

# “Measureable Metrics for Pastoral Care Departments”

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## Workshop Objectives

- Describe the process of incorporating the Daily Management System (DMS) into hospital chaplaincy programs
- Share how Spiritual Services made the leap from clinical to psychosocial metrics.
- Explain the impact of measureable metrics on chaplain communication and continuous improvement related to patient and family care.



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## History of Chaplaincy Program



- Hired the first full-time chaplain in 1987
- 365 bed pediatric hospital and transplant center
- Currently 10 full-time and 6 part-time chaplains who cover the main campus and Kansas location 24/7



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## Role of the Chaplain

- Visit all patients and families within 72 hours of admission to provide spiritual and emotional support
- Support staff through education, debriefing, Teas for the Soul and regular rounding in the units
- Conduct rituals and worship for patients, families and staff including a Sunday interfaith service
- Administratively responsible at the end of life to support patients, families and staff and contact the Medical Examiner, Midwest Transplant Network, discuss autopsy and release the body to the funeral home.

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## The Lisa Barth Chapel



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## What is the Lean system?

- The Children's Mercy's Lean System (CMLS) integrates the best practices of High Reliability, Leadership Methods, Error Prevention, Continuous Quality & Practice Improvement, and Lean. It is based on the Toyota Production System and is our standard system for leading, managing, and improving performance.
- Patients are NOT cars!
- Lean is relatively new to healthcare.
- The challenge for psychosocial departments is to determine metrics that translate from clinical to the psychosocial realm.

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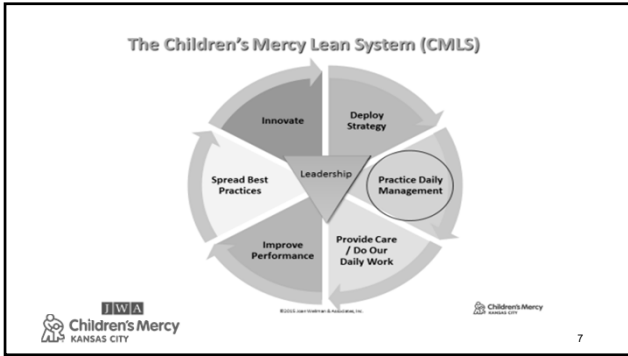
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## Metrics Based on Five Pillars

- Safety
- People
- Quality
- Delivery
- Stewardship

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## Example of Clinical Metric

Example: 4 Sutherland's Metrics Board

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## Productivity and Pastoral Care

- “Department directors who build their departments successfully are those who learn to speak the language of their institutions and make arguments about how chaplains help address larger institutional needs.” (p. 203—Cadge)

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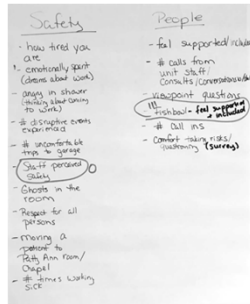
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### Workshop Ideas

- The Spiritual Services Department spent two days brainstorming about the metrics we would start with to improve communication and effectiveness.
- Metrics we decided upon included staff personal safety; staff feeling supported; chapel attendance, yellows (patients not seen in 72 hours) per shift and staffing to deaths ratio.




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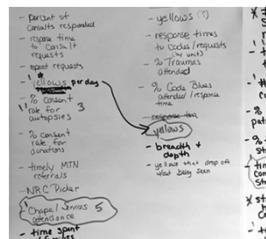
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## Management Guidance Team

- Include key leaders in the workshop to create ownership and get feedback on your metrics.
- Physicians, Nurse Managers, Social Workers, Child Life specialists and other colleagues gave input. They shared “likes” and “please considers.”




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## Visual Readiness and Metrics

- We have a daily huddle lasting about 5 minutes at a whiteboard showing our readiness for the daily workload including hospital census, consults, pending deaths, support needs, staffing and equipment issues, any quick hits or big issues (problem solving time), announcements and recognitions.
- We review one metric daily Monday through Friday and track how we are doing on that issue.
- We stagger shifts and do hand-off from one chaplain to the next chaplain reviewing the whiteboard.
- **Key question: Are we ready for the day/night and if not, what can we do to adjust our workload to be ready?**

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## Spiritual Services Whiteboard



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## Safety Metric



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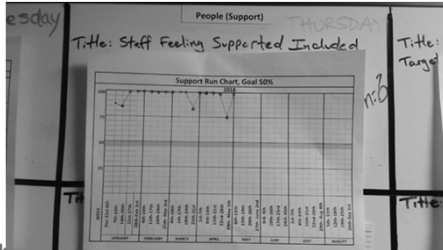
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## People Metric



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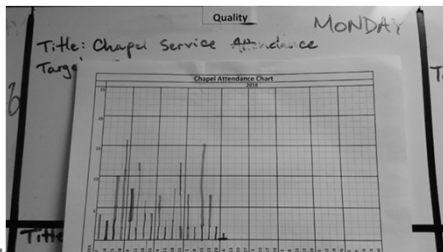
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## Quality Metric



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## Delivery Metric



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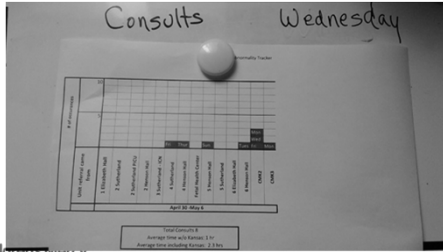
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## Stewardship Metric



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## One Goal of DMS: Consistency

- By standardizing our work, we provide consistent care to our patients and families.



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## Standardizing Our Work

- Our second two-day workshop focused on the process for doing an initial assessment.
- We created a template for chaplains to follow and managers will confirm the chaplain's ability to follow this practice through monthly checkins with each staff. This tool assists with orientation of new chaplains.

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# Continuous Improvement Rounds

- Each month we review our metrics and decide if we want to keep tracking an issue or start looking at another metric
- After six months, we stopped tracking our staffing to death ratio and began tracking consult response time.




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# Diving Deeper into Issues

- Staff Support---Issues of communication and support surfaced from the weekly survey.
- We intentionally met with HR and began training and creative solutions to address the needs
- We each did a DISC workplace profile and had a workshop to understand one another's styles




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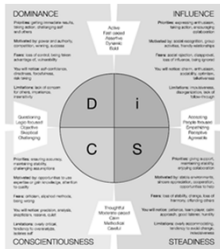
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# DISC Profile




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## How has DMS impacted Spiritual Services?

- “The Daily Management System (DMS) has impacted my work significantly. It assists me in organizing my day by identifying and prioritizing chaplaincy concerns within the hospital and where I need to spend the most time providing pastoral care. The DMS is an excellent tool in communicating to the entire team the overall “Picture” of the hospital such as census, staffing, important events for the day, mandatory deadlines, chapel services, and areas of concern. In addition, DMS gives the chaplains a means to address and resolve areas of improvement within the department and hospital wide in a timely manner.”—Tracey Woods, MDiv, BCC, Senior Staff Chaplain



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## How has DMS impacted Spiritual Services?

- “I find the DMS to be very helpful in creating an opportunity for the department to gather as a team. It affords each individual the opportunity to have an equal voice as we prepare to address the opportunities which are presented at the beginning of the day.”

—Seth Sonnevile, MS, MDiv, BCC, Staff Chaplain



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## Next Steps

- Our next workshop will focus on problem solving and ways staff can submit ideas for issues that arise in the flow of daily work.
- The final workshop addresses the pace of work and how to keep on track.



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## Questions

- Please refer to your 5 X 7 cards and ask questions about the DMS process or share ideas that you have found effective in making your pastoral care department more effective and productive!

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## Thanks for your participation!

- Please contact me with questions at [bbcrouse@cmh.edu](mailto:bbcrouse@cmh.edu)
- Recommended Reading:
  - Paging God* by Wendy Cadge
  - Making Healthcare Whole* by Christina Puchalski and Betty Ferrell
  - Spiritual Needs & Pastoral Services* by Larry Vandecreek

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