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APPLICATION OF BEST PRACTICES

Cardiovascular Service Line Chaplain at an Academic Medical Center: Creation, Implementation, and Establishment

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Problem Statement: As health care providers and organizations have become complex and specialized, efforts to address the spiritual needs of patients and care team members are often absent.

Background: Medical advances, life-saving treatments, and increased efficiency of patient care have all come at a cost to patients and health care providers. We appropriately measure our care team's performance with disease- and procedure-specific data on morbidity and mortality. However, these measurements come at the risk of rewriting Hippocrates' endeavor from "cure sometimes, relieve often, comfort always" to "cure always." The suggestion that failure is not an option is an unattainable expectation with a high price, namely the spiritual distress of care team members, patients, and their families. In 2018, The Joint Commission addressed the issue of unmet spiritual needs, stating that these needs can be associated with greater emotional distress, pain, and anxiety; higher medical care costs; and poorer quality of life.

Application: In 2015, the cardiovascular service line at an academic medical center implemented a spiritual care provider position to address the unmet spiritual needs of patients and care team staff. In this article, we describe (1) the evolution of the spiritual care provider's role and (2) the impact of this resource on the healing of patients and as a support for the personal and professional well-being of health care providers.

Keywords: spirituality, health care teams, holistic health, cardiology, chaplaincy hospital services

Contemporary medicine, particularly in hospital settings, often focuses solely on curing people's physical ailments. Historically, however, when hospital-type organizations began to emerge, they emphasized caring for the whole person (ie, body, mind, and spirit). Interestingly, the patient and care giver were treated, with the heaviest focus on their spiritual well-being. Over the years, health care providers and organizations have necessarily evolved to effectively deliver technically complex and disease-focused care. However, the attention to the 'body' and 'mind' has come at the expense of attention to 'spirit,' and any effort to address the spiritual needs of patients and care teams is often an afterthought or absent. As a result of this evolution in care provision, we can ask: have we lost sight of the spiritual nature of healing?[1]

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In recent years, our society has realized the significance of losing sight of the spiritual nature of healing and articulated the need to care for and nourish spirituality as part of providing optimal care.[1,2] The cardiovascular service line (CVSL) at Maine Medical Center acknowledged this need and added a spiritual care provider (SCP) to the care team to meet the spiritual needs of the patients, families, and medical staff. The SCP, a fully trained hospital chaplain, has a distinct skill set and view of persons or situations, and they can provide a better understanding of the unique concerns of patients and their care team. Ultimately, the SCP fosters a greater depth of emotional and spiritual support for all patients, families, and department teams.[3]

In this article, we will discuss (1) the background of the SCP role, (2) how this role has been applied, and (3) how this role has evolved to positively impact the provision of care from the perspectives of the staff, patients, and families.

BACKGROUND

In the literature, spirituality is viewed as "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".[4,5] Illness, especially when requiring hospitalization, takes a toll on a person's spiritual and physical being. Just as a patient's physical needs are greater when in the hospital, their spiritual needs are also greater.[6] A result of unmet spiritual needs is spiritual distress, which is the inability (or the fear of being unable) to connect to a significant other or to find meaning or purpose in life. Patients experience this type of distress when confronted with anything from the minor inconvenience of routine tests to the fear of imminent death. The literature supports that patients, both religious and non-religious, may benefit from and want spiritual care during their hospitalization. However, many patients do not feel comfortable talking with their medical team about their spiritual needs.[5] As importantly, every health care professional also has spiritual needs that require care and support.

Although processes are in place to manage patients' medical needs, their spiritual needs often remain unmet, even though studies suggest a direct relationship between spirituality and positive health outcomes.[6-8] Further, more studies are showing a direct relationship between spiritual care and fewer recurrent hospitalizations, lower symptom burden, better emotional well-being, improved quality of life, greater control of anxiety, .and higher patient satisfaction. However, it is very difficult to demonstrate such relationships. [2,6,7]

The Joint Commission (TJC) has addressed the issue regarding unmet spiritual needs, stating that these needs can be associated with greater emotional distress, more pain, and poorer quality of life.[8,9] Likewise, TJC has recognized the rights of patients to have access to spiritual services.[8,9] Chaplains can help to improve the patient experience, and a service line chaplain can specifically address TJC's standards (RI.01.01.01) that emphasize the importance of respecting and accommodating patients' cultural and personal values, beliefs, and preferences.[8,9] Also, TJC has recognized the importance of providing resources for the personal and professional well-being of health care providers, and it expects that support systems be available for staff. Support for health care professionals not only benefits them individually, but also their patients. When health care professionals feel supported and valued, they are better able to provide the best care for their patients and families.[8,9] In this paper, we outline the implementation of an SCP into a CVSL at an academic medical center to address the unmet needs of patients and care team staff.

APPLICATION

The CVSL, formed in 2012, piloted a service line SCP position in 2015 using an unrestricted charitable donation from a grateful patient. The CVSL determined that the SCP would be non-denominational; comfortable connecting with people of any or no faith; and preferably board-certified by a nationally governed organization according to established qualifications, including a code of ethics. Ongoing evaluation of the impact of the position was started to determine the value of having a dedicated SCP for cardiac patients and their care team. The SCP role was created to specifically focus on providing spiritual care services for cardiac units that included medical and surgical intensive care units along with step-down units. The SCP and CVSL leadership met regularly to review experiences and gauge impact. Early experience with the SCP was overwhelmingly positive and supported making the role permanent in 2016.

At the beginning, the SCP was introduced to participate in department meetings, morbidity and mortality conferences, a cultural change initiative, and staff debriefings. The SCP also started to work simultaneously with patients, families, and staff on all the cardiac floors, and they attended interdisciplinary rounds on each unit. The SCP's office was strategically located in the high-traffic area of the cardiac surgery intensive care unit and step-down unit. As the SCP became increasingly familiar with the patient population and their psychological, social, and spiritual responses to illnesses and treatments, the better they were able to respond to needs. The SCP also noted differences in the cultures of the units. In this way, they began to understand the unique challenges and shared experiences of the patients and staff in the CVSL. Most staff members started to provide unsolicited feedback regarding their observations and feelings during daily informal conversations, from which the SCP drafted notes. Furthermore, the SCP used an approach that supported and facilitated maturation of the role (Table 1).

The CVSL staff recognized that the primary purposes of the SCP were to be present, to provide a safe place and time to listen to what is on a person's mind and heart, and to focus on existential and spiritual issues. Patients and their family members who needed a calming influence, to process their thoughts and emotions as they struggled to make difficult decisions (eg, end of life), or to deal with difficult news (eg, a devastating life-style change) showed great appreciation for the SCP's care. The staff grew to appreciate the distinct conversational approach taken by the SCP (Table 2), understand the all-encompassing and integrative aspects of spirituality in a patient's care (Table 3), and trust the SCP as a valued member of the care team. The nature of the referrals started to change as well. As a result of continued education over types of referrals (Table 1), all levels of providers began to routinely refer patients, especially those struggling with life choices, difficult decisions, or relationships, to the SCP.

The SCP made a sincere, continued effort to be available to the staff. The SCP intentionally showed interest in and concern for the well-being of staff members. For example, they asked individuals how they are doing after emotionally or ethically challenging cases, arranged a debrief when necessary, or offered to lead "a pause" after a patient died to honor not only the life of the patient but also the diligent work of the care team to keep the patient alive. They also offered simple rituals or prayers to fill a space (eg, room, unit) with positive energy. The SCP made a practice of leaving their office door open as a welcome to unwind or vent for a minute, honoring what was shared in confidence, and listening with full attention so the person feels and knows they are heard. As the staff became confident of the SCP's work and appreciated their skill set, they called the SCP more often (Table 1).

The SCP's presence at departmental meetings, including morbidity and mortality review, highlighted the importance of the SCP's role in departmental leadership and culture. As the role matured, staff members, ranging from certified nursing assistants to medical doctors, started sharing their professional and personal joys and sufferings. They shared a variety of topics, including moral distress involved in patient care, the stress of a family member's sickness, the challenges of making difficult life decisions, the thrills of their professional accomplishments and successes, and the joys of personal fulfillments. An interesting observation was that many staff members reported feeling better after sharing events that had caused them moral distress. The realization that there was no judgment aided in the processing of thoughts and emotions by simply talking. Because the SCP was easily accessible and trusted by the CVSL staff, the staff could talk through difficult situations, promoting their emotional well-being and potentially reducing burnout. The maturation of the SCP role over time is illustrated in Figure 1.

Tracking the SCP activity and impact

The evidence retrieved from the electronic health records regarding the frequency of visits provides important additional information about the SCP role. Between May 1, 2015 and April 30, 2019, the SCP had 5223 patient visits. Approximately half of these visits were primary and the other half were follow-ups (Table 4). Most of the patients (90.1%) received 1 to 3 visits, with the average number being 2.04. One patient received 92 visits, the highest number of visits for any patient.

During this time, the SCP worked for the CVSL and for the hospital. Most visits (78.5%, n = 4097) were for the CVSL and 21.5% were on-call (whole house). Almost half (43.6%) of the CVSL and 7.4% of the on-call visits were follow-ups. Approximately one-third (34.8%) of the CVSL and 14.8% of the on-call visits were primary visits (Table 5). Most primary visits were referrals, routine visits, and consults (Table 6). We do not have data to compare or describe trends in the number or types of visits due to the newness of the role in the care team at this and other hospitals.

Table 1. Spiritual Care Provider's Approaches and Educational Strategies

	Before	Educational strategies	Observations after
Assessment and identification of needs for spiritual care consult	Doctors and/or nurses (ie, staff) referred patients who were medically and/or emotionally stable, grounded, had supportive families, and/or strong faith communities "for a nice chat" with the SCP.	The SCP asked staff which of their patients/families seemed to be struggling with a difficult diagnosis; had little social support or few visitors; seemed to be in psychological, social, or spiritual distress; or who presented behavioral challenges (ie, were physically or verbally abusive).	Staff noticed that patients/families who had been in distress were somewhat calmer, more focused, or able to understand their situation better.
Staff support and education on strategies for self-care and improved well-being.	Staff members communicated with their patients/families on a social level and wanted to connect with them in a more meaningful way, even in stressful end-of-life situations.	The SCP offered The Listening Heart Program,[10] which combined evidence-based techniques to reduce stress with active listening skills.	Staff felt less stressed when communicating with their patients/families in end-of-life situations and more able to truly hear their patients/families. They also felt more support from their supervisors and the SCP.
Approaches supporting staff and reducing their stress	Staff members felt little support, other than perhaps from their immediate colleagues.	The SCP made continued efforts to be available to staff and interested in and concerned for the well-being of staff members.	Staff members reported feeling supported by the SCP and less stressed when they took advantage of moments to talk either during their shifts and/or calling in from home.

Abbreviations: SCP, spiritual care provider.

Table 2. Three Types of Conversations with Patients

	Social	**Medical**	**Spiritual**
Aims based on observations in practice	To cheer up patients; to comfort by avoiding or distracting from pain or distress; to speak of how all patients think or feel.	To inform and give medical information about a disease or illness; to elicit medical history; to inform of treatment options and engage in treatment	To comfort patients by acknowledging pain and fears; to allow/encourage patients to voice their individual distress
Examples	**Patient:** "I'm so scared. What if I don't make it? My husband, my kids?" **Provider:** "Don't worry. You'll be okay. And you have lots of family and friends who will help."	**Patient:** "I'm so scared. What if I don't make it? My husband, my kids?" **Provider:** "I understand why you're scared. Let's talk about treatment options and come up with your best chance of surviving."	**Patient:** "I'm so scared. What if I don't make it? My husband, my kids?" **Spiritual Care Provider:** "What scares you the most?"
Content	• Tries to avoid anxiety and fear • Stays positive and cheerful • Tries to solve the problem • Judges good/bad and positive/ negative experience • Speaks in generalizations • Gives superficial reassurance	• Focuses on disease symptoms and stays factual • Focuses on treatment • Stays clinically oriented • Shows empathic understanding • Stays future-oriented	• Mirrors patient emotion and invites exploration of emotion • Accepts/encourages awareness of experience and all emotions • Acknowledges fear and encourages talk without judgment • Speaks of specifics in the patient's life • Present-oriented, finds purpose and meaning in oneself and the circumstances

Table 3. Integrative Body-Mind-Spirit Practices and Outcomes

Components of wholeness of person	Body	Mind	Spirit
Focus	Biomedical	Psychosocial	Spiritual
Focus on treatment	Disease	Disease, mental state, and providing social support	Disease, mental state, providing social support, and promoting self-actualization (ie, achieving meaning; purpose of life)
Outcomes reflecting Maslow's hierarchy[11] of needs	Patient-centered medical outcome	Patient- and family-centered outcomes	Whole person–centered outcome, patient reaching full potential
Human needs as described by Maslow[11]	"Basic needs"	"Psychological needs"	"Self-fulfillment needs"

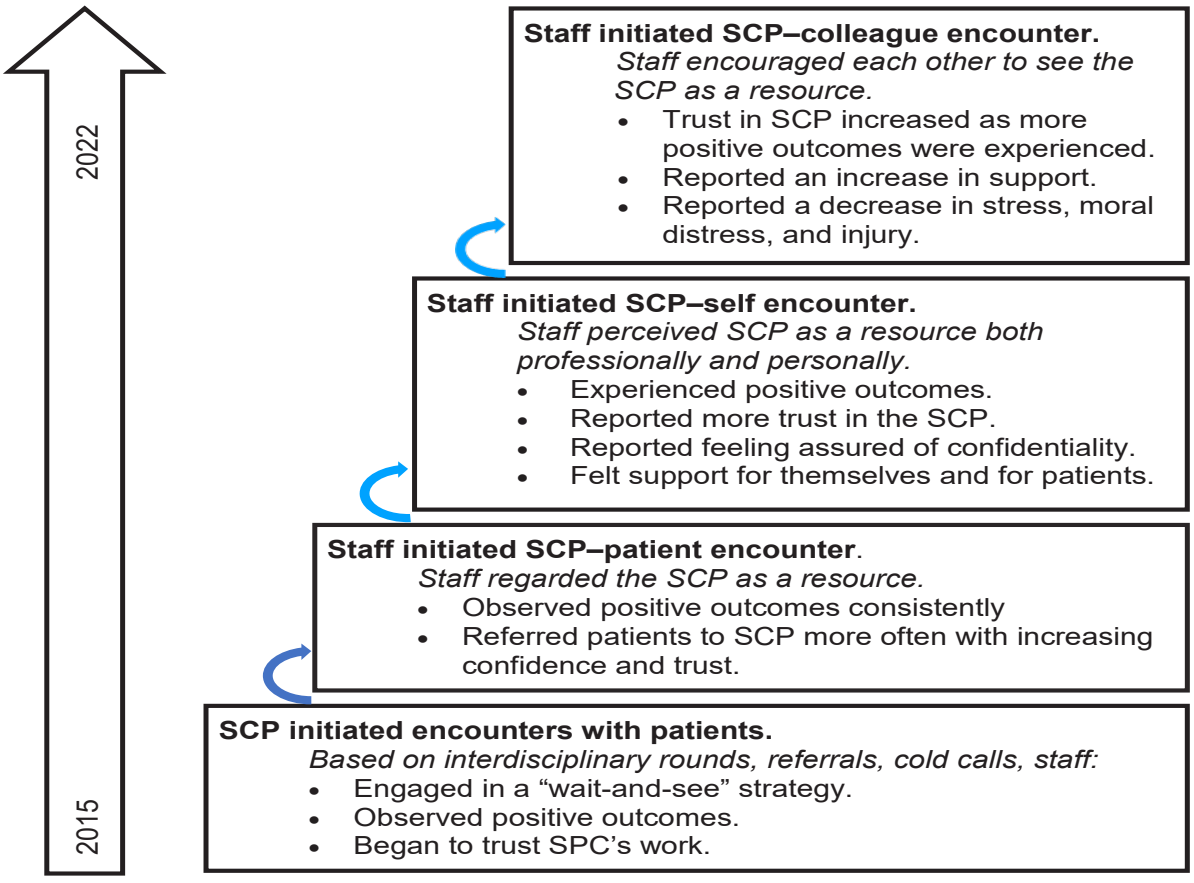

Figure 1. Stages of Maturation of the Spiritual Care Provider's Role in the Cardiovasular Service Line. SCP, spiritual care provider.

Table 4. Primary and Follow-up Visits from 2015 to 2019

Year	Follow-up, No. (%)	Primary, No. (%)	Total, No. (%)
2015	335 (6.4)	445 (8.5)	780 (14.9)
2016	713 (13.6)	714 (13.7)	1427 (27.3)
2017	669 (12.8)	605 (11.6)	1274 (24.4)
2018	651 (12.5)	577 (11.0)	1228 (23.5)
2019	297 (5.7)	217 (4.2)	514 (9.9)
Total	**2665 (51.0)**	**2558 (49)**	**5223 (100)**

Table 5. Primary and Follow-up Visits by Service Line and On-Call

Visits	Follow-up, No. (%)	Primary, No. (%)	Total, No. (%)
Service line	2277 (43.6)	1820 (34.9)	4097 (78.5)
On-call	388 (7.4)	735 (14.1)	1123 (21.5)
Total	**2665 (51.0)**	**2555 (49.0)**	**5220 (100)**

Table 6. Primary and Follow-up Visit Types

Type of visit	Follow-up, No. (%)	Primary, No. (%)	Total, No. (%)
Code Blue	4 (0.1)	5 (0.1)	9 (0.8)
Consult	212 (4.0)	441 (8.5)	653 (12.5)
Crisis	71 (1.4)	82 (1.6)	153 (2.9)
End-of-life	16 (0.3)	37 (0.7)	53 (1.0)
Follow-up	1895 (36.3)	138 (2.6)	2033 (38.9)
Referral	300 (5.7)	1007 (19.3)	1307 (25.0)
Routine visit	145 (2.8)	830 (15.9)	975 (18.7)
Other	22 (0.4)	18 (0.3)	40 (18.7)
Total	**2665 (51.0)**	**2558 (49.0)**	**5223 (100)**

Discussion and conclusions

We believe that optimal health care includes spiritual care. One strategy to address this need involves recognizing what an SCP can provide to the interprofessional care team and incorporating this resource into a department or service line. Medical advances, life-saving treatments, and increased efficiency of patient care all come at a cost to health care providers and patients. Although these advances are outstanding, they have heightened expectations of cures. This expectation can increase pressure and stress on health care teams and disappoint both patients and care team members when things do not go as well as intended. For health care providers, spiritual care has become a recognized resource to help prevent adverse effects, including feelings and experiences of meaninglessness, moral distress, absence of compassion, poor physical health, intimidating behavior, substance misuse, and suicide.[1]

The CVSL included the SCP as a member of the care team to provide a different, complementary dimension to care that complements care from other involved providers.[12] Having an SCP dedicated to the CVSL, versus relying on a pool of on-call SCPs, supports the development of familiarity not only with the staff of the CVSL, but also the common diagnoses of patients in the CVSL and the procedures and disease trajectories expected in this population. Thus, adding similar positions to other service lines would likely positively impact their patients as well. Today, the SCP has become accepted as a member and integral part of the health care team, albeit with a unique view of the team, patients, and families. Because relationships with the SCP are solid, leadership can depend on the SCP to support staff on a daily basis and even more so during difficult and stressful times.

Although there is a need for spiritual care to partner with care teams, there is limited scientific literature that focuses on this aspect. Aside from known specializations in spiritual care that are dedicated to particular patient populations (ie, palliative, pediatric, oncology),[13-15] we found only a few publications addressing spiritual care inclusion in care teams.[2,12] A limitation that we hope to address in the future is understanding the true impact of the SCP to patient, family, and staff outcomes.

Conflicts of interest: None

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