

**The Sweet Spot:
Evolving Excellence in
Spiritual Care Programs**

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Overview

Regs—What’s required of the SCC?

Standards & best practices—Going beyond bare minimum

Incorporating HIS—Screening vs. Assessment

Getting the full picture—Incorporating SCC into IDT

Overcoming barriers & addressing frequencies

Q&A

Regulatory Requirements

§418.54 Initial and comprehensive assessment of the patient. (including 15-day update) *“hospice interdisciplinary group”*

§418.56 Interdisciplinary group, care planning, and coordination of services. *“qualified and competent...pastoral or other counselor”*

§418.64 Core services. *“spiritual counseling”*

§418.104 Clinical records.

Standards and Best Practices

Counsel on Collaboration (2004)
“Common Standards for Professional Chaplaincy”
http://www.professionalchaplains.org/files/professional_standards/common_standards/common_standards_professional_chaplaincy.pdf

“Common Code of Ethics for Chaplains, Pastoral Counselors, Pastoral Educators and Students”
http://www.professionalchaplains.org/files/professional_standards/common_standards/common_code_ethics.pdf

Standards and Best Practices

National Consensus Project for Quality Palliative Care
“Clinical Practice Guidelines for Quality Palliative Care, Third Edition” (2013)
https://www.hpna.org/multimedia/NCP_Clinical_Practice_Guidelines_3rd_Edition.pdf

Domain 5: Spiritual, Religious, and Existential Aspects of Care

Cross-referenced across multiple domains

Standards and Best Practices

NHPCOs [Guidelines for Spiritual Care in Hospice](#) (2009)

Qualifications:
Graduate theological degree, accredited institution
Clinical training and certification (or equivalent)
Endorsed by a faith group
On-going education
Duties:
Assess within first 5 days
Participate in IDT POC development and updates
40 pts, 15-20 visits per week (frequency > 1x/mo)

Standards and Best Practices

The Research...

Spiritual pain is common; significantly associated w/ lower self-perceptions of spiritual quality of life (Delgado-Guay, Hui, et al, 2011)

They want to talk about it, but don't always get to! (Williams, 2011)

Standards and Best Practices

When we do...

Higher patient and family satisfaction (Astrow, et al, 2007; Daaleman, et al, 2008; Wall, et al 2007)

Lower rates of hospital deaths (Flannelly, et al, 2012)

Higher rates of hospice enrollments/***less likely to pursue aggressive treatments (Balboni, et al, 2010; Balboni, et al, 2011; Flannelly, et al, 2012)

Standards and Best Practices

When we don't...

Depressed mood, decline in quality of life/physical function, greater risk of mortality (Pargament, et al, 2001, 2004).

Mortality predictors:
"Wondered whether God had abandoned me" (R=1.28)
"Questioned God's love for me" (R=1.22)
***"Decided the devil made this happen" (R=1.19)

Standards and Best Practices

Puchalski & Ferrell (2010). Making Healthcare Whole: Integrating Spirituality Into Patient Care

All disciplines equipped to ***screen*** and ***intervene***

Trained spiritual counselor to ***assess*** and ***treat***

All agree competency in multi-faith care essential

Incorporating HIS— Screening vs. Assessment

“Was the patient and/or caregiver asked about spiritual/existential concerns?”

- No
- Yes, and discussion occurred
- Yes, but the patient and/or caregiver refused to discuss

Incorporating HIS— Screening vs. Assessment

“Clinical record documentation showing only the patient’s religious affiliation is not sufficient evidence that the hospice had (or attempted to have) a discussion regarding spiritual/existential concerns with the patient and/or caregiver.”

~CMS (2014) *HIS Manual: Guidance Manual for Completion of the Hospice Item Set(HIS)*

Incorporating HIS— Screening vs. Assessment

Who is asking the question?
How/what are they asking?
How/when is information relayed to SCC?

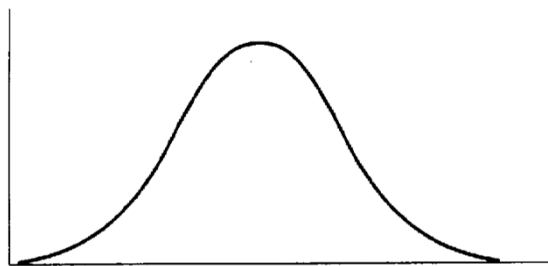
Accidentally soliciting the “No” to spiritual care?
If so, then it becomes the spiritual care assessment!
Let the SCC ask, if possible.

Incorporating HIS— Screening vs. Assessment

Challenging to know what to say when someone is sharing at a deeper level about feelings or beliefs, **so we say nothing.**

Sometimes hard not to assert our own values, beliefs, opinions and ideas, **so we say too much.**

The Sweet Spot



**Incorporating HIS—
Screening vs. Assessment**

Simple question: “Are you having spiritual or existential concerns?” (polar question/exclusive disjunction)

If either uncomfortable, may not get anywhere

FICA (Puchalski & Romer, 2000)

- Faith and Belief
- Importance
- Community
- Address in Care or Action

**Incorporating HIS—
Screening vs. Assessment**

- F- Is there any particular faith tradition in which you family raised you?
- I- What of your current faith/beliefs are valuable or helpful to you?
- C- If there is a crisis at 2 a.m., whom do you want me to call to come be with you and your family?
- A- Is there anything we need to know about how your particular culture and faith/beliefs will influence your decisions, or to which we should be respectful?

**Incorporating HIS—
Screening vs. Assessment**

SCC responsible for a deeper clinical spiritual assessment and on-going interventions

Spiritual AIM and the work of the chaplain: A model for assessing spiritual needs and outcomes in relationship (Sheilds, Kestenbaum, & Dunn, 2015)

Relationship over time (more than 1x/mo!)

Incorporating SCC into IDT

Why?

- COMPLIANCE and best practice
- Decrease team burden
- Divide and conquer—joint visits
- Help team morale, decrease compassion fatigue
- Paint the “whole-person” picture at IDT
- Increase cultural competence
- Extra eyes and ears
- Utilize multiple perspectives
- Make use of “the God card”
- PR and marketing

Incorporating SCC into IDT

How?

- Elevate role of SCC beyond “pat and prayer”
- Don’t set them up to be “less than” in any way
- Last in the door—what does pt/family need?
- Make space for each discipline to speak at IDT and help them know what to say that is helpful!!
- Educate (AOx3, various forms of dementia, etc.)
- Multi-faith “Centering” and “Moment of Silence”
- “Soul candy”
- Rituals (blessing of hands, memorials, etc.)
- Utilize their skills in crises

Incorporating SCC into IDT

- Are new employees oriented to all disciplines?
- Do new employees ride-along with all disciplines?
- Are all members of the team equally at the table?
- Are unique roles of members respected?
- Do team members try to wear “too many hats”?
- Do team members call on one another for help?
- Do team members make joint visits?
- Are disciplines called upon equally in crises?
- Do pts served by certain team members frequently decline SCC?

**Overcoming Barriers
& Addressing Frequencies**

- Educate management to hire quality SCCs
- Get clear about minimum requirements
- Get clear about the roles and duties
- Strengths and preferences
- Personality (Myers-Briggs)
- Emotional competency
- Include non-religious team member in interview
- One-trick pony?
- Listen for "tweak areas"
- Pay attention to boundaries
- Ask about self-care

**Overcoming Barriers
& Addressing Frequencies**

- Empower and train the staff you have!
- Track/assess trends in "Chaplain Decline" rates
- Advocate for spiritual care
- Provide reasonable caseloads
- Train team to screen for spiritual pain/distress
- Develop "Elevator Speeches"
- Describe spiritual care in 20 seconds or less
- Utilize in marketing and outreach
- Address hesitations and concerns

**Overcoming Barriers
& Addressing Frequencies**

- "Not the Avon lady—they've nothing to sell"
- "If you come across a judgmental chaplain..."
- "They want to know what your beliefs are and help you find your own meaning, comfort, and peace using those beliefs."
- "They aren't here to replace your clergy..."
- "They're extra eyes and ears to care for mom."
- "May the SCC round/visit with me next time I come?"

**Overcoming Barriers
& Addressing Frequencies**

Seek opportunities for joint visits
Engage in collaboration of care
If any other of the team knows, SCC should, too
Customize your POC, even IF decline SCC!!

For SCCs:
Speak up
Educate yourself and your team
Be the SCC to whom they would WANT to refer
Learn to articulate/demonstrate your value

Men are disturbed not by things,
but by the view which they take of them.
The nature of our feelings
is largely determined
by the way that we think
~Aaron Beck

The only reason we don't open our hearts
and minds to other people is that they
trigger confusion in us that we don't feel
brave enough or sane enough to deal with.

To the degree that we look clearly and
compassionately at ourselves,
we feel confident and fearless about looking
into someone else's eyes.
~Pema Chodron

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