

Making Healthcare Whole: Integrating Spirituality into Patient care

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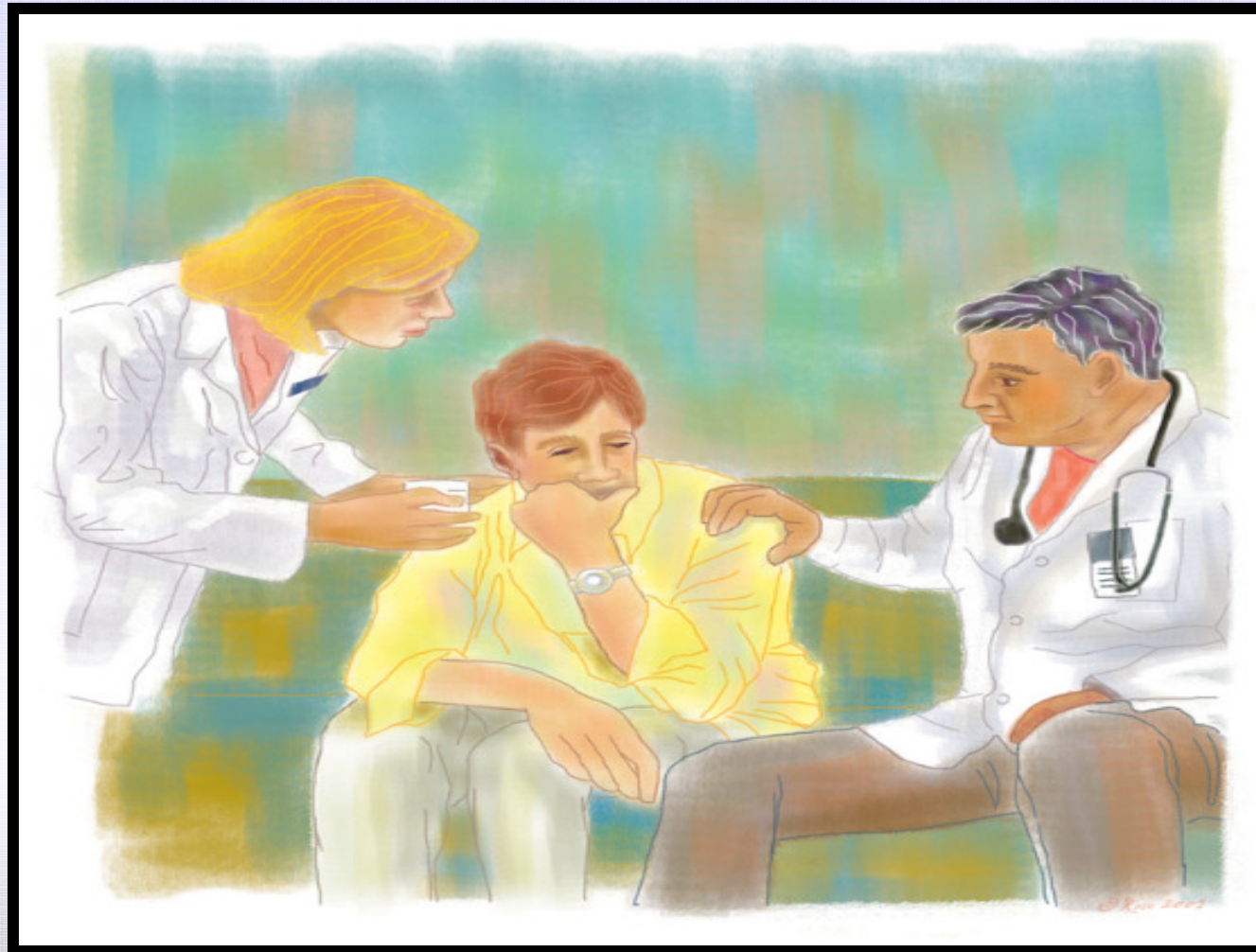


Journey with people in vulnerable times in their lives



For patients and caregivers:

Breaking Bad News; Breaking a Heart Ferrell and Coyle, *The Nature of Suffering and the Goals of Nursing,*



What many patients face with serious and chronic illness

- ✿ **Suffering due to a person's sense of independence and dignity being threatened**
- ✿ **Loss of meaning; loss of a sense of personhood**
- ✿ **Despair, demoralization, hopelessness**
- ✿ **Living with uncertainty ("mystery")**
- ✿ **Increased likelihood of chronic conditions**
- ✿ **Activity limiting conditions; pain other symptoms**
- ✿ **Increased dependence of care from others**
- ✿ **Financial strain (medical expenses, not working)**
- ✿ **Social isolation; strain in relationships**



Primary Causes of Stress For Healthcare Professional

- ✿ Work Place tension
- ✿ Care of the Critically Ill and Dying Patients (Vachon, 2000)
- ✿ Focus on technology and curing rather than supportive care and compassion (Puchalski, 2007)
- ✿ When demands from the work environment exceed the employee's ability to cope with (or control) them, stress can result



Religion, Spirituality and Depressive Symptoms in Residents (Yi et al, 2004)

- ✿ Depressive symptoms highly prevalent in primary care house officers
- ✿ Depression associated with poorer religious coping, and worse spiritual well-being
- ✿ What about other healthcare professionals and the role of spirituality in their lives?



Illness as Triggers for Questions about Life, Meaning, spiritual issues

- ✿ Illness/stress can cause us to question our meaning and purpose in life
- ✿ Healing is more than technical
 - Integration of these questions into patient's life---new understanding of self and situation.
 - Finding hope, meaning and purpose
 - Acceptance of situation

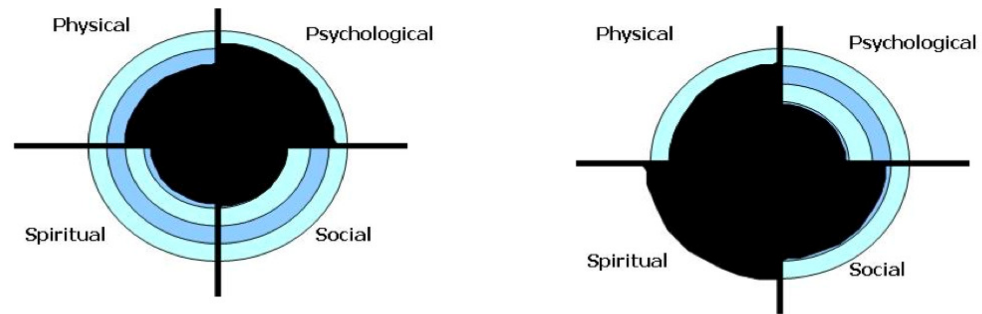


TOTAL PAIN

"I realized that we needed not only better pain control but better overall care. People needed the space to be themselves. I coined the term 'total pain,' from my understanding that dying people have physical, spiritual, psychological, and social pain that must be treated. " Cecily Saunders, MD (Smith, The Weekly Standard, 2006)



Profile of Suffering



Puchalski, Bull 2009 (adapted from RJ Butler)



Biopsychosocialspiritual model

- ✿ Integrated; e.g. pain as multifactorial
 - ✿ Physical, emotional, social and spiritual pain
- ✿ All dimensions treated equally
- ✿ Implies team approach--different levels of expertise
- ✿ Recognition of the whole person--does not obscure the humanity of each individual
- ✿ Respect for dignity and inherent value of each human being.



Spirituality/Religion associated with:

- ✿ Better healthcare outcomes (coping, will to live, increases survival in ESRD dialysis patients, recovery from surgery, depression, increased hope, less death anxiety). Effective additive over social support.
- ✿ Spirituality associated with greater quality of life with patients with advanced disease if they have meaning and purpose, fulfillment in life goals (Cohen SR, Mount BM, et al., 1995)
- ✿ Lower stress-associated biological markers, changes in area of brain associated with stress/emotions
- ✿ Resiliency
- ✿ Mind-Body interventions have positive benefits on health



Spiritual History: A Patient Need

- Surveys: 50-85% want physicians to address patients' spiritual needs and incorporate into treatment
- Why?: increases trust, helps MD understand patient more, helps MD with treatment plan, patients feel listened to and cared for, helps encourage realistic hope and provide compassionate care.
- When?: dying, just diagnosed with serious illness, suffering from chronic illness, suffering from loss, admitted to a hospital , new history and physical

McCord et al. Annals of Family Med 2(4):2004



*Guidelines for Spiritual Care:
Improving the Quality of Spiritual Care as a
Dimension of Palliative Care:
A Consensus Conference Convened February 2009*

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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 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**
- **Identify points of agreement**
- **Make recommendations to improve spiritual care in palliative care settings**
- **Identify resources to advance the quality of spiritual care**



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.”**



Conference Recommendations

- ✿ **Recommendations for improving spiritual care are divided into seven keys 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**



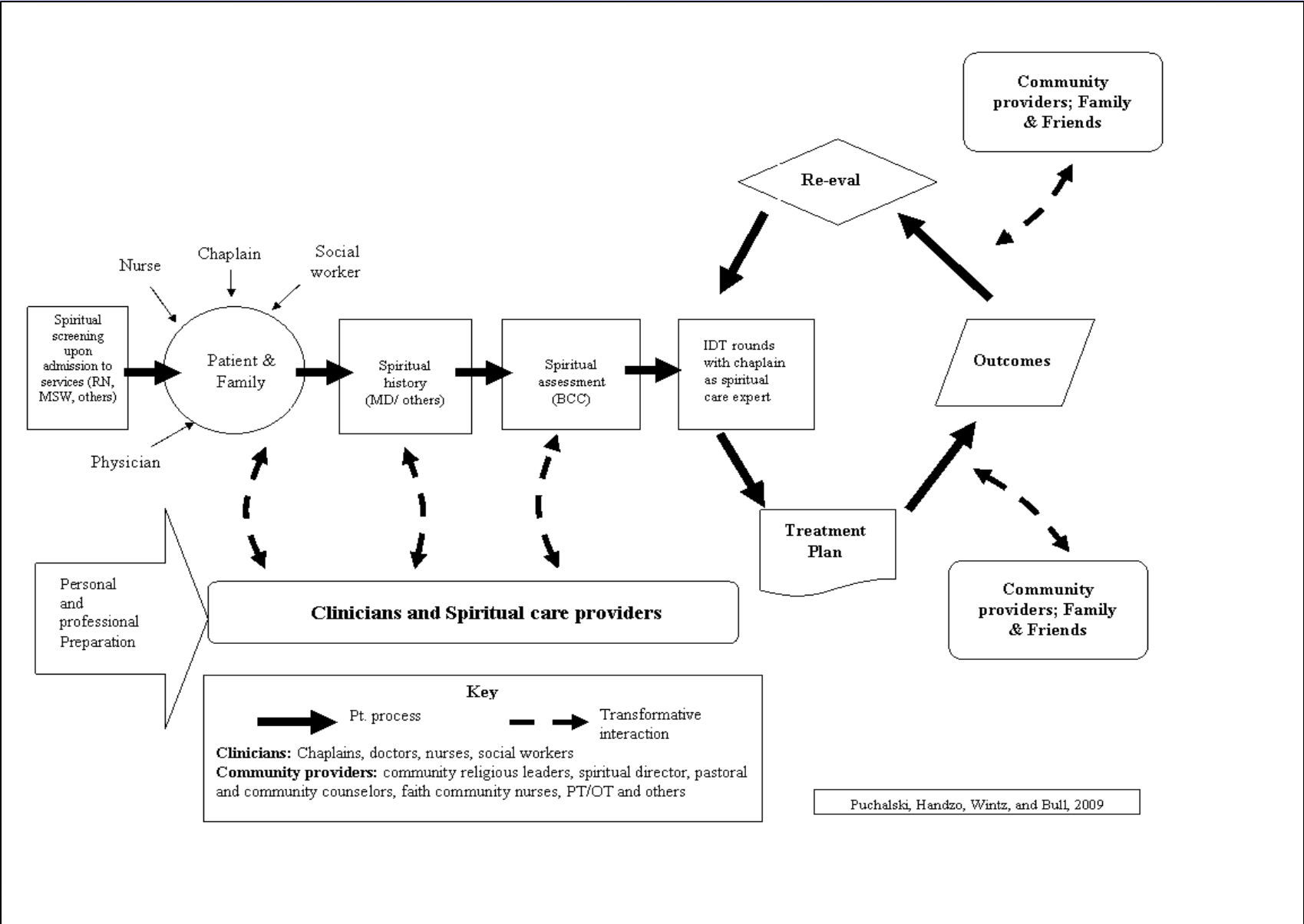
I. Spiritual Care Models

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



II. Spiritual Assessment of Patients and Families

* Recommendations

- **Spiritual screening, history**
- **Assessment tools**
- **All staff members should be trained to recognize spiritual distress**
- **HCP's should incorporate spiritual screening and history as a part of routine history/evaluation**
- **Formal assessment by Board Certified Chaplain**
- **Documentation of spiritual issues in chart**
- **Follow-up as with any other issue**



Spiritual History

- ✿ Comprehensive
- ✿ Done in context of intake exam or during a particular visit such as breaking bad news, end of life issues, crisis
- ✿ Done by the clinician who is primarily responsible for providing direct care or referrals to specialists such as professional chaplains.
- ✿ Can be used to follow up on spiritual themes that come up in conversation with patients

Spiritual History

- * **F** Do you have a spiritual belief? Faith? Do you have spiritual beliefs that help you cope with stress/what you are going through/ in hard times? What gives your life meaning?
- * **I** Are these beliefs important to you? How do they influence you in how you care for yourself?
- * **C** Are you part of a spiritual or religious community?
- * **A** How would you like your healthcare provider to address these issues with you?

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- ✿ **F: meaning, purpose, transcendence (sacred, God, significant, others, moment)....Inner Life**
- ✿ **I: how this affects one's life, healthcare decisions, coping**
- ✿ **C: connectedness to others within a sacred, or significant context**



Validation (COH)

- * Inter-item correlation between FICA quantitative and COH spirituality domain of QOL instrument:
 - * Religion
 - * Activities
 - * Change over time
 - * Purpose
 - * Hope
 - * spiritual

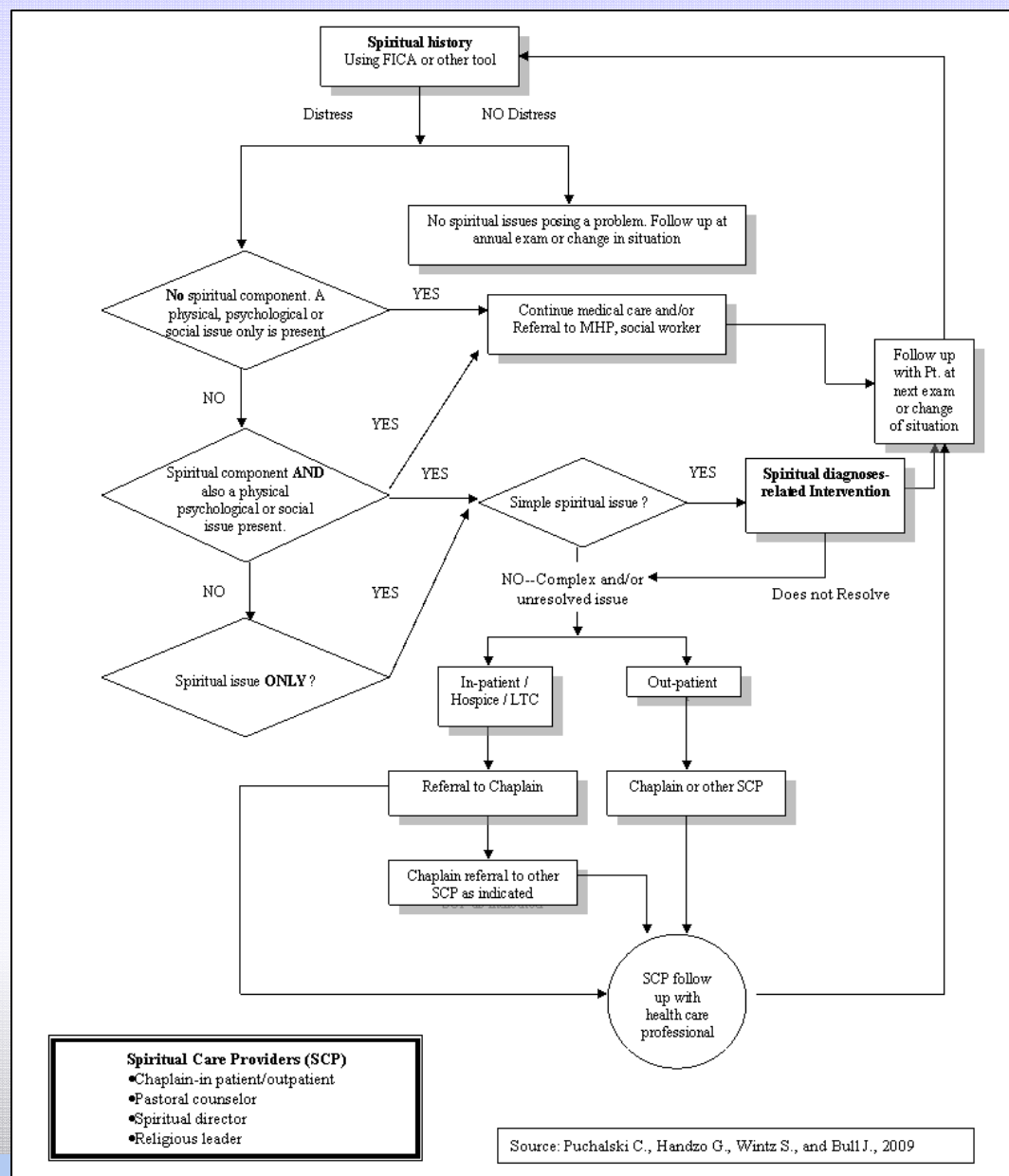


Faith/Belief/Meaning Theme (n=73)

* Appreciation of life and family	47
* Life activities work, purpose)	31
* Faith/Hope in healing	18
* Relationship with God	12
* Appreciation for life	7
* Reading Bible	5
* Agnostic	5
* Positive state of mind	5
* Religious affiliation	4
* Prayer	4
* Fate in God's Hands	4
* Nature	4



Spiritual Diagnosis Decision Pathways



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	<p>“My life is meaningless” “I feel useless”</p>
Abandonment God or others	Lack of love, loneliness / Not being remembered / No Sense of Relatedness	<p>“God has abandoned me” “No one comes by anymore”</p>
Anger at God or others	Displaces anger toward religious representatives / Inability to Forgive	<p>“Why would God take my child...its not fair”</p>
Concerns about relationship with Deity	Closeness to God, deepening relationship	<p>“I want to have a deeper relationship with God”</p>
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	<p>“I am not sure if God is with me anymore”</p>
Despair / Hopelessness	Hopelessness about future health, life Despair as absolute hopelessness, no hope for value in life	<p>“Life is being cut short” “There is nothing left for me to live for”</p>
Grief/loss	Grief is the feeling and process associated with a loss of person, health, etc	<p>“I miss my loved one so much” “I wish I could run again”</p>
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	<p>“I do not deserve to die pain-free”</p>
Reconciliation	Need for forgiveness and/or reconciliation of self or others	<p>I need to be forgiven for what I did I would like my wife to forgive me</p>
Isolation	From religious community or other	<p>“Since moving to the assisted living I am not able to go to my church anymore”</p>
Religious specific	Ritual needs / Unable to practice in usual religious practices	<p>“I just can't pray anymore”</p>
Religious / Spiritual Struggle	Loss of faith and/or meaning / Religious or spiritual beliefs and/or community not helping with coping	<p>“What if all that I believe is not true”</p>

Action/address:

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**
- **Continued presence and follow up**



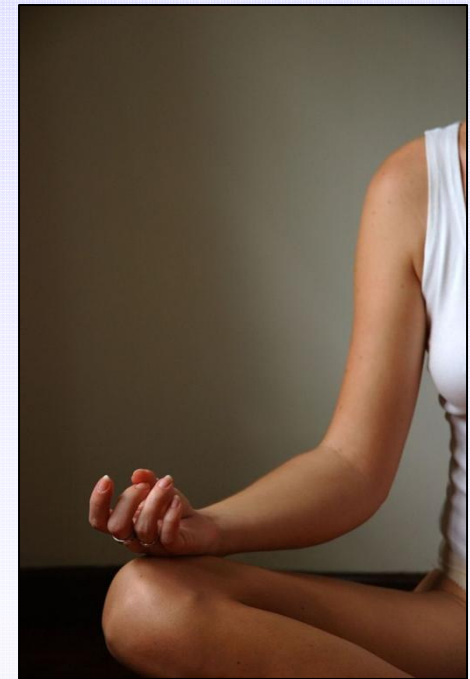
Intervention – Simple Spiritual Therapy

- Referral to spiritual care provider as indicated (BCC, pastoral counselor, spiritual director, culturally based healer)
- Spiritual Goals
- Guided visualization
- Progressive relaxation
- Breath practice or contemplation
- Meaning-oriented-therapy
- Narrative Medicine
- Dignity-conserving therapy



Intervention – Patient Self-Care

- **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**
- **Reflective practices**



III. Formulation of a Spiritual Treatment Care Plan

* Recommendations

- **Screen & Access**
- **All HCPs should do spiritual screening**
- **Clinicians who refer should do spiritual histories and develop appropriate treatment plans working with Board Certified Chaplain if possible**
- **Diagnostic labels/codes**
- **Treatment plans**
- **Support/encourage in expression of needs and beliefs**



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

- **Spiritual care referral (BCC, pastoral counselor, spiritual director, clergy as appropriate)**
- **Documentation of spiritual support resources**
- **Follow up evaluations**
- **Treatment algorithms**
- **Discharge plans of care**
- **Bereavement care**
- **Establish procedure**



Narrative: Hopelessness

- ✿ Ronda is a 52 yo female with end-stage ovarian cancer. Seven-and-a-half years after the multiple surgeries and chemotherapy, with good outcomes, she is now faced with advanced disease for which there is no longer any treatment. Her hope has always been for a cure. Now she faces a deep sense of hopelessness.

Spiritual History

- * F: Raised Jewish culturally; meaning has always been in nature and not religion
- * I: Spirituality is important, nature calms her, worried about how she can do that now
- * C: Friends and family are her support
- * A: now that she is dying she would like to know how Judaism views dying and what rituals might help her

***Narrative example: Biopsychosocial-Spiritual Model
Assessment and Plan***

Ronda is a 52 yo with end stage ovarian ca . Assessment reveals:

Physical	Pain is well controlled; continue with current medication regimen. Nausea; still has episodes of nausea and vomiting, likely secondary to partial sm bowel obstruction (SBO). Add octreotide to current regimen
Emotional	Grief rxn that “fight is over”.Tearful, difficulty sleeping Supportive counseling, presence.
Social	Ronda concerned abot how to tell them she is dying. Work with social work to arrange family meeting
Spiritual	Hopelessness, main source of meaning in “winning the fight”, active in ov cancer alliance and seen as inspiration. Not religious but now wants to learn how “Jewish Patients die?” Dream List, legacy building, encourage talking with Ov Cancer Alliance, referral to chaplain and to Rabbi



Interventions by the Team

- ✿ Help patient create a dream list
- ✿ Talk about all relationships in the person's life, including God if that is important. Any conflicts?
- ✿ What are her sources of hope?
- ✿ What has she learned of hope from her religion? From other things?

Ronda's Spiritual Assessment with Chaplain

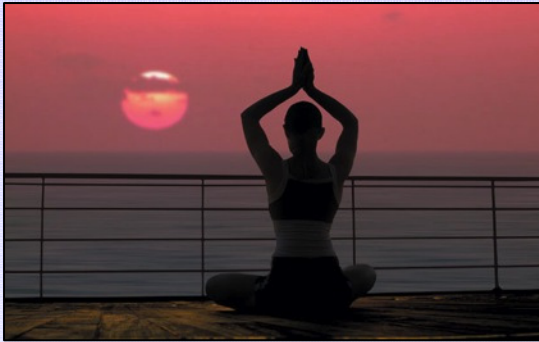
- ✿ What was her upbringing from a Jewish perspective?
- ✿ What is her experience of ritual?
- ✿ Why did she leave her Jewish practice?
- ✿ What does it mean to her to be a “good Jew”
- ✿ What is her belief in an afterlife?

Conclusion

- **Spiritual care is essential to improving quality care**
- **Studies have indicated the strong desire of patients to have spirituality included in their care and have suggested positive health outcomes**



Conclusion (cont'd)



- **Interprofessional care should include board-certified chaplains on the care team**
- **Regular ongoing screening and 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 with accountability measures**



SPRITUAL CARE DEMONSTRATION PROJECTS

(OCT 2010-SEPT 2012)

- ✿ 9 Competitively Selected Southern California Hospitals
- ✿ Four Target Areas
- ✿ Conference calls (1x/month)
- ✿ Convening meeting (2x/year)
- ✿ Mentoring
- ✿ External evaluation
- ✿ Document models and advance best care practices



California Hospital Sites

- * Cedars Sinai
- * City of Hope
- * Keck LAC USC Medical Center
- * Palomar Pomerado
- * Scripps Memorial
- * St Joseph's Hospital, Orange County
- * St John's Regional Medical Center
- * UCLA Santa Monica
- * Veteran's Hospital West LA



Four Target Areas

Four Target Areas for Projects

- ❖ Spiritual Care Models
- ❖ Spiritual Assessment of Patients and Families
- ❖ Spiritual Treatment Plan
- ❖ Quality Improvement



Evaluation and Metrics

- ✿ Process evaluation (#patients receiving spiritual history, screening, assessment)
- ✿ Chart review of spirituality integrated into treatment plan
- ✿ # chaplain referrals
- ✿ Patient satisfaction with care, spiritual needs met



Summary

Our hope is that these demonstration projects will serve as a model for others to improve spiritual care for patients.



GWish: www.gwish.org

- * Education resources (SOERCE, National Competencies etc)
- * Interprofessional Initiative In Spirituality Education (nursing, medicine, social work, pharm, psychology)
- * Retreats in for Healthcare Professionals (Assisi, US)
 - * August 2009, 2010 Assisi, Italy
- * Time for Listening and Caring: Oxford University Press
- * Making Healthcare Whole, Templeton Press
- * FICA Assessment tool--- online DVD
- * Summer Institute in spirituality and health at GWU. June 2011
- * Inspir
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