

2018  
**Caring for the  
Human Spirit®**  
Conference

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Sheraton New Orleans Hotel • New Orleans, LA

Presented by

HealthCare  
Chaplaincy  
Network



## *Caring for the Human Spirit®* Conference NEWS FROM DAY 2



### **Torrie Fields, MPH**

Senior Program Manager, Palliative Care, Blue Shields of California

**Presenting: Gaining Hope, Finding Purpose: The Power of a  
Chaplain in Improving Quality of Life for Patients and Families**

Millions of Americans live with serious illness, and that number is expected to double in the next 25 years. While diverse, they have in common the likelihood that they will require extensive care in the course of their illness. Programs to serve these individuals are not widely available and often not well-coordinated.

How to build your case for spiritual care when talking to administrators is vital.

There is a fundamental disconnect between what people with serious care need and when they receive those services.

In the Canadian model, working with anticipatory grief is key, and is moved to the center of the provision of care, something that the U.S. models do not do.

Evidence for chaplaincy has mostly been studied only in the context of improving clinical health care outcomes and as doing so part of a team rather than individually. What is the efficacy for the chaplain on the team alone? That body of evidence needs to be made stronger so that chaplains are essential on a palliative care team rather than a “nice to have” if the financial resources are available.

Every published article on home-based palliative care has a chaplain on the team, which is what health care payors look at.

Chaplains need to show up at the table and prove their case.

Question often asked: Why does a patient need a chaplain when they have a social worker?

#### **Role of Social Work:**

- Psychosocial support
- Ensure fair access to care by navigating medical and social settings
- Assess mental health needs, grief, and psychosocial aspects of care
- Coordinate care and resources available

- Guide team interactions in Advance Care Planning and family meetings
- Prepare patient and family to connect with community

Some SW think they can do the role the chaplain, but they can't because the role of chaplain is different and just as important. Many SW and other team members are unsure of how to introduce the chaplain and focus on the religious, not spiritual care

**Role of Chaplain:**

- Provide religious/spiritual/existential support
- Connect persons to community and also address psychosocial issues
- Explore meaning or purpose for patient and family
- Balance emotional spiritual vulnerabilities of patients, families, and their health care providers
- Provide grief and bereavement support to families and healthcare professionals, caring for those with serious illness

**Chaplains:**

- Work independently or as part of the patient's health care team
- Address a patient's concern about the sacred, existential questions and spiritual pain
- May reawaken an embedded faith and rediscover a way for the patient to make use of the inspiration they once knew
- Honor all faiths, cultures, and those who seek inspiration and meaning from elsewhere
- Work begins with a focus on the patient and the current situation, but if diagnosis, survivorship, or the news that the disease cannot be treated work changes
- Assess what might contribute to a patient's stress and suffering

National Consensus Project Guidelines require a chaplain on teams. The Guidelines are being revised and will be released later this year

**Chaplains and Policy:**

- Despite best evidence, health care chaplains are not covered by health insurance and cannot bill on their own
- Policy has improved the ability for chaplains to be included in health care teams.
- Patient Protection and Affordable Care Act – is largely an insurance reform
  - “Pay for Performance” vs “fee for service”
  - Increased focus on chronic care delivery and care management
  - Removes the “safe guards” for health payors
  - Rise in Alternative Reimbursement Models
- Additional changes in Policy since 2010
  - Increase in presence of inpatient PC
  - Advanced Certification in inpatient palliative care
  - Outpatient Palliative Care developments
  - Increase in mid-level career and Interdisciplinary Team professional training programs
  - Introduction of community-based palliative care by Joint Commission that holds programs to NCP guidelines
  - Development of registries
  - POLST
  - Payment reform

Have worked to keep spiritual care central in this conversation

Standards within chaplaincy are important so that value can be demonstrated to other clinical members of the team.

California Blue Shield Palliative Care: Providing an extra layer of support for people with serious illness.

- PC management program
- Caregiver support
- Advance Care Planning required before entrance into program
- All palliative care teams include a chaplain.
- Partner with community and telemedicine programs

- Partnering with another healthcare plan to mandate palliative care plans in hospitals in California

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## PLENARY SPEAKERS:



Handzo

### **George Handzo, BCC, CSSBB**

Director of Health Services Research and Quality HCCN

### **Brian Hughes BCC**

Director of Programs and Services, HCCN

### **Presenting: Spiritual Care in Palliative Care: An Overview of Recent Evidence and Directions for Future Research**



Hughes

The speakers reviewed recent published research evidence impacting the importance of spiritual care and the work of the chaplain.

The most critical and helpful paper to our field in this decade is the work of Kevin Massey and his team on taxonomy. *What do I do? Developing a taxonomy of chaplaincy activities and interventions for spiritual care in intensive care unit palliative care.* Massey K, et al. *BMC Palliative Care* 2015;14:10

There has been a major shift in the profession towards evidence-based chaplaincy, particularly in using measurement and outcome tools, and while all chaplains do not need to be researchers, they need to be research-literate.

Work is being done to identify and compare spiritual screening tools.

No spiritual assessment tool is yet fully validated; several are now widely used and seem effective in clinical practice.

**These include:**

- 7x7 - Fitchett
- Spiritual AIM - Shields
- Spiritual Distress Assessment Tool – Monod

Marin and colleagues studied the impact of chaplain visits on patient satisfaction and found that chaplain's integration into the health care team improves patient satisfaction

**Research priorities named more often in Lucy Selman's survey of providers included:**

- Development and evaluation of conversation models and overcoming barriers to spiritual care in staff attitudes
- Screening and assessment
- Development of evaluation of spiritual care interventions and determining the effectiveness of spiritual care
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“How helpful or harmful are particular healthcare chaplaincy healthcare activities delivered by particular chaplains on behalf of particular people dealing with particular problems in particular social contexts according to particular criteria of helpfulness or harmfulness?” Ken Pargament

**We know that:**

- Spiritual care is helpful
- It impacts the goals of healthcare

**What needs to be worked on:**

- Not just that the chaplain was there, but naming exactly what the chaplain did and what the outcomes were.
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## More Highlights from Day 2

### Bill Cooper, MDiv

Staff Chaplain, Spiritual Care Services

### Jill DeVries, RN-BC

#### Presenting: Promoting Staff Well-Being and Success: A Work-Life Balance Team Initiative

We live in the midst of an *Unhappiness Epidemic*

- A nationwide study found that 55% of workers were unhappy in their jobs
- Depression rates are 10 times higher now than in 1960

Toll on healthcare workers:

- Higher suicide and addiction rates for doctors and nurses
- Consider leaving their professions

Anxiety and stress lead to a condition of chronic dis-ease.

Foundation of plan: Shawn Achor Happiness Ted

Talk: <https://youtu.be/Gb7ZSsRweFk>

Research findings: Happiness leads to improved:

- Performance
- Health
- Longevity
- Evaluations and promotions
- Earnings

An integral part of spiritual care is taking care of those we work with and create an environment of self-care

Developed a program for staff based on the book: *The Happiness Advantage: The Seven Principles of Positive Psychology that Fuel Success and Performance at Work*. Shawn Achor. 2010. Currency Publishing. ISBN-13: 978-0307591548

The program to “Gain the Happiness Advantage” within their organization

- Worked with Work-Life Balance Team as well as all the nursing directors
- Once a month 90 minute meeting with nursing directors who read 1 chapter of book and talked about its implications
- Expanded this year with one RN using it on her neuro/ortho floor with nursing staff
- Seeing a development in organization with staff members creating “Serenity Rooms” where they can take a moment to debrief after a difficult situation
- Units created newsletters from the book information and put it on their units in various ways
- Reinforced through morning huddles, created staff Facebook page, quizzes to remind staff of activities to infuse positivity in their daily lives

### Rev. Judy Long, MA/MS

Palliative Care Chaplain

#### Presenting: Sustainable Caregiving: clinician resilience in palliative care

Directed attention is a foundational skill for learning meditation and breath focusing

Why clinician resilience? Came from her experience working in the Nursery Intensive Care Unit and wanting to support and empower staff in their sense of resilience, so began a project of teaching staff how to utilize mind/body exercises to center and ground themselves to reduce stress and regain focus.

**G.R.A.C.E. Intervention** - Created by Joan Halifax, Upaya Institute and Zen

Center <https://www.upaya.org/program/?id=1010>

- Gathering attention, intentional balance, grounding
- Recalling intention for the good of all
- Attuning to self/other/affective resonance
- Considering: what will really service
- Engaging: enacting, ending

#### Issues of Resilience:

1. Meaningless - Purpose: What really matters?

- Purpose: A far-reaching steady goal; something personally meaningful and self-transcending

2. Isolation – Connection: Do I feel isolated within my experience, even with people around?

- Connection: Authentic relationship with others: a sense of belonging, the opposite of isolation or loneliness

3. Helplessness – Choice: Can I still make choices that affect my destiny, even though I may not be able to change my circumstances

- Choice: Our belief in our power to affect our destinies, the engine of motivation (self-efficacy)

- Heard nursing concern that program not add too much time to their already busy day: “Must pass the bedside test”: simple, easy to use, relevant, evidence-based, and effective
- Added self-care for staff examples on their spiritual care share point site for employees
- Quick and easy examples:
  - Complement 3 people publicly
  - Ask 3 people what they are looking forward to
  - Change your password to something you’re looking forward to
  - Make eye contact and smile
  - Don’t frown while charting

**Research:**

- Did lit background search on impact of happiness
  - PICO question Phase 1: What is the impact of “happiness initiative on perceptions of their own well-being/happiness?”
  - Interventions:
    - Read one chapter per month of the book
    - Meet monthly to discuss implication and implementation of materials
    - Encouraged monthly practice of new skill sets, for example 30 day gratitude journal
    - Developed memes and other teaching strategies both inside and outside discussion meetings
    - Reported to nursing senate and took back to units
  - Analysis: simple aggregate from scales found in the literature
    - Subjective Happiness Scale
    - Scale of Positive and Negative Emotions
    - Flourishing Scale
  - Found significant changes on the units among nurses: more positive emotions and fewer negative emotions, particularly in decrease of feelings of anger
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