into consideration.
 - ▶ Takes **all** issues concerning the individual into consideration.
 - ▶ Takes all disciplines and their expertise into consideration.



Best Practice in Engaging Spirituality

- ▶ Assume everyone has some ability to *connect with something for peace*.
 - ▶ Observe.
 - ▶ Listen.
 - ▶ Inquire.
- ▶ Recognize signs of diminished spirituality.
 - ▶ Observe facial expressions.
 - ▶ Take note of a lack of motivation.
 - ▶ Hear verbalization of missing or needing something.
 - ▶ Acknowledge the inability to connect care.
- ▶ Involve Chaplains in the Care
 - ▶ Chaplains can make assessments, provide care and help guide the spiritual care provided by the interdisciplinary team.
 - ▶ Chaplains can provide religious interventions.

Quick List for Spiritual Care Consults

- ▶ New Diagnosis
- ▶ Suicide Attempt
- ▶ Frequent Admissions
- ▶ End-of-Life Issues
- ▶ Recent Loss
- ▶ Lack of Social Support
- ▶ Cultural or Religious Issues Involved
- ▶ Ethical Dilemmas
- ▶ Waiting for Test Results
- ▶ Non-compliance
- ▶ Not Participating in Care
- ▶ Lengthy stays
- ▶ Addiction
- ▶ Advance Directives



Resources

- ▶ The Evidence of the Positive Impact of Chaplaincy and Spiritual Care *Summary of Key Findings on the Efficacy of Professional Chaplaincy*
https://www.healthcarechaplaincy.org/docs/mediakit/summary_of_key_findings_on_the_efficacy_of_professional_chaplaincy.pdf