Advancing Chaplaincy

Learning to Think & Act Strategically

Session 1: Advanced Care Planning

February 15, 2018

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Host

George Fitchett, DMin, PhD

Background

Saneta Maiko, PhD

Chaplaincy and Advanced Care Planning

Pre-anesthesia Clinic

Rev. Amy Greene, DMin

Chaplaincy and Advanced Care Planning

The Physician's Office

Aoife Lee, DMin, BCC

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ACP Conversations and AD Completions

- A recent systematic review of 55 studies examining the efficacy of advance care planning (ACP) interventions in different adult patient population show;
- **ACP interventions increase the completion of advance directives**
- ACP interventions increase the occurrence of discussions about ACP, concordance between preferences for care and delivered care
- ACP interventions likely to improve other outcomes for patients and their loved ones in different adult populations.

- Houben, C. et al., J Am Med Dir Assoc. (2014).

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Impact of AD on End of Life Care

- A study testing the association between preferences documented in advance directives and outcomes of surrogate decision making found;
- Compared to those who had not signed DPOA-HC, those who had were:
  - less likely to die in a hospital (adjusted odds ratio, 0.72; 95% CI, 0.55 to 0.93)
  - less likely to receive all care possible (adjusted odds ratio, 0.54; 95% CI, 0.34 to 0.86)

- Silveira, M. et al N Engl J Med. (2010)

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Cost of Care at End of Life

	Cost for care last 6 months of life	
	Total Medicare cost	Hospital cost only
Used ICU (n=9,942)	$40,929	$25,929
No ICU use (n=35,685)	$27,160	$12,133

All Medicare beneficiaries, age 66+ with advanced lung cancer who died within a year of diagnosis (1992-2002 SEER data). Sharma et al 2008

Prevalence ACP and AD

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- 2013 Pew Research Center's study of 1,994 American adults found that;
- About a third of all adults (35%) say they have put their wishes for end-of-life decisions into writing, whether in an informal document (such as a letter to a relative) or a formal, legal one (such as a living will or health care directive).
- **1/5 people age 75+ say they have not given very much or any thought to their end-of-life wishes**.
- 1/5 (22%) say they have neither written down nor talked with someone about their wishes for medical treatment at the end of their lives.
- 3/10 of those who describe their health as fair or poor have neither written down nor talked about their wishes with anyone.

Pew Research, Nov. 21, 2013.

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Chaplain Involvement in ACP Conversations and AD Completions

	Percent*
Help patient/loved ones with goals of care	55%
Visit to facilitate communication between pt/fam + team	46%
Help process family conflict	30%
Visit to discuss/complete AD	27%
*Percent of chaplains who report each activity at least 60% of the time (often, frequently or always)	

From study of 382 chaplains working in palliative care
Jeuland, J. et al., J of Pall Med, (2017)

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Advance Directives Pilot in a Pre-anesthesia Clinic

February 15, 2018

Rev. Amy Greene, D.Min.
Director, Center for Spiritual Care

Lead-up to Pilot

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- Enterprise initiative to increase patient Advance Directives
- A few pilots conducted at CC
  - Best outcome: <40% completion
- Shlomo Koyfman, MD:
  - HCPOA is not difficult to obtain with comfort around subject and a concise method – many physicians lack both. He proposes pilot to Amy.

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Comfort With Subject

Chaplains deal with sensitive subjects all the time – especially death & dying

Concise Method

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- Distilling a 12-page legal document into 4 primary elements.
- Focus on HCPOA rather than all AD documents (i.e. Living Will)
- Basic Scripting

Examples of Basic Scripting Elements

- “As part of today’s visit we want to discuss proactive decision-making before your surgery.”
- “We want to be sure we know who you want to speak for you if you cannot speak for yourself.”
- “it’s like decision-making insurance.”
- “it only takes about 5 minutes to complete and I can walk you through it and get it in your chart.”
- “You can change, cancel or update it at any time.”

The Pilot

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- Context: Pre Anesthesia Clinic in a 150 bed regional hospital of Cleveland Clinic
- Length: 4 weeks (July 2016)
- Conducted by: SC Director & 4 chaplains
- Key elements:
  - HCPOA primary (Living Will optional)
  - Adjusted method after 2 days:
  - office visits → chaplains "floated" and approached patients in waiting room or exam rooms while waiting for primary practitioner

Results

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- 163 pts seen
- 91% (148) of these patients had no HCPOA
- Of these 148 patients, 92% completed an HCPOA [previous pilots without chaplains had 30-40% success]

Discoveries

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- Patients were pleased with ease and efficiency (average 5-10 minutes)
- Other healthcare workers became less reluctant to discuss ADs and more willing to facilitate our conversations with patients.
- Initially reluctant healthcare workers began to promote the idea to patients.

Opportunities

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- Chaplains are the best at these conversations, bringing credibility and trust to the topic.
- More administrators are realizing the importance of having higher compliance of ADs in patient medical record – chaplains can help.
- Chaplains can affect bottom line.

Cleveland Clinic

Every life deserves world class spiritual care.

Advance Care Planning

Transforming Chaplaincy & ACPE Webinar
February 15, 2018

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Using Chaplains to Facilitate Advance Care Planning in Medical Practice

Aoife C Lee DMin BCC
Director Spiritual Care & Mission
Coleman Palliative Medicine Fellow

Objectives

- Participants will be able to develop a model for doing ACP conversations in the Physician's office

Context/Setting

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- Rush Oak Park Hospital is a small community hospital
  - part of the Rush Healthcare System, Chicago
- Rush Oak Park Physicians Group (ROPPG)
  - Adjacent to the community hospital
- Pilot Project=>Coleman Palliative Medicine Training Program
  - To see if it was feasible for chaplain to meet with patients in MD Office
  - Objective of Project was to engage patients in a Values Based Decision-making conversation before they are admitted to ICU
  - To have patients complete DPOA-HC
  - Encourage further discussions within family
  - To document the encounter & completed DPOA-HC in EMR

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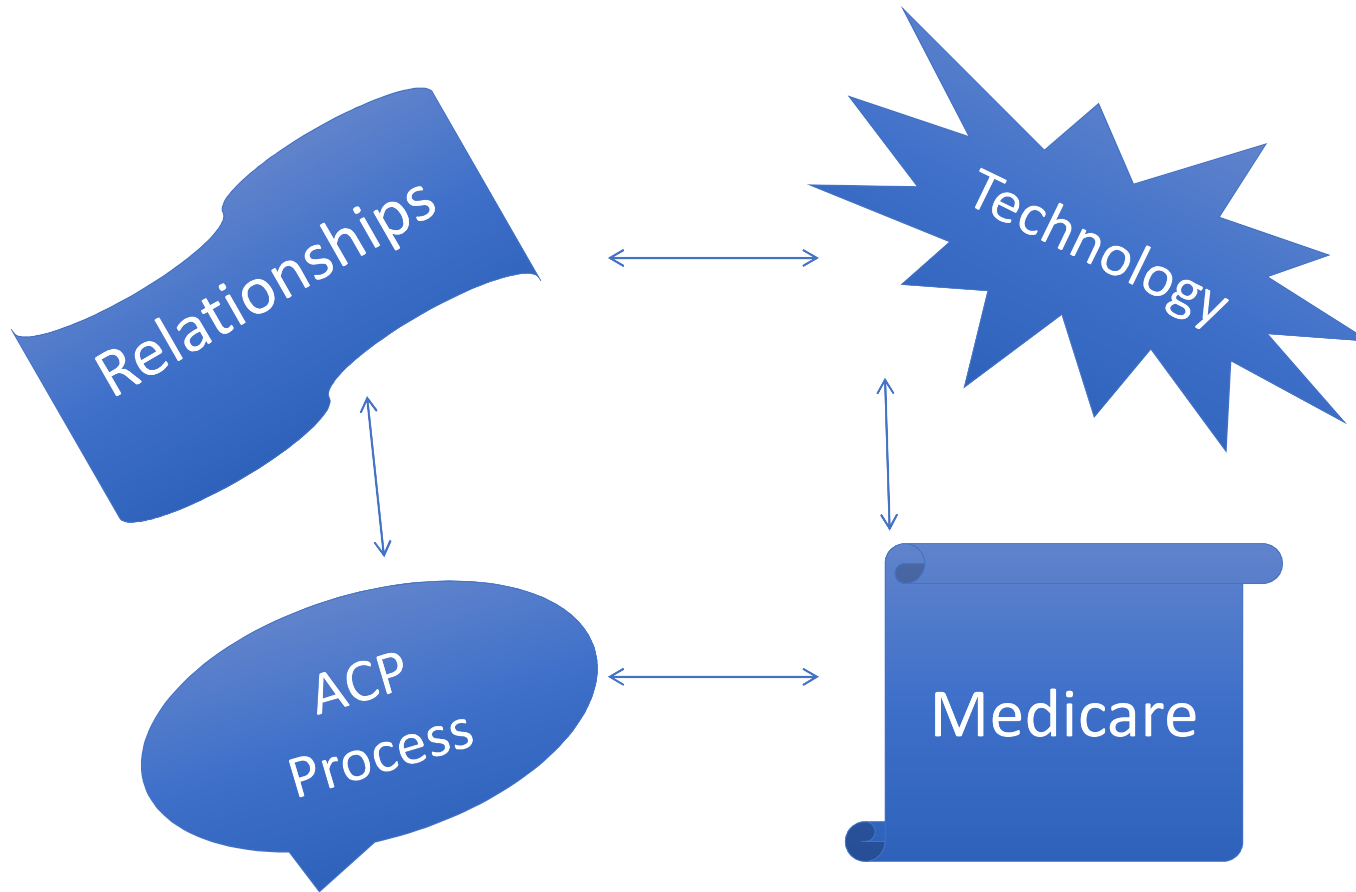
Four Areas Involved in setting up Model



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Chaplain-Physician Relationship

- Long established working relationship between BCC & MD
- Mutual respect, trust and appreciation
- Shared Palliative Care Values
- MD working 30+ years in Rush System
- Beloved by her patients

Technology & Office Staff

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- Work with Epic staff
  - To add Chaplain as a Provider in the Office
  - To create Chaplain Out-patient Charting flowsheet
- Work with Office staff
  - To schedule patient's appointment with Chaplain
  - "arrive" the patient – allowing charting
  - To scan any completed A/D into the patient's EMR at time of visit

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Process (1)

- Chaplain Identifies Patients to be seen
  - 70+ yrs, decisional capacity, no A/D in EMR
- MD agrees
- Front desk staff schedule chaplain visit
- MD raises topic with patient & secures patient's voluntary agreement *
- MD introduces chaplain to patient (& family if present in exam room)

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Process (2)

- Chaplain meets with patient in the exam room
- Builds upon/draws from Patient:MD Trust
- Engages in Life-review with patient – Content*
    - Family members
    - Patient's experience with loss of loved ones
    - Experience of ICU or Hospice care
    - Health concerns
    - Faith & Values held that informs decision-making

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Process (3)

- Explain DPOA-HC document (Rush has a one page document)
- If patient is agreeable – Complete A/D
  - Photocopy it (enough for Agent & subs to have copies & encourage on-going conversation)
  - Front desk staff scans a copy into EMR
  - Original given to patient
- If not wishing to complete A/D – give a **blank** copy for patient to review & discuss with family later

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Results

- 60 patients invited to meet with chaplain; 100% agreed
- 48 patients (80%) completed A/D or provided documentation of existing A/D
- A/Ds were scanned into patient record

Lee et al (2018). Using Chaplains to Facilitate Advance Care Planning in Medical Practice
JAMA Internal Medicine, published online January 16, 2018
https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2668630?redirect=true

Citations

- Houben, C. H., Spruit, M. A., Groenen, M. T., Wouters, E. F., & Janssen, D. J. (2014). Efficacy of advance care planning: a systematic review and meta-analysis. Journal of the American Medical Directors Association, 15(7), 477-489.

- Jeuland, J., Fitchett, G., Schulman-Green, D., & Kapo, J. (2017). Chaplains working in palliative care: who they are and what they do. Journal of palliative medicine, 20(5), 502-508.

- Sharma, G., Freeman, J., Zhang, D., & Goodwin, J. S. (2008). Trends in end-of-life ICU use among older adults with advanced lung cancer. *Chest,* 133(1), 72-78.

- Silveira, M. J., Kim, S. Y., & Langa, K. M. (2010). Advance directives and outcomes of surrogate decision making before death. *New England Journal of Medicine,* 362(13), 1211-1218.

Questions?

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Session 2: April 2, 2018, Return on Investment

Featuring Mark Grace, Chief Mission and Ministry Officer,

Baylor Scott and White Health

Session 3: May 17, 2018, Challenges in Healthcare Delivery and Implications for Spiritual Care

Featuring Timothy Glover, Senior Vice President, Mission Integration,

Ascension Healthcare

All sessions: 1-2p Central Time

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