The George Washington Institute for Spirituality and Health

National Spiritual Care Demonstration Projects:

Spiritual Care as an Essential Element of Patient Care

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The National Spiritual Care Demonstration Projects is a GWish initiative to advance knowledge, develop and test spiritual care models, formulate measurements and best practices, and train leaders to improve the quality of spiritual care in palliative care settings. The initiative, with the mission to implement spirituality-based quality improvements in healthcare settings nationwide, is available to hospitals, outpatient clinics, hospices, and continuing and long-term care facilities.

The objectives of the Demonstration Projects are to: (1) Ensure spiritual care is an essential component of patient care in the nation's healthcare settings; (2) Foster increased awareness of and support for quality improvement efforts to integrate spiritual care in all aspects of patient care in all healthcare settings; (3) Develop leadership to advance uniform implementation of spiritual care quality improvement projects; (4) Develop evidence-based practices for spiritual care; (5) Develop performance outcome measures that can be used to hold healthcare providers accountable for spiritual care; and (6) Develop a compendium of innovative interventions and best practices, and replicable training, implementation steps, and valuation methodology and tools by healthcare setting, by goals and outcomes, and/or by patient/healthcare professional populations

Each clinical site will sets its own goals and outcomes. GWish then will tailor a training program and support materials and activities to those requirements. In general the Demonstration Projects initiative seeks to support quality improvement projects that (1) Address patients' spiritual issues and focus on whole-person care; (2) Integrate patients' spiritual values in treatment plans; (3) Improve patient satisfaction with care; (4) Enhance individual competencies for healthcare professionals for delivering compassionate, patient-centered care; (5) Increase staff satisfaction and reduce burnout and turnover rates; (6) Result in culture changes in the clinical setting; and (7) Produce qualitative and qualitative data that inform best practices in palliative care.

Background

Since the inception of the hospice and palliative care fields, spirituality has been recognized as an essential element of palliative care, first by the 2004 National Consensus Project for Quality Palliative Care and progressively by national medical organizations, such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), American College of Physicians, the American Association of Colleges of Nursing, and the National Association of Social Workers.

Numerous barriers to the implementation of spirituality-based quality improvements exist, resulting in isolated spirituality-based quality improvement projects as compared to a multi-institution approach used for other aspects of patient care, which results in networking and overall improvements to standards of care. Barriers include, for example, the existential aspects of spiritual care that make the quantification of outcomes difficult; many institutions require quantifiable outcomes to justify resources. Medicine's "hidden agenda," which puts the emphasis on biomedical diagnoses, also reduces the attention paid to diagnosis of patient's spiritual distress. Lack of physician training in understanding their own spirituality and taking a patient's spiritual history also is a barrier to implementation, as is simply the minimal amount of time allotted for clinician-patient conversations. A final barrier often cited is the lack of available spiritual-care resources, such as chaplains and other spiritual leaders, qualified to meet patient needs.

Yet, theoretical as well as ethical foundations exist for the integration of spirituality into health care, particularly for seriously ill and dying patients. Studies, as well as strong consensus opinion, demonstrate the impact of spirituality and religious beliefs on people's healthcare decision making, quality of life, ability to transcend suffering and deal with life's challenges, interactions with others, and ability to make life choices.

Recognizing this deficit in patient (and healthcare professional) care and acknowledging the barriers to implementation, Christina Puchalski, MD, MS, Director of the George Washington Institute for Spirituality and Health (GWish) and Betty Ferrell, RN, PhD, FAAN**,** Research Scientist and Professor, City of Hope National Medical Center (COH), convened the National Consensus Conference (NCC) Guidelines on Spiritual Care as a Dimension of Palliative Care.[1] The NCC Guidelines produced a set of practical, implementable, and measurable recommendations in the areas of spiritual assessment, spiritual treatment/care plans focused on inpatient and outpatient clinical sites, interprofessional teams, training/certification, personal and professional development, and quality improvement. Application of these Guidelines allows each clinical site to develop its own goals and outcome measures within its resources, cost parameters, and time constraints.

The guidelines address eight domains of care:

- Structure and processes;
- Physical aspects;
- Psychological and psychiatric aspects;
- Social aspects;
- Spiritual, religious, and existential aspects;
- Cultural aspects;
- Imminent death; and
- Ethical and legal aspects.

From these guidelines, the NCC defined *spirituality* as: 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 others, to nature, and to the significant or sacred.

The NCC Guidelines were first published in the *Journal of Palliative Medicine* in October 2009 (Dr. Puchalski and Ferrell also have published the NCC findings in *Making Health Care Whole* (Puchalski, C.M., Ferrell, B. [2010]). West Conshohocken, PA: Templeton Press). The *Palliative Medicine* article was the most downloaded article in the journal for 2009, even though it was not published until October 2009. The result is a growing movement among the nation's health care facilities to implement the NCC models in inpatient and outpatient clinics nationwide.

For more information on the National Spiritual Care Demonstration Projects initiative, please contact GWish at 202-994-6220 or email us at hcsbbm@gwume.edu.

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[1] Puchalski, C.M., Ferrell, B., Virani, R., Otis-Green, S., Baird, P., Bull, J., Chochinov, H., Handzo, G., Nelson-Becker, H., Prince-Paul, M., Pugliese, K., and Sulmasy, D. (2009). Improving the quality of spiritual care as a dimension of palliative care: The Report of the Consensus Conference. *J Palliat Med*, 12(10), 885-904