

Spotlighting Those Moments

Small Acts Become Sacred Encounters

BY JEFF THIES, D.Min.

A young woman recovering from surgery is excited to leave the hospital. When the volunteer escort arrives at her hospital room, she is presented with a bright-orange flower. On the way past the nursing station, several of her caregivers wave, wishing her good luck. Just before leaving, the volunteer hands her a stamped postcard. “You made an impression on us,” she says. “We’d love to hear how you’re doing.”

The young woman in this story is not a celebrity; in fact, the next patient leaving the hospital will receive a similar personalized and thoughtful good-bye. What’s happening here reaches far beyond simply doling out flowers and wishing people well. It’s a “scene” developed as part of the Spotlighting program at one of the 14 hospitals of St. Joseph Health System, based in Orange County, Calif. Through Spotlighting, our care teams are working together to develop tangible expressions of our ministry’s commitment to serve the whole person — body, mind and spirit — and foster encounters that are truly sacred.

The Spotlighting program is inspired by St. Joseph Health System’s commitment to make a core strategy of “sacred encounters” along with the other aspirational goals, “perfect care” and “healthiest communities.” More specifically, the goal is to make every encounter with patients, as well as with one another, a sacred encounter. We have been deliberate, however, in not labeling our sacred-encounters work as a customer service program. Instead, we anchor efforts in these inspiring words that foster the experience of the sacred:

To be a community that serves, that speaks, that celebrates and prays in such a way that others — regardless of their religious belief — encountering this community experience a revelation of life’s deepest

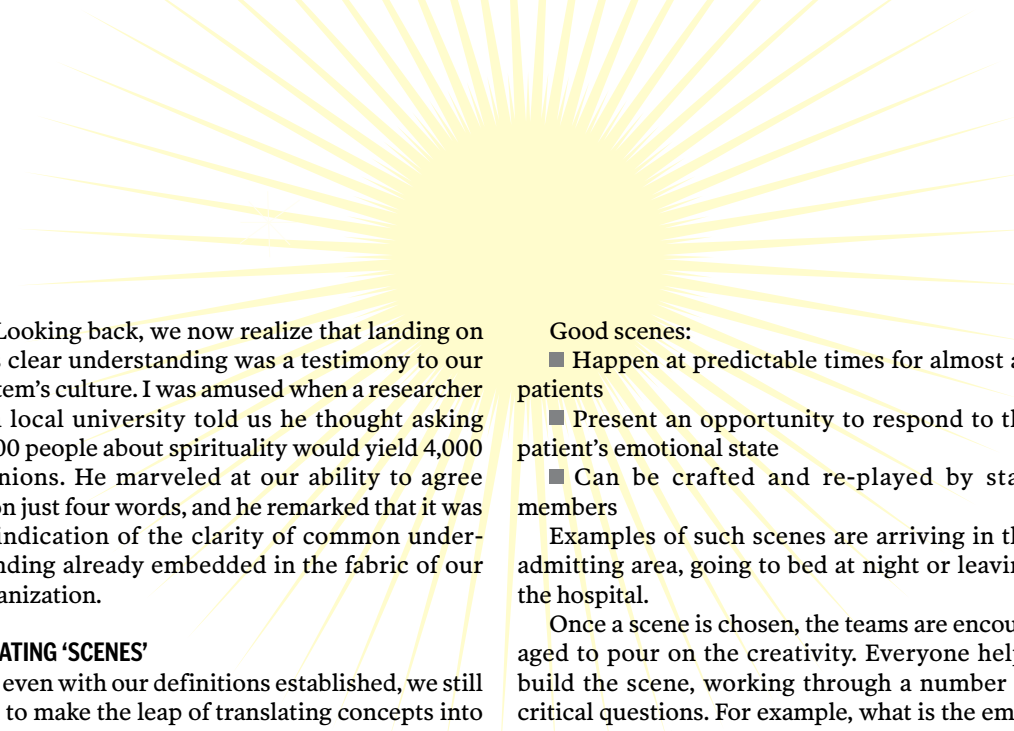
truths ... about human dignity, community, success, power, growth, sacrifice, debility and death. Experiencing a harmony between their heart’s deepest resonances and this community’s character, persons go from this encounter more healed, more whole, more able to live, to love, to hope, to die.

SEEKING DEFINITION

Our challenge was that even if staff understood them, they still needed a practical structure to foster sacred encounters. No one was satisfied with the idea of simply recognizing them when they experienced them. We needed structure and, at an even more basic level, definition.

We began by examining every document produced throughout the system regarding sacred encounters. Using text-mining software, we scoured interviews, patient and staff comments and other documents. After this analysis and a follow-up survey with more than 4,000 physicians, patients, staff and community members, four key concepts rose to the top: dignity, connection, care and compassion. Although we all understood it was entirely possible that the term “sacred” could have many definitions, the study clearly indicated that an act wherein these four concepts were present increased the likelihood a sacred encounter could be experienced.





Looking back, we now realize that landing on this clear understanding was a testimony to our system's culture. I was amused when a researcher at a local university told us he thought asking 4,000 people about spirituality would yield 4,000 opinions. He marveled at our ability to agree upon just four words, and he remarked that it was an indication of the clarity of common understanding already embedded in the fabric of our organization.

CREATING 'SCENES'

But even with our definitions established, we still had to make the leap of translating concepts into tangible actions. Enter our partner IDEO, a global

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design firm specializing in “humanizing” organizational processes. The IDEO team already had designed an ingeniously simple program called “Knowing You” for our medical group. It involved inviting patients and family members to craft pictorial displays of their lives — a terrifically effective method for reminding us all of every individual’s richly unique story. For those of us charged with Spotlighting, “Knowing You” was solid evidence that IDEO “got” our culture.

IDEO suggested a methodology they called “scenography,” which involves examining key moments — scenes — that could be re-designed and elevated to a sacred encounter for a fairly wide representation of the patient population. Although we all understood that every encounter has the potential to be experienced as sacred, we agreed that some lend themselves better to be developed into scenes that could be re-created.

Good scenes:

- Happen at predictable times for almost all patients

- Present an opportunity to respond to the patient’s emotional state

- Can be crafted and re-played by staff members

Examples of such scenes are arriving in the admitting area, going to bed at night or leaving the hospital.

Once a scene is chosen, the teams are encouraged to pour on the creativity. Everyone helps build the scene, working through a number of critical questions. For example, what is the emotion or tone of the encounter? Is it neighborly or motherly? What is the setting? Does the scene take place in the intimacy of the patient room or the celebratory area of a lobby or entrance way? What gesture will have an impact? Is it fluffing a pillow or greeting a patient at the door? What props can be used? Should we provide a multilingual prayer card or something as simple as a cup of tea? And finally, what marks the beginning, middle and end of this scene?

The idea throughout the process is not to script, but to give teams the foundation from which to construct their scenes following a shared process, creating scenes unique to their teams and departments.

Before a scene is ready to be implemented, it must be prototyped and rolled out — two key steps to ensure it is truly worthy of the program. There are five steps in scene prototyping and roll-out. The intent is to ensure the scene is as airtight as possible before it’s fully put into play:

- Testing for flow and authenticity

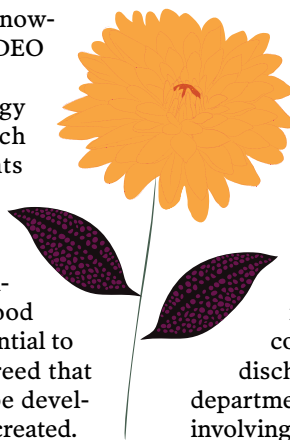
- Ensuring all involved are cognizant of their roles

- Testing on a small scale

- Adapting, then testing on a medium scale

- Rolling out to all patients within the select department

At St. Joseph Health System, we named our scenography process Spotlighting, as this helps us highlight our focus on Sacred Encounter. We began four Spotlighting pilots with teams in select departments developing scenes for admission (“warm welcome”), bedtime (“sweet dreams”) and discharge (“thoughtful goodbye”). In all, 14 departments participated in the pilot programs, involving more than 300 staff and touching more



than 2,000 patients.

Ultimately, the creative energies of our scenes proved that extraordinary moments manifest themselves in many ways. One labor and delivery team offered a “goodbye” photograph to families as they left with their infants. Another kept a card on the new mother’s chart so everyone who had contact with the family could sign it and add good wishes. In a medical-surgical unit, patients were offered a tea cart and evening prayer at the end of the day. These activities, although seemingly small in nature, would prove to have deep impact on both our patients and staff.

SMALL WRIT LARGE

After completing our Spotlight pilots, focus groups of patients, staff and physicians provided us with qualitative data. Among patients, we found that even when a specific scene could not be remembered, the impression of “a caring, thoughtful experience” was deep and lasting. One woman remarked that the experience felt different than in other hospitals. As she wrote, “There [were] so many [people who] were so personal and so nice rather than just doing their job and getting the medical stuff done.”

Staff members who participated were very vocal about their experience. Several remarked that Spotlighting was a refreshing break from the constant focus on process and outcomes that is so much a part of today’s health care work. They enjoyed being encouraged to truly focus on the human connection that attracted them to their professions.

It was evident that through Spotlighting, physicians and staff were more aware of integrating the concept of sacred encounters into all their work — not just when involved in a scene. As one physician remarked:

I think with each patient that you see, if we can just incorporate any gesture, or a little gesture . . . then I think that would open up to a Sacred Encounter. Not all patients require sitting down and talking about life and spirituality. It’s not necessary. Just a

little, tiny gesture here and there I think can make a difference. A lot of the time we are running so behind, trying to see all the patients we have scheduled, so [it does] involve balance. But I think it’s doable.

It is not just caregivers who have been affected by the lessons of Spotlighting. A security guard who was part of a Spotlighting team had to manage a potentially disruptive incident involving a patient’s family member. Before determining his actions, the guard reported that he was highly

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aware of his sacred encounter formation, asking himself if he was handling the situation in a way that would honor dignity, care, connection and compassion.

CONTINUING TO IMPROVE

Upon hearing the results of the Spotlighting pilot programs, the St. Joseph Health System Executive Council approved rollout to all our 14 hospitals. Understandably, as this full-scale effort is being implemented, we have found there are infinitely more ways for us to improve upon our activities.

No matter how large the Spotlighting effort becomes, however, we remain grounded in the fact that it is often the smallest of acts that most profoundly affect the body, mind or spirit of both the cared for and the caregiver. I am humbled by the words of the nurse who told us, through Spotlighting, she now understands more deeply that she is “the face, the heart and the hands of God for her patients.”

JEFF THIES is vice president of the Leadership Institute, St. Joseph Health System, Orange, Calif.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

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Reprinted from *Health Progress*, March-April 2012

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