
White Paper on
**SPIRITUALITY AND ITS VALUE-
ADDED IMPACT ON CARE
DELIVERY AND REVENUE IN
THE LONG-TERM CARE
SETTING**

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INTRODUCTION

Through a full-time Chaplain program that provides inter-faith spirituality initiatives in senior care facilities, spirituality has a tremendous impact. It affects such key indicators as revenue, census, Quality Mix, clinical outcomes, family complaints, and stakeholder engagement and helps to optimize care delivery and ROI in the current healthcare environment that faces daily federal and state budgetary cuts.

Spirituality or “spiritual care” is defined as meeting people at the point of their need through spiritual encounters, interdisciplinary clinical partnerships, one-on-one visits, fellowship, worship, and prayer. The intent is to provide encouragement; assurance; and a multitude of interventions to help residents alleviate or release anxiety, depression, and a general feeling of hopelessness.

Incorporating spirituality into long-term care entails a change in mindset about how facilities provide care. It involves a more holistic approach than what the industry currently utilizes. Spirituality in the facility encompasses a behavioral shift away from the thought that it is a separate entity in the healthcare arena. Caregivers have historically considered it as a silo, without direct involvement in interdisciplinary care as a specific intervention addressing the patient’s condition.

Perhaps most importantly, with current economic conditions, growing state and federal budget deficits and a fragile economy and job market, Medicare and Medicaid cuts are inevitable. As a nation, the country is looking at a permanent rebasing of how payments for skilled nursing or senior care services are

calculated, delivered, and funded. According to one article¹:

Medicare's 48 hour "observation status" regulation where patients admitted to the hospital under observational status which are usually those patients that are too sick to go home would NOT be eligible for Medicare-reimbursed skilled nursing after discharge. This could result in Medicare beneficiaries having to absorb huge costs for skilled nursing care usually paid by Medicare.

Based on the estimated revenue reductions from proposed Medicare Part B Therapy rate cuts², providers need to consider new revenue streams and creative sources for revenue enhancement. Wellness initiatives like spirituality are key to performance and new payment methodologies.

The need for spirituality-based wellness initiatives is partly related to the increase in litigation. One of the most recent cases included an award of \$677 million to the plaintiff due to staff shortage. Chaplains can assist with staff shortage through viable retention and healing programs. In addition, research has shown that spiritual care and prayer help to prevent pressure sores and other causes for medical malpractice cases.

Some providers are working to fill or provide grants for healthcare workforce shortage, particularly nursing, primary care doctors and geriatricians. Offering spirituality services to senior care and employee base has been shown to help recruit employees as well as impact stability and retention of workforce.

In addition to staff retention, with the new ACO test model that reimburses collaborative providers based on performance and clinical outcomes instead of fee for service, resident wellness and

clinical efficacy is perhaps the most significant reason to consider spirituality as an integral part of care.

Spirituality is more than simply being a "prayer leader," it's an intervention of hope and healing that plays a part in increasing efficiencies, enhancing communication in the wellness structure, and reducing the rising costs of healthcare. Long-term care providers that embrace spirituality as a technique to enhance care will serve as an innovative public-private partner to local governments helping to pave the way for solvency.

With Managed Care expanding at the State level, new ways to consider bundled Managed Care Service payments with Spirituality as a proven, evidence-based product in clinical results will enhance performance, prevention and therefore, possibly reimbursement.

Spirituality programming can provide a competitive advantage if comprehensively developed to meet the needs of resident and employees, and therefore, a driver of market share in a finite market place.

Simple competition is another reason why it matters. Large corporations are widening their mission to consider the 'well-being' of its employees and stakeholders because of the many unknowns, the massive overhaul in healthcare legislation and its focus on prevention and wellness.

Spirituality is only recently documented as an effective intervention in various long term care and hospital settings. One study by Dr. Harold Koenig, the Co-Director, Center for Spirituality, Theology and Health³, provided the first joint statement on relationship and

² <http://www.mcknights.com>

³ Koenig, H. (2001). *Professional Chaplaincy, Its Role and Importance in Healthcare*. White Paper: Center for Spirituality, Theology and Health.

significance of spirituality and long-term care.⁴

Based on Dr. Koenig's research on residents over 50 years of age at the Duke University Medical Center, robust and persistent positive effects were documented for religiousness and/or spirituality in the use of long term care among African Americans and women. These groups had fewer hospitalizations, improved physical health status, and better mental health which resulted in less days in the long term care facility.

The industry trends illustrate that purpose and something greater than self exists. Spirituality offers peace by helping patients cope with fear, anxiety and depression. This impacts overall care and hope for wellness. Spirituality demonstrates that persons are not merely physical bodies that require mechanical care... When facing a crisis, persons often turn to their spirituality as a means of coping⁵. Many believe in its capacity to aid in the recovery from disease⁶ and 82% of Americans believe in the healing power of personal prayer⁷, using it or other spiritual practices during illness.

Recent study and congressional testimony by the AARP shows that the elderly and disabled would rather stay in their homes as long as possible. Therefore, the issue becomes recreating home-like settings and familiar environments with which to convalesce or live which includes the volume of spiritual services and organized religious activity that were freely once available to an aging population in the communities in which they lived, served and worked.⁸

⁴ An additional interesting study to consider is *Religion, Spirituality and acute care hospitalization and long-term care use by older patients* as documented in the Arch Intern Med. 2004 Jul 26; 164(14):1579-85.

⁵ Pargament, K. (1997). *The Psychology of Religion and Coping: Theory, Research, Practice*. New York: Guilford Publications.

⁶ McNichol, T. (April 7, 1996). *The New Faith in Medicine*. USA Today.

⁷ Kaplan, M. (June 24, 1996). *Ambushed by Spirituality*. Time Magazine.

⁸ Louisville Courier-Journal

There is also the concern of "God in the workplace" as it relates to religious proselytizing. This paper proposes a spirituality program that offers the freedom to practice and seek purpose in a specific religion or spiritual preference allowing the patient the freedom to explore without a "right" or "wrong" way of thinking.

Another issue includes understanding the perceived differences among policy and patient expectation, spiritual caregiver's perception of need, and overall understanding of the word "spirituality." One study⁹ found that although policy organizations advocate integrating physical, psychosocial and spiritual aspects within palliative care, not all patients understand the term 'spirituality.' Having said that, according to the study, 87% of patients consider spirituality important in their lives."

Clarifying spiritual care and what it means in care settings is a high level issue mitigated or extinguished by a broad base spiritual/Chaplain training strategy, belief in prayer and healing, and specific interventions that connect and build relationships of compassion, the belief in possibility, hope, and "personhood."

People are spiritual by nature and perhaps the fundamental issue or gap resides between patient and caregiver who lack the confidence or knowledge in discussing spiritual topics. This furthers the argument for full-time spiritual leadership with its proportionate significance to those in senior care settings who have aggravated fears at various levels and stages of illness.

The objective of this paper is to show that a full-time interfaith chaplain corps with well-defined training and purpose has a beneficial place and serves a need in long term care. With qualitative and quantitative

⁹ Edwards, A. (July, 2010). *The Importance of Relationships in Spiritual Care*. Palliat Med OnlineFirst.

evidence, it can strengthen the cultural environment for both residents and staff through care delivery, the utility of team integration, and overall financial outcomes, affecting:

1. key clinical outcomes,
2. stakeholder engagement and retention,
3. market share in the community,
4. customer complaints and the diffusing of aforementioned circumstances, and
5. ancillary influences (Five Star rating, complaint surveys, etc) .

PROBLEM STATEMENT

Senior care requires radical changes to its image and future solvency not only financially but as a care resource of choice by an emerging and demanding baby boomer population. Radical changes in care must be made to meet all resident needs. This includes meeting spiritual needs and facilitating the pursuit of questions of 'life' purpose.

This study will show that such spiritual and religious services serves a role in improving the long term care industry's current negative public image. In addition, with the new MDS 3.0 and its focus on clinical outcomes and pay for performance, spirituality interventions enhance the delivery of care and quality of life initiatives, and, as a result, the financial outlook in a very uncertain future.

The implementation of spiritual initiatives in long term care facilities is supported by a wide variety of individuals and groups who are directly or indirectly affected by the quality of care provided, including:

- a. Individuals with innate desire for understanding purpose and are

interested in such searching questions as: Why do I exist? Why am I sick? Will I die? Do I still have purpose in this phase of life? What will happen to me if I die?

- b. Regulatory and accrediting bodies require sensitive attention to spiritual needs. As the Joint Commission on the Accreditation of Healthcare Organizations¹⁰ makes clear, "patients have a fundamental right to considerate care that safeguards their personal dignity and respects their cultural, psychosocial, and spiritual values."
- c. CMS care planning and intervention directives stresses that psycho-social and spiritual needs must be considered in relation with the physical needs.
- d. Employees who benefit from spiritual opportunities because of current belief systems and utilize spiritual focus with stress reduction.
- e. Religious institutions and spiritual groups who feel a need of call and service to help others
- f. Social Services and other psycho-social professionals who experience anxiety and depression and feel the need to incorporate spirituality into care models so as to relieve sadness to moderate behavior for emotional wellness.
- g. Family members in need of relief, comfort and hope in healing.
- h. Clinicians, physicians, primary caregivers, and therapists are impacted through partnership with a spiritual care focus through

¹⁰ JCAHO (1998). CAMH Refreshed Core, January, R11

interventions of prayer, encouragement, hope, and spiritual alignment and healing. In addition, through the new ACO model, care efficacy, patient care techniques with evidenced based results have a significant impact on their care delivery systems and payment.

- i. Palliative Care patients and their family members helping them face the unknown with new understandings, peace, hope and patience.

In the past, spiritual advisors and members of the local clergy would visit the facility weekly or monthly with infrequent continuity due to schedule demands and prior commitments to their place of worship. Their visits were often quick and little coordination of care or true understanding of patient's needs, care plan, etc. was established. Spiritual needs were often ignored and/or were viewed as insignificant to care, i.e., not the facilities problem. This paper hopes to change these views.

SOLUTION

The "product" of spirituality proposed in this paper is a service of prayer, encouragement, and hope. It is a first responder in a crisis situation filled with love and discernment for the individual, the situation, and its cause. Spirituality as an intervention or, in many cases, the specificity of a religious practice offers the power of comfort and tradition. This is often present through the use of religious music and favorite scriptures which then alleviates depression and inspires the possibility of wellness.

This program is rooted in the meeting individual's at the point of their spiritual need without judgment and without

representing a particular faith or conviction. It offers a significant impact not only in the wellness of the people but in the overall financial output of the business.

The individuals hired as Chaplains are professionally trained in spiritual care core competencies including religious practices, cultural traditions, bereavement, listening, prayer and empathy. Where their interfaith religious skills and knowledge may be limited in a specific faith or religious practice, they would then call on their chaplain advisory board (a community board) or other members of the community to deliver the specific spiritual needs of the resident and/or employee.

Simply, the chaplain is critical to this model of care because they act not only as a delivery of spiritual care but as a facilitator to meet specific needs and desires to help quench anxiety and pain as well as serve as a clinical intervention. They facilitate the discovery of purpose, faith journeys and the existence of hope. In addition, while the clinical team is predominantly focused on physical needs, the chaplain can serve as a vital interdisciplinary partner focused on the emotional and spiritual.

To validate the results of spiritual initiative implementation, a study was conducted at Signature HealthCARE, LLC facilities that examined key quantitative indicators from the year prior to the hiring of full-time chaplains and compared it with a one-year controlled study after the chaplains were hired.

This study delved into twelve Signature nursing homes in Tennessee, Florida and Kentucky. It compared the financial and clinical outcomes of facilities that had not yet hired full-time chaplains to those with full-time chaplains. Several evidence-based deductions can be made based on the statistical and anecdotal evidence and trends.

Financial Measures

Based on Spiritual interventions it is interesting to note that although census was down from 2008 to 2009, overall length of stay may have been increased based on satisfaction with services. In addition, the facilities with full-time chaplains had more Quality Mix days because of fewer re-admits to the hospital. This impacted strength of care and revenue even with a lower census.

Financial Data

	<u>2008</u>	<u>2009</u>
Medicare Rate (approx.)	\$336/day	\$406/day A change of 21% or \$70/day
Revenue/day	\$197.82	\$212.65
Revenue	\$87 million	\$91 million Up \$14.83/per patient day
Census	439,799	427,944 Down 33/day

Quality Measures and Training

A set of quality measures were developed from Minimum Data Set-based indicators to describe the quality of care provided in nursing homes. These measures address a broad range of functioning and health status in multiple care areas. Quality measures are one of the four ratings that CMS reports.

The utilization of full-time chaplains and the trainings provided focusing on team-building partnerships with the clinical group had a similar positive impact and result. This may be due to the increased frequency of communication in addition to the more specific quality measures/improvement trainings that were provided to link directly to Five Star data.

As a result, after the chaplains were included in the interdisciplinary trainings and were more involved in the communication

chain, quality measures improved up to 30% in Five Star ranking. It should be noted that to provide value, these chaplains served as a complementary part of the interdisciplinary team efforts; their attendance alone was not enough. They forged active partnerships with therapy, clinical, and quality of life to meet spiritual needs, physical needs, and emotional support and encouragement.

For instance, the chaplains offer specific prayers of healing and encouragement to those *at risk*, asking that they use designated ambulation support (like a walker). This prevents a potential fall. The spiritual impact is made not only as an individualized prayer, but as a robust clinical partnership and intervention in the care planning process. Chaplains can have similar results when focusing on such resident physical conditions as restraints, pain, falls, pressure ulcers, and weight loss.

Five Star Data and Its Relation to Quality Measures

	<u>2008</u>	<u>2009</u>
Avg. Quality Measure Rating	2.17	2.83 Increase of 31%
Quality measure training and IDT impact:		
<u>Long Stay Resident</u>	<u>2008</u>	<u>2009</u>
Pain	11.6%	4.7%
ADL Help Increase	15.5%	13.1%
Mobility worsened	15.5%	13.1%
Restraints	6.8%	3.1%
Pressure Ulcers	9.1%	7.9%
<i>Note: Falls and weight loss not measured in Five Star</i>		
<u>Short Stay Residents</u>	<u>2008</u>	<u>2009</u>
Pain	17.7%	10.8%
Pressure Ulcers	12.6%	11.6%

Retention and Turnover

What makes this chaplain program unusual is that it in addition to serving resident and family needs, it includes the employees in the spiritual purview. Chaplains offer

encouragement, hope, and empowerment through one-on-one visits, prayer, and casual encounters. This has an immediate and long lasting effect on employee retention, stability, and turnover.

To determine the impact on turnover, nursing retention and turnover were evaluated. *Nursing retention* measures the percentage of nursing employees who have been employed more than one year. *Turnover* is the annual rate at which an employer gains and loses employees. It is calculated by dividing the actual number of terminated employees for the year with the total number of employees employed by the facility for the year.

As summarized on the chart below, after chaplains were hired, retention improved by approximately 22% and turnover decreased by 32%. There were also 41% less terminations in the second year.

Retention and Turnover

	<u>2008</u>	<u>2009</u>
Retention	55%	76.7%
	Increase of 21.7%	
Turnover	77.2%	45.6%
	Decrease of 31.6%	
Annual Terminations	412	244
	40.8% improvement	

Moreover, when comparing pre-chaplain with post, facilities with Chaplains were better able to meet the Acuity Based Staffing (ABS) needs due to better retention and turnover numbers. On average, these buildings went from 101% to 106% of achieved ABS.

Annual State Survey

The provided trainings and job focus for the chaplains included understanding the

survey process – what to do and not to do, how to aid the clinical team, praying for and maintaining a calm environment, having a general awareness of processes and procedures in each department, knowledge of clinical protocols and five star system, etc.

Six out of seven buildings with chaplains had better survey results. These facilities went from averaging more than 50 health inspection points to 23.4 points.

Health Inspection Measure as It Relates to the Five Star System

	<u>2008</u>	<u>2009</u>
Average Health Inspection Rating	2.83	3.17
	Increase of +12%	

In addition, the facilities studied had zero complaint survey deficiencies in the post-chaplain year. This is partially due to the use of chaplains in thwarting complaints before they escalated into more serious issues.

BENEFITS

Benefit 1: Residents

Spirituality, a connection or reconnection to ones earliest roots of religious practice, provides comfort and restores faith in what is possible in the healing process. It re-initiates one’s sense of purpose and answers the age old questions, “why are we here” and “what are we to live for.” The active pursuit of these questions creates the desire for wellness and to achieve once again.

With the implementation of a full time chaplain program, one of the most important and fruitful benefits is the power of

communication and the increased collaboration amongst disciplines in the facility. Communication increases awareness of angst, depression, hopelessness. The chaplain can serve as a facilitator of prodigious hope to increase understanding of the clinical strategy and overall care needs.

From the clinical aspect, with CMS pursuing the new MDS 3.0, which rebalances the reimbursement rates from therapy to clinical outcomes, the spiritual impact becomes more critical in not just the delivery of quality care but in overall reimbursement opportunities.

Also, when chaplains' services are care planned as an intervention, this can directly impact resident outcomes such as clinical and psycho-social outcomes. These, in turn, have a financial impact.

For instance, let's say that a Medicare resident is on Megace, which is a very expensive appetite stimulant taken because of major weight loss. The chaplain can be care planned to visit and encourage the resident during meal times to eat. With personal encouragement and support, the resident has a better chance of gaining the weight necessary for the physician to discharge the Megace medication. In addition to doing the right thing, the facility would have a cost reduction and healthier patient, thereby correlating good performance and the efficiency of care delivery.

Benefit 2: Employees

Employee engagement and empowerment of care, not to just complete the systems and rudiments of clinical care, but an increase of hope and purpose for themselves and compassion for others thereby resulting in the delivery of better care. With greater experiential knowledge, growth, and consistency,

retention of employee base provides a more cohesive and efficient way to deliver the best quality of care.

Benefit 3: Facilities

The opportunity cost and value of a full time chaplains program pays for itself and appreciates as it becomes more ingrained into the culture of the facility. The return on investment is proven with net operating income impacted based on market share encroachment, improved clinical results, a reduction in nursing turnover, enhanced retention (costs savings and quality improvement), improved efficiencies (eventual cost reduction), communication, and overall goodwill and recognition in the community.

The adherence to standards and regulations is an obvious correlation as, in 2006, CMS directed long term care providers to offer individualized, adaptive, on-going activities of care which include spiritual references if applicable to the patient. In addition, chaplain participation and understanding of the survey process and Five Star system can be an invaluable contributor to the overall climate of care which positively impacts regulatory adherence.

Enhanced branding and market share for the facility and an overall paradigm shift as it relates to how nursing homes are perceived. With a full-time chaplain program, long term care facilities can be seen as a place to get well, begin another journey in life, and/or go home healed and ready to begin again.

The ROI from this holistic approach to overall care, its usability, short and long-term cost savings, and efficiency in care delivery makes it a viable and transferrable model for long-term care providers as well as the healthcare industry as a whole.

Benefit 4: Long Term Care Industry

As we look towards the unpredictable future of healthcare with healthcare reform and Accountable Care Organizations (ACOs), spirituality can be a premium partner in the focus on prevention, overall performance, clinical outcomes, and new reimbursement measures. As demonstrated in this study, spirituality can help build the culture for collaboration. It can aid in developing a self-actualized clinical team with renewed purposes and commitment to help to heal the sick, the dying, and the desperate, thereby increasing efficiencies and possible cost reductions with a positive impact on revenue generation.

Moreover, performance delivery and collaboration are fully subject to the quality and power of teamwork amongst the surgeons, primary care doctors, nursing team, hospitals and nursing homes and other ancillary services. Spirituality can bind together the traditional status quo of siloed teams that has been imbedded in the healthcare delivery system.

IMPLEMENTATION

The program at Signature began with part-time chaplains. However, as the spiritual needs grew amongst the residents, family members, and employees it became evident that full-time chaplains were needed to meet the spiritual and emotional needs of suffering, hurt, pain, hopelessness, grief, purpose unfulfilled, desire for spiritual discovery and multi-faceted programming.

When rolling the program out, the obstacles and skepticism that existed were similar to that of most other new programs. By continually selling the benefits and the corresponding episodic and anecdotal evidence that began percolating throughout the facility, the initial negative views were

replaced with excitement for the positive results and the future opportunities for the program. Consistency of program delivery enabled trust to build and the program to grow with spirituality as the center point and discernment at the lead.

Critical partnerships with therapy, clinical, Social Services, and Human Resources as well as legal were evolutionary priorities and necessary for the success of roll out. Crucial to early success was a clear understanding of the legal aspects of building the program infrastructure and understanding religious and spiritual practices with a respect and acknowledgement to any conflicts with the Human Resources department and the Legal department.

Establishing the spirituality and chaplain program as an interfaith program of unconditional love and respect for all religions, faith journeys, and cultural traditions was the key to the foundational underpinnings of the program and fighting through the cycle of obstacles along the way. This created continual growth, learning inflection points, new understandings, on-going reflection, and additional awareness of possibilities. In addition, it was imperative that to reach the depth of penetration intended in the culture, the program could not be "watering down." Individuals' free choice to worship or not to worship had to be offered with the freedom to be who they were while respecting those around them.

Education, training, communication of spirituality initiatives and program purpose, peer to peer meetings, and flushing out specifics helped to strengthen content and the necessary processes and systems to deliver spiritual care to thousands of employees and residents.

SUMMARY

Chaplains in long term care facilities are more than just a service of words, listening and prayer, although vital services, but an intervention of powerful means when they understand the clinical processes and systems of long-term care including quality measures and survey readiness.

By understanding these measures of care, Chaplains can focus on real ailments offering a specificity of services and tuned in delivery of spiritual care. Faith in one's well-being heals not just the physical, preventing weight loss, pressure sores and falls, but can also address the psycho-social issues of depression and anxiety through specific activity or quality of life ideas in partnership with therapy, social services and the quality of life teams.

In the end, spirituality is a unique and hopeful discovery for not only long-term care providers but healthcare as a whole industry promoting best outcomes, prevention and holistic wellness. It serves as a key factor in the clinical food chain to ensure performance efficiencies and communication amongst care providers thus working to heal the people, reduce costs, and save the health care system from eventual insolvency.

Perhaps spiritual essence is the missing piece of transformative leadership, moving employees into a new mindset of teamwork and collaboration for optimum performance at any level of the care continuum.



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