Hospital-Based Chaplain Activities with Seriously Ill Patients and Adherence to Clinical Practice Guidelines for Spiritual Care in Palliative Care (SA537-B)

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Objectives
- Identify National Consensus Project’s Clinical Practice Guidelines for Quality Palliative Care.
- Discuss chaplain adherence to the criteria in the Clinical Practice Guidelines.

Original Research Background: Clinical practice guidelines for quality spiritual care in seriously ill patients have been identified by expert review. Little is known regarding how the activities of hospital-based chaplains match with these criteria.

Research Objectives: To investigate how well chaplains adhere to the criteria in the Clinical Practice Guidelines.

Methods: Chaplains at an urban southern academic hospital completed computerized diaries immediately following patient encounters from January to October 2013. This instrument is grounded in chaplaincy education tools and was designed and piloted with chaplain input. Chaplains recorded observations regarding attendees, conversation topics, activities and interventions, and visit outcomes. We linked diary data with quality spiritual care criteria in domain 5 of the National Consensus Project’s Clinical Practice Guidelines for Quality Palliative Care. Analyses were at the patient level; the chaplain could meet the criterion during any encounter.

Results: We collected 1,140 diaries across 782 patients from four staff chaplains and five residents. Median visit length was 15 minutes (interquartile range [IQR] 10-30). 72.5% of diaries were the chaplain’s first encounter with a patient; 14.0% were the second. The most common criteria met by the second visit was a regular assessment and documentation of spiritual issues (eg, guilt and forgiveness) and existential issues (eg, meaning and purpose), done for 54.9% and 49.9% of patients, respectively. A standardized instrument to assess religious background was used for 51.9%. Rituals including prayer were facilitated for 31.1% of patients. Contacting faith communities and religious symbol display occurred rarely (<5% of patients). We had insufficient data to address 5 other criteria.

Conclusions: Chaplains frequently addressed topics from the guidelines, but discrete activities such as referrals were less common. Findings suggest chaplains may address important needs that fall outside these criteria.

Implications for Research, Policy, or Practice: The guidelines for quality spiritual care provide a useful framework but may not provide a perfect recipe for all patients.