

Improving the Quality of Spiritual Care

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No Potential Conflict of Interest to Declare

I do not currently have an affiliation (financial or otherwise) with a commercial entity.

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Background



- **The goal of palliative care is to prevent and relieve suffering (NCP, 2009)**
- **Palliative Care supports the best possible quality of life for patients and their families (NCP, 2009)**
- **Palliative care is viewed as applying to patients from the time of diagnosis of serious illness to death**

Consensus Conference Goal

- Identify points of agreement about spirituality as it applies to health care
- Make recommendations to advance the delivery of quality spiritual care in palliative care
- 5 Key Elements of Spiritual Care provided the framework: spiritual assessment; models of care and care plans; interprofessional team training; quality improvement; and personal and professional development



The NCP Guidelines Address Eight Domains of Care:



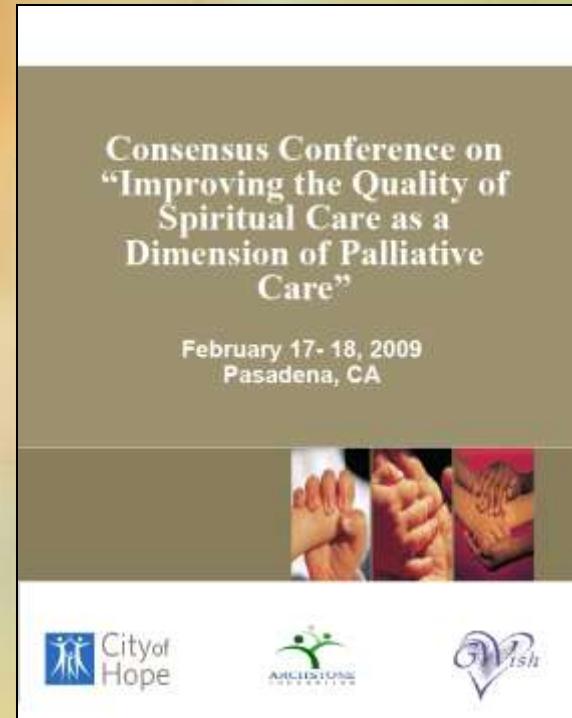
- Structure and Processes;
- Physical Aspects;
- Psychological and Psychiatric Aspects;
- Social Aspects;
- **Spiritual, Religious, and Existential Aspects;**
- Cultural Aspects;
- Imminent Death; and
- Ethical and Legal Aspects.

National Consensus Project Guidelines and National Quality Forum Preferred Practices for the Spiritual Domain

National Consensus Project Guidelines Spiritual Domain	National Quality Forum Preferred Practices
<p>Guideline 5.1 Spiritual and existential dimensions are assessed and responded to based upon the best available evidence, which is skillfully and systematically applied.</p>	<p>DOMAIN 5. SPIRITUAL, RELIGIOUS, AND EXISTENTIAL ASPECTS OF CARE</p> <p>PREFERRED PRACTICE 20 Develop and document a plan based on assessment of religious, spiritual, and existential concerns using a structured instrument and integrate the information obtained from the assessment into the palliative care plan.</p> <p>PREFERRED PRACTICE 21 Provide information about the availability of spiritual care services and make spiritual care available either through organizational spiritual counseling or through the patient's own clergy relationships.</p> <p>PREFERRED PRACTICE 22 Specialized palliative and hospice care teams should include spiritual care professionals appropriately trained and certified in palliative care.</p> <p>PREFERRED PRACTICE 23 Specialized palliative and hospice spiritual care professional should build partnerships with community clergy and provide education and counseling related to end-of-life care.</p>

Consensus Conference Design and Organization

- **40 national leaders representing physicians, nurses, psychologists, social workers, chaplains and clergy, other spiritual care providers, and healthcare administrators**
- **Develop a consensus-driven definition of spirituality**
- **Make recommendations to improve spiritual care in palliative care settings**
- **Identify resources to advance the quality of spiritual care**



Consensus Conference (Cont'd)



- First draft prepared by investigators and advisors.
- Draft sent to conference participants pre course
- Consensus Conference included plenary sessions and working groups with facilitators in one of five identified key areas of spiritual care

Consensus Conference Participants



A Consensus Definition of Spirituality was Developed:

“Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred.”

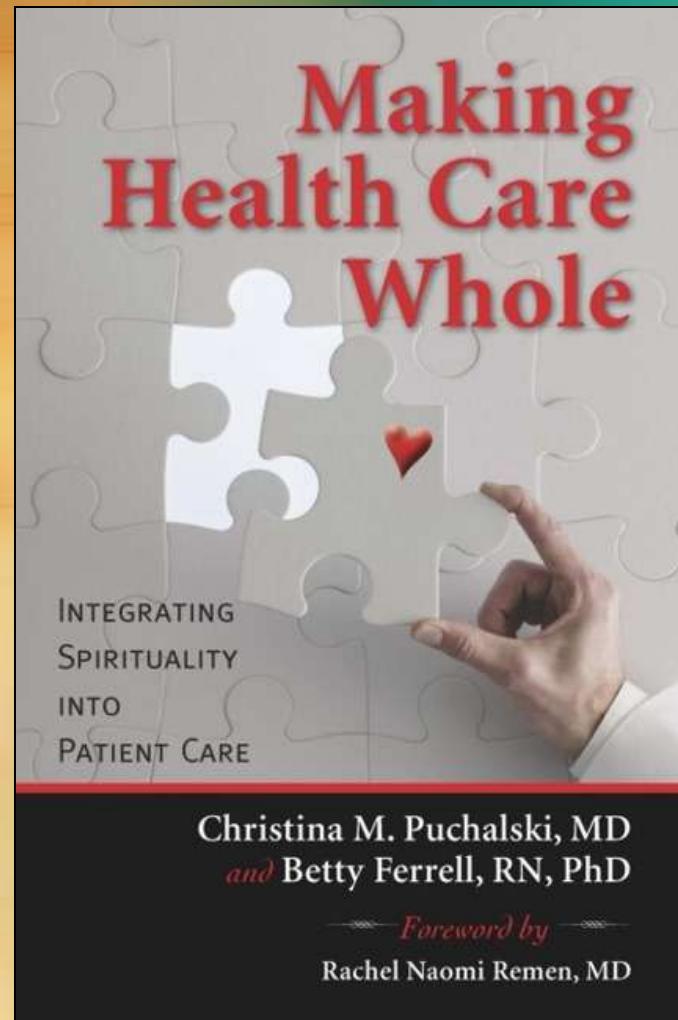


Post Conference Work Included:

- **Synthesis of feedback from small group sessions**
- **Course evaluations**
- **Revised Consensus Report was reviewed by the conferences participants, the Advisors and a panel of peer reviewers with a total of 91 reviews submitted**



- Final Consensus Report published in Journal of Palliative Medicine, October 2009
- Book published 2010



Conference Recommendations

Recommendations for improving spiritual care are divided into seven key areas:

- I. Spiritual Care Models
- II. Spiritual Assessment
- III. Spiritual Treatment/Care Plans
- IV. Interprofessional Team
- V. Training/Certification
- VI. Personal and Professional Development
- VII. Quality Improvement



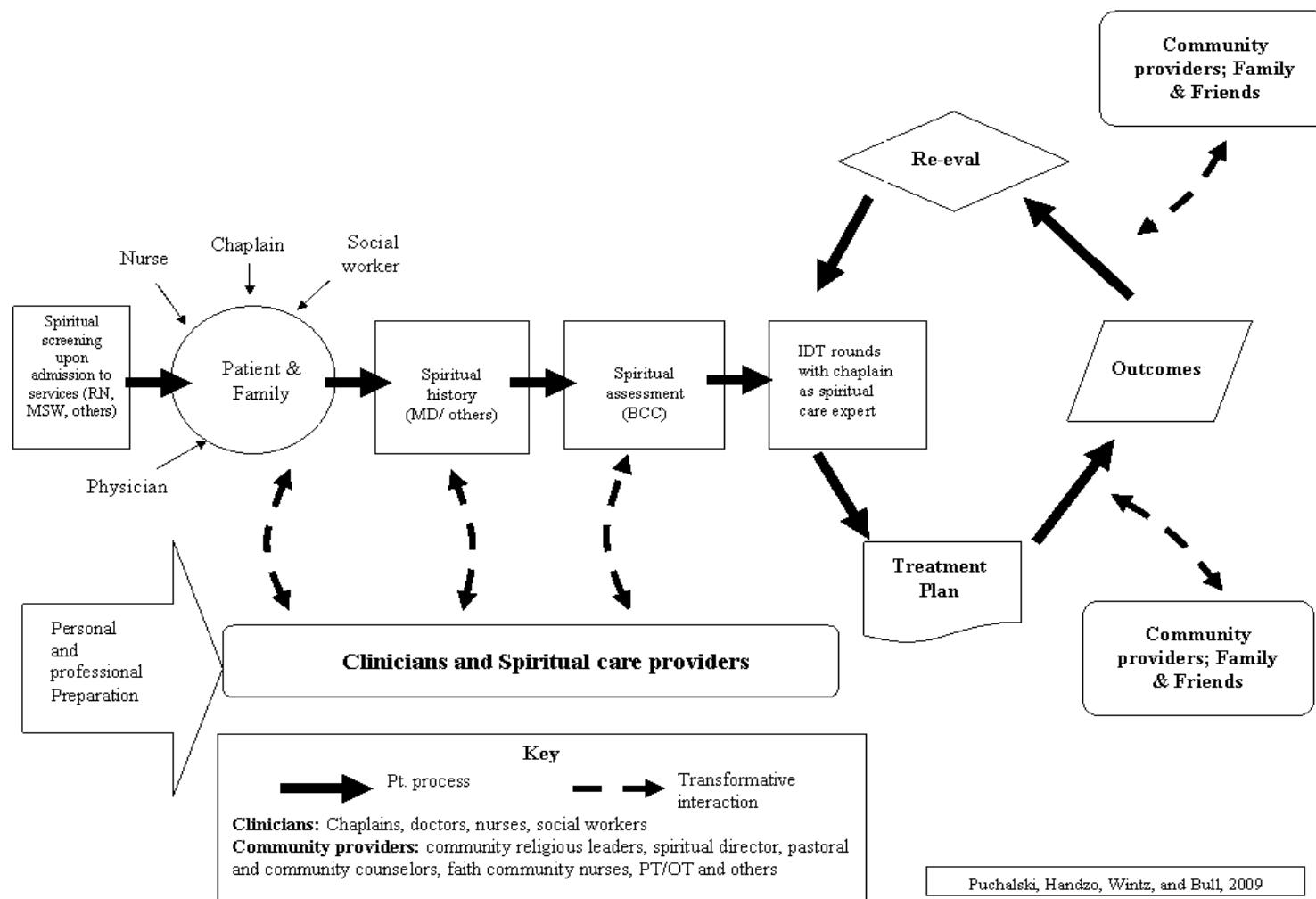
I. Spiritual Care Models

Recommendations

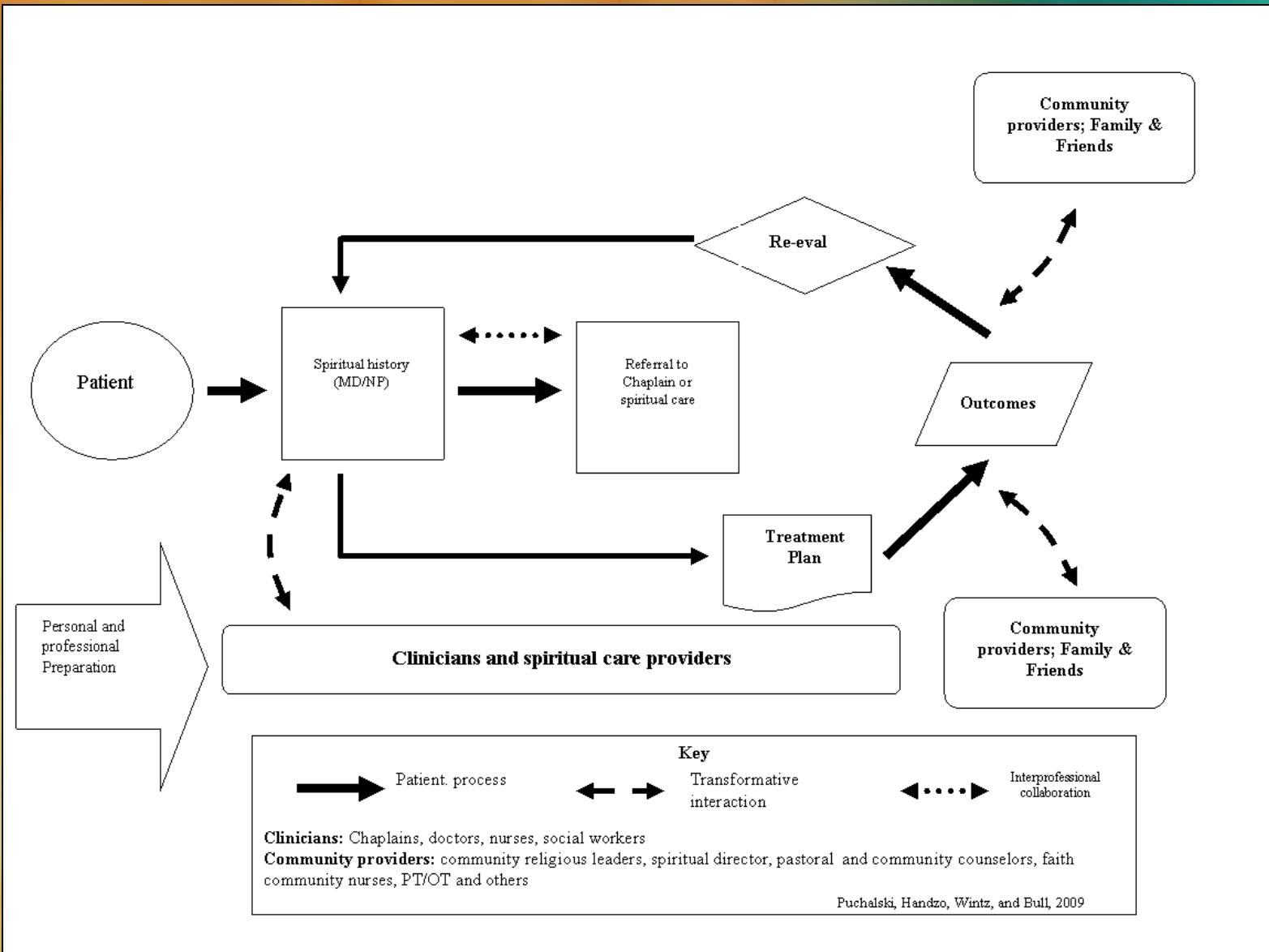
- Integral to any patient-centered health care system
- Based on honoring dignity
- Spiritual distress treated the same as any other medical problem
- Spirituality should be considered a “vital sign”
- Interdisciplinary



Inpatient Spiritual Care Implementation Model



Outpatient Spiritual Care Implementation Model



II. Spiritual Assessment of Patients and Families

Recommendations

- Spiritual screening
- Assessment tools
- All staff members should be trained to recognize spiritual distress
- HCP's should incorporate spiritual screening as a part of routine history/evaluation
- Formal screening by Board Certified Chaplain
- Documentation
- Follow-up
- Response within 24 hours

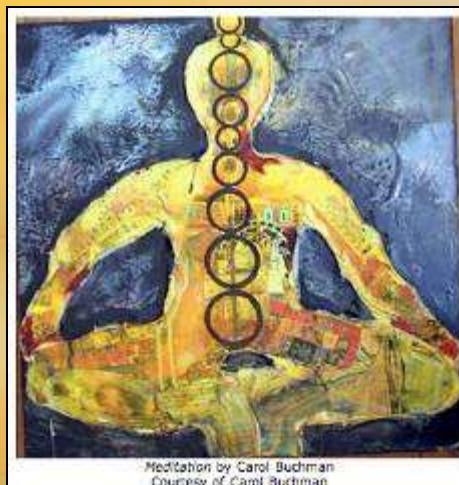
Spiritual Assessment Examples

<i>Diagnoses (Primary)</i>	<i>Key feature from history</i>	<i>Example Statements</i>
Existential	Lack of meaning / questions meaning about one's own existence / Concern about afterlife / Questions the meaning of suffering / Seeks spiritual assistance	“My life is meaningless” “I feel useless”
Abandonment God or others	lack of love, loneliness / Not being remembered / No Sense of Relatedness	“God has abandoned me” “No one comes by anymore”
Anger at God or others	Displaces anger toward religious representatives / Inability to Forgive	“Why would God take my child...its not fair”
Concerns about relationship with deity	Closeness to God, deepening relationship	“I want to have a deeper relationship with God”
Conflicted or challenged belief systems	Verbalizes inner conflicts or questions about beliefs or faith Conflicts between religious beliefs and recommended treatments / Questions moral or ethical implications of therapeutic regimen / Express concern with life/death and/or belief system	“I am not sure if God is with me anymore”
Despair / Hopelessness	Hopelessness about future health, life Despair as absolute hopelessness, no hope for value in life	“Life is being cut short” “There is nothing left for me to live for”
Grief/loss	Grief is the feeling and process associated with a loss of person, health, etc	“I miss my loved one so much” “I wish I could run again”
Guilt/shame	Guilt is feeling that the person has done something wrong or evil; shame is a feeling that the person is bad or evil	“I do not deserve to die pain-free”
Reconciliation	Need for forgiveness and/or reconciliation of self or others	I need to be forgiven for what I did I would like my wife to forgive me
Isolation	From religious community or other	“Since moving to the assisted living I am not able to go to my church anymore”
Religious specific	Ritual needs / Unable to practice in usual religious practices	“I just can’t pray anymore”
Religious / Spiritual Struggle	Loss of faith and/or meaning / Religious or spiritual beliefs and/or community not helping with coping	“What if all that I believe is not true”

III. Formulation of a Spiritual Treatment Care Plan

Recommendations

- Screen & Access
- All HCPs should do spiritual screening
- Diagnostic labels/codes
- Treatment plans
- Support/encourage in expression of needs and beliefs



III. Formulation of a Spiritual Treatment Plan (cont'd)

- **Spiritual care coordinator**
- **Documentation of spiritual support resources**
- **Follow up evaluations**
- **Treatment algorithms**
- **Discharge plans of care**
- **Bereavement care**
- **Establish procedure**



Intervention – HCP / Pt. Communication



- **Compassionate presence**
- **Reflective listening/query about important life events**
- **Support patient sources of spiritual strength**
- **Open ended questions**
- **Inquiry about spiritual beliefs, values and practices**
- **Life review, listening to the patient's story**
- **Targeted spiritual intervention**
- **Continued presence and follow up**

Intervention – Simple Spiritual Therapy

- **Guided visualization for “meaningless pain”**
- **Progressive relaxation**
- **Meaning-oriented-therapy**
- **Referral to spiritual care provider as indicated**
- **Narrative Medicine**
- **Dignity-conserving therapy**



Artwork by Nathalie Parenteau

Intervention – Patient Self-Care

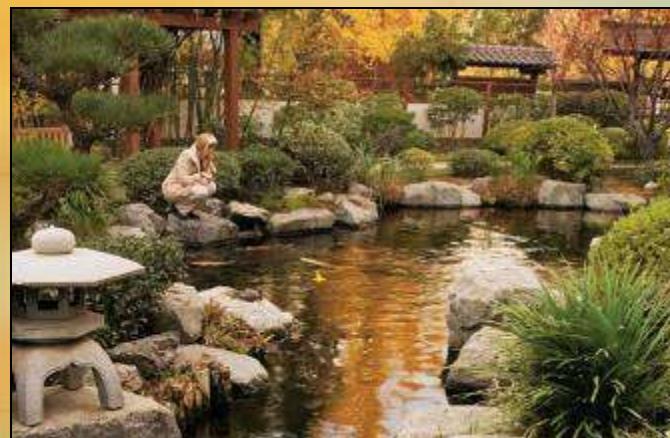
- **Massage**
- **Reconciliation with self and/or others**
- **Join spiritual support groups**
- **Meditation**
- **Religious or sacred spiritual readings or rituals**
- **Books**
- **Yoga, Tai Chi**
- **Exercise**
- **Engage in the arts (music, art, dance including therapy, classes etc)**
- **Journaling**



IV. Interprofessional Considerations: Roles and Team Functioning

Recommendations

- Policies are needed
- Policies developed by clinical sites
- Create healing environments
- Respect of HCPs reflected in policies
- Document assessment of patient needs
- Need for Board Certified Chaplains
- Workplace activity/programs to enhance spirit



V. Training and Certification

Recommendations

- All members of the team should be trained in spiritual care
- Team members should have training in spiritual self-care
- Administrative support for professional development
- Spiritual care education/support
- Clinical site education
- Development of certification/training
- Competencies
- Interdisciplinary models

VI. Personal and Professional Development

Recommendations

- Healthcare settings/organizations should support HCP's attention to self-care/stress management
 - >training/orientation
 - >staff meetings/educational programs
 - >environmental aesthetics
- Spiritual development
 - >resources
 - >continuing education
 - >clinical context

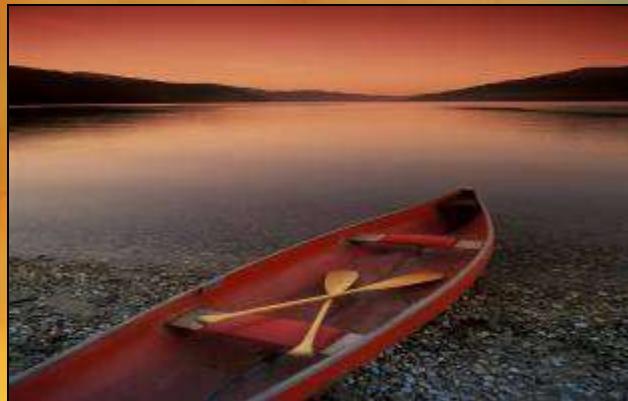


VI. Personal and Professional Development (cont'd)

- Time encouraged for self-examination
- Opportunities for sense of connectedness and community
 - >interprofessional teams
 - >ritual and reflections
 - >staff support
- Discussion of ethical issues
 - >power imbalances
 - >virtual based approach
 - >opportunity to discuss



VII. Quality Improvement



Recommendations

- Domain of spiritual care to be included in QI plans
- Assessment tools
- QI frameworks based on NCP Guidelines
- QI specific to spiritual care
- Research needed
- Funding needed for research and clinical services

Go to : <http://prc.coh.org>

City of Hope Pain & Palliative Care Resource Center



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Categories of Materials

- I. Quality of Life and Cancer Survivorship
- II. Spirituality
- III. Palliative Care/End-of-Life/Bereavement
 - A. Palliative Surgery
- IV. Pain and Symptom Management
 - A. Pain Assessment Tools
 - B. Pharmacology/Policies and Procedures
 - C. Complementary, Alternative, and Integrative Approaches
- V. Special Populations
 - A. Family Caregiving
 - B. Pain Management, Palliative, and Long-Term Care in the Elderly
 - C. Pediatrics
 - D. Cultural Considerations in Palliative Care
 - E. Sickle Cell Disease
 - F. HIV/AIDS
 - G. Chronic Non-Malignant Pain and Headache Information
- VI. Education
 - A. Professional Competencies and Educational Programs
 - B. Patient and Family Education
- VII. Quality Improvement
 - A. Cost Effectiveness
- VIII. Ethical and Legal Issues
- IX. Research Instruments/Resources
- X. Other Resources
 - A. Related Organizations and Websites

Upcoming Courses:

- ELNEC
- ExCEL In Social Work
- Improving Quality of Life and Quality of Care for Oncology Family
- Pain Resource Nurse Course
- Preparing Professional Nurses for Cancer Survivorship Care



[Index of Material!](#)

NOTE: Be aware that the Index of Materials is 112 pages in length.

Go to : www.gwish.org

The George Washington Institute for Spirituality and Health (GWish)
<http://gwish.org/>

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SOERCE

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Subjects

- Spiritual assessment
- Definitions
- Communication issues
- End of life care
- Health outcomes
- Quality improvement (QI)
- Religious & cultural traditions
- Religious traditions - impact on healthcare decision-making
- Self-care for professionals
- Spiritual distress management
- Spiritual interventions
- [More >>](#)

Faith Traditions

- Buddhism
- Catholicism
- Hinduism
- Islam/Muslim
- Judaism
- Protestantism

Educational and clinical resources in spirituality, religion, and health

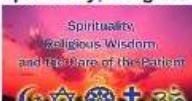
The Spirituality and Health Online Education and Resource Center (SOERCE), is a GWish program developed with support from the John Templeton Foundation. SOERCE aims to be the premiere online location for educational and clinical resources in the fields of spirituality, religion, and health.

[More >>](#)

Featured Resources

Spiritual Assessment in Clinical Practice
 GWish's multimedia guide to assessing the spiritual beliefs, values, and practices important in your patients' responses to illness or stress.

Health and Spirituality (CME/CEU course)
 Free online video CME/CEU course provided by the National Center for Complementary and Alternative Medicine.

Spirituality, Religious Wisdom and the Care of the Patient
 Video from an interfaith conference seeking to educate health care professionals about how different religious traditions view medicine and illness, and evaluate their own

Events

International Conference for Ageing and Spirituality
The Selwyn Centre for Ageing and Spirituality
August 30, 2009 - September 2, 2009
Auckland, New Zealand

Integrating Spirituality and Health
The Wayne E. Oates Institute
September 8, 2009 - October 16, 2009
Online

Quality of Life for the Children: The Third Annual Pediatric Palliative Care Conference
The District of Columbia Pediatric Palliative Care Collaboration
September 11 - 12, 2009
Washington, DC

Providing End-of-Life Care
Zen Hospice Project
September 17 - 18, 2009
San Francisco, CA

NHPCO's 10th Clinical Team Conference
National Hospice and Palliative Care Organization
September 22 - 26, 2009
Denver, Colorado

Go to "<http://www.gwumc.edu/gwish/soerce/resources.cfm?ResourceID=F0010D72-5056-9D20-3DBCE3AB6CFE9972>"

Next Steps...

SPRITUAL CARE DEMONSTRATION PROJECTS (OCT 2010-SEPT 2012)

- **9 Competitively Selected Southern California Hospitals**
- **Four Target Areas**
- **Conference calls and convening (2x/year)**
- **Mentoring**
- **External evaluation**
- **Document models and advance best care practices**



Conclusion

- **Spiritual care is essential to improving quality palliative care as determined by the National Consensus Project (NCP) and National Quality Forum (NQF)**
- **Studies have indicated the strong desire of patients with serious illness and end-of-life concerns to have spirituality included in their care**



Conclusion (cont'd)



- **Recommendations are provided for the implementation of spiritual care in palliative, hospice, hospital, long-term, and other clinical settings**
- **Interprofessional care that includes board-certified chaplains on the care team**
- **Regular ongoing assessment of patients' spiritual issues**
- **Integration of patient spirituality into the treatment plan with appropriate follow-up with ongoing quality improvement**
- **Professional education and development of programs**
- **Adoption of these recommendations into clinical site policies**

Conclusion (cont'd)

- Clinical sites can integrate spiritual care models into their programs
- Develop interprofessional training programs
- Engage community clergy and spiritual leaders in the care of patients and families
- Promote professional development that incorporates a biopsychosocial-spiritual practice model
- Develop accountability measures to ensure that spiritual care is fully integrated into the care of patients

