



Holistic Integration of Spiritual Care in Palliative Care: Results of an Improvement Project at a NCI-Designated Cancer Center

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BACKGROUND

Addressing all facets of the experience of serious illness requires attention to a patient's spiritual and religious concerns.

At our NCI-designated cancer center, palliative care (PC) includes comprehensive care by a physician, nurse practitioner, social worker and chaplain. The PC team seeks to ensure that all PC inpatients receive evidence-based spiritual care, as defined in the following:

- > Clinical Practice Guidelines for Quality Palliative Care, National Consensus Project
- > Common Standards for Professional Chaplains, Spiritual Care Collaborative
- > Standards of Practice for Professional Chaplains, Association of Professional Chaplains, National Association of Catholic Chaplains, Neshama: Association of Jewish Chaplains
- > Palliative Care Guidelines and Quality Standards, Center to Advance Palliative Care
- > Palliative and End-of Life Care Measures, National Quality Forum (NQF)
- > Measuring What Matters Project, American Academy of Hospice and Palliative Medicine and the Hospice and Palliative Nursing Association
- > Performance Measure Requirements for Palliative Care, The Joint Commission

OBJECTIVE

Improve adherence to **NQF Measure #1647: "Discussion of Spiritual/Religious concerns"** defined as:

- The percentage of hospice patients with documentation in the clinical record of a discussion of spiritual/religious concerns or documentation that the patient/caregiver did not want to discuss.

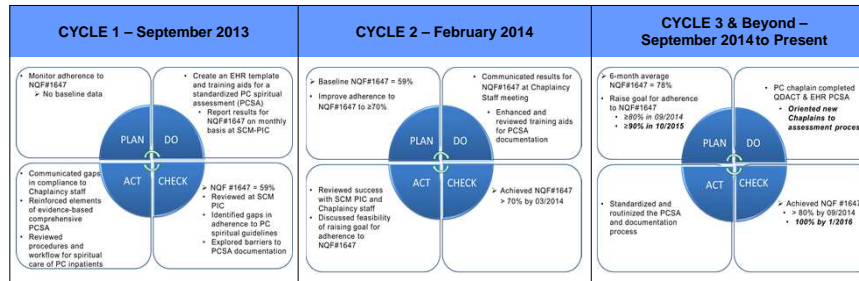
Within our cancer center, this measure was adapted to be applied to PC inpatients and to reflect a comprehensive palliative care spiritual assessment (PCSA).

METHODS

This improvement project was initiated by the interdisciplinary Supportive Care Medicine Performance Improvement Committee (SCM PIC) of Moffitt Cancer Center in partnership with the Global Palliative Care Quality Alliance (GPCQA).

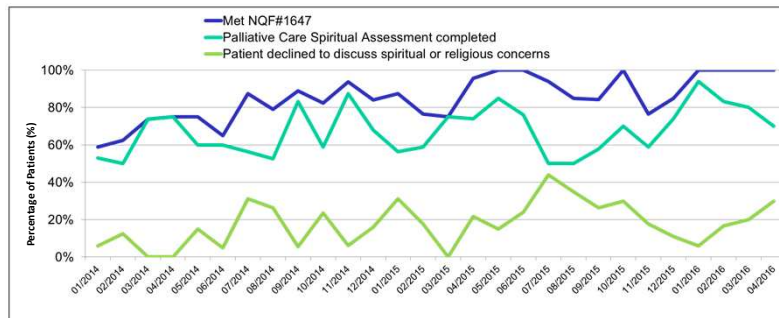
- The project team:
 - > Defined the spiritual quality measure as compliance with the adapted NQF #1647 in September 2013
 - > Initiated an iterative Plan-Do-Check-Act (PDCA) Cycle approach to monitor adherence
 - > Audited documentation of spiritual assessments using a 20% sampling of all PC inpatients starting January 2014
 - > Participated in the GPCQA quality improvement project from September 1, 2014 – February 28, 2015 to optimize spiritual assessments using the web-based Quality Data Collection Tool (QDACT)
 - > Has continued to review adherence to the measure within the SCM PIC and with Chaplaincy Staff at regular intervals

METHODS: PROCESS IMPROVEMENT



RESULTS

Audit of EHR for Adherence to NQF#1647



RESULTS

Quantitative Results

Outcomes of spiritual assessment via QDACT from GPCQA report.

Spiritual Assessment of PC Inpatients (December 2014 – May 2015)		
Degree of Spiritual Well-being (Score 0 to 10)	Mean	7.7
	Median	8
	Range	2 – 10
Expression of Spiritual Peace (Yes/No)	Yes	84%
Religious Affiliation	Religious Faith	94%
	Spiritual	3%
	No Religion	3%

Qualitative Results

Using a standardized assessment tool:

- Legitimized spiritual assessment as a critical element in care
- Fostered patients' reflection regarding their spirituality
- Prompted conversation about spiritual needs with religious and non-religious patients

CONCLUSIONS

- A team-based approach to quality improvement with measurement of NQF #1647 fosters the integration of spiritual care in inpatient oncology palliative care.
- This project highlighted the opportunity to incorporate the discussion of spiritual and religious concerns with all inpatients at Moffitt Cancer Center.

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