Improving Spiritual Support for Patients, Families and Staff After 5pm

The Problem
- Important Goals of Care family meetings in the ICU setting often happen at 4 or 5pm, when families are available to come in but chaplaincy and other support staff are finishing their work day.
- ICU nursing are often left to work with grieving family members without the support of spiritual care.
- Previously, referrals to chaplaincy after 5pm, if Roman Catholic, were handled by volunteer priests covering the whole Longwood Medical area, who could not stay to provide extended spiritual and bereavement support to patients and families.

Aim/Goal
The department of Spiritual Care and Education aimed to increase staffing in the evening hours and make pro-active contact with ICU resource nurses in the evening hours to identify patients who were critically ill, to improve spiritual support for patients, families, and staff.

The Team
- Rev. Katie Rimer, M.Div., Ed.D, BCC, Director, Dept of Spiritual Care and Education
- Rev. Jena Roy, M.Div, ICU Chaplain, Spiritual Care and Education

The Interventions
- Effective January 2015, added evening chaplaincy coverage until 7pm Monday-Friday and on-site coverage 7 days/week
- Communicated availability of off-site chaplain available after 7pm and before 8am through signage and verbal communication
- Effective June 2015, instituted evening ICU rounds in which chaplains visit each ICU to identify patients who are critically ill, and share that information with overnight chaplain, who reaches out to ICU units to offer support after hours.
- Solicited feedback from ICU nursing
- Measured referrals to chaplaincy after 5pm

The Results/Progress to Date
- Chaplaincy referrals to ICU units after 5pm steadily increased: by 28% within first six months, by 82% within a year.
- ICU Nursing and families reported increased satisfaction with chaplaincy services.

Lessons Learned
- Being proactive by offering chaplaincy services and “showing up” each evening led to more referrals in the evening hours and greater familiarity with the scope of chaplain services.
- Having chaplains available after 5pm enables chaplains to attend important evening goals of care family meetings, to provide additional support to all involved.

Next Steps/What Should Happen Next
- Measure patient/family satisfaction with chaplaincy services in the ICU (Marin et.al. demonstrated that patients who are visited by a hospital chaplain are more likely to be satisfied with their hospital stay than those who are not visited by a chaplain per HCAHP scores, and are more likely to recommend the medical center to others. Could we demonstrate this at BIDMC?).
- Work toward 24 hours on-site chaplaincy coverage.
- Link the chaplaincy initiative with other patient-centered ICU initiatives at BIDMC, like the Moore Foundation work, the hospital-wide bereavement work, to ensure open communication and seamless integration between these patient-centered projects.

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