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We hope that you find this complimentary monthly e-newsletter informative. Below are short summaries of each selected item with links to the entire pieces. Please feel free to send any questions or comments to comm@healthcarechaplaincy.org.

Rev. Eric J. Hall
President & CEO
HealthCare Chaplaincy Network & Spiritual Care Association

Palliative Care

Dr. Diane Meier: Palliative care may help patients live longer  (AAHPM SmartBrief & Medscape)

Research is showing that palliative care provided along with disease treatment may help patients live longer than if they get treatment alone, said Dr. Diane Meier, director of the Center to Advance Palliative Care. Two reasons may be that palliative care teams can help patients avoid unneeded hospitalizations and reduce incidents of depression, Meier said.

Read more http://www.medscape.com/viewarticle/859377  (Medscape requires free registration to access)

Patient Experience


There is no longer a question that patient experience matters in healthcare today. It matters for those that are cared for and served and matters to all those working each and every day to provide the best in care at all touch points across the healthcare continuum. With this recognition, there too needs to be a change in mindset about patient experience itself. When addressing the topic of patient
experience, the conversation is about something much broader than the “experience of care”, as identified in the triple aim. The idea of experience reflects our biggest opportunity in healthcare, where experience encompasses quality, safety and service moments, is impacted by cost and the implications of accessibility and affordability, is influenced by the health of communities and populations and by both private and public health decisions that have systemic implications. A focus on experience at the broadest sense leads to the achievement of the four outcomes leaders aspire to in varying combinations in healthcare organizations around the world: clinical outcomes, financial outcomes, consumer loyalty, and community reputation. With the rapid growth in research, a diverse and expanding global community, and a shared commitment to outcomes, patient experience has now claimed its place at the heart of healthcare.

Read more [http://pxjournal.org/cgi/viewcontent.cgi?article=1147&amp;context=journal](http://pxjournal.org/cgi/viewcontent.cgi?article=1147&amp;context=journal)

**Spirituality and Running a Hospital**

**The soul of healthcare: Hospital executives seek spiritual health to support leadership (Becker's Hospital Review)**

Hospital and health system executives work hard to create an environment that fosters the healing process. That said, many believe the best way for an executive to do this is to ensure that they themselves are in a healthy place — not just physically, but spiritually.

Three healthcare leaders — Sister Carol Keehan, president and CEO of the Washington, D.C.-based Catholic Health Association; Ed Fry, president of executive search firm FaithSearch Partners; and Anthony R. Tersigni, EdD, president and CEO of St. Louis-based Ascension— agree that spiritual health oftentimes goes beyond religion alone.

For many healthcare executives, nurturing their sense of spirituality might include creating time each day for reflection, meditation, community service or various other activities. Although it might be easy to right off such tasks as low on the priority list, spiritual health is actually an important business strategy administrators and executives can use to become well-rounded individuals and better leaders.


**Care at End-of-Life**

**Saying Goodbye When Someone You Love Is Dying (Huffington Post and e-hospice international)**

Saying goodbye to a dying relative or friend — what to talk about, when, and how — doesn’t come naturally to most adults. The irony: All these conversations ask of us, ultimately, is what people appreciate hearing at any time of life: words of candor, reassurance and love.

(Here are four lessons from) those who’ve been through the experience of saying goodbye share what felt right to them — and what they wish they’d done differently.

A new edition of the free pediatric hospice and palliative care e-journal - that continues the discussion of pediatric bereavement and care - is available online. (National Hospice & Palliative Care Organization and its e-newsletter e-hospice USA)

"Bereavement and Care, Part Two" is the theme of the new edition of the pediatric e-journal produced by NHPCO's Children's Project on Hospice/Palliative Services. This resource is available free of charge.

These articles that make up this issue offer suggestions for and examples of engaging in the important work of this aspect of providing pediatric palliative/hospice care. Because this is a huge and very important subject, we have chosen to devote two issues to these discussions. This is the second of those two issues. Part One is also available for download.

Access e-journal here http://bit.ly/1TeO1Yn

Are New York doctors talking to patients about death?
Many doctors avoid mandatory discussions with dying patients about end-of-life options (Crain’s NY Business)

There is a growing movement in New York to expand options for people who are terminally ill to include physician-assisted suicide. But many who support that legislation are skeptical that doctors are complying with the laws already on the books. In New York, doctors are required to help dying patients decide what they are willing to endure at the end of their lives and advise them of their options….

“People don’t get evidence-based care. They get everything thrown at the disease, even if it doesn’t change the outcome,” said Amy Berman, senior program officer at the John A. Hartford Foundation, a New York nonprofit that aims to improve the care of older adults.

For Berman, like many, the issue is personal. She was diagnosed with terminal cancer more than five years ago. Berman, also speaking on the panel at the New York Academy of Medicine, said she was offered treatments that were unlikely to change the course of her disease, including a mastectomy and chemotherapy. She credits her decision not to accept those treatments with having survived longer than anticipated.

Read more http://bit.ly/1rJZOqQ

Physicians Write

This pediatrician learned why it’s so important to listen to a parent (KevinMD)

Medicine can wear down our hearts and souls. My journey in pediatrics has been filled with many rewarding experiences but haunting ones as well, like this one from my third year of residency. By that final year of training, I was no longer certain medicine was really the right choice for me. I was struggling with the notion that after almost 11 years of education, the destination was not quite what I
expected. It was during this trying time I learned one of the most important lessons of my career: the value of trusting a mother’s intuition.

http://www.kevinmd.com/blog/2016/05/this-pediatrician-learned-why-its-so-important-to-listen-to-a-parent.html

Tell Me a Real Story (Pallimed.com)

I am reading Internal Medicine: A Doctor’s Stories by Terrence Holt, MD. It is an evocative book about medicine residency that had my long-dead intern-year butterflies swirling by the second page. In his introduction, he details how difficult it is to tell a patient’s story without identifying that person. It’s “not enough to respect the patient. As long as there’s an actual, unique individual beneath that disguise, you’re making a spectacle of somebody’s suffering, and that’s a line no one should cross. It’s bad for the patient. It’s not good for you the writer, either.”

I would argue that it is essential to continue our story telling in medicine. And that they are real stories about real people because that’s who we treat.

Read more http://www.pallimed.org/2016/05/tell-me-real-story.html

7 surprising things patients should know about their physicians (KevinMD.com)

Patients and families wagging their fingers and nodding their heads angrily in the direction of clinicians. Doctors, nurses, and therapists have been accused of being incompetent, lazy, or downright cruel.

There is a basic loss of faith in the ability of our health care practitioners.

I think that the Internet plays a role. The ability to Google one’s symptoms and come up with a host of diagnoses has made the populace feel that medicine is easy. Furthermore, the lay press and some of our own physicians and administrators decry the system as befouled by errors. They say that we account for as much death and disability as heart disease and cancer.

While I believe that medicine requires a continuous and stringent effort to improve itself, I also think that the populace is becoming progressively fooled and brainwashed.

Here is what I think the public should know…

http://www.kevinmd.com/blog/2015/12/7-surprising-things-patients-know-physicians.html

Research & Measurement

Implications for Spiritual Care from Recent National Quality Forum Meeting (HealthCare Chaplaincy Network)

The Rev. George Handzo, BCC, Director, Health Services Research and Quality for HealthCare Chaplaincy Network writes:

The National Quality Forum (NQF) is a not-for-profit, nonpartisan, membership-based organization
that works to catalyze improvements in healthcare. One of NQF’s activities is to convene multi-stakeholder Standing Committees in topical areas that are charged to review and recommend submitted quality measures for endorsement to NQF’s Consensus Standards Approval Committee (CSAC). NQF endorsement is often a stepping-stone to inclusion on federally required data sets for various levels of health care providers. These data sets are often tied to reimbursement for those providers. So this endorsement is a big deal…

Using a chaplaincy example, it might be reasonable to start by proposing the Rush spiritual screening protocol that has some validity testing already done. What would be needed in addition is (1) significantly more validity and reliability testing and (2) research evidence that using the Rush improves some particular health outcomes. It is important to note here that demonstrating that treating spiritual distress improves health outcomes is a contribution and some of that evidence does exist but this evidence is not sufficient for NQF endorsement. The evidence must demonstrate that doing the screening itself leads to improved outcomes.

It is certainly true that few chaplains have the ability or resources on their own to do this kind of research. However, many have the ability to advocate for this kind of research in their institutions and lend their expertise to the projects. The reality is that unless and until this kind of effort occurs in our field, except in a very few instances, spiritual care quality measures will not take the place they need to occupy to help move spiritual care integration in health care forward.

Read more [http://hccnproviders.blogspot.com/2016/05/implications-for-spiritual-care-from.html](http://hccnproviders.blogspot.com/2016/05/implications-for-spiritual-care-from.html)

**Patient Engagement Survey: Improved Engagement Leads to Better Outcomes, but Better Tools Are Needed (Fierce HealthCare and NEJM Catalyst)**

Most healthcare providers believe that improved patient engagement leads to better outcomes, but were divided on the best strategies to accomplish this, according to survey results published in an *NEJM Catalyst* blog post.

Forty-two percent of the 340 hospital or healthcare executives, clinicians and clinical leaders who responded to the *NEJM Catalyst Insights Council* survey, reported that less than a quarter of their patients were highly engaged in their care decisions. More than 70 percent said less than half of their patients are highly engaged. Only 9 percent of respondents reported high levels of engagement among their patients.

"These results highlight the challenges in front of us; while having patients who are engaged with their health and with the health system is important, low rates of engagement appear to be the norm," wrote the study authors.


[http://catalyst.nejm.org/patient-engagement-survey-improved-engagement-leads-better-outcomes-better-tools-needed/?utm_medium=nl&utm_source=internal&mrkid=966486&mk_tok=eyJpIjoiWmpsaVptRmtOVFEyT0dFeSlIslnQioj6UTEzWDC4dmpEO VFpc1Q4V2VwSmZrTWZoYmcrVjdQMTZLUCtnSjVydUhRa1I5b3pESmFPNml3ZUMydF KODhmb282S1NrbnFZRjhteUZIblFHb0dzS1Y1a3i0UloxemVF MjdNMDvVDBldz0ifQ%3D%3D](http://catalyst.nejm.org/patient-engagement-survey-improved-engagement-leads-better-outcomes-better-tools-needed/?utm_medium=nl&utm_source=internal&mrkid=966486&mk_tok=eyJpIjoiWmpsaVptRmtOVFEyT0dFeSlIslnQioj6UTEzWDC4dmpEO VFpc1Q4V2VwSmZrTWZoYmcrVjdQMTZLUCtnSjVydUhRa1I5b3pESmFPNml3ZUMydF KODhmb282S1NrbnFZRjhteUZIblFHb0dzS1Y1a3i0UloxemVF MjdNMDvVDBldz0ifQ%3D%3D)
Announcing the Patient Centered Care Spiritual Care Grand Rounds Webinar Series

What Patients Want – and How a Patient-Centered Approach to Care Delivers
Presented by Planetree –
Since 1978, the Global Leader in Advancing Patient-Centered Care
Thursday, July 28, 2016 from 1:30 PM to 3:00 PM (EDT)

Learn more and register
https://www.eventbrite.com/e/july-webinar-spiritual-care-grand-rounds-tickets-2481811640?ref=ecount

Free Webinar
Sponsored by the National Coalition for Hospice and Palliative Care

Medicare Access and CHIP Reauthorization Act (MACRA) and the Palliative Care Provider

Wednesday, June 8, 2016
1:30-2:45pm

Speakers are:

• Joe Rotella, MD, MBA, HMDC, FAAHPM (American Academy of Hospice and Palliative Medicine)
• Phillip E. Rodgers, MD, FAAHPM (University of Michigan, Ann Arbor)
• Stacie Sinclair, MPP, LSWA (Center to Advance Palliative Care)

This no charge webinar will provide an overview of the new payment rules and potential opportunities created under the Medicare Access and CHIP Reauthorization Act (MACRA), along with practical guidance for palliative care providers to implement these changes. Presenters will also solicit participants’ questions, concerns, and suggestions to inform formal responses to Centers for Medicare and Medicaid Services (CMS), which are due June 27.

For readers who may not be familiar with CHIP, per the CMS website: “The Children’s Health Insurance Program (CHIP) provides health coverage to eligible children, through both Medicaid and separate CHIP programs. CHIP is administered by states, according to federal requirements. The program is funded jointly by states and the federal government.

Register for this free webinar here.
https://attendee.gotowebinar.com/register/8044215460023901955