WE'VE COME THIS FAR BY FAITH: JOURNEYING ACROSS THE CONTINUUM OF CARE

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Transitions in Care Symposium, Syracuse, NY, June 7, 2016
1. Gain understanding of the importance of spirituality in enhancing the patient experience in healthcare

2. Identify opportunities to utilize and integrate spirituality into existing programs as a resource for potential reduction in admissions and ED visits
THE CASE OF SAM

WWII vet, 98 years old, father of two, widower, grandfather of 5, great-grandfather, living in own home

CHF, falls, HOH, other co-morbidities

Highest values: family, faith, community, independence, humor

What was missed in his transitional care plan that would have contributed to his quality of life?
WHY SHOULD SPIRITUALITY MATTER IN TRANSITIONAL CARE?

It’s important to our patients!
RELIGION & SPIRITUALITY IN MEDICINE: RESEARCH AND EDUCATION

Surveys reveal that nearly 80% of Americans believe in the power of God or prayer to improve the course of illness, and nearly 70% of physicians report religious inquiries for counseling on terminal illness, yet only 10% of physicians ever inquire about patient's beliefs or practices.

RELIGION & SPIRITUALITY IN MEDICINE: RESEARCH AND EDUCATION

83% of 921 adults in study wanted to discuss their spiritual beliefs with their doctors.

Annals of Family Medicine, July/August 2004. As reported in Patients’ spirituality: Should it play a role in their care? Medical Ethics Advisor, October 2004, 20,10,109-120.
Religion is a cumulative tradition, which may be constituted by texts of scripture or law, including narratives myths, prophecies, accounts of revelations. It may include visual and other kinds of symbols, oral traditions, music, dance, ethical teachings, theology, creeds, rites, liturgies and architecture.

Wilfred Cantwell Smith, The Meaning and End of Religion
**Spirituality** is that which allows a person to experience transcendent meaning in life. It is often expressed in a relationship with God, but can also be about nature, art, music, family or community – whatever beliefs and values give a person a sense of meaning and purpose in life.

Christina Puchalski, MD, George Washington Institute for Spirituality & Health
ONGOING GALLUP POLL RESEARCH ON RELIGION IN AMERICA

9 out of 10 Americans “never doubted God’s existence”
82% believe God works miracles in this present age
79% report regularly aware of God’s presence
72% believe praying can effect healing/promote cure

Religion remains a potent force in the lives of many, if not most, people”. -George Gallup
"People will be surprised by the amount of movement by Americans from one religious group to another - or to no religion at all. They'll also be surprised by the extent to which immigration is helping to reshape the U.S. religious landscape."

Luis Lugo, Director, Pew Forum
America’s Changing Religious Landscape: Christians Decline Sharply as Share of Population, Unaffiliated and other faiths continue to grow. May 12, 2015
Changing U.S. Religious Landscape

Between 2007 and 2014, the Christian share of the population fell from 78.4% to 70.6%, driven mainly by declines among mainline Protestants and Catholics. The unaffiliated experienced the most growth, and the share of Americans who belong to non-Christian faiths also increased.

* Includes Jews, Muslims, Buddhists, Hindus, other world religions and other faiths. Those who did not answer the religious identity question, as well as groups whose share of the population did not change significantly, including the historically black Protestant tradition, Mormons and others, are not shown.

Source: 2014 Religious Landscape Study, conducted June 4-Sept. 30, 2014

PEW RESEARCH CENTER
44% Americans have left the faith tradition of their childhood

16% unaffiliated with any faith tradition

10% of all Americans former Catholics

37% married to spouse with different religious affiliation
FIVE SPIRITUAL NEEDS WE ALL HAVE

- Meaning/purpose
- Identity
- Sense of transcendence
- Trust
- Hope

Howard Clinebell. Basic Types of Pastoral Care and Counseling
Coping with illness
(Roberts, et.al.; Koenig, et.al.; Pargament)

Recovery from surgery
(Oxman; Harris)

Worship attendance and mortality
(Comstock and Partridge; Koenig)

1,700 randomly sampled community-dwelling older adults, high levels of cytokine interkeukin-6 (IL-6) were significantly more common in those who did not attend religious services than in those who did.

RESEARCH QUESTION:

COULD THE INVOLVEMENT/INCLUSION OF A FAITH COMMUNITY IMPROVE THE CARE TRANSITION PROCESS, IMPACT POTENTIALLY PREVENTABLE HOSPITALIZATIONS AND ED VISITS, AND ENHANCE THE PATIENT EXPERIENCE?
EXAMINING THE LITERATURE IN TRANSITIONAL CARE

Hyejin Kim, Bruce Thyer. *Does Transitional Care Prevent Older Adults from Rehospitalization? A Review.* Journal of Evidence-Informed Social Work. 12, 3, 2015, 261-271. Prevalence of rehospitalization among Medicare beneficiaries is high, with a considerable portion that were deemed preventable and decreased. Studies examining effects of transitional care identified through electronic bibliographic databases and manual searches from inception through April 2011, English language. Seven of nine studies detected positive effects of transitional care in preventing older adult rehospitalization, although effects varied at different follow-up periods.
EXAMINING THE LITERATURE IN TRANSITIONAL CARE

HealthLeaders Media FACTFILE. Community Need and Preventable Hospitalizations. March 2016. An evaluation by Truven Health Analytics of the extent that community need (income/cultural/education/insurance/housing) is associated with elevated rates of preventable hospitalization or increased risk of hospitalization believed to be preventable with good-quality ambulatory care. Results revealed modest but statistically significant association.
Effects of a Psychosocial Transitional Care Model on Hospitalizations and Cost of Care for High Utilizers. Social Work in Health Care, 54, 6, 2015, 485-498.  
Retrospective cohort study 2010-2012 examining whether a SW transitional care model reduced hospital utilization and costs. Patients enrolled in the Preventable Admissions Care Team (PACT) program matched for controls. F/U by SW to address ‘psychosocial strain’. Reduced 30 day readmission rate by 34%, sixty day hospitalization rate by 22%, 90 day readmissions by 19%, but not 180 day hospitalization rate. Inpatient costs 30 days post-index were $2.7 mil (PACT pts) vs. $3.6 mil (control pts).

Describes PACT model of comprehensive bedside assessment to identify psychosocial drivers of readmission, development of patient-central action plan, interventions (phone calls, accompaniments, navigations, home visits) first 30 days post-discharge. Outcomes include 43% reduction in inpatient utilization, 54% reduction ED visits.
SUGGESTIONS TO IMPROVE CARE TRANSITIONS ACROSS THE CARE CONTINUUM

I. Build a high-quality post-acute network adherent to emerging regulations...build relationships with these providers while simultaneously identifying those that will enhance the quality of the network.

‘Providers adapting to these new models will find themselves working together in ways they haven’t before”.


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<td>Black Protestant</td>
<td>5,690 (1.2%)</td>
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<td>28</td>
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<tr>
<td>Catholic</td>
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<td>Evangelical</td>
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<td>137/76 +80%</td>
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<tr>
<td>Mainline Protestant</td>
<td>42,255 (9.0%)/55,117 (12.0%)</td>
<td>-23%</td>
<td>129/149 -13%</td>
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<td>None</td>
<td>207,523 (44.4%)/178,105 (38.9%)</td>
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<td>-</td>
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<td>Orthodox</td>
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<td>+32%</td>
<td>129</td>
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<tr>
<td>Other</td>
<td>18,569 (4.0%)/14,201 (3.1%)</td>
<td>+31%</td>
<td>34/23 +48%</td>
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**Total Adherents**

259,503 (55.6%)/280,231 (61.1%) -7% 399/317+26%

**ONONDAGA COUNTY, NEW YORK 2000-2010 RELIGIOUS STATISTICS**

http://www.city-data.com/county/religion/Onondaga-County-NY.html#ixzz4Adq08m00
SUGGESTIONS TO IMPROVE CARE TRANSITIONS ACROSS THE CARE CONTINUUM

2. Create a covenant with area congregations that includes a dedicated hospital liaison (navigator) and a dedicated congregational liaison to create a direct active pathway for healthcare resources. Have congregations part of the system.

‘There is a whole body of health science and theory that is ready to be implemented, but it needs congregations to do it; it needs community partners to do it. The hospital in and of itself can only be a catalyst for creating the community-scale partnerships that are necessary to deal with community-scale problems.’

EXAMPLE: THE CONGREGATIONAL HEALTH NETWORK
AT METHODIST LE BONHEUR HEALTHCARE, MEMPHIS, TN

Suggestions to improve care transitions across the care continuum

3. Connect with existing area ministries to request additional supports with high risk patients being discharged even if not religiously affiliated (with their permission).

Sick and Shut-In
We are Here for You
Matthew 25:36 “… I was sick, and you visited me…”

The ministry of PASTORAL CARE FOR THE SICK
at Blessed Trinity Catholic Community and Spirit of Christ Mission is to be a ministry of care and presence which seeks to provide a BOND OF COMPASSION with the sick and their families at home and the hospital;
with those in care facilities (Community Hospital, St. Patrick’s Hospital and Village Health Care Center, and other Care Centers within the Parish);
with the isolated elderly in our community;
with sick children;
with the homebound;
with the mentally ill;
with those recovering from addictions;
with the dying and with those who suffer loss through accident or trauma;
with bereaved persons and families.
4. Consider adding Faith Community Nursing (FCN) as a specialty nursing practice in College of Nursing curriculum (ANA 2005, 2012). The specialized practice of professional nursing that focuses on the intentional care of the spirit as part of the process of promoting holistic health and preventing or minimizing illness in a faith community.

SUGGESTIONS TO IMPROVE CARE TRANSITIONS ACROSS THE CARE CONTINUUM

5. Integrate brief spiritual screen tool into whole person assessment as part of discharge care plan.

F = Faith or Beliefs. Ask: Are there spiritual beliefs that help you with stress or difficult times? What gives your life meaning?

I = Importance and Influence. Ask: Is spirituality important to you, what influence does it have on your care in healthcare decision making?

C = Community. Ask: Are you part of a spiritual/religious community, and what does this mean to you?

A = Address. Ask: How might I, as your healthcare provider, assist you with your spiritual needs?

SUGGESTIONS TO IMPROVE CARE TRANSITIONS ACROSS THE CARE CONTINUUM

6. Consult with and actively utilize clinical trained chaplains in discharge planning process. Consider hiring clinically trained chaplain to serve as bridge to faith communities to strengthen and support area clergy relationships with healthcare community (hospitalist model).
SAM’S LAST PASSOVER SEDER
The spiritual dimension cannot be ignored, for it is what makes us human.

Viktor Frankl, Man’s Search for Meaning
THANK YOU FOR YOUR TIME AND ATTENTION. QUESTIONS AND COMMENTS?