TELECHAPLAINCY: The Online Practice of Professional Chaplaincy

The Rev. David Fleenor, STM, BCC The Rev. Amy Strano, M.Div.

Telechaplaincy – What is it?

 Telechaplaincy uses electronic information and telecommunications to support long distance chaplaincy care.







Where are the majority of health care chaplains working?

Where is the majority of health care delivered?



ChaplainsOnHand.org



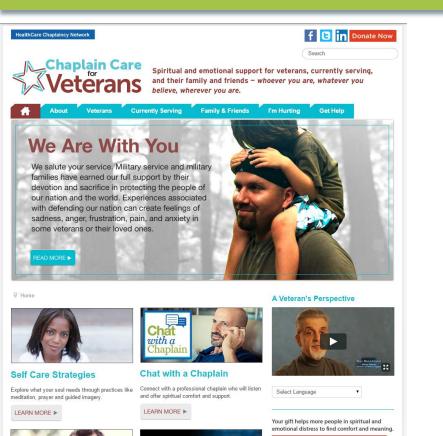
- Launched January 20, 2014
- 176,934 visits from 178 countries
- 64% of visits are from the U.S.
- Translated into 135
 languages as of April 8, 2015

CantBelievelHaveCancer.org

Home Spiritual Issues	Painful Feelings Chronic Pain	Grief & Loss Planning Ahead
	his Site Can Help You: A Welcome Note from	
resident & CEO Eric J. Hall		Newly Diagnosed
Spiritual & Healing Pr	ayers and Meditations	➡ In Treatment Now
Healing Prayers for All	Example the example th	➡ Survivors
		➡ It's Not Going Well
		➡ Caregivers
		Friends
		Your gift helps more people in spiritual distress to find comfort and meaning.
		Donate Now
		(Search
		Select Language 🔹
Tools to Help You		Subscribe to free e-newslett for the latest news about
		spiritual care and health care

- Launched July 3, 2014
- **190,224 visits** from **191** countries
- 81% of visits are from the U.S.
- 130 languages as of April 8, 2015

ChaplainCareForVeterans.org



HealthCare Chaplaincy Network[™] DONATE NOW

- Launched February 3, 2015
- 4,247 visits from 49 countries
- 86% come from the U.S.
- 25 languages as of April 8, 2015

Telechaplaincy



Phone

Web camera



E-mail

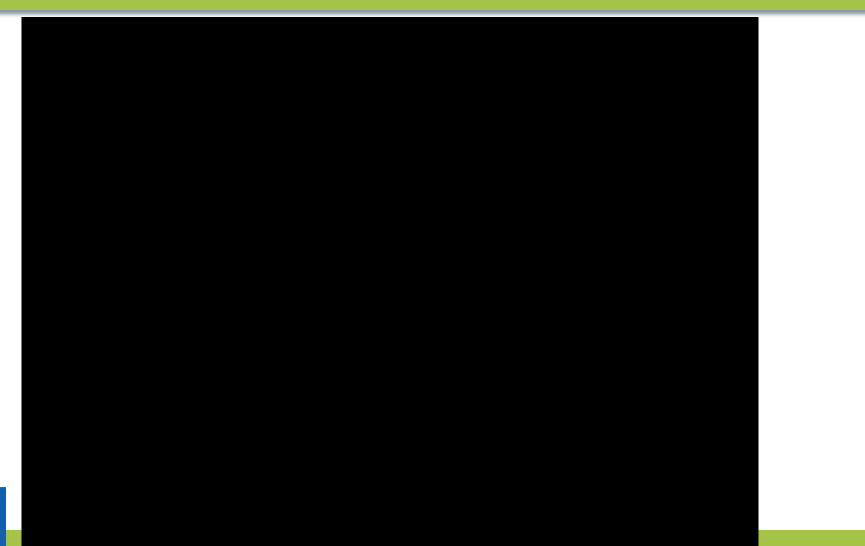


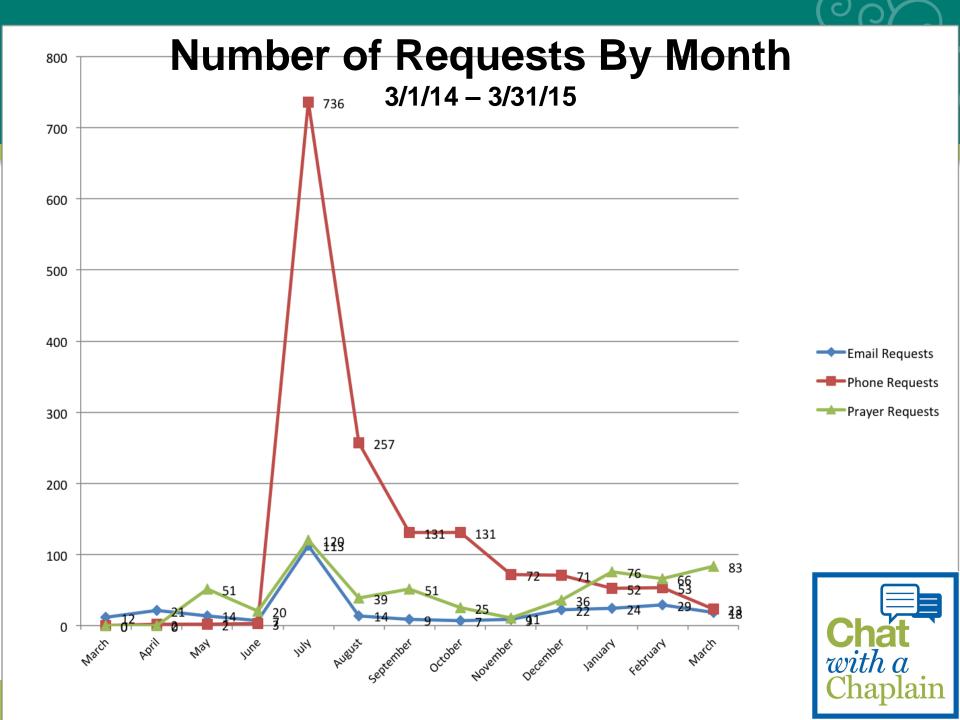
Prayer Request





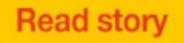
Telechaplaincy





Why the Spike in Calls?

The AARP Bulletin says "Spiritual Support Just a Click Away" at ChaplainsOnHand.





I you feel the need to bare your out a new website can below the Chaptain on Hand offers 24/7 spiritual confirm and support to anyone, regardless of reind support to anyone, regardless of reind support to anyone, regardless of religious beliefs. It was created for those including illness and grief and for careging illness including i

Staffing





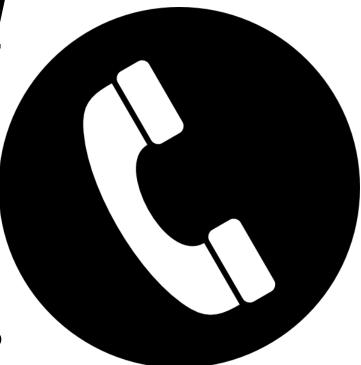


Who Contacted Us



Most users <u>called</u> the service

Average call lasted 20 minutes



844 - CHAPLAIN // 844-242-7524



Who Contacted Us



Average User

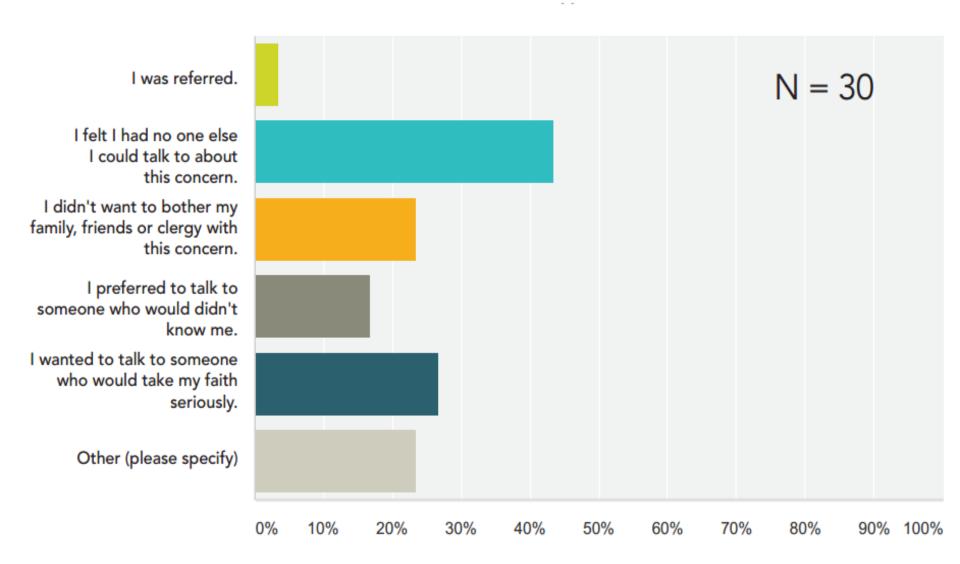
(Usage data from 3/1/14 - 3/31/15)

- 64.5 years old
- Woman
- Caucasian
- Christian

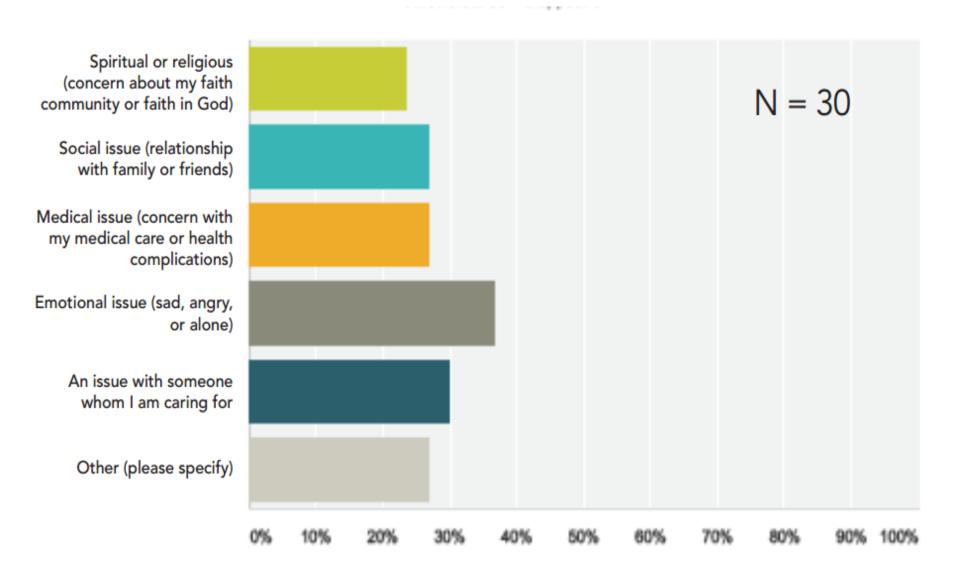




Why did you choose to call/email Chat with a Chaplain?



What was the issue or concern you were calling about?



What chaplains reported hearing from callers

ISOLATION/LONELINESS:

"There is no one I can share with." "Other people don't want to hear about my life." "I'm unable to go out on my own anymore."







"My twin sister passed away 3 weeks ago. I can't begin to tell you how much hurt I have. Her death happened so quick from rotator cuff surgery. My heart is broken. I know that she is in Heaven and is so happy. It's the emptiness that I have in my heart. Can you please help me?"

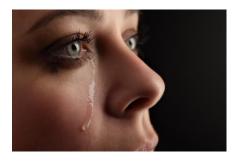




What chaplains reported hearing from callers

CAREGIVER STRESS:

- "I'm overwhelmed."
- "I can't keep doing this."
- "I can't tell anyone what's going on here."







An email we received:

"My father is 84 and dying. He has anemia...renal failure and other complications. Dad lost his ability to talk days ago... He was released from the hospital today after 4 days without improvement. It's complicated but my dad is a special man and loving father. I ask for prayers that my sister, mother, me and dad may feel peace, hope and eventual joy about his entrance into heaven. I pray that God will let dad communicate with me after his life on earth is finished. I pray I reach new heights in life – more than I ever dreamed of becoming, in honor of my father and mother."





What chaplains reported hearing from callers

SPIRITUAL DISTRESS:

"I just don't feel like I can forgive."

"I miss my connection with God – I'm not feeling it." "How could a loving God allow this to happen?"





Differences Between Inpatient Chaplaincy and Telechaplaincy Care

Chaplaincy Visit	Telechaplaincy Visit
Chaplain often initiates contact	Chaplain is contacted by client
Chaplain has access to client's name and medical information in EMR	Chaplain encounters anonymous clients
Chaplain provides non-verbal cues to convey engagement	Chaplain may provide verbal cues to convey engagement
Chaplain is a member of an interdisciplinary health care team	Chaplain operates alone as "spiritual first responder"
Chaplain has immediate access to referral services	Chaplain encourages client to reach out to local resources



Telechaplaincy as Spiritual First Aid

Spiritual First Aid

For short-term use

 Aims to mitigate, NOT solve suffering





Julie Taylor, "Spiritual First Aid," *Disaster Spiritual Care,* Rabbi Stephen B. Roberts and Rev. Willard W. C. Ashley, eds. Woodstock: Skylight Paths Publishing, 2008. 109-117.

Telechaplaincy Interventions

Supportive Presence







Next Steps

Social Distress Screening Question

"Do you have as much social contact as you would like with friends and relatives?"

Prognostic Importance of Social and Economic Resources Among Medically Treated Patients With Angiographically **Documented Coronary Artery Disease**

Redford B. Williams, MD; John C. Barefoot, PhD; Robert M. Califf, MD; Thomas L. Haney, MPH; William B. Saunders, MPH; David B. Pryor, MD; Mark A. Hlatky, MD; Ilene C. Siegler, PhD, MPH; Daniel B. Mark, MD, MPH

rolled in the Beta Blocker Heart Attack Objective .- To evaluate the hypothesis that diminished social and economic resources impact adversely on cardiovascular mortality in patients with coronary Trial who initially survived myocardial inartery disease.

Design.-Inception cohort study of patients undergoing cardiac catheterization from 1974 through 1980 and followed up through 1989.

Setting .- Tertiary care university medical center.

Patients .- Consecutive sample of 1965 medically treated patients with stenosis 75% or greater of at least one major coronary artery. Five hundred patients were not enrolled due to logistic problems: 33 refused: 64 had missing data on key medical variables. The final study population included 1368 patients, 82% male, with a median age of 52 years.

Main Outcome Measure.-Survival time until cardiovascular death

Results. - Independent of all known baseline invasive and noninvasive medical prognostic factors, patients with annual household incomes of \$40 000 or more had an unadjusted 5-year survival of 0.91, compared with 0.76 in patients with incomes of \$10 000 or less (Cox model adjusted hazard ratio, 1.9; 95% confidence interval, 1.57 to 2.32; P = .002). Similarly, unmarried patients without a confidant had an unadjusted 5-year survival rate of 0.50, compared with 0.82 in patients who were married, had a confidant, or both (adjusted hazard ratio, 3.34; 95% confidence interval, 1.84 to 6.20; P<.0001).

Conclusions .- Low levels of social and economic resources identify an important high-risk group among medically treated patients with coronary artery disease, independent of important medical prognostic factors. Additional study will be required to see if interventions to increase these resources improve prognosis. (JAMA. 1992;267:520-524)

etiology of major illnesses and the likeli-hood of death once clinical disease is REDUCED social and economic resources have been implicated in both the present.18 The association between social factors and all-cause mortality has been From the Behavioral Medicine Research Center, Department of Psychiatry (Drs Williams, Barefoot, and Siegler and Messis Haney and Saunders), and the Didemonstrated prospectively in several studies of apparently healthy populations.⁴⁴ Social factors have also been shown to affect mortality in patients ision of Cardiology, Department of Moversity Medical iff, Pryor, Hiatky, and Mark), Duke University Medical of Cardiology, Depart ent of Medicine (Drs Cawith established coronary artery disease Center, Durham, NC Reprint requests to PO Box 3926, Duke University Medical Center, Ducham, NC 27710 (Dr Williams). (CAD). In a prospective study of men en-

520 JAMA, January 22/29, 1992-Vol 267, No. 4

able to direct measurement of the extent of disease has not yet been established. Social Resources and CAD-Williams et al

farction, Ruberman and colleagues¹ found

that patients with higher scores on in-

dexes of life stress and social isolation had

a higher mortality rate. Lower levels of

economic resources, as measured by

markers such as educational attainmen

and annual income, have also been found

to identify groups with increased mortal-

ity risk, both in the general population and in patients with CAD.^{3,9} In addition,

reduced social and economic resour

have been shown to affect levels of cardio vascular risk factors, such as smoking ces

sation^{10,11} and hypertension control,¹¹ which may provide at least one mecha-

See also pp 515 and 559.

Although the consistency of previous

findings has bolstered the hypothesis that social and economic factors must be con-

sidered in the etiology and outcome of cor-

onary disease, it is possible that the poor

prognosis of patients with lower levels of ocial and economic resources is actually

due to more extensive disease rather than

an effect of the socioeconomic factors

themselves. Previous studies have been

limited in their evaluation of this issue by

the need to use indirect measures of the

severity of the disease. Accordingly, the prognostic importance of socioeconomic

factors after considering the risk attribut-

nism for their mortality effects.

Williams, R. (1992). Prognostic importance of social and economic resources among medically treated patients with angiographically documented coronary artery disease. JAMA: The Journal of the American Medical Association, 267(4), 520-524.

HealthCare Chaplaincy Network





New Satisfaction Survey

"Would you be willing to take a survey about this service?"





Next Steps

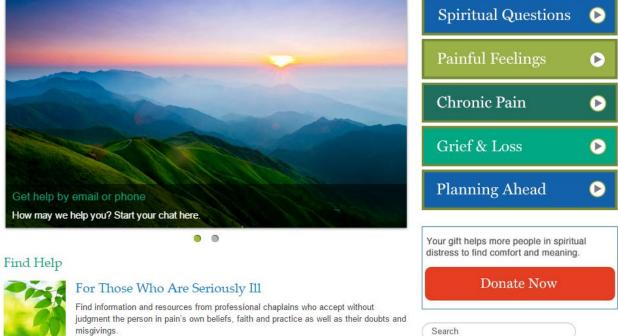




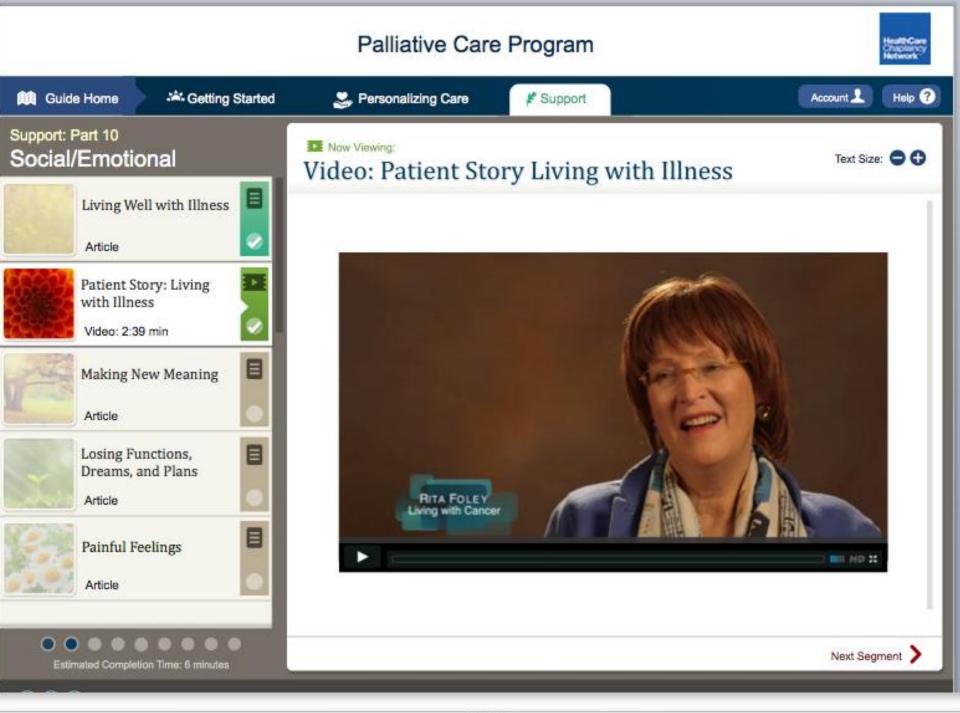


Expanding Telechaplaincy



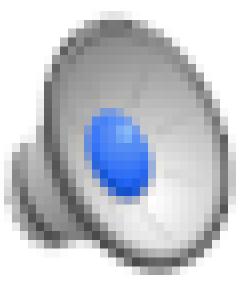


Learn More 🕨





Expanding Telechaplaincy – HCCN-TV







Extending the reach of chaplaincy care



Questions?

For More Info

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