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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 
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A Patient Writes About Patient-Centered Care

Why Doctors Must Learn From a Patient’s Perspective (kevinmd.com)

It is critical that medical professionals receive continuing medical education in empathy training, patient-centered care, and patient harm prevention…

With all the new patient-centered care buzzwords flying around, I am shocked to learn that this topic is still being marginalized. If we truly want to put patients in the center of care, we must learn from a patient’s perspective. As a life-long chronic patient, I embrace the digital advancements we’ve seen in medicine. Yet, all the technology in the world can’t make up for human empathy. Now more than ever, we must give credence to the patient’s voice.

Read more (http://www.kevinmd.com/blog/2016/03/doctors-must-learn-patients-perspective.html)

Physician Empathy a Key Driver of Patient Satisfaction

New Study Supports Enhanced Physician-Patient Communication Training (American Academy of Orthopaedic Surgeons)


**Spiritual/Chaplaincy Care**

**Chaplains are Health Care’s Undiscovered Assets (Huffington Post)**

Chaplain services are clearly an essential component of quality whole person care — body, mind and spirit — a concept that is increasingly becoming a fundamental part of health care, especially in palliative care for the chronically ill. However, it is often an undiscovered asset by those receiving health care. In fact, studies show, many more inpatients desire conversations about religion/spirituality than have them.

So, the first challenge is that patients and their families need to become familiar with the concept; they need to know that they can request a chaplain, if they so desire, just like they might ask to see a social worker, a physical therapist, or a disease specialist. They need to become their own advocates for spiritual care.

In addition, there’s even greater challenges in our health care system. Medicare only covers chaplain services in hospice. Not all interdisciplinary health care teams include chaplains. Those that do are more likely to understand the role and recognize the value. They see that a chaplain’s presence provides an opportunity to communicate findings/recommendations into a treatment plan, and increases the likelihood of considering the patient as a whole.

As well, physicians, nurses and other interdisciplinary team members have marginal exposure to spiritual care training. Yes, chaplains are the spiritual care specialists, but spiritual care cannot be their domain alone. We’ve got to teach people from all types of medical disciplines how to listen and engage people comfortably and care for them spiritually and emotionally.

Read more (http://www.huffingtonpost.com/eric-j-hall/health-cares-undiscovered_b_9441730.html)

**Evidence-based Scope of Practice for Spiritual Care (ehospice International e-newsletter)**

HealthCare Chaplaincy Network (HCCN) has released the first evidence-based scope of practice, or set of competencies, for professional chaplaincy, giving spiritual care specialists, other providers and administrators a framework in which to provide quality spiritual care in healthcare settings in the US. The scope of practice was developed was developed by a consensus panel convened by HCCN and composed of prominent experts in spiritual care, palliative care and other disciplines from the US and abroad.

The recommendations build on HCCN’s release last month of the first comprehensive evidence-based quality indicators for spiritual care, and suggested metrics and measures for each. The 18 indicators include reducing spiritual distress, increasing client satisfaction and facilitating meaning-making for clients and family members.
Strides in Spiritual Care - New quality indicators aim to better meet spiritual needs (nursingadvanceweb.com)

"Much research has been able to be pulled together in this quality indicators report so that we're now able to see the change and understand the impact that spiritual care does provide to individuals, families and institutions," explained Eric Hall, president and CEO of HealthCare Chaplaincy Network, who was the driving force behind publication of the quality indicators. "What we have now is an understanding that spiritual care does reduce spiritual distress and facilitates meaning."

"American healthcare is measured on value. It's not how many patients you help, but what the outcomes are for these patients," further explained Hall. "If you work on delivering these outcomes with a more focused approach, good things will happen for patients and in terms of caregiver satisfaction."

Research is an essential mark of any clinical profession and patient satisfaction, and the quality of research denotes a discipline's development. So, while research on chaplaincy services has spanned nearly a half century, its continuation and advancement helps project spiritual care into a future offering more comprehensive services.

Read more (http://nursing.advanceweb.com/Web-Extras/Online-Extras/Strides-in-Spiritual-Care.aspx)

Pediatric Bereavement Education for Those Who Deliver Palliative and Hospice Care

(From ehospice USA e-newsletter from the National Hospice and Palliative Care Organization)

A new edition of the pediatric hospice and palliative care e-journal produced by NHPCO's Children's Project on Hospice/Palliative Services is now available.

"Bereavement and Care, Part One" is the topic for the new edition of the ChiPPS E-journal, available free of charge on the NHPCO website.

This E-Journal offers a collection of articles that explore selected issues in bereavement and care. These articles offer suggestions for and examples of engaging in the important work of providing pediatric palliative/hospice care.

Making ICU’s Less Terrifying and More Humane

(From bostonglobe.com)

For many patients, time spent in an intensive care unit is a deeply disturbing experience, and not just because they are suffering from a serious illness. They are often heavily sedated, encircled by beeping equipment, unable to talk or even think clearly. Doctors and nurses prod their bodies as scores of trainees watch.

“I could feel people touching me but I couldn’t move,” said Ashleigh Robert, 30, who spent three weeks in the ICU at Beth Israel Deaconess Medical Center in Boston awaiting a liver transplant. “It was extremely frightening.”

Medical advances such as heart pumps and ventilators have led to more ICU survivors. About 80 percent of the 5 million patients who end up in intensive care each year return home. But there is a growing realization that many are left emotionally troubled by the experience, which can be marred by hallucinations, poor communication, lack of respect for privacy, and, later, post-traumatic stress syndrome.

Now, a group of leading hospitals, including Beth Israel Deaconess, is working to make the ICU less terrifying and more humane, using innovative tools such as iPad applications that feature patient biographies and journals kept by nurses.

Read more (http://www.bostonglobe.com/metro/2016/03/13/new-focus-making-icus-more-humane/A60jXTprSFktOkWXn11lgK/story.html?s_campaign=8315)

A Physician Writes About Patient-Centered Care

Why Doctors Care About Happiness (NY Times Well blog)

We in the health care professions need to notice and inquire about happiness the same way we do other aspects of our patients’ lives. Lately I’ve started asking about it, and besides getting a much more nuanced understanding of who they are as people, I learn what their priorities are (often quite different from mine as their physician).

I also inquire about obstacles to their happiness, and brainstorm with them on ways to ease some of these. I don’t presume that these challenges are facile to solve, but hopefully our conversation helps let patients know that their happiness matters as much as their cholesterol.

And if increasing happiness does in fact improve health — well, why not try to help our patients achieve it. The side effect profile and cost surely beat most of our current medications, and, at least for now, you don’t have to get prior authorization from an insurance company.

Read more (http://well.blogs.nytimes.com/2016/03/03/why-doctors-care-about-happiness/?mwrsm=Email)
Advanced Care Planning

National Healthcare Decisions Day is April 16, 2016 (www.nhdd.org)

Its purpose is to inspire, educate and empower the public and providers about the importance of advance care planning.

Read more (http://www.nhdd.org/about/#about-us) and get resources (http://www.nhdd.org/resources/#learn-more)