Integrating Spirituality in Palliative Care Team Practice

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Background

Spiritual care is the responsibility of every palliative care team member. It is important to acknowledge and attend to the spiritual life of the patient, the individual practitioner and the interdisciplinary palliative care team. As a faith-based organization, the Supportive Care Coalition is committed to embedding spirituality in palliative care practice. This project placed greater emphasis on identifying spiritual strengths and addressing sources of suffering.

Methods

1. Focused on specific stages of the Goals of Care Conversation as the leverage point for developing team culture and introducing specific behaviors:
   - Preparing patient/family for the conference
   - Inviting the team to be spiritually grounded and present
   - Honoring silence that may facilitate deeper listening and sharing
   - Asking the Dignity Question “What do we need to know about you as a person to give you the best care possible?”
   - Assessing patient/family spiritual distress/suffering
   - Drawing upon the patient/family spiritual strengths (faith, beliefs, values) in addressing goals of care
   - Exploring what patient/family hopes for
   - Expressing gratitude to patient and family
   - Team engaging in self-evaluation/reflection following the conference

2. Elevated chaplain and social workers roles in supporting physicians and nursing professionals to provide whole person care, encouraging at least two disciplines at each care conference.

3. Engaged a senior administrative-level sponsor (e.g. mission or spiritual care leader) to champion the project at each site.

Results

Documented in Goals of Care Chart Note

Based on Participants’ Self-Reporting of their Confidence in:

- Inviting patient/family to articulate spiritual strengths/resources: 69%
- Asking patient/family about fears/distress: 58%
- Permitting silence during the conference: 40%
- Being present to lamentation and suffering: 38%

Project Participants’ Perspectives

“Most valuable were the opportunities to interface with other like-minded palliative care teams, see the integration of spirituality into goals of care discussions deepen and enrich our family meetings and a deepening of our own team’s work together. I feel we know, trust and value each other even more.”

“Greatest value was the goals of care conference format and the deliberate placement of spiritual at the center of whole person care.”

“The project helped to elevate the role of the chaplain. Team members are more likely now to identify spiritual distress and to seek the expertise and support of a chaplain for our patients.”

Summary

- Utilizing rapid cycle quality improvement methods, this project modified several aspects of a standard palliative care goals of care consultation model to promote deeper spiritual engagement not only with patients and family but also among the palliative care team members themselves.

- Pilot site participants became part of a learning community and were required to conduct regular self-assessment by means of prescribed performance metrics (retrospective chart note elements and a real-time practice checklist). In so doing, they co-created the practice changes and continue to remain engaged in this community even after the project officially concluded.