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Project Description

Health care providers do not routinely screen for or address their patient's spiritual care needs. Yet a diagnosis of cancer, for many patients and families, is a profound challenge to their sense of well-being on multiple levels – physical, spiritual, emotional, social. Barriers to the provision of spiritual care in a community cancer center setting may include – limited time, scarcity of skilled spiritual care providers, poor understanding of the impact of spirituality on patient/family well-being, and concern for rigorous clinical attention to cancer treatment.

Methods

In September 2015, a chaplain resident from the Clinical Pastoral Education Residency Program joined the Supportive Care Clinic at Yuma Regional Cancer Center. The goal was to assess in an ongoing manner, the emotional and spiritual needs of complex patients, and to develop a plan to provide them with the opportunity to process their distress in real time. We began with the chaplain resident and palliative care physician seeing patients together during the weekly Supportive Care Clinic. The chaplain's presence with the physician helped to validate the value of the chaplain's intervention thereby opening new opportunities for dialogue in the context of a clinic visit. During this time it was noted that the current single item screening tool for spiritual distress did not identify those individuals at risk, and it was therefore not able to trigger referral for spiritual care.

Results

As patients and families developed relationship with the chaplain, they began to request time with her. Through the practice of being present and presenting a supportive and nonjudgmental attitude, the chaplain was able to provide spiritual care to patients regardless of their belief system. Patients have also reported improved QOL as a result of the care provided through the chaplain/physician team. In addition, other supportive disciplines such as nurse navigation, case management, and physicians have sought out consultation and collaboration with the chaplain on an increasing basis.

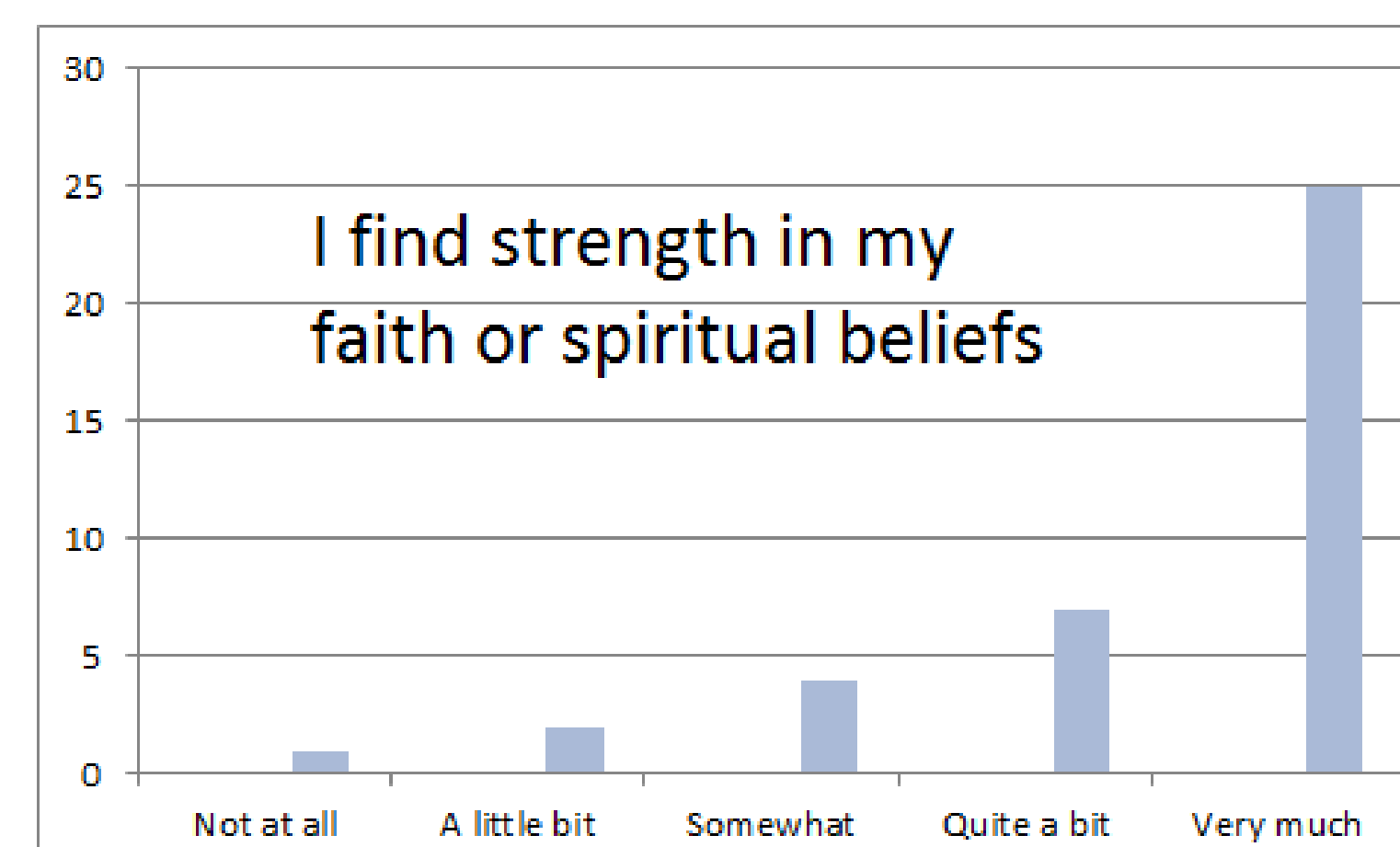
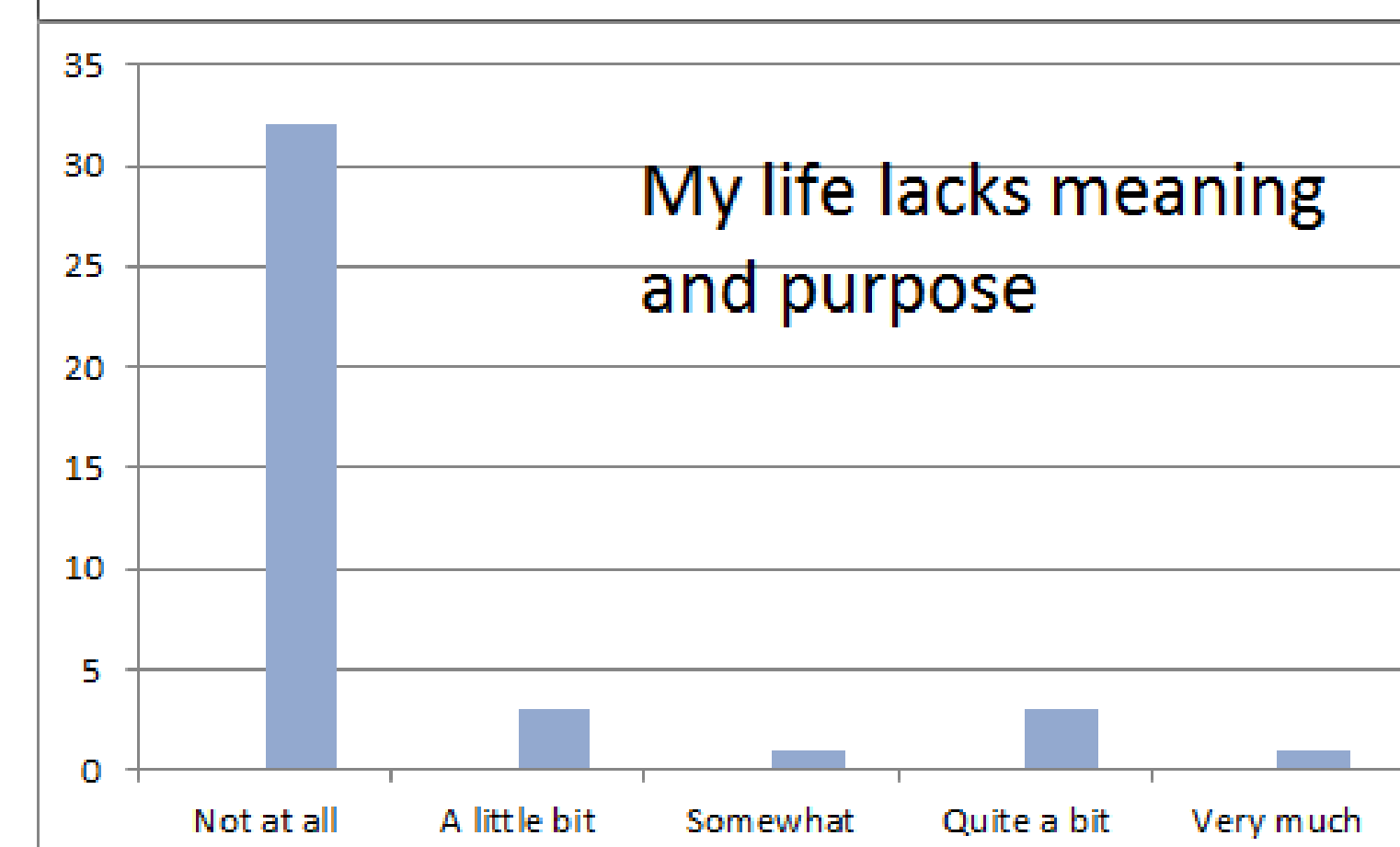
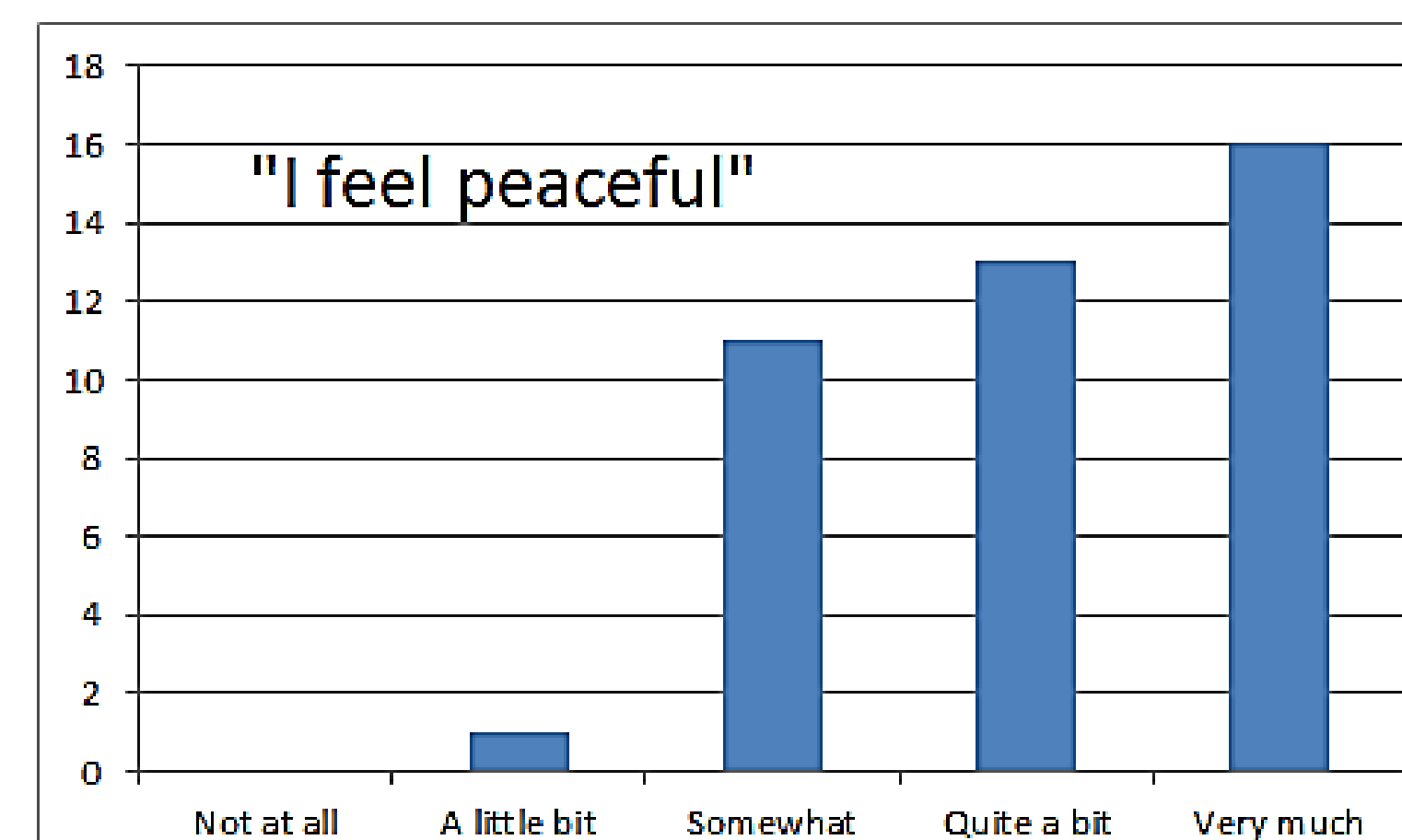
Conclusion

Integration of spiritual care in a community cancer center has improved the overall perception of quality of care as patients and families begin to acquire tools that aide them in coping with the distresses accompanying their illness journey.

Quality Improvement : Integration of Spiritual Care in a Supportive Care Clinic in a Community Cancer Center

“Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose, and the way they experience their connectedness to the moment, to self, to other, to nature and to the significant or sacred.”
 –Christina Puchalski MD
 and Betty Ferrell RN PhD

Selected data from FACIT-Sp-12 Spiritual Assessment Tool



Case Example

Mr. J., a 71 year old male with metastatic prostate cancer was referred to the Supportive Care Clinic for symptom management. Initial screening (using the NCCN distress thermometer tool) showed multiple physical, emotional, and relational concerns.

He did not identify a spiritual/religious concern and therefore would not have been referred for Spiritual Care.

Initial concerns: overwhelming pain, anxiety, depression, and feelings of hopelessness. “It was so stressful that at first I figured, to take the stress away, why didn't I just die. Then it would be over with and my wife would be better off too.”

Over a period of 7 months and 8 encounters, Mr. J. was able to develop the ability to see progress and feel hopeful about his life again. He attributes this new perspective to having received the medical and spiritual care that allowed him to obtain symptom relief as well as to know that he and his wife were supported during what he described as “quite an ordeal.”

“Spiritually, I know that you were there and had my side and that meant a lot.” “It's like having a loved one that you know is there even if you can't see them. I know for a fact, if it wasn't for the two of you I wouldn't be here today.” Today, he describes a sense of “having an ambition to strive to get better” and also says, “I am beginning to have hope that maybe I can get better and have a semi-normal life.”