Selling Spiritual Care in the Pre- and Post- Hospital Continuum:
Chaplains & Population Health Management

- George West
  Service Area Vice President Mission Integration
  Dignity Health Central Coast Service Area
- Fr. Calin Tamlian BCC
  Manager Spiritual Care
  Dignity Health St. John's Hospitals
- Rev. David Knapp BCC
  Supervisor Spiritual Care
  Dignity Health St. John's Hospitals
- Brian Stoltey
  Chaplain
  Pacific Central Coast Health Centers
  Marian Regional Medical Center, Arroyo Grande Campus

June 11, 2017

Overview of an on-going study

- Our experience with four replicable models of chaplains/spiritual care OUTSIDE the walls of the hospital setting.
  1. Community Assisted Living Facility
  2. Community Senior Day Care
  3. Community Hospice (two models)
  4. Affiliated Community Clinics

- Successes & opportunities for improvement
  - Spiritual Care need & successes vs. a sustainable business model

- Propose a Solution for the Challenges of Professional Spiritual Care in the New Model of Population Health Management
Opening Reflection-

“...since there is very little good that can be accomplished, or evil avoided, without the aid of money, we must look after it in small as well as great matters.”

-Venerable Mother Catherine McAuley

Preliminary questions

- How many of you have needed to flex a chaplain to meet productivity in the past 2 years?
- How many of you have experienced an organizational restructure that involved eliminating a chaplain position?
- How many of you would like to avoid all of these events in the future?
- How many of you see your Chaplain/Spiritual Care Dept. as income producing?
- Reflect on how our ministries began—our founding religious congregations—what was their focus?
The Current Model of Clinical Chaplaincy vs. What we propose is a new role in Population Health

1. Community Assisted Living Model

- Grew out of our experience with an Affiliated Sub-Acute
  - Pre-existing Mission & Sponsor connection
  - Proximity to Hospital
  - Need
  - Pre-existing Relationship with Assisted leadership

- Location. ‘location,’ “location”
  - <Faith Based>
  - <24/7 Vendor>
  - <Sister Sponsor>
  - <People Flow>
The Chaplain/Patient/Resident Experience

- **Coverage for 12-15 hours a week**
  - Generated department income of $20,000+/year

- **Improved Resilience**
  - Assisted Living Staff & Chaplains

- **Seamless Spiritual Care continuity of care—resident to patient**
  - Stories of success

Accomplishments & Outcomes

- **Created Chaplain Team leadership opportunities**
- **Improved Brand Recognition**
- **Nurtured a shared view of Spiritual Care beyond the Hospital**
- **Developed a line of Spiritual Care products**
  - Prayer through iconography
  - Memory journaling & story telling
  - Your spirituality in today’s news
  - Return of the Prodigal Son through art (family dynamics & spirituality)
  - Grief support in changing life, mindfulness techniques, etc.
- **Client was inspired by the contract to create a .8 FTE**
Assisted Living Model Lessons

• Build a Business Model that the Hospital Accepts
  – Team buy-in comes first
  – Business model must account for Hospital Productivity standards
  – Spiritual Care needs to be seen as an income producing dept./cost center

2. Community Senior Day Care Model

• Proximity to the hospital

• Continuity of care

• Community advocacy for Palliative Care

• Educate & Ministry to staff & families about Compassion Fatigue

• Diverse population: veterans/general population plus “memory care”
Community Senior Day Care Ministry Opportunities

• Different needs and challenges than hospital clinical setting

• Teaming in ministry with other chaplains for coverage continuity

• Teaming in ministry with local clergy for specific celebrations:
  • Memorial Day
  • 4th of July

Community Senior Day Care Ministry Analysis

• Began ministry in April 2016 – 1 hour/week
• Expend ministry in September 2016 – 2 hours/week
• Total invoices/year = $3,150.00
• Other statistics:
  – Sacramental Ministry = 156 encounters for day-care “home-bound”
  – Five 1-hour educational opportunities for staff re: spirituality
  – Involved in all national and religious holidays (multi-faith)
  – Mutual recognition and appreciation by staff and clients
• TBD—technology will be used to expand involvement
3. Community Hospice Models—Mentoring/Sharing/Stepping Back

- **Offsite--New hospice in the community**
  - Shared vision for advancing end of life care
  - Shared staff
  - Limited collaboration based on potential conflict of interest?
  - Currently only involved in staff care and celebration rituals without remuneration

- **Onsite--GIP Model**
  - In-House end of life patients with difficult symptom management
    - These discharged patients remain in our hospital but managed by an outside hospice
    - Spiritual Care continues with our staff chaplains under the agreement

4. Affiliated Community Clinics model

- **My role in the clinics allows me to minister to people I otherwise would have never meet.**
  - Outpatients & Clinic Staff

- **My role in the clinics builds a consistent culture of spiritual care for those who work in them.**
  - Staff awareness of Spiritual Needs

- **My role in the clinics is often impinged on by my work in the hospital.**
  - Personal Relationships & Balancing Ministries
Lessons for a Successful Expansion to Population Health

• **Look for Affinity & Proximity**

• **Build internal understanding & support for the new project**
  - Sponsors
  - Chaplain staff
  - Hospital Leadership

• **Build the Sustainable Business Model Internally**
  - Involve Marketing, Finance, Business Development, Population Health & Strategy

• **Make the Leap of Faith**

---

Professional Chaplains’ new role in Population Health: PERSON Focused Care Based on Portals of Entry

- **“Person”**
  - Faith Community Nurse?
  - Wellness Outreach
  - Clincs & MDs
  - Professional Chaplains
  - Post Acute Care Facility
  - Home
  - Faith Community Nurse?
  - Hospital
Our Goal--The Role of the Chaplain as a Healing Presence is Recognized & Expanded

- Education--Many of our colleagues do not know the Chaplain role.
- Education--Opportunities for relationships that are built on knowledge and understanding of the Chaplain role.
- Quality--Develop communal standards of providing care over the continuum of care.
- Integration--Spiritual Care becomes part of the strategy of Continuity of Care to All, to deal with all of life’s realities that are institution/system linked:
  - Focus on Communal Vulnerabilities
  - Create Communal Care Language

Opportunities being explored

- E-ministry
  - Web Based Resources
- Remote Advance Healthcare Planning
  - Affiliated Medical Groups & Clinics
    - Treatment Wisches Conversations
    - Advance Directives & POLST
- The St. John’s Spirituality and Pastoral Center
  - Outreach on Community Topics
  - Support for Community Chaplains (hospices, etc.) & Clergy
    - Unleash Your Imagination....
Thank You for Listening

Questions/Dialogue

Further Contact:
Fr. Calin Tamiian BCC
calin.tamiian@dignityhealth.org
805-988-2892