Patient-Centered Care News

Every month we select ten articles from the many published recently. This month we present twice that, because there is so much good writing that reflects the growing commitment to patient-centered care. In addition, at the end of this message you will find announcements about valuable spiritual care resources, including free webinars this week and next and early bird registration for the "go-to" interdisciplinary event for spiritual care next March in Chicago — the fourth annual Caring for the Human Spirit® conference.

We hope that you find this complimentary monthly e-newsletter informative. Below are short summaries of each selected item with links to the entire pieces. Also included is a downloadable PDF version for readers who prefer that format.

Please feel free to send any questions or comments to comm@healthcarechaplaincy.org.

Sincerely,

Rev. Eric J. Hall
President & CEO
HealthCare Chaplaincy Network & Spiritual Care Association

Thought for Today — An Imperative for the Chaplaincy Profession

"Chaplains (must) address questions regarding the basic concepts of outcome and evidence: Why are these concepts so important to healthcare? How can we demonstrate the value of the professional chaplain in a language that both physicians and administrators can understand and appreciate? Can the chaplain truly measure the care provided in such a way that it maintains the integrity of the care while measuring its impact on health and the bottom line?"

Source: Harold G. Koenig, M.D. & Kevin Adams, M.Div., BCC, "Religion and Health," Association of Professional Chaplains publication, Healing Spirit (Fall 2008)
Spirituality & Health Care

Spiritual Care "Is Silent Revolution That's Transformed Healthcare" (Religion & Ethics Newsweekly)

More and more hospitals are now putting added emphasis on the spiritual care of their patients, and it is paying off both figuratively and literally. Correspondent David Tereshchuk reports from Mount Sinai Hospital in New York City, where he interviews hospital chaplain Father Rick Bauer, who says that more than any other health professionals the chaplain "has the ability and the job to be totally present to you and listening to you." He also talks with Dr. Christina Puchalski, founder and director of George Washington University Medical School's Institute for Spirituality and Health about the improved outcomes that result from having chaplains available to patients and the benefits for medical institutions of having better patient satisfaction. Says Dr. Puchalski: "You can't practice excellent patient care if you don't practice excellent spiritual care."

View video/read transcript

Exploring Nurse Communication About Spirituality (American Journal of Hospice & Palliative Medicine)

Conclusion: It is evident that patients want to discuss spiritual topics during care. Study findings illustrate the need to develop a spiritual communication curriculum and provide spiritual care communication training to clinicians.

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California Is The First State To Require Spiritual Care In Health Care (Huffington Post)

If you get sick in California, and you are covered by the state's Medi-Cal health insurance, you will be pleased to know that your health care just got better. California is the first state to recognize that spiritual care is a standalone discipline in health care and a trained and certified palliative care chaplain must be available for any patient who wants one. Spirituality, defined in the Clinical Practice Guidelines for Quality Palliative Care is a "fundamental aspect of compassionate, patient-and family-centered care that honors the dignity of all persons."

The California Department of Health Care Services policy now calls for a palliative care team to meet the physical, medical, psychosocial, emotional and spiritual needs of you and your family; and recommends that the team include, but is not limited to a doctor of medicine or osteopathy, a registered nurse and/or nurse practitioner, a social worker, as well as a chaplain....

Hopefully this serves as a model that all states will soon follow for the good of patients and their families.

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Patient Experience
3 Ways to Improve Patient Experience With Empathy (The Beryl Institute)

Here are three strategies any healthcare organization can adopt to make a measurable difference in the quality of the patient experience.

* Affirm Emotions
* Hear the Story
* Be Creative

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Health Care Administrators Who Claim "I Don't Do Direct Patient Care" (The Beryl Institute)

There appears to be a divide in healthcare into clinical and administrative silos. Two different approaches to healthcare, but both are supposed to have one clear objective: make patients and their families the number one priority. There has to be a way to tie the two functions together to see not only how each group not only takes part in creating the patient experience, but also how both roles need to be symbiotic in creating value for the patient.

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A Patient and Social Worker Writes: "Stop With the Unnecessary Questions" (KevinMD)

When I find a lump in my left breast, I am stunned. I probably shouldn't be surprised, but I'm immobilized. It takes me several days before I tell my partner, who has to push me into action. I get the referral from my doctor and schedule a mammogram. The radiology practice fits me into their schedule that same week, but I still have several days to sit with the unknown.

Finally, the day of the appointment comes. I wait in the reception area for an hour before the x-ray technician calls my name. As we walk to the exam room, me in my usual long leg braces and aluminum forearm crutches, she is chatty and asks, "How did you get here today?"

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Fragmentation of Care: Necessity? Opportunity for Quality? (PlainViews® from HealthCare Chaplaincy Network)

Recently, I responded to an email from a professional chaplain who told us the story of his own hospitalization that was characterized by multiple caregivers who didn't communicate well, unneeded treatments, lack of communication with him as the patient about side effects and no contact with chaplaincy. Not an unfamiliar story unfortunately.

A couple of people who saw my response encouraged me to disseminate it further. Here is my somewhat edited response.

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Articles by Physicians
Five Tips for Effective Quality Improvement in Palliative Care and #3 Will Blow You Away (Pallimed blog)

- Tip #1: Define the problem - Have a problem statement.
- Tip #2: Define the problem, again.
- Tip #3: Problem first, solutions (much) later.
- Tip #4: Have an aim statement.
- Tip #5: Explore the "Why".

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The "Surprise Question" May Help Stimulate Palliative Care Discussions (AAHPM SmartBrief and MedicalResearch.com)

The "surprise question" -- "Would you be surprised if this patient died in the next year?" -- helped identify primary care patients at risk of death but missed most patients who could benefit from palliative care, said researcher Dr. Joshua Lakin at Harvard Medical School. The study in JAMA Internal Medicine tested the screening method in a diverse, primary care population.

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The Special Nature of Palliative Care - for Both Patients and Caregivers (genesisishealth.com)

Palliative Care offers family meetings and helps to ease the discussion between the patient and family members about overall goals and what types of care are best for an individual. We all have a different view of quality of life. What is important to one patient may not be important to another.

Our goal is to listen to patients and develop an understanding of what quality of life means to them, and then convey this to family members and other members of the medical team.

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Patients Want to Make Their Own Informed Choices. We Need to Let Them. (KevinMD)

Patient-centered care is often talked about as a virtue worthwhile to attain because it puts them at the heart of their health care team. Empowerment goes one step further by actually giving power and authority to the patient. It is a very important concept that is often missed in the world of big-box medicine today. There is actually an organization devoted to this concept called the European Network on Patient Empowerment (ENOPE). According to them, an empowered, activated patient:

- understands their health condition and its effect on their body
- feels able to participate in decision-making with their health care professionals
- feels able to make informed choices about treatment
- understands the need to make necessary changes to their lifestyle for managing their condition
is able to challenge and ask questions of the health care professionals providing their care
- takes responsibility for their health and actively seeks care only when necessary
- actively seeks out, evaluates and makes use of information

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**The Lost Art of Asking Questions (Kevin MD)**

Most people know from experience or through intuition that there is a right time and a right way to ask important or sensitive questions. You don't usually just blurt out requests for raises or marriage proposals, for example.

In many areas of life, knowing when and how to ask difficult questions is viewed as an extremely valuable skill, for example in criminal investigations and in journalism.

In some cases, this kind of skill can even make you a media star: Interviewers like Barbara Sawyer, Oprah Winfrey, and Howard Stern are more famous and better paid than most of the celebrities they engage in intimate conversations in front of their national or worldwide audiences.

This year, the U.S. presidential debates have been said to require unusual savvy from their moderators and their performance may even affect the outcome of the election.

Why is it, then, that in health care, so little value is placed on when and how you ask sensitive or important questions?

**Palliative Care**

**Most Hospital Palliative Care Programs Are Understaffed (eHospice USA and Kaiser Health News)**

In 2013, two-thirds of hospitals with at least 50 beds reported having a palliative care program. At hospitals with 300 beds or more, the figure was 90 percent, according to a study published in the Journal of Palliative Medicine earlier this year.

But not all programs provide the same level of service. In the September issue of Health Affairs, an analysis of 410 palliative care programs found that only 25 percent funded teams in 2013 that included a physician, an advanced practice or registered nurse, a social worker and a chaplain, the four positions that are recommended by the Joint Commission, which sets hospital standards, including those for accreditation. If "unfunded" staffers were counted, those who were on loan from other units, for example, the figure rose to 39 percent.

**'Mystery Shopper' Study Finds Barriers To Palliative Care At Major Cancer Centers (Science 2.0 and American Society for Clinical Oncology)**
A team of researchers, using a novel approach, found that while many cancer centers offer palliative and supportive care services, patients may face challenges when trying to access them. The study showed that expanding awareness and education to patient-facing cancer center employees about such services could make an important difference. This study will be presented at the upcoming 2016 Palliative Care in Oncology Symposium in San Francisco.

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Related to the "Mystery Shopper" story: What Is Your Front Desk Saying About Palliative Care? (Geripal)

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End-of-Life Care

What It Feels Like to Die (The Atlantic)

Science is just beginning to understand the experience of life's end. ... During six-and-a-half years of treatment, although my mother saw two general practitioners, six oncologists, a cardiologist, several radiation technicians, nurses at two chemotherapy facilities, and surgeons at three different clinics—not once, to my knowledge, had anyone talked to her about what would happen as she died.

There's good reason. "Roughly from the last two weeks until the last breath, somewhere in that interval, people become too sick, or too drowsy, or too unconscious, to tell us what they're experiencing," says Margaret Campbell, a professor of nursing at Wayne State University who has worked in palliative care for decades. The way death is talked about tends to be based on what family, friends, and medical professionals see, rather than accounts of what dying actually feels like.

James Hallenbeck, a palliative-care specialist at Stanford University, often compares dying to black holes. "We can see the effect of black holes, but it is extremely difficult, if not impossible, to look inside them. They exert an increasingly strong gravitational pull the closer one gets to them. As one passes the 'event horizon,' apparently the laws of physics begin to change."

What does dying feel like? Despite a growing body of research about death, the actual, physical experience of dying—the last few days or moments—remains shrouded in mystery. Medicine is just beginning to peek beyond the horizon.

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At the End of Life, Searching for the Right Word (KevinMD)

Writes the daughter about her mother in hospice care:

I clicked on an article titled, "What Happens to My Body Right After I Die." In the third paragraph I read, "At the moment of death, all the muscles in the body relax ..."

I read the line again. "At the moment of death, all the muscles in the body relax."
My eyes lingered on the word "relax." As I stared at it, I took a deep breath and felt the knot in my stomach ease.

Maybe "fighting" is the word that an endless line of others needed or will need as they watch their loved ones slowly exit life, but it wasn't the word I needed.

I needed the word "relax." That word felt comforting, compassionate, acceptable.

On day eight, I didn't ask the nurses, "How much longer?" I didn't need meaningless words to fill the space between the question and the inevitable, unknowable answer.

Instead, I whispered in Mom’s ear, "I love you." And then, I sat patiently by her bed and waited for her to relax.

And finally, on day nine, as I held her hand, she did.

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Calming Effect: Families Turn to Hospice Workers to Help Ease Final Goodbye (Chicago Tribune)

Hospice nurses, who are sometimes referred to as palliative care nurses, are registered nurses who care for patients who are no longer responding to medical care. "On its surface it sounds morbid, but it's really a peaceful process," says Barbara Metzger, a University of Illinois Chicago graduate who has been practicing hospice care for 12 years. "You're working with the patient to make sure he or she is comfortable and safe, and you're preparing the family for the inevitable."

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Caregivers Are Suffering

Family Caregivers of Patients With Advanced Cancer Report High Anxiety, Depression (Oncology Nurse Advisor)

Nearly 25% to 33% of family caregivers of patients with advanced cancers report high levels of anxiety and depression symptoms, as well as significant time providing care, a study that will be presented at the 2016 Palliative Care in Oncology Symposium in San Francisco, California, has shown.

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Unusual News

Geisinger Refunds Patients $400,000 for 'Uncompassionate Care' (Becker's Hospital CFO)

As of August, Geisinger Health System in Danville, Pa., returned more than $400,000 to dissatisfied patients since the health system launched its ProvenExperience initiative in November 2015, reports *The Daily Item.*
Under the ProvenExperience initiative - spearheaded by President and CEO David Feinberg, MD, and piloted last October - patients can request refunds if they are dissatisfied with their hospital experience. Refunds work on a sliding scale, meaning patients can seek refunds as little as $1 to more than $2,000.

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Free: Two Webinars This Week and Next

**Wednesday, October 19th:** Free Live Q&A Forums About the New Spiritual Care Association hosted by prominent health care chaplains the Rev. Sue Wintz, BCC and the Rev. George Handzo, BCC

Register

**October 25th:** FREE "Advocacy for Spiritual Care in a Changing Political Environment" presented by Washington, DC expert M. Todd Tuten — Senior Policy Advisor, Akin Gump Strauss Hauer & Feld LLP

Register

"Reforming Chaplaincy Training" Webinar

**October 27th:** Presented by the Rev. David Fleenor, BCC, ACPE Supervisor, Director of Clinical Pastoral Education, Mount Sinai Health System

Register

Early Bird Registration Now Open for the "Go-To" Interdisciplinary Conference on Spiritual Care

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HealthCare Chaplaincy Network™ (HCCN), founded in 1961, is a global health care nonprofit organization that offers spiritual care-related information and resources, and professional chaplaincy services in hospitals, other health care settings, and online. Its mission is to advance the integration of spiritual care in health care through clinical practice, research and education in order to improve patient experience and satisfaction and to help people faced with illness and grief find comfort and meaning— whoever they are, whatever they believe, wherever they are. For more information, visit www.healthcarechaplaincy.org, call 212-644-1111, follow us on Twitter or connect with us on Facebook.

The Spiritual Care Association (SCA) is the first multidisciplinary, international professional membership association for spiritual care providers that establishes evidence-based quality indicators, scope of practice, and a knowledge base for spiritual care in health care. As health care providers emphasize the delivery of positive patient experience, SCA is leading the way to educate, certify, credential and advocate so that more people in need, regardless of religion, beliefs or cultural identification, receive effective spiritual care in all types of institutional and community settings in the U.S. and internationally. SCA is committed to serving its multidisciplinary membership and growing the chaplaincy profession. For more information, visit www.SpiritualCareAssociation.org, call 212-644-1111, follow on Twitter or connect on Facebook and LinkedIn. The nonprofit SCA is an affiliate of HealthCare Chaplaincy Network™ with offices in New York and Los Angeles.