

Improving Identification of Religious Affiliation in Inpatients

THE POWER TO HEAL



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INTRODUCTION

At **Abington Memorial Hospital**, a 665 bed acute care teaching hospital in the Philadelphia region, ineffective processes for religious affiliation data collection had been in place. This had resulted in as few as 30% of hospital inpatients having a religious affiliation correctly listed. This gap led to numerous cases of chaplains not being notified of a religious or sacramental need until five days or more into their hospital stay, or cases of requests for religious needs not being conveyed until just before a patient was to undergo a major procedure or test.

RESOURCES

- To remedy the identified gap in religious affiliation identification, a team was assembled including: administration, admissions, information systems, nursing, pastoral care and process improvement
- GE LEAN process improvement methodology was implemented by the team. This process dedicates people, time and energy to problem identification, exploration and creating a detailed performance improvement plan

TEAM

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PLAN & INTERVENTION

Plan

- Streamline the Admissions' office religion, spiritual needs questions and inquiry process
- Interdisciplinary electronic medical record reformatted to highlight *values and beliefs* section in the patient profile
- Chaplains tasked with inquiring of patients w/religious affiliation listed as "unobtainable." Chaplains tasked with revisiting patients who reported "unobtainable" to clarify affiliation
- In-service and staff education plan implemented (3/09)

Intervention

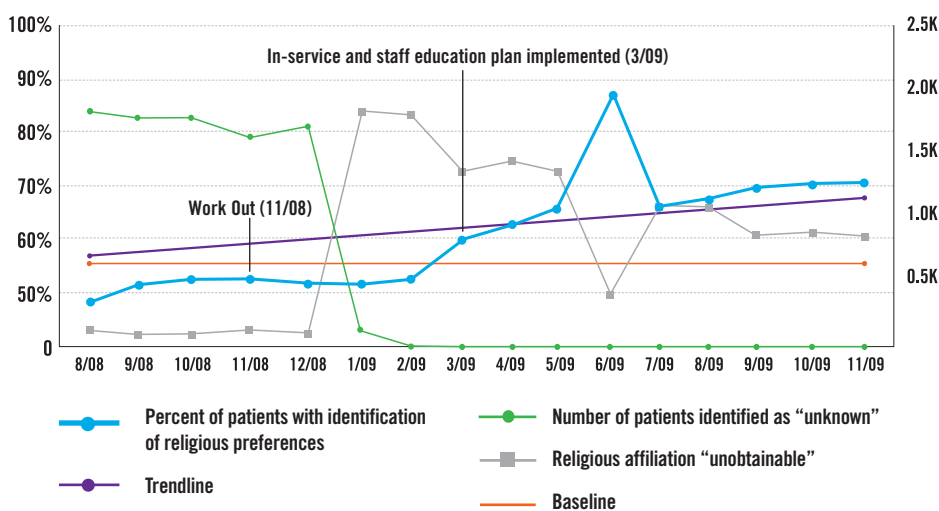
- Baseline religious affiliation data evaluated
- Interdisciplinary "workout" held incorporating all involved disciplines, with support of administration. Data tracked through *Performance Logic*® system
- Follow up meetings held 30 and 60 days after workout
- Chaplain referral list generated from nursing interview

CONCLUSIONS

- By streamlining the process by which data is collected, significant improvement in % of patients' religious affiliations were accurately identified
- Through utilizing GE LEAN workout model, all involved disciplines participated in improving accuracy and time within which religious affiliation was recorded, referrals made and needs addressed
- GE Lean Workout Model provided an efficient, interdisciplinary approach with improvement in capture of religious affiliation, increase in appropriate referrals and improved care of patients' spiritual needs

QUALITY ASSURANCE & IMPROVEMENT

RELIGIOUS AFFILIATIONS DATA TREND DATA COLLECTION PERIOD: 8/08 TO 11/09



- On-going data collection to monitor performance outcomes
- "Unknown" category eliminated; "unobtainable" added in January 2009
- "No preference" category added in January 2009
- 23% increase in religious affiliation recorded in 15 months
- 11% decrease from 25% unknown to 14% unobtainable in 2009

RELATED POSITIVE OUTCOMES

- Religious and spiritual needs identified and accommodated much earlier in hospital stay
- Increased utilization of pastoral care services with significant increase in number and appropriateness of chaplain referrals
- Improved community clergy identification of congregants on the hospital's religious census who desire visitation, while maintaining full HIPAA compliance
- Improved chaplain identification of faith-specific needs, interventions and collaboration with treatment team. This information communicated through electronic medical record with an evidence based model and shared at case conferences
- Improved efficiencies of use of pastoral care staff
- Anecdotal reports of higher satisfaction with spiritual care among patients and staff