

Why a Hospital CEO Invests in Chaplaincy

By **Louis A. Shapiro**

There are many different aspects that patients need to consider when receiving care at a hospital, from choosing the physician best suited to their needs to understanding different treatment options. While Hospital for Special Surgery (HSS), New York City, is best known for helping people get back to what they need and love to do through excellent orthopedic and rheumatic care, a less obvious but essential element is addressing other patient needs, including spiritual care.

HSS is committed to caring for the whole person, an approach that has proven to produce better results from both clinical and patient satisfaction perspectives. As president and CEO, my continued investment in spiritual care services is vital to the hospital's patient population and to the medical and administrative staff who make up the HSS family.

Through spiritual care at HSS, patients have access to board certified chaplains who help them with their spiritual and emotional needs. Offering this service positively impacts a patient's stay and makes patients and their family members feel at ease while undergoing a major life event, like a hip replacement or a diagnosis of a chronic autoimmune disease.

Spiritual and religious needs are every bit as important as a patient's physical ones, and chaplaincy is fundamental to the hospital's pursuit of health care excellence. The multi-faith chaplaincy service includes handling a patient's specific religious needs for prayer and ritual, assisting patients in accessing religious resources during their stay, attending to the spiritual and coping needs of patients and their loved ones, and helping patients move toward renewed hope and peace following surgery or a recent diagnosis.

All of this contributes to healing and wellness.

Spiritual care at HSS is a dynamic service that matches HSS' vibrant environment. For instance, the spiritual care team's quality assurance indicators are invariably high, which ensure that along with quality health care, patients receive leading spiritual care during their stay at HSS.

The department has grown significantly to include three full-time and one part-time chaplain to accommodate the increasing needs of patients and their families. The department has also moved to unit-based chaplain assignments so that the chaplains can establish relationships with personnel on their assigned units and work more closely with staff and patients through a collaborative care team approach. Similarly, the department now utilizes Business Intelligence Recording Tool (BIRT) standards to document and report quarterly on quality of compassionate care.

The dedication of spiritual care staff and their colleagues has directly resulted in better patient experience and lower readmission rates at HSS—another testament to why hospitals should invest in services such as these. For instance, during the intake process and prior to pre-operative care, many patients express a wish to be visited by a chaplain. A chaplain also completes rounds in pre-operative and post-operative care venues, and is well received by patients and their families before and after surgery. Religious holidays of all major faiths are also recognized in the hospital's nondenominational chapel to ensure that patients can observe and practice their faith during their stay.

The hospital's Press Ganey® survey results indicate that spiritual care positively contributes to a patient's experience and satisfaction. From a leadership perspective, these findings are invaluable as they validate the benefit of providing services that appropriately and successfully meet the spiritual needs of patients. In addition, the services provided by chaplains and the integration of chaplains into the hospital's care team directly support the hospital's strategic plan to institute best practices and deliver the best care possible.

Chaplaincy services extend to HSS employees as well, particularly at times of need such as a death in the family. Support includes organizing individual memorial services and an annual HSS memorial service for all members of the HSS family and their loved ones.

The mission of HSS is to help people get back to their own "game of life" more reliably than any other medical center in the world. To do this means vowing to also care for the human spirit and provide comfort to those who have put faith in the hospital's medical and other staff to care for their overall health needs.

The hospital's chaplains are deeply committed to prayer, learning, and professional development in order to serve as true advocates for patients of all faiths. It is with this mission and intent that the hospital's chaplains follow HSS' pathway to sustain leadership in health and wellness. This is the foundation for current and future success of spiritual care in a hospital setting.

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Out of the Mystery: Education Pulls Nurses Into Spiritual Screening

By Jeremy Hudson, MA, BCC

In health care, spirituality and spiritual care have the perception of being cloaked in the mysterious. Patients, family members, and health care professionals don't always have a solid grasp of what spiritual care is and what chaplains can offer. The confusion and lack of understanding are challenges for spiritual care providers who are trying to further integrate the discipline of spiritual care into the fabric of their institutions.

The Department of Spiritual Care at the University of Iowa Hospitals and Clinics (UIHC), Iowa City, Iowa, tackled this scenario—and, having done so, is now experiencing greater visibility and integration than previously, and is serving more people in need.

UIHC recently introduced a hospital-wide spiritual screening as a part of the nursing assessment to identify patients and family members who desire spiritual support while in the hospital. The initiative is an outgrowth of a collaboration with other disciplines and education about spirituality and spiritual care to all levels of the organization.

The multiple definitions of spirituality, religion, spiritual care, and religious care often add to the mystery and confusion surrounding chaplaincy. Even when chaplains themselves are asked how they define these terms, varied responses emerge. If spiritual care providers struggle to have consistent explanations and definitions of these concepts, then how do we expect other health care providers and administrators to know, understand and explain them to patients and their families?

Yet, the hands-on patient care staff are among spiritual care's strongest advocates if they are equipped with and give a consistent and concise message.



Chaplains need to be the champions, promoters and educators for spiritual care in their institutions. They must be open to and engage in opportune situations that present themselves and actively seek out other chances to collaborate at their organizations if chaplaincy is to continue to gain visibility and greater integration.

At UIHC, this process began when a nurse manager and social worker asked, "How do we identify patients and family members who might benefit from spiritual care?" This was an opportunity ripe for cultivation.

To move this forward, educating

colleagues about spirituality and spiritual care was a key building block. And it was necessary to start with the very basics. We began with using the definition of spirituality drawn from the Greek, *pneuma*; the Hebrew, *ruach*; and the Latin, *spiritus*. All three words are defined as breath or spirit. Therefore, spirituality is that which gives breath to life. A person's spirituality can consist of such things as relationships, art, music, vocation, and even, but not always, religion. Spiritual distress is looking at how the present challenges impact the things that give breath to the life of a patient or family member.

This education created a better understanding of what spirituality is, how illness impacts spirituality, and why it is an important component of holistic care.

With the foundation set, UIHC undertook an initial pilot project for spiritual screening in which the unit social workers administered the screening. During a three-month period in 2015, 62 percent of patients screened requested spiritual care.

The goal was to implement the spiritual screening hospital-wide in the social work assessment. However, understanding that a social worker does not visit every patient during a hospital stay, it was evident that this would only be a start, although certainly more than spiritual care providers can screen on their own.

From the social work screenings, the hope was to generate enough data to make the case for adding a spiritual component to the nursing assessment. Social work and chaplaincy aren't able to see every patient, but nursing does. If nursing did the initial screening as a part of their assessment, it would mean 100 percent of patients are screened for spiritual distress in the first 24 hours of admission and offered spiritual care.

The screening includes a scale for the patient/family to rate their level of distress from one (no distress) to 10 (extremely distressed). Chaplains use this scale to determine acuity and which patients should be visited first.

Through collaboration with and education of key leaders in administration, nursing, information technology, and social work, the project gained overwhelming support. As other disciplines heard about the screening or got involved, momentum and buy-in grew, along with the scope of the project. It went from a small pilot to implementation on four units to being incorporated in the nursing assessment hospital-wide within months of the initial pilot.

Now, at UIHC, every patient is screened and offered spiritual care

upon admission to the hospital.

Once the screening was added to the nursing assessment, it was taken out of the social work assessment. There have been discussions about the possibility of adding it back into the social work protocol. Having it in both offers different perspectives: since the social work assessment typically takes place later in a patient's hospital stay, circumstances may look much changed from the nurse's initial evaluation within the first 24 hours of admission.

The project was not without bumps in the road. For one, its scale

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was challenging. As a spiritual care department, we were walking into an unknown, and we wrestled with many questions. Among them: How many referrals would be generated? Do we have the staff to meet the potential needs? If we don't take the opportunity to have the screening in the nursing assessment, will the window ever present itself again? We chose not to look at the challenges as barriers, but, instead, view them as further opportunities for education and collaboration.

It has been a year since the spiritual screening went live in the nursing assessment. During that time, the initiative has produced an average of 264 additional requests for spiritual services per month, and a total of 3,100 additional requests for the year.

Many of the requests have come from units that do not have dedicated chaplains. The project provided data to ask for—and obtain—more staff for the Department of Spiritual Care in order to meet all of the requests received through the screening. Moreover, the data demonstrates that patients and their families, and health care team members desire and value spiritual care.

In addition, the screening has allowed for a greater presence and collaboration with hospital units where chaplains weren't as visible before. There have been requests from staff at outpatient clinics to add the screening tools to their assessments so those settings can offer spiritual services as well.

This endeavor has allowed UIHC's spiritual services a pathway to increase the presence and integration of spiritual care into the overall institution. As chaplains, there are opportunities throughout health care to educate and collaborate with colleagues to make our institutions better, further our craft, and, most of all, improve the care of those we serve.

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WATCH INTERVIEW

with Chaplain Jeremy Hudson

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Two-Way Street: Chaplaincy Interns Get Educated—and Educate Others About Role

By **The Rev. Jill M. Bowden, MDiv, MPA, BCC**

Three times a year a new “crop” of four or five clinical pastoral education (CPE) interns comes through the doors at Memorial Sloan Kettering Cancer Center (MSK), New York City. They are tasked to act in the role of chaplain, of spiritual care specialist, even as they begin their education.

In this sense, they are very much like physician interns: They have some background, and they have an idea of what they are to do and a set of guidelines to follow. Now, they need to build a framework on which to hang those guidelines as they model the professional chaplain they wish to become. The staff chaplains mentor each intern, and a supervisor provides oversight and feedback.

At the same time, these CPE interns are charged with the responsibility of educating others. Since chaplaincy is an integrated service within a multidisciplinary health care team, the students function from the first day of their internship as involved care providers. During the interns’ orientation we talk about chaplains as educators, empowering the students to build relationships with other members of the interdisciplinary care team.

The time-honored method for chaplains to meet patients is to simply make rounds—going room to room and offering an introduction to chaplaincy and the hospital’s spiritual and religious services. At MSK, we prefer to receive a referral based on spiritually defined needs rather than merely on request, so that chaplains see patients who are the most likely to have spiritual or religious needs, spiritual distress, or spiritual suffering.

These referrals come from anyone who interacts with a patient

and who identifies the potential for spiritual distress based on their own perceptions: physicians, nurses, building services staff, lab technicians, physical therapists, and others. Anyone in the hospital can make a referral for spiritual support in much the same way that anyone



in the hospital can ask a patient, “Are you in pain?” and then follow up appropriately according to their own scope of service. That said, this structure for referrals to chaplains best holds true for spiritual distress when the staff person knows what that looks like.

First, CPE interns learn to educate colleagues by asking for referrals. A chaplain might say to a nurse, “Would any of your patients benefit from chaplain care today?” And then, if the nurse gives a searching look as to what that might mean, the student may expand upon the request: “Did anyone have a bad night? Did anyone get bad news or a new diagnosis? Is anyone going for a procedure today or is anyone going home?” These reminders and others like them

serve as memory triggers involving situations that may cause spiritual distress and alert the nurse to the chaplain’s areas of intervention.

Over time and with repetition and additional education about other visible signs that patients or their family members may be experiencing spiritual distress (e.g., tears, feelings of anxiety, or feelings of isolation from their religious community), these interns have a set of circumstances for which they will refer patients for spiritual care. Often, nurses or doctors see CPE interns or staff chaplains around the hospital and stop them to make a referral based on a new diagnosis, test results, or another development in the patient’s care and treatment. The chaplain’s presence reminds medical colleagues of the patient’s need and the chaplain’s ability to help. It’s a win-win-win situation!

Chaplain care is relational; it functions within the affiliation created between a patient, the family, and the treatment team. Chaplains listen; we often say that we “listen people into hearing themselves.” This is a big part of the CPE interns’ training: to listen for what is said and what is unsaid, to be totally present, and to offer companionship for the journey with the trained mind and heart of a professional spiritual caregiver.

Throughout their development as spiritual care specialists, these new hearts and minds are called to the work of spiritual care in a health care setting. The chaplain interns get educated and they educate; and, in the process, our patients and their families benefit from their service to whole-person focus on the care of body, mind and spirit.

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