

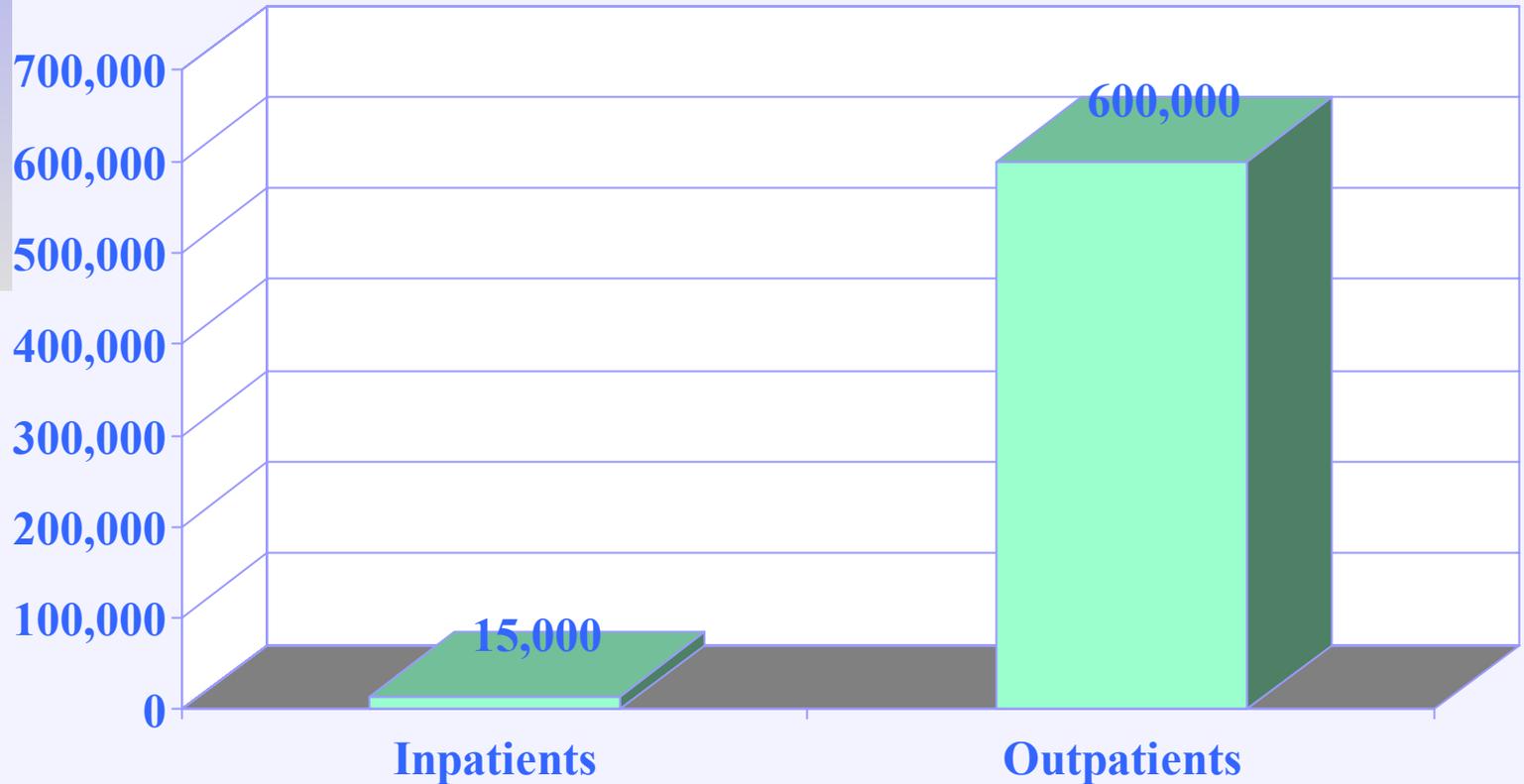
Ministry to Outpatients

A New Challenge in Clinical Pastoral Care

Department of the Navy
Bureau of Medicine & Surgery

Inpatients Vs. Outpatients

(Medical Treatment Facility)



Why Outpatient Ministry?

- *Increase in outpatient care will continue*
- *Shorter hospital inpatient stays, decreased occupancy rate*
- *Good healthcare encompasses the full range of biopsychosocialspiritual concerns*
- *Many outpatients are experiencing the devastating effects of illness and are in need of pastoral care*
- *Higher acuity of outpatients today*
- *Provide “total care” across the spectrum from outpatient to inpatient*
- *Waiting times before clinic appointments provide “window of opportunity” for ministry*

Why the Shift?

- *improved surgical & medical protocols*
- *revolution in medical technology*
- *infusion of new research federal \$\$ - better knowledge*
- *60% of cancer patients cured today*
- *pressures of cost reduction*
- *increased market competition*
- *home-based hospices*
- *emphasis on screening clinics, prevention & wellness*
- *lower infection risk to patient*

Ambulatory Clinic Ministry is not New

- *HIV / AIDS*
- *Hematology-Oncology*
- *Dialysis*
- *Breast Cancer Center*
- *Day Surgery (APU)*

Impact on Hospital Ministry

- *More outpatients than inpatients*
- *Higher acuity in outpatient population*
- *Need to develop screening & referral tools*
- *Need to document pastoral care provided*
- *More emphasis on measurement of pastoral care –quality & outcomes*
- *“Total Patient Care” applies to outpatient care too*
- *Need to educate hospital staff*
- *Need to market pastoral availability*

Needs of Outpatients

- *waiting can be intense, stressful*
- *powerless, helplessness*
- *anxiety about health*
- *vulnerability*
- *co-partners in their own treatment*
- *emphasis on “living with” their disease*
- *increase in patient education*
- *emphasis on prevention*

Words Heard by Patients in the Outpatient Clinic

- *Shocking, life changing words are pronounced*
- *“There’s nothing more we can do.”*
- *“I’m referring you to a specialist.”*
- *“Is there any family with you?”*
- *“You need to be admitted to the hospital.”*
- *“It’s cancer.” “It’s a tumor.” “It’s MS.”*

Continued . . .

Most patients feel overwhelmed. Underneath feeling overwhelmed is usually some type of fear:

- *fear of diagnosis*
- *fear of going to sleep*
- *fear of bad news*
- *fear of losing control*
- *fear of not being self-sufficient*
- *fear of becoming someone they are not*
- *fear that it's only the beginning*

Challenges for Clinical Pastoral Care

- *High volume means you can't see everyone*
- *Need to identify patients for pastoral referral*
- *Outpatient triage:
who needs / wants pastoral care ?*

All Ambulatory Care Clinics are not the Same

- *Identify clinics with higher acuity, more complex cases with multiple diagnoses, high-risk problem prone patients:*
 - *Internal Medicine – chronic diseases, multiple disease cases*
 - *Oncology – high acuity, high anxiety*
 - *Orthopedic – joints patients with high, chronic pain, limited mobility (may feel abandoned by God, anger), high risk for falls*
 - *Pediatrics – domestic abuse, child abuse, chronic childhood illnesses, i.e. asthma*
 - *Neurology – MS, degenerative illnesses, chronic migraines*

Strategy for Ambulatory Care Ministry

- *Educate medical providers on screening indicators for pastoral care referrals*
- *Link outpatient clinic with its associated inpatient unit to provide a “continuum” of care from outpatient to inpatient status*
- *Market: “Pastoral care is available as part of your total health care which looks after your physical, emotional and spiritual well being.”*

Pastoral Triage

- *Who needs / wants Pastoral Care?*
- *Examples of “Screening Tools”*
 - *Screen for Pastoral Referral by a Medical Provider*
 - *Screen by Diagnosis*
 - *Screen for Spiritual Distress (Chaplain)*
 - *Patient screens self (self-referral, walk-in)*
- *Mechanisms for pastoral referrals:
pager, cell phone, email (Blackberry)*

Screening Indicators for Pastoral Care Referrals

Educate medical providers to refer: Patients demonstrating the following should be considered for referral to Pastoral Care:

- **Patients experiencing high anxiety beyond the level usually seen in most patients**
- **Patients with recent histories of loss, changes in their support systems or life changes**
- **Patients with difficult diagnoses which threaten loss of identity, mortality or function**
- **Patients utilizing the doctor's visit to ventilate or discuss other issues**
- **Patients experiencing a faith crisis or loss of faith in conjunction to medical situations**

(Patients requiring psychiatric assessment should be referred to the Mental Health Department.)

Screening Indicators by Diagnosis

Look for diagnoses with “high acuity” -

- *Accidents with serious bodily harm*
- *Terminal patients – oncology, dialysis, HIV, etc.*
- *Multiple diagnoses*
- *Chronic diagnoses, i.e. chronic pain, asthma (high cost, high risk), MS, Cystic Fibrosis, COPD, CHF*
- *Problem prone – high risk for falls, limited mobility, etc.*
- *Complex care – diabetics*
- *Domestic Abuse*

Screening Indicators for Spiritual Distress

*Patients demonstrating the following are
at “high risk” for spiritual distress:*

- *Feels abandoned by God (loss issues)*
- *Has fears regarding health*
- *Has fears regarding his/her future*
- *Feels hopeless, guilty, angry*
- *Feels life lacks meaning, purpose*

Motivation for Chaplain's Outpatient Ministry

- *be a healing presence wherever there is need*
- *sensitivity to the person & their vulnerability*
- *intentionality of ministry – purposeful, focused*
- *visibility – ministry of presence*
- *chaplain's presence has symbolic meaning – meanings & values*
- *proactive – must be alert to opportunities for ministry*

Summary

- *outpatient care will continue to increase*
- *outpatient clinic ministry is labor intensive*
- *need for visibility, marketing & PR is high*
- *demand for measurement of pastoral care – quality & outcomes*
- *need to document pastoral care provided*
- *chaplains must be part of the integrated health care team*