Improving Spiritual Health Through Intentional Screening and Targeted Interventions in Primary Care

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Objectives

- Discuss the Background and Significance
- Explore Opportunities for Improvement
- Describe a Recent Implementation Research Project
- Discuss Results and Outcomes
- Review Conclusions and Recommendations for Future
Defining Spiritual Terms

Spiritual Health versus Religiosity

Spiritual Distress

“A state of suffering related to the impaired ability to experience meaning in life through connections with self, others, the world, or a superior being”

(NANDA, 2014, p. 372)
Mental Health Landscape

- Suicide Statistics
- Worldwide Issue
- Access to Mental Health Care
- Impact on Communities
Opportunity for Improvement/ Project Purpose

Screen & Detect
Provide Resources
Follow Up

Improve overall health
Decrease spiritual distress
Project Timeline

Organizational Assessment
Needs Assessment

January-August 2017

Staff Education

July-November 2017

EHR Development

November 2017-March 2018

Implementation Period

March-April 2018

Results Analysis

Future Directions

April 2018---
Evidence
- Research
- Clinical experience
- Patient experience
- Local data

Context
- Culture
- Leadership
- Evaluation

Facilitation
- Purpose/Role
- Skills & Attributes

Framework for Organizational Assessment: PARiHS
Promoting Action on Research Implementation in Health Services
Description of Organization

Private, semi-rural practice
6 Providers (1 FNP-C, 5 MDs)
30 support staff (nursing/clerical/lab/radiology)
~20,000 enrolled
Birth through end of life
Diverse payor mix
~100 patients/day
Organizational Assessment Summary

- Focus Groups, Surveys, & Interviews of Stakeholders
- Dartmouth Institute Clinical Microsystem Analysis
- SWOT
- Needs Assessment
Guiding Theories

Frankl’s Logotherapy
- Meaning
- Suffering
- Perseverance

Meleis’ Transitions Theory
- Transitions
  - Health & Illness
  - Situational
  - Organizational
- Role Sufficiency/Insufficiency
Literature Review: What is Spiritual Care?

Records identified: n=304

Duplicates removed: n=276

Full-text articles assessed: n=109

Studies included: n=24

Do not meet criteria: n=167

Excluded with reason: n=85
Aspects of Spiritual Care

Ramezani, Ahmadi, Mohammadi, & Kazemnejad. (2014)
Planning: Gathering Resources

- Financial
- Multidiscipline
- Counseling
Implementation
Go Time
FACIT-Sp (Functional Assessment of Chronic Illness Therapy-Spiritual)

Validated, reliable screen in the fields of oncology and pain management

12 question Likert-scale

3 Subscales
  ◦ Faith
  ◦ Meaning
  ◦ Peace
Intervention Plan & Methods

- Initiate screening for spiritual distress in same-day/acute patients (Goal: 70%)
- Provide individual treatment and follow up plan (Goal 90%)
- Documentation in the Electronic Health Record (Goal 80%)
- Improvement in spiritual distress scores at follow-up (Goal 20%)
Implementation Process

Patient

Arrives for appointment

Nursing Staff

Room → FACIT-Sp → EHR entry

Provider

FACIT-Sp Review

No intervention → INTERVENTION → Individualized Plan/follow up

KEY

Start/end

Process

Document

Data input

Sorting process

Alternative processes
Demographics

- Screened for spiritual distress with the FACIT-Sp: n= 172
- Positive scores on FACIT-SP: n=36
- Agreed to intervention and follow-up plan: n=20

Demographic data on age, gender, race, diagnosis, insurance, marital status, and employment status was collected from the EHR.
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>All Patients (n=172)</th>
<th>With Spiritual Distress (n=36)</th>
<th>Without Spiritual Distress (n=136)</th>
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</thead>
<tbody>
<tr>
<td><strong>Age groups (years), n (%)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-40</td>
<td>44 (26)</td>
<td>12 (33)</td>
<td>32 (26)</td>
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<tr>
<td>41-55</td>
<td>36 (21)</td>
<td>5 (14)</td>
<td>31 (23)</td>
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<tr>
<td><strong>56-70</strong></td>
<td>67 (39)</td>
<td>13 (36)</td>
<td>54 (40)</td>
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<tr>
<td>71-85</td>
<td>24 (14)</td>
<td>6 (17)</td>
<td>18 (13)</td>
</tr>
<tr>
<td>&gt;85</td>
<td>1 (nil)</td>
<td>0 ---</td>
<td>1 (1)</td>
</tr>
<tr>
<td><strong>Gender, n (%)</strong></td>
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<tr>
<td>Female</td>
<td>128 (74)</td>
<td>27 (75)</td>
<td>101 (74)</td>
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<tr>
<td>Male</td>
<td>43 (26)</td>
<td>9 (25)</td>
<td>34 (25)</td>
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<tr>
<td><strong>Race, n (%)</strong></td>
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<tr>
<td>Caucasian</td>
<td>47 (85)</td>
<td>31 (86)</td>
<td>116 (85)</td>
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<td>Hispanic</td>
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<td>Asian</td>
<td>1 (nil)</td>
<td>0 ---</td>
<td>1 (1)</td>
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<tr>
<td><strong>Diagnosis, n (%)</strong></td>
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<tr>
<td><strong>Upper Respiratory</strong></td>
<td>107 (62)</td>
<td>22 (61)</td>
<td>85 (63)</td>
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<td>5 (3)</td>
<td>2 (5)</td>
<td>3 (2)</td>
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<td>Orthopedic</td>
<td>20 (12)</td>
<td>2 (5)</td>
<td>18 (13)</td>
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<td>Dermatology</td>
<td>16 (9)</td>
<td>3 (8)</td>
<td>13 (10)</td>
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<td>Genitourinary</td>
<td>7 (4)</td>
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<td>Gastrointestinal</td>
<td>9 (5)</td>
<td>2 (5)</td>
<td>7 (5)</td>
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<tr>
<td>Cardiovascular</td>
<td>4 (2)</td>
<td>1 (3)</td>
<td>3 (2)</td>
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<tr>
<td>Other</td>
<td>3 (2)</td>
<td>1 (3)</td>
<td>2 (2)</td>
</tr>
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</table>
Results

SCREENING PERCENTAGE

Goal=70%
Results

Percentage of Screenings Documented in EHR by Week

Goal = 80%
Results

Percentage of Interventions Initiated Based on Positive FACIT-Sp Scores

Goal 80%
Results

![Graph showing PEACE scores for different patients at time of screening and follow-up.](image-url)
Results

![Graph showing MEANING with FACIT-SP SCORE on the y-axis and PATIENT on the x-axis. The graph compares Time of Screening and Time of Follow-up for patients labeled A to S.](Image)
Results
Results

67% Achieved Goal
n=12

Goal =20%
Results

OVERALL IMPROVED HEALTH

5% reported no change in overall health (n=1)

95% reported improvement in overall health
Other Outcomes & Findings

- Patient Experience
- Staff Satisfaction
- Impact on Time in Clinic
Limitations and Future Recommendations

The FACIT-Sp and Same Day Illness

Streamlining EHR Processes

Validation of other instruments
- Spirituality Index of Well-Being (SIWB)
- Spiritual Involvement and Beliefs Scale (SIBS)
Key Implementation Lessons Learned

- Facilitation is an essential aspect of successful implementation.
- PDSA cycles help projects to achieve goals.
- Situational changes in context can impact implementation projects.
- Support from Quality Improvement Champions is crucial for success.
Conclusions

Targeted screening and interventions with follow up can have a positive impact on overall health.

Spiritual health is an integral part of holistic health and should be addressed on a routine basis.

A systems-based, multidisciplinary approach is an effective way to decrease spiritual distress.
Questions?

Targeted Screening and Individualized Intervention

Moving People from Despair to Hope

The last of the human freedoms—
to choose one’s attitude in
in any given set of circumstances, to choose one’s own way

- Viktor Frankl


