TeleChaplaincy: Expanding the Reach of Patient-Centered Care

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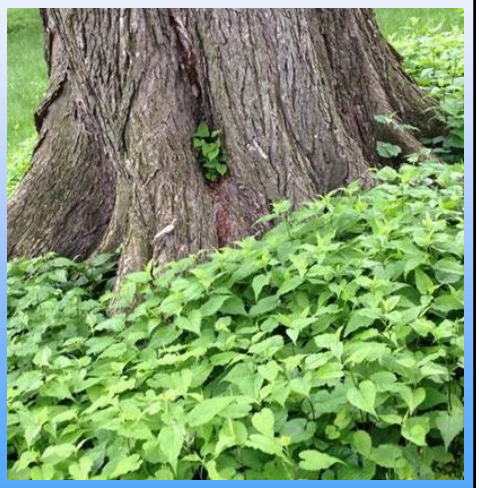
Telehealth and Chaplaincy Care: Growing Together

- Telechaplaincy is professional chaplaincy care provided by Phone, Email, and/or Video
- *"Telemedicine 3.0"* envisions telechaplaincy integrated in outpatient-centered care.
- Spiritual screening and/or social distress screening recommended.
- HCCN developing protocols to integrate with outpatient care including telemedicine



"New Frontier"
"Telemedicine 3.0" and Outpatient Palliative Care
and

- 2014: Rabow, M. (UCSF) names, "**one of six elements at the frontier is electronic and technical innovations**":
  - In 2014, NCCN: 18 out of 23 member institutions, 89% offer outpatient PC services. But (for example) only 7% of hospitals within CA offered outpatient PC services and outpatient PC is 24-37% of need with no type of PC available in 40% of CA counties.
- Jan. 2016: **HCCN presents** Brief on ***"Best Practices for Spiritual Care: Palliative Care SB1004"*** in reference to Senate Bill requiring Medi-Cal mcp's to offer access to PC programs. Advocates for "permitting providers to use telehealth models to provide spiritual care" and follows up with comment letter advocating for chaplaincy care in SB1004 rollout.
- Dec. 2016: Fratkin, M., founder of *Resolution Care* (northern CA), reports that "Four other states have similar laws either in place or on the horizon." In "Welcome to the Future: Telemedicine and Value-Based Payment" he identifies **"Telemedicine 3.0,"** as **shifting focus to "team-based care" including a chaplain.** (Fratkin, M. AJMC, 2016)
- January 2017: **HCCN participates in** California Healthcare Foundation's ***Community-Based Palliative Care in California Public Hospitals Project Meeting's "Innovations in Care Delivery: Palliative Care Telehealth Panel"***

Review of HCCN's *On-Call* Chaplaincy Services

January 2014: HCCN launches "Chat with a Chaplain."

By 2016, four public websites and affiliated toll-free numbers:

ChaplainsOnHand.org

CantBelieveIHaveCancer.org

ChaplainCareforVeterans.org

SoulCareProject.org

- Over 3300 visits to date
- QI Survey responses are overwhelmingly positive.
- Social Isolation predominant
- 270% increase in crisis care contacts in Jan 2016-17
  - QI project to care within scope of practice, screen-out as needed, and refer appropriately.
- Clinical Pilot launches in mid-2016 and late-2016
  - QI project launching 2017 to refine spiritual screening

Structure of Clinical Pilots

- Outpatient Care Sites
- Co-branded website and 800 number
- Assessment of Technological Integration at Site
- Training for referring staff
- QI assessment for long-term integration
- QI Survey

Care Delivery Preferences

Clinical Sites: Majority of contacts by phone

Public Sites: Overall distribution similar to that reported in March, 2016 Presentation

- 73% by email
  - 75% prayer requests
  - 25% “chat by email” requests
- 26% by phone
- 1% by video

General Protocol Overview

Client REQUESTS by

- filling out online form if requesting support by email or video.
- calling an 800 number and leave voicemail if phone request.

- Chaplain RESPONDS within 24hours M-F
- Chaplain asks social distress screening question
  - Email - Utilize template

    Tailored response based on assessment.
- Chaplain REFERS as needed (community resources)
- DOCUMENTS all visits in ChaplaincyCounts (electronic charting)

Social Distress Screening

"Do you have someone you feel close to, someone you can trust and confide in right now?"

Screening question based on one implemented in research study showing social isolation as predictor of health outcomes. (ref)

Service Overview

Service is anonymous.

Only collect and securely document (chart) self-disclosed information.

Data is kept on a secure website.

Screen for social distress (as indicator of spiritual distress)

QI: Screening Protocol Considerations

- **Spiritual screen or Social distress screen?**
  - Which is likelier to be implemented?
- **Once or on ongoing basis in patient care?**
- **Spiritual triage screening for returning patients**
  - based on screen for spiritual risk
  - based on last patient contact
  - screen-out or transition to d/c when outside scope of practice
- **Predominance and types of spiritual distress reported indicates related issues as screening criteria**
  - Social distress
  - Recent loss, Trauma history, Change in diagnosis, Financial distress/homeless, dom. violence, co-morbid illness (e.g., clinical depression), addiction

QI: Crisis Care Protocols

As we receive increase in those reporting potentiality for suicidal or homicidal ideation as well as history or risk of victim of domestic violence, sexual assault, etc.

- Protocol to include
  - suicidal ideation screen
  - homicidal ideation screen
- referral to community resources while providing appropriate spiritual care
- referral if outside scope of practice

Spiritual Distress commonly encountered

consistent with previous presentation (2016)

Grieving and Loss

Fear of abandonment
(Existential and Religious Distress)

Meaning and Purpose

Related to Spiritual Distress

Social Distress

Loss: Death, relationship, identity, physical/mental capacity

Disability

Chronic illness

Psychological or Psychiatric Distress

Report diagnoses such as anxiety and depression

Financial distress (poverty, job loss)

Trauma History

Conflicts in Family and Spiritual Community

Addiction/Recovery History

Violence, Sexual Violence, Forensic History

Suicidal / Homicidal

Case Studies

Long-term Chronic Care (by phone)

Palliative Care (email and phone)

Crisis Care (email)

Case Study: long-term chronic care and caregiver (mother's home care to hospice to bereavement) by Phone Nancy

Nancy calls 844 number for ChaplainsOnHand.org.

She reports: Christian, living with chronic disability while sole cg to mother and father at home. Client and family alcoholism history. Siblings (two brothers and sister) disengaged. Mother with advanced Parkinson's.

Progression of care:

Initial care period: primary live-in cg to mother with advanced Parkinson's. Compassion fatigue as also reports living with disability, prone to seizures, and broke arm recently. Fear of abandonment. Over several months, help client transition mother's care to home hospice. Invite inclusion of team chaplain. Client continues to call, asking for same chaplain.

Second stage of care: Bereavement (mother's passing), reveals ct's alcoholism history and bipolar diagnosis, seeing psychiatrist for years. Reports family alcoholism and father violent in her childhood, now conflicted as live-in cg to father. Fear of abandonment, doubt in espoused theology (God does all for the good), exploring forgiveness in context of relationship with God re: her purpose. Isolation from spiritual community (church).

Third stage of care: Integration of sense of self aligned with relationship with God informing her sense of purpose. Relationship with father shifts with appropriate boundaries and move to forgiveness, which is not spiritual bypass. Rebuilding empowered sense of freedom and more physical and emotional mobility as spiritual integrity restored. Encouraging connection with spiritual community.

Long-term by Phone Nancy

1st visit: Anxiety and Social distress YES "I am so lonely…" Says prayer not working, knows "everything is God's will" but cannot feel God's presence because overcome with sense of inadequacy and guilt.

Spiritual assessment includes diagnosis: grief, loss, fear of abandonment.

Intervention: Distinguishing sense of herself in terms of loving relationship with God rather than self-identified role of inadequate cg SO THAT activates sense of self-worth and specifically, worthy of God's love. Breath-Centered Prayer "Breathing in: Love. Breathing out: Love" SO THAT relieves isolation and offers caring presence of God's love. Nancy thanks chaplain, saying feels relief and comfort and will continue, "I feel His love."

Nancy calls one month later. Says feeling closer to God and listening to inspirational Christian music. Also, praying with friends from local church. Within six months, reports mother's passing and now aware father is in a spiritual crisis compounded by alcoholism history and violence in her childhood. Says prayer has helped her see that she cannot rescue him and has her own relationship with Jesus. A year later, she reports as father's health declines, fear of abandonment returning.

Intervention: Chaplain helped her identify need for God's guidance and love as a way to overcome sense of helplessness and how this can trigger sense of inadequacy.

Breath-Centered Prayer: "Breathing In: Jesus. Breathing Out: Help me" SO THAT relieves spiritual isolation and restores capacity to care while receiving guidance and inclusion in spiritual community.

Ct. thanks chaplain, "you're more than helpful. You have given me a whole lot of inspiration."

Case Studies: Palliative, EOL, Recent Diagnosis by email and phone

PHONE - SoulCareProject.org (Long term)

PJ: Male, age 65, RC, wife deceased, bladder cancer, physical and spiritual pain. Religious distress: Guilt and fear of abandonment by God because of his "sin" towards deceased wife and conflicted as also angry towards her over alleged adultery and needing to forgive as well as seek forgiveness.

Intervention: Reframing fear of abandonment in terms of mutual need for forgiveness and with this, reconciliation with God. Rates serenity scale, which improves over months as he continues Breath-centered prayer focussed on forgiveness. As does so, while physical pain continues, relief from spiritual pain, increasing sense of peace for whenever "my time" will arrive.

PHONE - ChaplainsOnHand.org (single visit)

PC S: Ct. fem age 81, Christian, reports grieving death of adopted son at age 42 4yrs ago and isolation with multiple health stressors, "critically ill, colon cancer, "am dying, want my son buried before I die. "I was adopted, no extended family." B: Brothers killed in WWI. Adopted four children. A: Fear of abandonment "they never call back." "I ask God to give me strength, to please help me" R: Prayer "In: God. Out: Give me strength" SO THAT relieves anxiety and sense of abandonment and restores faith. Led to calmer voicing, "I know His time is not mine. No question He's always got your back, helps me get up 17steps, get in car...quite a miracle." Ct. wrote down prayer and said will continue.

EMAIL - CantBelieveIHaveCancer.org (several visits)

MH: Prayer request leads to email visits (3x) Ct, fem. early 20's, reports diagnosed with cancer recently. Says prognosis good but concerned about being a burden to family and future ability to be a biological mother as well as "why cancer?"

Intervention: Reframe fear of mortality and abandonment in terms of sense of hopeful purpose and belonging. Invites her to reflect on how to join with others in spiritual fellowship as explores support in her community. She writes back, says chaplain's questions and affirmation and prayer "a blessing" and reports is now actively looking locally for spiritual direction, support group, and financial support.

Case Studies: Crisis Care by Email

Goal is to de-escalate crisis and refer to community-based care for ongoing care

Context: Suicidal Risk. Case studies: 3-5 visits.

C: male, early-mid 20's. Reports suicidal, addicted to pornography, relationship breakup. Writes: "i know that God will not allow me to be with her as long as this continues. At times i feel like its not worth living anymore since i am nothing but this horrible person. I am too scared to talk to someone in person so thats why i came here. Please help me. I need help."

Intervention: Reframing in terms of relationship with God and need for support. "I hear you yearning for to feel God's love and know that you are a person who is living a Godly life." Also, screen for ideation and referral to Suicide Lifeline. Remind of all who love him and effect on them SO THAT… He replies "I'm not going to attempt suicide, that's not me it's just when I feel that way I just sit outside or by myself and breathe and think about what I like to do. I would call but am overseas and my phone does not work."

D: male, reports suicidal with fear of abandonment, "no one cares." Referral to Suicide Lifeline, screen for ideation while affirming connection. Several interchanges… Referral to AAPC and reframing fear of abandonment as centered on human relationships, while affirming embraced by God, so poses spiritual counseling as way to strengthen this relationship. He replies: "Thank you for the referral. The truth is that not many people care about my situation. The world is too hard for a soft soul, such as mine. You and your organization cares."

Conclusions

Telehealth Chaplaincy Care offers new opportunities for

- Integrating with outpatient, community-based healthcare
  - Telehealth "team-based" palliative care
  - Crisis Care
  - Short and long-term care
- Improvements in process for screening and trigger referral protocols
  - Social Distress screen (as predictor of spiritual distress)
  - Crisis Care: Screen for suicidal or homicidal ideation
  - Co-morbid conditions can require referral outside scope of practice

Screening for Telehealth Chaplaincy Care

In your team:

1. Identify a case from your IDT when colleagues might screen for spiritual distress, hence refer for chaplaincy care.
2. Could care be delivered by phone, email, or video?
3. What are your screening criteria? (for instance, is social distress indicated? e.g., social isolation?)

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