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, Neshaiah 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

METHODS: PROCESS IMPROVEMENT

• 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.

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).

OBJECTIVE

For more information, contact Mareda Kennedy at mareda.kennedy@moffitt.org

RESULTS

Quantitative Results

Outcomes of spiritual assessment via QDACT from GPCQA report.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Percentage of Patients (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree of Spiritual Well-being</td>
<td></td>
</tr>
<tr>
<td>(Score 0 to 10)</td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>7.7</td>
</tr>
<tr>
<td>Median</td>
<td>8</td>
</tr>
<tr>
<td>Range</td>
<td>2 – 10</td>
</tr>
<tr>
<td>Expression of Spiritual Peace (Yes/No)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>84%</td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Religious Affiliation</td>
<td></td>
</tr>
<tr>
<td>Religious Faith</td>
<td>94%</td>
</tr>
<tr>
<td>No Religion</td>
<td>2%</td>
</tr>
</tbody>
</table>

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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