Quality Improvement: Hospice Chaplaincy Philosophy and Clinical Documentation Strategies

Ensuring Best Practice in Hospice Chaplaincy

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Introduction

Toward Excellence in Spiritual Care: How it all started

1. Recognition of the problem
   - CMS FY 2011 Top Ten Hospice Survey Deficiencies Compliance Recommendations

3. Medicare hospice CoP: §418.56(c) Standard: Content of the plan of care.
The hospice must develop an individualized written plan of care for each patient. The plan of care must reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions.
Interpretive Guidelines L-Tag: L545

Introduction

1. Recognition of the problem
   - CMS FY 2011 Top Ten Hospice Survey Deficiencies Compliance Recommendations
   - Our Plan of Care resources included:
     - 21 Spiritual Concerns
     - 7 Goals
     - 7 Interventions
   - It was virtually impossible to provide an individualized POC
   - There was no philosophy to guide the development of a POC

Introduction

2. Embrace a plan to develop a philosophy, algorithm, and template.
3. PDSA, or Plan-Do-Study-Act, is an iterative, four-stage problem-solving model used for improving a process or carrying out change.
4. In applying PDSA, ask yourself three questions:
   - What are we trying to accomplish?
   - How will we know that a change is an improvement?
   - What changes can we make that will result in an improvement?

Outcome Oriented Chaplaincy

1. Forms the superstructure to our spiritual care philosophy
2. The principles on which OOC is based include:
   - Accountability
   - Best Practice
   - Collaboration
3. How OOC shapes our spiritual care assessment model
   - Spiritual Concern
   - Goals/Expected Outcomes
   - Interventions

The Documentation Template

The Documentation Template captures the important information required to paint the picture of patient care:

- **Patient Information—**The Chaplain will identify the patient in the following manner: The patient presented as a ___ year old, Euro/Hispanic/African American male/female who was in her/his chair/bed/etc. during visit.
- **Purpose of the visit**—The Chaplain can state that this was an initial assessment visit, a routine visit to deepen the spiritual care relationship, or state that this was an On Call visit, or a Return visit due to an emergency or whatever description that fits the circumstance of the visit.

The Documentation Template

Observations—*Chaplains do not assess, they observe. Such verbiage must be in the Clinical Note (i.e. Chaplain observed the patient was using the wall to aid in ambulation).*

Pain level/scale—The Chaplain is required to identify pain levels based upon the VAS scale, or PainAD, or FLACC scale.

Safety Issues

Decline—The acrostic, MAC, guides the Chaplain (and other disciplines, as well) to ***observe*** decline in the patient. The Initial Spiritual Care Assessment serves as a baseline in the Chaplain's observations. In each subsequent visit the Chaplain will use the MAC to highlight his or her observations of the patient's decline.

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The Documentation Template

M—Mobility: How does the patient ambulate? Wheelchair, walker, cane, holding onto the wall, needs assistance? When observing decline, note any difference in the manner the patient ambulates from your prior visit.

A—Activities of Daily Living: The patient and/or family member(s) may assist you with this observation. Areas of ADL's to observe include: eating, sleeping, bathing, incontinence, transferring, toileting. Helpful questions include: How much is patient eating? What amount compared to last visit? Has food been pureed? How is appetite? How is patient sleeping? All night? Partial night? Napping for long stretches during the day? Up at night, sleeping during the day? How many hours of sleep, day or night? Is patient bathing him/herself? Assistance needed? If so, contact Nurse to meet this need.

C—Communication: Is there any difference in the manner in which the patient speaks? Is the patient short of breath compared to your last visit? Is the patient struggling to remember words, gets mixed up, repeats the same phrase, has troubled making sense? (All compared to your last visit with patient)

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The Documentation Template

Plan of Care

Spiritual concern(s)—Refer to the Algorithm for the list of Spiritual Concerns.

Goals/Expected Outcomes—The Goals/Expected Outcomes are identified by the patient as to what he/she would like to accomplish in dealing with the Spiritual Concern(s) during their hospice journey with the Chaplain. Refer to the Algorithm for the potential Goals/Expected Outcomes.

Intervention(s)

A. What interventions did you use to address the spiritual concern(s)?—The Chaplains have 21 possible Interventions from which to choose. (See Algorithm)

B. What evidence can you give that this helped the patient?

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The Documentation Template

Response of the patient/family

Collaboration—With whom did the Chaplain collaborate regarding this patient and what was the substance of said collaboration?

Subsequent visit—This section should be brief and summed up in one sentence.

Template for Spiritual Care Documentation

Patient information
Purpose of the visit
Observations
Pain level/scale
Safety issues
MAC
Plan of Care
Spiritual concern(s)
Goals and Expected
Intervention(s)
Response of the patient/family
Collaboration
Subsequent visit

Resources

Aquino, A., Ballard, K., Dakin, D.H., Irish, T., Meyer, B., & Nebel, S. (2013). Standards of Practice for Professional Chaplains in Hospice and Palliative Care. In Standards of Practice. Retrieved from www.professionalchaplains.org/content.asp?pl=198&sl=200&contentid=200#hospice

Advocate Health Care. (2014). Chaplaincy Taxonomy User's Guide. Downers Grove, Illinois: Kevin Massey.

National Hospice and Palliative Care Organization. (2011). CMS FY 2011 Top Ten Hospice Survey Deficiencies Compliance Recommendations. Alexandria, Virginia

Otis-Green, S. (2014) Quality Improvement . In Gary E. Myers and Stephen Roberts (Eds.). Handbook: An Invitation to Chaplaincy Research: Entering the Process (96-107). New York, NY: Healthcare Chaplaincy Network.

PDSA: Plan-Do-Study-Act http://www.health.state.mn.us/divs/opi/qi/toolbox/pdsa.html

Peery, Rev. Brent. (2012). Outcome Oriented Chaplaincy: Intentional Caring. In Stephen B. Roberts (Ed.), Professional Spiritual and Pastoral Care: A Practical Clergy and Chaplain's Handbook (pp. 342-361). Woodstock, VT: SkyLight Paths Publishing.

Weiss, S., & Groda, J. (presenters). (2011). From 2011 MHPCO Annual Conference: Spiritual Care Assessment: Measurable Goals and Outcomes.

Wittenberg-Lyles, E., Demiris, G., Parker-Oliver, D., Washington, K., Burt, S., & Shaunfield, S. (2012). Stress Variances Among Informal Hospice Caregivers. Qualitative Health Research, XX(X), 1-12. doi: 10.1177/1049732312448543

Spiritual Care Algorithms

Written and Developed by
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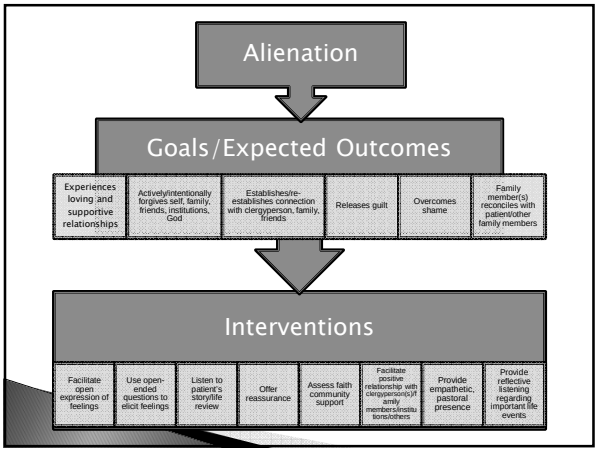
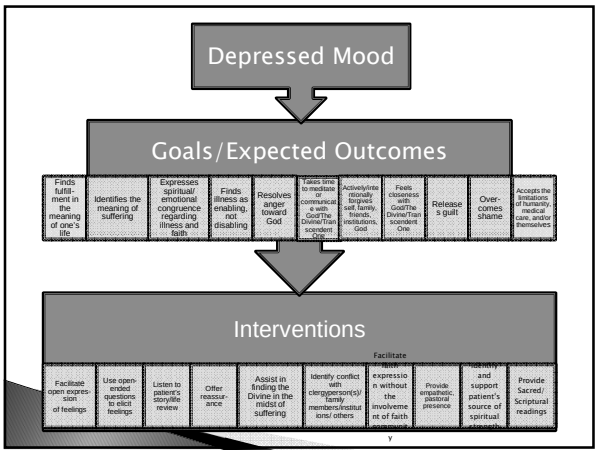
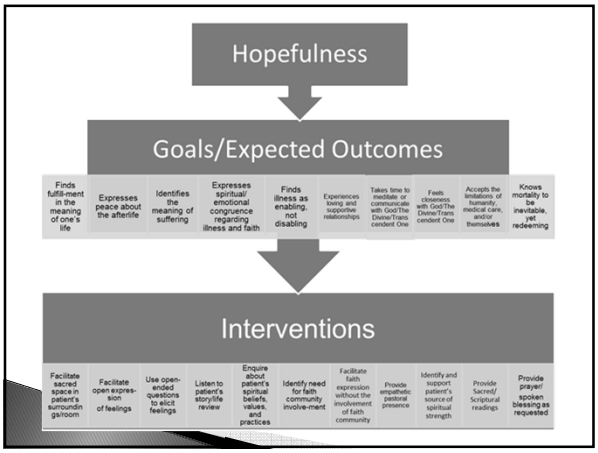
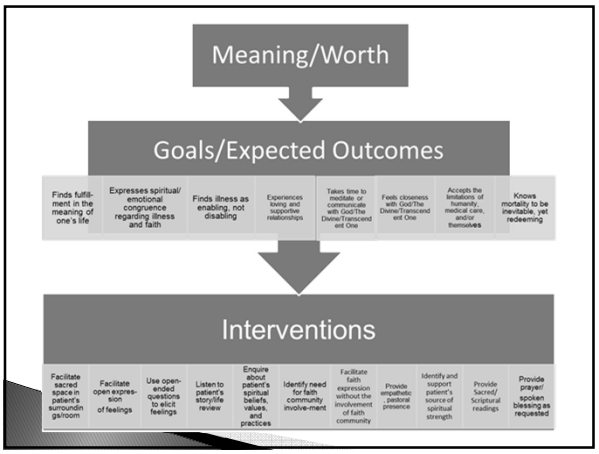
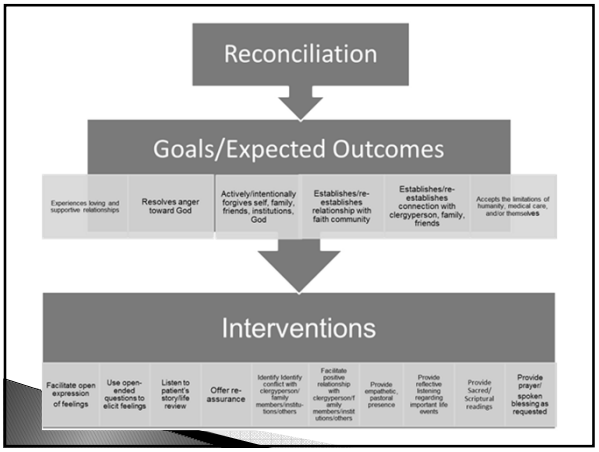


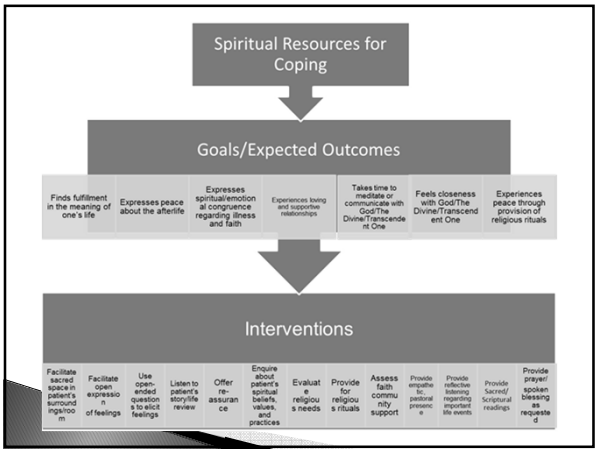

Depressed Mood
Goals/Expected Outcomes
Finds fulfil-ment in the meaning of one's life
Identifies the meaning of suffering
Expresses spiritual/ emotional congruence regarding illness and faith
Finds illness as enabling, not disabling
Resolves anger toward God
Takes time to meditate or communicate with God/The Divine/Transcendent One
Actively/intentionally forgives self, family, friends, institutions, God
Feels closeness with God/The Divine/Transcendent One
Releases guilt
Over-comes shame
Accepts the limitations of humanity, medical care, and/or themselves
Interventions
Facilitate open expres-sion of feelings
Use open-ended questions to elicit feelings
Listen to patient's story/life review
Offer reassur-ance
Assist in finding the Divine in the midst of suffering
Identify conflict with clergyperson(s)/ family members/institutions/ others
Facilitate faith expression without the involvement of faith community
Provide empathetic, pastoral presence
Identify and support patient's source of spiritual strength
Provide Sacred/ Scriptural readings

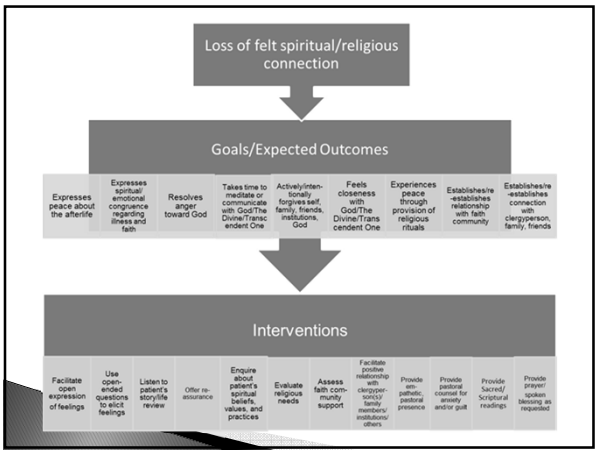

Grief
Goals/Expected Outcomes
Identifies the meaning of suffering
Expresses spiritual/ emotional congruence regarding illness and faith
Finds illness as enabling, not disabling
Experiences loving and supportive relationships
Resolves anger toward God
Takes time to meditate or communicate with God/The Divine/Transcendent One
Feels closeness with God/The Divine/Transcendent One
Experiences peace through provision of religious rituals/releases guilt
Establishes /re-establishes relationship with faith community
Accepts the limitations of humanity, medical care, and/or themselves
Interventions
Facilitate open expres-sion of feelings
Use open-ended question s to elicit feelings
Listen to patient's story/life review
Offer reassur-ance
Provide for religious rituals
Assist in finding the Divine in the midst of suffering
Assess faith community support
Identify need for faith community involve-ment
Provide empathetic, pastoral presence
Provide reflective listening regarding important life events
Identify and support patient's source of spiritual strength
Provide pastoral counsel for anxiety and/or guilt

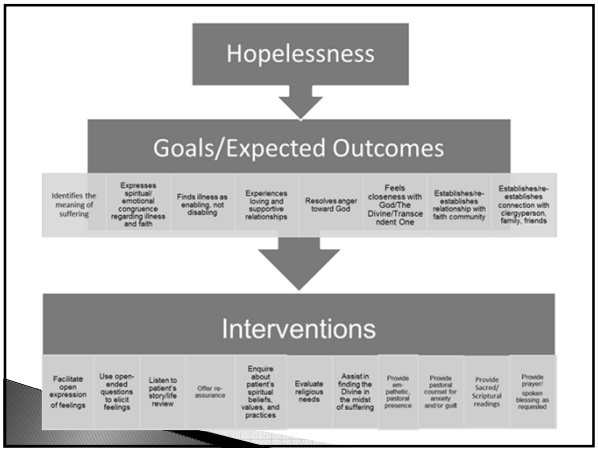

Hopefulness
Goals/Expected Outcomes
Finds fulfil-ment in the meaning of one's life
Expresses peace about the afterlife
Identifies the meaning of suffering
Expresses spiritual/ emotional congruence regarding illness and faith
Finds illness as enabling, not disabling
Experiences loving and supportive relationships
Takes time to meditate or communicate with God/The Divine/Transcendent One
Feels closeness with God/The Divine/Transcendent One
Accepts the limitations of humanity, medical care, and/or themselves
Knows mortality to be inevitable, yet redeeming
Interventions
Facilitate sacred space in patient's surroundings/room
Facilitate open expres-sion of feelings
Use open-ended questions to elicit feelings
Listen to patient's story/life review
Enquire about patient's spiritual beliefs, values, and practices
Identify need for faith community involve-ment
Facilitate faith expression without the involvement of faith community
Provide empathetic pastoral presence
Identify and support patient's source of spiritual strength
Provide Sacred/ Scriptural readings
Provide prayer/ spoken blessing as requested

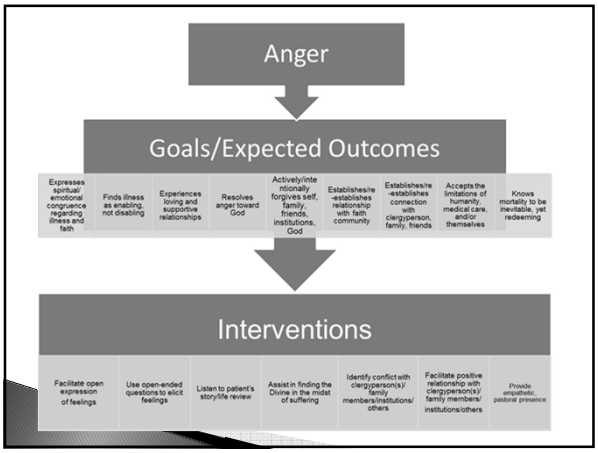

Meaning/Worth
Goals/Expected Outcomes
Finds fulfil-ment in the meaning of one's life
Expresses spiritual/ emotional congruence regarding illness and faith
Finds illness as enabling, not disabling
Experiences loving and supportive relationships
Takes time to meditate or communicate with God/The Divine/Transcend ent One
Feels closeness with God/The Divine/Transcend ent One
Accepts the limitations of humanity, medical care, and/or themselves
Knows mortality to be inevitable, yet redeeming
Interventions
Facilitate sacred space in patient's surroundin gs/room
Facilitate open expres-sion of feelings
Use open-ended questions to elicit feelings
Listen to patient's story/life review
Enquire about patient's spiritual beliefs, values, and practices
Identify need for faith community involve-ment
Facilitate faith expression without the involvement of faith community
Provide empathetic, pastoral presence
Identify and support patient's source of spiritual strength
Provide Sacred/ Scriptural readings
Provide prayer/ spoken blessing as requested

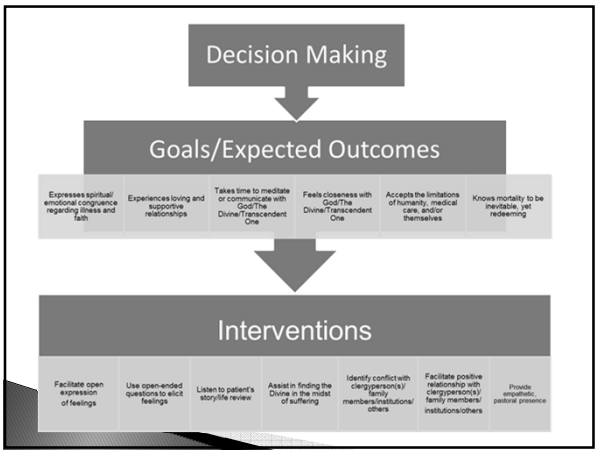

Reconciliation
Goals/Expected Outcomes
Experiences loving and supportive relationships
Resolves anger toward God
Actively/intentionally forgives self, family, friends, institutions, God
Establishes/re-establishes relationship with faith community
Establishes/re-establishes connection with clergyperson, family, friends
Accepts the limitations of humanity, medical care, and/or themselves
Interventions
Facilitate open expression of feelings
Use open-ended questions to elicit feelings
Listen to patient's story/life review
Offer re-assurance
Identify Identify conflict with clergyperson/ family members/institu-tions/others
Facilitate positive relationship with clergyperson/f amily members/insti tutions/others
Provide empathetic, pastoral presence
Provide reflective listening regarding important life events
Provide Sacred/ Scriptural readings
Provide prayer/ spoken blessing as requested


Spiritual Resources for Coping
Goals/Expected Outcomes
Finds fulfillment in the meaning of one's life
Expresses peace about the afterlife
Expresses spiritual/emotion al congruence regarding illness and faith
Experiences loving and supportive relationships
Takes time to meditate or communicate with God/The Divine/Transcende nt One
Feels closeness with God/The Divine/Transcend ent One
Experiences peace through provision of religious rituals
Interventions
Facilitate sacred space in patient's surround ings/roo m
Facilitate open expressio n of feelings
Use open-ended question s to elicit feelings
Listen to patient's story/life review
Offer re-assuran ce
Enquire about patient's spiritual beliefs, values, and practices
Evaluat e religiou s needs
Provide for religiou s rituals
Assess faith commu nity support
Provide empathe tic pastoral presenc e
Provide reflective listening regarding important life events
Provide Sacred/ Scriptural readings
Provide prayer/ spoken blessing as requeste d


Loss of felt spiritual/religious connection
Goals/Expected Outcomes
Expresses peace about the afterlife
Expresses spiritual/ emotional congruence regarding illness and faith
Resolves anger toward God
Takes time to meditate or communicate with God/The Divine/Transcendent One
Actively/Intentionally forgives self, family, friends, institutions, God
Feels closeness with God/The Divine/Transcendent One
Experiences peace through provision of religious rituals
Establishes/re-establishes relationship with faith community
Establishes/re-establishes connection with clergyperson, family, friends
Interventions
Facilitate open expression of feelings
Use open-ended questions to elicit feelings
Listen to patient's story/life review
Offer re-assurance
Enquire about patient's spiritual beliefs, values, and practices
Evaluate religious needs
Assess faith community support
Facilitate positive relationship with clergyperson(s)/ family members/ institutions/ others
Provide empathetic, pastoral presence
Provide pastoral counsel for anxiety and/or guilt
Provide Sacred/ Scriptural readings
Provide prayer/ spoken blessing as requested

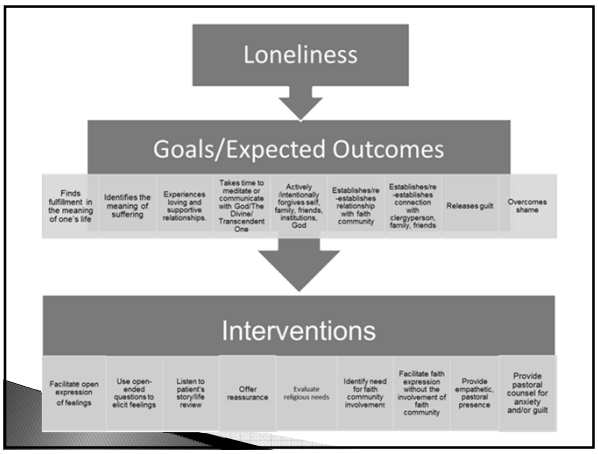

Hopelessness
Goals/Expected Outcomes
Identifies the meaning of suffering
Expresses spiritual/ emotional congruence regarding illness and faith
Finds illness as enabling, not disabling
Experiences loving and supportive relationships
Resolves anger toward God
Feels closeness with God/The Divine/Transcendent One
Establishes/re-establishes relationship with faith community
Establishes/re-establishes connection with clergyperson, family, friends
Interventions
Facilitate open expression of feelings
Use open-ended questions to elicit feelings
Listen to patient's story/life review
Offer re-assurance
Enquire about patient's spiritual beliefs, values, and practices
Evaluate religious needs
Assist in finding the Divine in the midst of suffering
Provide empathetic, pastoral presence
Provide pastoral counsel for anxiety and/or guilt
Provide Sacred/ Scriptural readings
Provide prayer/ spoken blessing as requested

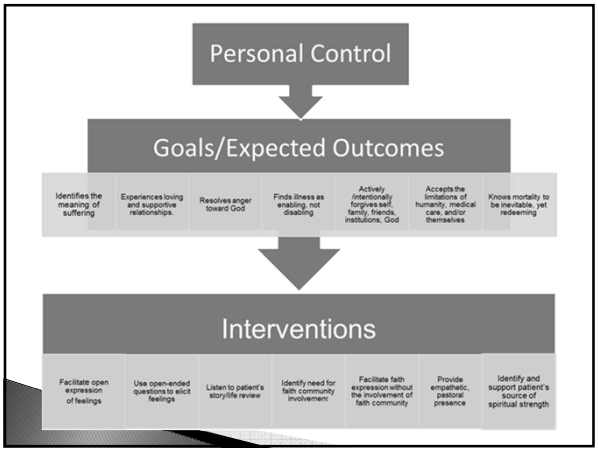

Anger
Goals/Expected Outcomes
Expresses spiritual/ emotional congruence regarding illness and faith
Finds illness as enabling, not disabling
Experiences loving and supportive relationships
Resolves anger toward God
Actively/Intentionally forgives self, family, friends, institutions, God
Establishes/re-establishes relationship with faith community
Establishes/re-establishes connection with clergyperson, family, friends
Accepts the limitations of humanity, medical care, and/or themselves
Knows mortality to be inevitable, yet redeeming
Interventions
Facilitate open expression of feelings
Use open-ended questions to elicit feelings
Listen to patient's story/life review
Assist in finding the Divine in the midst of suffering
Identify conflict with clergyperson(s)/ family members/institutions/ others
Facilitate positive relationship with clergyperson(s)/ family members/ institutions/others
Provide empathetic, pastoral presence

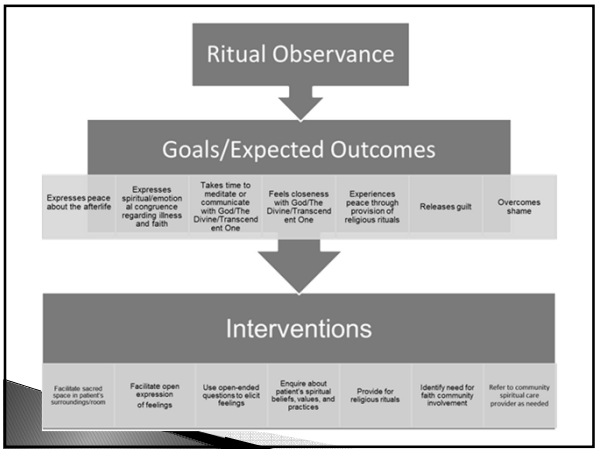

Decision Making
Goals/Expected Outcomes
Expresses spiritual/ emotional congruence regarding illness and faith
Experiences loving and supportive relationships
Takes time to meditate or communicate with God/The Divine/Transcendent One
Feels closeness with God/The Divine/Transcendent One
Accepts the limitations of humanity, medical care, and/or themselves
Knows mortality to be inevitable, yet redeeming
Interventions
Facilitate open expression of feelings
Use open-ended questions to elicit feelings
Listen to patient's story/life review
Assist in finding the Divine in the midst of suffering
Identify conflict with clergyperson(s)/ family members/institutions/ others
Facilitate positive relationship with clergyperson(s)/ family members/ institutions/others
Provide empathetic, pastoral presence

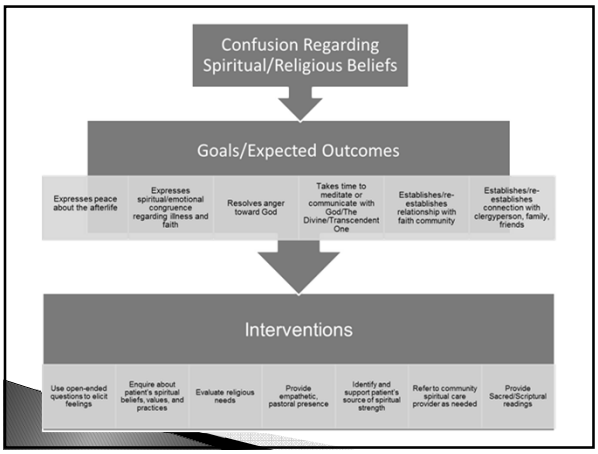

Distress
Goals/Expected Outcomes
Identifies the meaning of suffering
Expresses spiritual/ emotional congruence regarding illness and faith
Finds illness as enabling, not disabling
Experiences loving and supportive relationships.
Takes time to meditate or communicate with God/The Divine/Transcendent One
Accepts the limitations of humanity, medical care, and/or themselves
Knows mortality to be inevitable, yet redeeming
Interventions
Facilitate open expression of feelings
Use open-ended questions to elicit feelings
Listen to patient's story/life review
Offer reassurance
Assist in finding the Divine in the midst of suffering
Provide empathetic, pastoral presence
Identify and support patient's source of spiritual strength
Provide pastoral counsel for anxiety and/or guilt
Provide prayer/ spoken blessing as requested

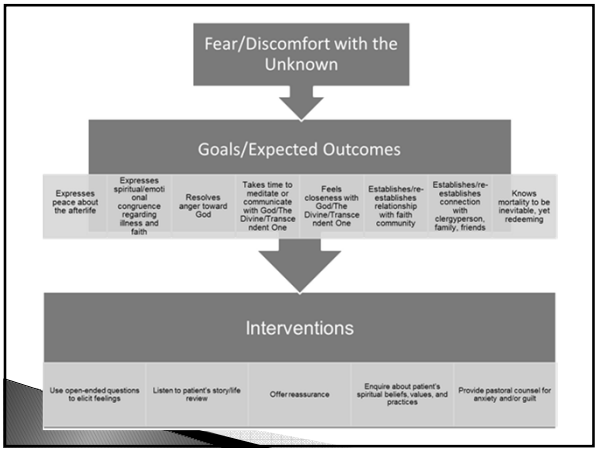

Guilt/Shame
Goals/Expected Outcomes
Finds fulfillment in the meaning of one's life
Identifies the meaning of suffering
Finds illness as enabling, not disabling
Experiences loving and supportive relationships.
Resolves anger toward God
Takes time to meditate or communicate with God/The Divine/ Transcendent One
Actively /intentionally forgives self, family, friends, institutions, God
Releases guilt
Overcomes shame
Interventions
Facilitate open expression of feelings
Use open-ended questions to elicit feelings
Listen to patient's story/life review
Offer reassurance
Enquire about patient's spiritual beliefs, values, and practices
Provide empathetic, pastoral presence
Provide pastoral counsel for anxiety and/or guilt
Provide prayer/ spoken blessing as requested

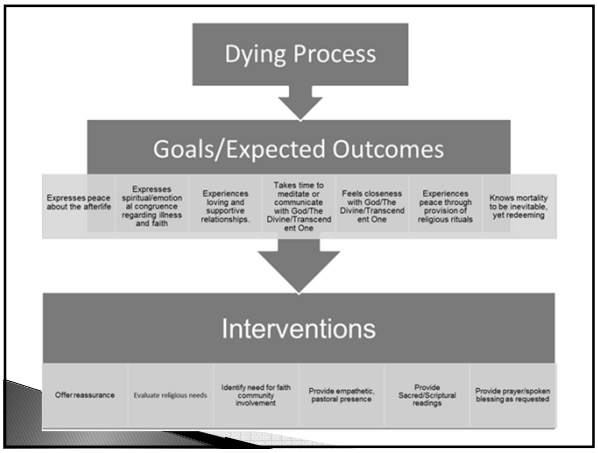

Loneliness
Goals/Expected Outcomes
Finds fulfillment in the meaning of one's life
Identifies the meaning of suffering
Experiences loving and supportive relationships.
Takes time to meditate or communicate with God/The Divine/ Transcendent One
Actively /intentionally forgives self, family, friends, institutions, God
Establishes/re-establishes relationship with faith community
Establishes/re-establishes connection with clergyperson, family, friends
Releases guilt
Overcomes shame
Interventions
Facilitate open expression of feelings
Use open-ended questions to elicit feelings
Listen to patient's story/life review
Offer reassurance
Evaluate religious needs
Identify need for faith community involvement
Facilitate faith expression without the involvement of faith community
Provide empathetic, pastoral presence
Provide pastoral counsel for anxiety and/or guilt

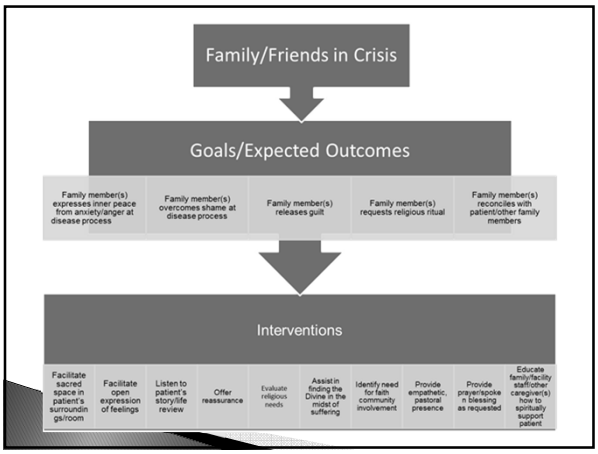

Personal Control
Goals/Expected Outcomes
Identifies the meaning of suffering
Experiences loving and supportive relationships.
Resolves anger toward God
Finds illness as enabling, not disabling
Actively /intentionally forgives self, family, friends, institutions, God
Accepts the limitations of humanity, medical care, and/or themselves
Knows mortality to be inevitable, yet redeeming
Interventions
Facilitate open expression of feelings
Use open-ended questions to elicit feelings
Listen to patient's story/life review
Identify need for faith community involvement
Facilitate faith expression without the involvement of faith community
Provide empathetic, pastoral presence
Identify and support patient's source of spiritual strength


Ritual Observance
Goals/Expected Outcomes
Expresses peace about the afterlife
Expresses spiritual/emotional congruence regarding illness and faith
Takes time to meditate or communicate with God/The Divine/Transcendent One
Feels closeness with God/The Divine/Transcendent One
Experiences peace through provision of religious rituals
Releases guilt
Overcomes shame
Interventions
Facilitate sacred space in patient's surroundings/room
Facilitate open expression of feelings
Use open-ended questions to elicit feelings
Enquire about patient's spiritual beliefs, values, and practices
Provide for religious rituals
Identify need for faith community involvement
Refer to community spiritual care provider as needed


Confusion Regarding Spiritual/Religious Beliefs
Goals/Expected Outcomes
Expresses peace about the afterlife
Expresses spiritual/emotional congruence regarding illness and faith
Resolves anger toward God
Takes time to meditate or communicate with God/The Divine/Transcendent One
Establishes/re-establishes relationship with faith community
Establishes/re-establishes connection with clergyperson, family, friends
Interventions
Use open-ended questions to elicit feelings
Enquire about patient's spiritual beliefs, values, and practices
Evaluate religious needs
Provide empathetic, pastoral presence
Identify and support patient's source of spiritual strength
Refer to community spiritual care provider as needed
Provide Sacred/Scriptural readings


Fear/Discomfort with the Unknown
Goals/Expected Outcomes
Expresses peace about the afterlife
Expresses spiritual/emotional congruence regarding illness and faith
Resolves anger toward God
Takes time to meditate or communicate with God/The Divine/Transcendent One
Feels closeness with God/The Divine/Transcendent One
Establishes/re-establishes relationship with faith community
Establishes/re-establishes connection with clergyperson, family, friends
Knows mortality to be inevitable, yet redeeming
Interventions
Use open-ended questions to elicit feelings
Listen to patient's story/life review
Offer reassurance
Enquire about patient's spiritual beliefs, values, and practices
Provide pastoral counsel for anxiety and/or guilt


Dying Process
Goals/Expected Outcomes
Expresses peace about the afterlife
Expresses spiritual/emotional congruence regarding illness and faith
Experiences loving and supportive relationships.
Takes time to meditate or communicate with God/The Divine/Transcendent One
Feels closeness with God/The Divine/Transcendent One
Experiences peace through provision of religious rituals
Knows mortality to be inevitable, yet redeeming
Interventions
Offer reassurance
Evaluate religious needs
Identify need for faith community involvement
Provide empathetic, pastoral presence
Provide Sacred/Scriptural readings
Provide prayer/spoken blessing as requested


Family/Friends in Crisis
Goals/Expected Outcomes
Family member(s) expresses inner peace from anxiety/anger at disease process
Family member(s) overcomes shame at disease process
Family member(s) releases guilt
Family member(s) requests religious ritual
Family member(s) reconciles with patient/other family members
Interventions
Facilitate sacred space in patient's surroundings/room
Facilitate open expression of feelings
Listen to patient's story/life review
Offer reassurance
Evaluate religious needs
Assist in finding the Divine in the midst of suffering
Identify need for faith community involvement
Provide empathetic, pastoral presence
Provide prayer/spoken blessing as requested
Educate family/facility staff/other caregiver(s) how to spiritually support patient

Thank You