

Spiritual Care of Cancer Patients

A pilot study of integrated multidisciplinary care planning across the continuum

Mercy Health’s Promise is “to make lives better—mind, body and spirit.” The Spiritual Care Team serving Mercy Health Anderson Hospital, Cincinnati, Ohio, strives to bring the “spirit” and “mind” aspects of this promise to life. For example, in 2015 we focused on the spiritual and emotional care of our cancer patients by implementing a pilot study to create spiritual care plans for patients identified as having moderate to high spiritual and/or emotional distress as determined by psychosocial distress screening. Note: Mercy Health’s distress screen, Figure 1, page 32, is based on NCCN Guidelines and was developed by a group of cancer care providers under the leadership of Lyn Sontag, PsyD, Blood Cancer Center, The Jewish Hospital, Cincinnati, Ohio, part of Mercy Health.

Getting Started

That same year, the Commission on Cancer (CoC) Standard 3.2: Psychosocial Distress Screening went into effect. The standard looked to address the significant gap in the response of healthcare providers to their patients’ psychosocial needs as identified in the Institute of Medicine’s 2007 report, *Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs*.¹ CoC Standard 3.2 requires that patients are screened for distress and referred to appropriate resources that address various aspects of psychosocial distress. When our Spiritual Care Team, comprised of Rev. Lori A. McKinley, MDiv, BCC; Sue Motz, BCC; Joe Denton, BCC; David Ladow, associate chaplain; Rich Rudolph, BCC; Rev. Mike Peacock, BCC; and Rev. Harvey Koch, associate chaplain, learned of this new standard and its potential inclusion of a spiritual needs assessment, we began to explore bringing spiritual care into the treatment of cancer patients in more concrete and meaningful ways. For example, we wanted to begin using an existing spiritual care plan option within our electronic medical record (EMR). In previous years, the team had also discussed an interest

Recently, Mercy Health invested in meeting the emotional needs of its cancer patients by adding an additional part-time outpatient oncology psychologist to support patients with moderate to high emotional distress; chaplains may refer cancer patients they have seen to this oncology psychologist.

in creating a spiritual care discharge plan. An added motivator: Mercy Health’s goal to build a new outpatient cancer center (see architectural rendering on page 33). The potential for chaplain support in the outpatient setting encouraged our team to look at ways to develop pathways of documentation between inpatient and outpatient settings.

Goal Development

The Spiritual Care Team met in early 2015 to determine a goal for the initiative; we wanted to be proactive by integrating the Psychosocial Distress Screen into the overall goal as follows:

- Goal: To provide hospitalized cancer patients identified as experiencing spiritual and/or emotional distress with resources that support spiritual coping across the continuum of care.
- Objectives:
 - ◆ Research spiritual care best practices following discharge from acute care to the community.

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Figure 1. Mercy Health's Distress Screen

Distress Rating											
Please select the number that describes how much distress you have experienced in the PAST WEEK.	0 (No Distress)	1	2	3	4	5	6	7	8	9	10 (Extreme Distress)
Please select the number that describes how much distress you have experienced TODAY.	0 (No Distress)	1	2	3	4	5	6	7	8	9	10 (Extreme Distress)
Practical Concerns											
Work concerns about job	0 (No Distress)	1	2	3	4	5	6	7	8	9	10 (Extreme Distress)
Finances, bills, insurance	0 (No Distress)	1	2	3	4	5	6	7	8	9	10 (Extreme Distress)
Housing	0 (No Distress)	1	2	3	4	5	6	7	8	9	10 (Extreme Distress)
Transportation	0 (No Distress)	1	2	3	4	5	6	7	8	9	10 (Extreme Distress)
Availability of caregivers	0 (No Distress)	1	2	3	4	5	6	7	8	9	10 (Extreme Distress)
Other problems											
Emotional Concerns											
Sadness/Depression	0 (No Distress)	1	2	3	4	5	6	7	8	9	10 (Extreme Distress)
Anxiety/Worry/Fear	0 (No Distress)	1	2	3	4	5	6	7	8	9	10 (Extreme Distress)
Other problems											
Spiritual Concerns											
Connection to a higher power	0 (No Distress)	1	2	3	4	5	6	7	8	9	10 (Extreme Distress)
Sense of meaning and purpose	0 (No Distress)	1	2	3	4	5	6	7	8	9	10 (Extreme Distress)
Support from my spiritual community	0 (No Distress)	1	2	3	4	5	6	7	8	9	10 (Extreme Distress)
Other problems											
Physical Concerns											
Nausea	0 (No Distress)	1	2	3	4	5	6	7	8	9	10 (Extreme Distress)
Eating/Loss of Appetite	0 (No Distress)	1	2	3	4	5	6	7	8	9	10 (Extreme Distress)
Pain	0 (No Distress)	1	2	3	4	5	6	7	8	9	10 (Extreme Distress)
Fatigue	0 (No Distress)	1	2	3	4	5	6	7	8	9	10 (Extreme Distress)
Other problems											
Other											
Other Problems											



Mercy Health intends to build a medical center designed as an ambulatory pavilion in the Eastgate area of Cincinnati. The center will offer patients access to outpatient specialty services, including cancer care, and house primary care offices. Above is an architectural rendering of the building.

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- ◆ Identify local community resources and opportunities for collaboration.
- ◆ Utilize a spiritual care plan model for cancer patients who express spiritual and/or emotional distress and desire spiritual support through Spiritual Care Services.
- ◆ Create a small “test of change” to put the spiritual care plan into clinical practice.

A significant aspect of our goal was the development of a spiritual care plan. (Care plans are regularly used among various disciplines within our hospital, particularly within nursing, and so our Spiritual Care Team made the decision to adopt the language of the multidisciplinary team in its spiritual care plan.) Next, our team developed a timeline to accomplish the above goal and objectives (Figure 2, page 34).

Literature Review

The entire team reviewed the spiritual care and medical literature, discussing key insights. We specifically sought articles that would point us to a process for providing spiritual care across the continuum, including development and delivery of discharge and spiritual care plans. The literature focused on assessments of distress,^{2,3} the significance of spiritual care in the treatment of cancer patients,^{3,4} and spiritual interventions that occur during the inpatient pastoral care visit.^{5,6} We found little research referencing spiritual care discharge plans or spiritual care plans. We did, however, find confirmation of the need to not just simply assess spiritual needs, but also to provide follow-up.³ Our focused efforts to develop a process for spiritual care planning—including connecting patients to spiritual and/or emotional support resources in the community—appeared relatively unexplored within the spiritual care and medical literature.

Growing Our Resources

Next, our team developed a resource library by connecting with local agencies, community groups, and faith-based organizations. We either spoke by phone to groups that offer spiritual support to patients or invited different groups to visit with our team to share their resources and support. This outreach included outside agencies such as Cancer Family Care (cancerfamilycare.org), an organization that helps children and adults cope with the effects of a cancer diagnosis, and the American Cancer Society. During this process, our team identified local Parish Nurses and local Stephen Ministers as significant resources for our patients. Accordingly, we updated our resource packet of information to help patients identify appropriate community resources that offer spiritual support and developed effective and efficient processes to refer patients to these resources. Recently, Mercy Health invested in meeting the emotional needs of its cancer patients by adding an additional part-time outpatient oncology psychologist to support patients with moderate to high emotional distress; chaplains may refer cancer patients they have seen to this oncology psychologist.

The Test of Change

Mission and Spiritual Care leaders throughout our system participated in monthly EMR collaborative conference calls with our EMR representative to address concerns and issues within the EMR. These monthly calls provided a venue to gain consensus and approval for the project to move forward. The hospital's Information Technology (IT) staff also played an integral role in preparing for the “test of change,” a term used by the hospital's Quality Department. Making a change to the EMR required a three-step process:

1. To identify, with the support of our local EMR representative, what could be done within the EMR.
2. To take our recommendations to the Spiritual Care EMR Collaborative at a system level.
3. To get approval through Nursing Informatics.

Figure 2. Timeline to Accomplish Goal & Objectives

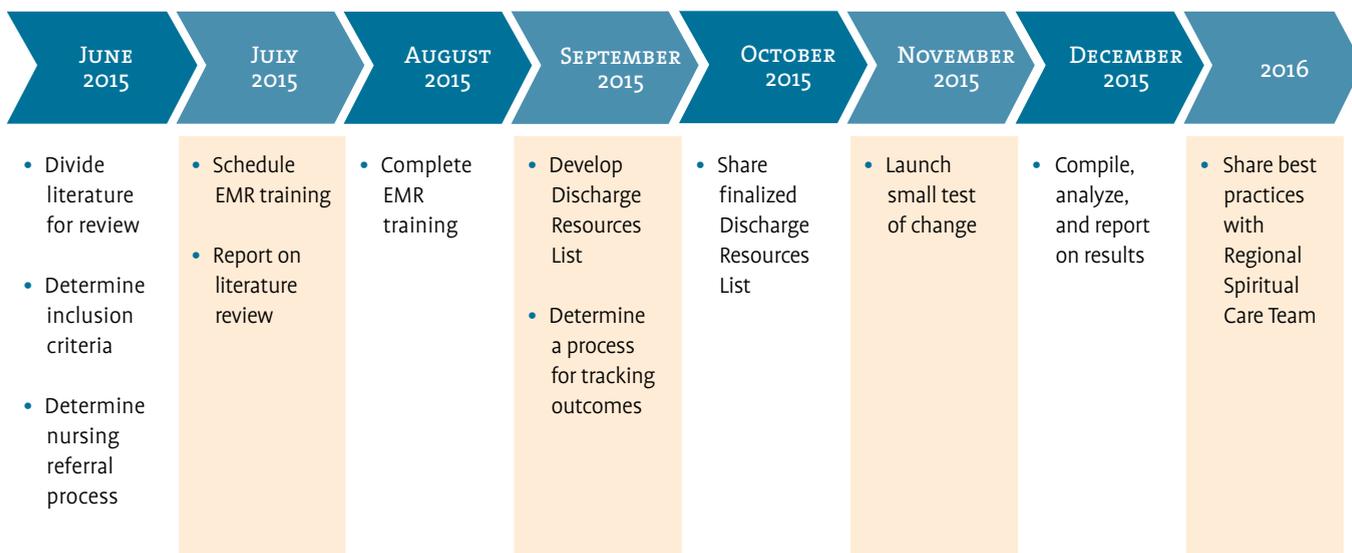


Table 1. Sample Spiritual Care Plan

PROBLEM	End of Life
GOAL	Verbalization of thoughts and feelings regarding death and dying
OUTCOME (Ongoing)	Patient states she has been processing this “nearing the end” for some time. One of her main fears about death is that she does not want to die at home, because of her family. She is asking if she could come back to the hospital at time of death.
INTERVENTION	Facilitate discussion regarding death and dying. Encourage patient to consider connecting with Cancer Family Care in light of her concern about her children’s reaction to her death. She states she will consider.
COMMENTS	Chaplain follow-up to discuss Advance Directives; patient will discuss with her husband and mother. Continue spiritual-emotional support.

We made three significant changes within the EMR. First, we created a way to visually identify cancer patients in our Spiritual Care team’s daily census. Second, we developed a field within the EMR, including an icon, to help track cancer patients who have spiritual care plans open. Third, we added a Best Practice Advisory to alert nursing staff to refer to Spiritual Care if patients score moderate to high (4 or greater) on their distress screen within the area of “spiritual concerns.” Each of these changes helped improve the spiritual care we delivered to our cancer patients.

Huddles

Our team instituted the “test of change” just prior to full implementation of the distress screen, allowing us the opportunity to help educate and reinforce staff. Part of this education and reinforcement took the form of daily floor “huddles,” short exchanges of care between nursing, discharge planning, spiritual care, and other care staff that occur at key times throughout the day to help communicate patient needs. Our chaplains use these small huddles to:

- Educate staff about the distress screen.
- Help nursing identify patients that need the distress screen.



Chaplain Sue Motz, seated center right, “huddles” with C3 nurses, patient care assistants, and discharge planners to discuss spiritual distress and protocol for initiating follow-up support at Mercy Health-Anderson Hospital in Cincinnati.

- Educate nursing on the chaplain’s role in supporting the cancer patient with spiritual and/or emotional distress.

These “huddles” also serve as an opportunity for the chaplain to provide spiritual and/or emotional care to our staff.

The “test of change” required the completion of three goals:

1. Help educate multidisciplinary staff about the distress screen.
2. Solidify the chaplains’ use of the spiritual care plan as part of daily care.
3. Help connect patients with spiritual and/or emotional supports beyond the walls of the hospital.

Leveraging Our Existing Spiritual Care Plan

A spiritual care plan has existed in our EMR since 2010, when a group of chaplains throughout the system created the plan to document the care of their patients. However, Spiritual Care within Anderson Hospital never utilized this spiritual care plan until this pilot project. Interestingly, one of our chaplains had been advocating for some time to use the plan in our daily care. The first step: our team had to familiarize themselves with the existing spiritual care plan. The pilot project was a great opportunity to improve our understanding of the care plan, train ourselves on how to use the care plan, and move forward with putting the care plan into practice as part of our regular care.

We found that learning the anatomy and intricacies of the spiritual care plan required a great deal of time and effort on the part of our chaplain team. The spiritual care plan has five components: problems, goals, outcomes, interventions, and comments (see Table 1, left.) A chaplain first identifies problems from a specified drop-down menu. The chaplain then selects goals and interventions from another drop-down menu. Comments can be added to individualize spiritual care plans to specific patients.

Table 2, page 36, highlights examples of the problems, goals, and interventions available in our spiritual care plan.

Once familiar with the spiritual care plans and how to use them to document patient visits, our team agreed to implement a spiritual care plan when patients scored a 4 or greater in their distress screen and/or the chaplain assessed that a spiritual care plan would be appropriate. Not all patients receive spiritual care plans, only those that may need extra care and support.

Typically, chaplains within the healthcare setting are certified through an association. There are different associations, but these associations—the Association of Professional Chaplains (APC), the National Association of Catholic Chaplains (NACC), and the National Association of Jewish Chaplains (NAJC)—have agreed on standards of practice. Use and completion of spiritual care plans meet the standards within chaplaincy care. Specifically, Standards 1-4 require a Board Certified Chaplain to:⁷

1. Assess a patient’s spiritual and/or emotional needs.
2. Deliver care by “implementing a plan of care.”
3. Document the care.
4. Collaborate with other team providers “to promote the well-being” of the patient.

Our pilot project aligned perfectly with these standards, as well as Standard 11: Continuous Quality Improvement.

Outcomes

During a 30-day period in 2015, we identified 48 cancer patients admitted as inpatients to the hospital. Our chaplains visited 39 of those patients and provided an initial spiritual assessment. Out of those 39 patients, our chaplains initiated 16 spiritual care plans and provided 27 spiritual and/or emotional resources, including our Cancer Resource Packet, and connections to the

American Cancer Society, Cancer Family Care, the patient's own faith community, and Parish Nursing.

We also collected data concerning our team and the improved—and additional—care we provided to cancer patients, comparing outcome data reported to the Cancer Committee in Quarter 3 and Quarter 4 of 2015. Figure 3, right, shows the increase in spiritual and/or emotional services our team provided to cancer patients.

Another exciting outcome of the pilot study and the use of spiritual care plans was the collaboration of nursing in documenting the plan. Since the spiritual care plans are accessible to nursing, nursing has and is encouraged to document on the plan as they support the goals and interventions. When nursing completes the distress screen, refers to Spiritual Care due to moderate to high distress on the screen, and then documents on the spiritual care plan in the patient's chart, one can begin seeing a narrative of the patient within the EMR. This narrative helps personalize the patient and his or her experience. Staff is reminded that the patient has a story—he or she is a son, daughter, mother, etc.; that patient has shared fears and hopes; the patient has (or does not have) support along their cancer journey; the patient is connected with his or her faith, wants to be reconnected, or describes their spirituality in totally different terms. The team of caregivers has the opportunity to become connected to this patient in a more profound way, beyond the patient's diagnosis. The care that we provide also becomes connected across disciplines.

Chaplains also experience real-life outcomes as they meet with patients and help connect them to resources post-discharge and in the community. For example, one of our chaplains met with a patient who had lung cancer and who also needed open-heart surgery. The patient wanted to reconnect with her faith community prior to her surgery. This re-connection brought a significant peace to the patient as she entered her surgery. When the patient was released from the hospital, the Parish Nurse provided follow-up care to offer connection and continued faith and health support. Another one of our chaplains worked with a young woman as she moved through a difficult end-of-life journey with her children. The chaplain helped the mother identify fears and offered resources, like palliative care, hospice, and Cancer Family Care, to help reduce her fear and the spiritual and/or emotional distress of dying at home.

Successes & Opportunities

Our team realized a number of key successes from this pilot project, including:

- Multidisciplinary collaboration to successfully integrate a new standard of care into clinical practice.
- Chaplain innovation supporting leadership in developing system-wide best practices.
- Increased multidisciplinary communication with chaplains.
- Increased spiritual care visibility within the EMR.
- Increased understanding of how spiritual care supports patients in distress.
- Increased spiritual care visits with cancer patients.

Table 2. Examples of the Problems, Goals & Interventions Available in the Spiritual Care Plan

Problems within the Spiritual Care Plan include (non-exhaustive):

- Spiritual struggle
- Emotional distress
- Life adjustment
- Support with decision-making
- Unresolved conflict(s) and/or relationship(s)
- Sacramental and/or religious needs
- Grief
- End of life

Each of these problems have goals available to add to them.

Goals within the Spiritual Care Plan (non-exhaustive):

- Verbalize spiritual struggle
- Address spiritual needs
- Provide for sacramental and/or religious needs as appropriate
- Reduce evidence of anxiety, worry, and/or anger
- Identify ways of coping with a growing sense of grief as a process
- Identify and/or restore coping resources and skills
- Establish and/or maintain support systems
- Verbalize feelings regarding change, loss, death, and/or dying
- Find meaning and purpose in the midst of illness and suffering
- Move towards resolution of decision
- Gain new understanding and perception
- Develop a growing sense of peace and/or hope
- Death with dignity
- Explore resources for additional follow-up, post discharge

A chaplain can add interventions to the goals.

Interventions within the Spiritual Care Plan (non-exhaustive):

- Assist patient with understanding illness in light of his or her beliefs and values
- Affirm personal coping skills and support systems
- Facilitate family conference
- Gather information concerning resources
- Discuss coping mechanisms and the ongoing need to continue the process
- Discuss meaning of life in the present and future

- Increased referrals for spiritual support.
- Patients received targeted spiritual and/or emotional resources.
- Collaboration with palliative care.

The pilot project also helped our Spiritual Care Team identify opportunities for future integration of spiritual care across the continuum. We see an opportunity to collaborate with Nursing Informatics and our EMR support services in developing a spiritual care discharge plan for cancer patients that follows them beyond the inpatient setting. Specifically, a component within the spiritual care plan could be developed into a tool to provide a clear and concise communication of the chaplain’s care and recommendations for continued spiritual and/or emotional care.

As our health system invests in an outpatient center for cancer care, our team hopes to work with IT and Nursing Informatics to create electronic pathways between outpatient and inpatient chaplain visits that provide seamless, consistent, and comprehensive spiritual care. Developing processes to improve the care of cancer patients is a continual commitment within our Spiritual Care Team. We truly want “to make lives better—mind, body, and spirit.” 

The Rev. Lori A. McKinley, MDiv, BCC, is a chaplain at Mercy Health, Cincinnati, Ohio.

References

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Figure 3. Spiritual Care of Cancer Patients, Outcomes, Third and Fourth Quarter of 2015

