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

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Department of Chaplaincy and CPE

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
Medical Center & Chaplaincy Department Overview

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

Key Facts and Figures

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

Medical Center & Departmental Overview

Key Facts and Figures

4,999 Births Annually
41,852 Surgeries Annually
22,110 Employees
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

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
Medical Center &
Departmental
Overview
Strategic Planning
Process

Strategy Formation
- Identify mission, vision and values
- External competition and market analysis
- Internal analysis of resources and capabilities

Strategy Translation
- Identify goals and objectives
- Identify priorities based on goals

Strategy Execution
- Action plans and resource requirements

Monitor and Review
- Strategic indicators and performance tracking
- Annual review of assumptions, trends and goals

Implementation: May 2015 — June 2019
Part I: 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
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

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

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
- Medical 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

- Patient Care
  - Spiritual, Pastoral and Emotional Care
- Research
  - Improving Chaplaincy through Participating in Quality Improvement and Best Practice Initiatives, and Promoting Research Literacy
- Education
  - Clinical Pastoral Education Programs and Education of Staff, Patients and Families
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

- CPE Students (current and potential)
  - Patients & Families (request, don't request, unaware, decline)
  - External Partners (Non-OSU)
  - Faculty & Clinical Staff (personal use of pastoral care/emotional support services for patients)

- Faculty & Clinical Staff (professional use of pastoral care/emotional support services for patients)
  - Physicians
  - Nurses
  - Ancillary
  - Religious service/worship attendees
  - STAR Program

- Local religious leaders (Pastors, Priests, Imams, Rabbis, etc.)
- Seminaries (CPE)
- Denominational/Faith Group Leaders (CPE)
- Association of Professional Chaplains (APC)
- Association of Clinical Pastoral Education (ACPE)

- ICUs (MICU, SICU, BCU)
- ED/Trauma 1 & 2
- Labor and Delivery, High Risk, NICU, Fetal Demise
- The James (Oncology)
- Burn Unit
- Ross Heart Hospital
- Ambulatory Clinics (James, Stephanie Spielman CBC, Stoneridge, Martha Morehouse)
- Dodd Hall (Physical Rehab)
- OSU East & Talbot Hall (Addiction Services)
- Physicians
- Nurses
- PCAs
- Ancillary
- Religious service/worship attendees
- STAR Program
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
Collection of Data
Faculty and Clinical Staff Survey

Created online survey through Survey Monkey to seek feedback from:

- Nursing
- Social Work
- Palliative Care
- Physicians

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

- Inpatient, 94.3%
- Outpatient, 5.7%
Nursing Clinical Areas

- Med Surg, 49.0%
- Cancer, 30.8%
- Specialty, 20.2%
- Cardiac, 15.4%
- Critical Care, 18.3%

Inpatient, 63.6%
Outpatient, 36.4%

Palliative Care
n=11
Palliative Clinical Areas

- Med Surg: 27.3%
- Cardiac: 27.3%
- Specialty: 100.0%
- Cancer: 36.4%
- Critical Care: 36.4%

Social Workers
n=32

- Primary Work Setting
  - Inpatient: 78.1%
  - Outpatient: 21.9%
Effectiveness Meeting Pt and Staff Needs in Your Department? (Palliative)

- Very Effective, 32.7%
- Effective, 27.3%
- Neutral, 45.5%
- Somewhat Ineffective, 0.0%
- Not at all Effective, 0.0%

Ave = 3.82

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

- Very Effective, 9.4%
- Effective, 62.5%
- Neutral, 21.9%
- Somewhat Ineffective, 6.3%
- Not at all Effective, 0.0%

Ave = 3.75
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
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)

- Very Effective, 46.4%
- Effective, 42.9%
- Neutral, 10.7%
- Somewhat Ineffective, 0.0%
- Not at all Effective, 0.0%

Ave = 4.36

Part III
Data Mining and Synthesizing

Formation of Data Review Teams
Creation of Data Summaries
Development of Strategic Plan SWOT Analysis
Formulation of Data Review Teams
- 4 data review teams formed
- Teams of two with buddy system
- Extensive data review process

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

SWOT Analysis
- Summaries used to create SWOT analysis
- SWOT reviewed and revised by strategic planning team
### Overview of SWOT Analysis

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<tr>
<th><strong>Strengths</strong></th>
<th><strong>Weaknesses</strong></th>
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<tr>
<td>- Chaplain presence &amp; accessibility</td>
<td>- Chaplains spread thin</td>
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<td>- Level of expertise</td>
<td>- Some inconsistency in service and availability</td>
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<td>- Quality, caliber and reputation of department &amp; CPE program</td>
<td>- Inadequate afterhours coverage</td>
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<td>- Diversity in experience and faith traditions</td>
<td>- No participation in QI processes</td>
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<td>- Initial presence in ambulatory ahead of industry</td>
<td>- Only 2 CPE supervisors</td>
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<td>- Integration with clinical teams</td>
<td>- Extended CPE discontinued</td>
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<td>- Limited bereavement services</td>
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<td>- Lack of clarity of who to contact &amp; when</td>
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<th><strong>Opportunities</strong></th>
<th><strong>Threats</strong></th>
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<tr>
<td>- Further collaboration &amp; integration with medical team</td>
<td>- Budget and financial pressures</td>
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<td>- Form connective relationships w/area churches &amp; University Hospital East</td>
<td>- Changes in WMC leadership</td>
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<td>- More proactive support for staff</td>
<td>- Lifestyle/workload considerations related to on-call duties</td>
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<td>- Focus toward evidence based practice</td>
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### 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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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”
Optimal Pastoral Care for James Cancer Hospital

Strategic Plan Implementation:
Phase 1

- 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

- 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
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

Optimal Pastoral Care for James Cancer Hospital

Elements of Strategic Plan

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

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!
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

Realignment of Department Leadership Roles

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

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
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

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

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
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

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 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?