Increasing Access to Spiritual Care Services in the Emergency Department: A Patient and Staff Support Model

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**Project: Increasing Access to Spiritual Care Services in the Emergency Department: A Patient and Staff Support Model**

**Last Updated: 7.12.2019**

**Team Members:** Per Diem Chaplains, Chaplain Intern Students, Spiritual Care Staff

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**Problem/Impact Statement:**

Despite extensive evidence that interfaith Spiritual Care reduces emotional distress and improves health outcomes, especially in times of suffering and trauma, appropriate use of Spiritual Care services is a challenge for busy Emergency Department (ED) staff. At the beginning of this improvement journey, a lack of awareness and collaboration between the Spiritual Care Department and the ED was resulting in numerous missed opportunities to offer needed support. Per Diem Chaplains who are trained in initiating, deepening, and developing empathically caring relationships were available on call 24/7 to provide interfaith Spiritual Care for both patients and staff. However, ED staff were often unaware of this resource and the Chaplains were uncertain about the most effective ways to generate increased referrals and consults from the ED. In order for our Per Diem Chaplains to provide timely person-centered care for patients and their loved ones, as well as supportive presence for care team well-being, they needed to be integrated more effectively into the clinical care team in the ED.

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**Scope:**

In scope: MMC Spiritual Care, Emergency Department (ED) Staff, ED patients and their families

Out of scope: Other MMC departments, MaineHealth Hospitals

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**Goal/Objective:**

Integrate Spiritual Care and emotional support into the clinical setting for improved care of ED staff and patients by:

- Expanding the number of Spiritual Care hours spent rounding in the ED in order to offer support to ED staff and increase the visibility of the Per Diem Chaplains
- Increasing the percentage of EHR consult orders received by Spiritual Care for ED patients

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**Baseline Metrics/Current State:**

Despite increases in Spiritual Care consults across the hospital, only 4.87% of consults on average were occurring in the ED, with 0 documented hours of staff support.

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**Root Cause Analysis:**

Opportunity: Move to a pull model from a push model, to proactively initiate helping relationships that facilitate patient and staff support, increasing visibility and understanding of services

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**Countermeasures**

<table>
<thead>
<tr>
<th>Action</th>
<th>Owner</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changed department-wide staffing structure to three 8-hour shifts in order to align with nursing schedules and encourage a “pull” (proactive) model of engagement for evening and overnight chaplains</td>
<td>Per Diem Chaplains</td>
<td>Ongoing (October 2018)</td>
</tr>
<tr>
<td>KPI: Attend evening huddles and shift change meetings with ED staff, a minimum of 80% of the time when on call overnight</td>
<td>Per Diem Chaplains</td>
<td>Ongoing (October 2018)</td>
</tr>
<tr>
<td>Part-time Chaplain intern assigned to the ED 3 days a week</td>
<td>Spiritual Care Director/Manager</td>
<td>Complete (January 2019)</td>
</tr>
<tr>
<td>KPI: Spiritual Care provided education on services offered to ED staff, including emotional support for staff</td>
<td>Spiritual Care Director/Manager</td>
<td>Complete (February 2019)</td>
</tr>
<tr>
<td>Visual Management: Photo board with all Spiritual Care Chaplains developed and distributed to staff</td>
<td>Spiritual Care Admin Specialist</td>
<td>Complete (March 2019)</td>
</tr>
<tr>
<td>KPI: Developed tracking system using EHR to identify and locate ED patients and boarders, to proactively identify need</td>
<td>Spiritual Care Director/Manager</td>
<td>Complete (April 2019)</td>
</tr>
</tbody>
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**Outcomes**

**June 2019:** 15.8% of Spiritual Care Consults were in the ED

**Project start:** 4.87%

**June 2018 - June 2019:**

<table>
<thead>
<tr>
<th># of Chaplain Hours</th>
<th>ED/EDW ED Consults</th>
<th>Hospital Consults</th>
</tr>
</thead>
<tbody>
<tr>
<td>July-Sept 2018</td>
<td>30</td>
<td>50</td>
</tr>
<tr>
<td>Aug-Sep 2018</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Oct-Nov 2018</td>
<td>20</td>
<td>35</td>
</tr>
<tr>
<td>Dec 2018 – Jan 2019</td>
<td>30</td>
<td>50</td>
</tr>
</tbody>
</table>

**Staff Support vs. Hospital Wide**

- Professional Consultation: 0.5 – 3%
- Staff Support: 1.5 – 2.5%
- Staff Contact: 2.5 – 3.0%

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**Next Steps**

- Sustain and enhance the emerging collaboration between Spiritual Care and ED staff.
- Integrate a spiritual assessment that is measurable and documented into the overall plan of care for the patient.
- Plan for future department initiatives, e.g. enhancing the provision of specialized spiritual care and family support for Pediatric patients and their caregivers in the ED.
- Continue to expand the awareness and utilization of Spiritual Care services throughout the hospital, especially in helping to interpret cultural issues and faith perspectives that may impact health care decisions.