Connecting Healthcare and Spiritual Services to Enhance Patient Education and Care

According to a 2016 Gallup poll, over half of survey respondents said that religion is “very important” in their lives and 56% of respondents identified as a member of a church, synagogue, or mosque. As religion remains important to many Americans, healthcare organizations are realizing the importance of teaming up with local faith-based establishments to boost holistic patient care and education, as well as connect patients to spiritual support within their very own congregations.

Methodist Le Bonheur Healthcare (MLH)—a 1,650-bed health system headquartered in Memphis—utilizes a congregational health network (CHN) to assist in caring for its patient population and communities. Hancock Health—comprising an 82-bed regional hospital and over 20 healthcare facilities serving suburban counties of Indianapolis—adapted a similar network and resources to enhance patient health education. To learn more about these services, The Academy spoke with Armika Berkley, Corporate Program Manager of Methodist’s CHN, as well as Hancock Health’s President and CEO, Steve Long; Director of Chaplain Services, Russ Jarvis; and Director and Navigator for Hancock Health Congregational Network (HHCN), Amanda Everidge.

Methodist Le Bonheur Healthcare
Developing CHN Services
MLH began its CHN through a large-scale collaboration with community and faith-based organizations and leaders to discuss innovative cost-saving concepts and share ideas that positively impact the overall health of the community. Since then, the CHN has grown to encompass over 650 congregations and numerous community partnerships to bridge together spiritual and health-related endeavors.

Elevating the Voice of Patients Through the Integration of Experience Officers

As an individual’s experience with their care during a hospital stay continues to be stressed, hospitals and health systems have begun analyzing ways to elevate positive healthcare experiences due to metric reporting, reimbursement funds, and performance measures that are now increasingly connected to the perception of care delivery. Moreover, with this aspect of hospital operational oversight becoming a larger concern, the healthcare industry has seen an increase in positions catering to this aspect of healthcare, such as patient experience liaisons, patient experience directors, or chief patient experience officers (CXOs).

At Truman Medical Centers (TMC)—comprising two acute academic hospitals located in Kansas City, Missouri—the CXO role was formally integrated into hospital operations in 2012. Prior to the establishment of this role at TMC, a patient experience liaison monitored hospital services such as chaplaincy care, food services, guest services, and other ancillary departments for over 20 years. Now, the position of CXO governs these and other offerings that impact the patient care experience.

Looking back, says Jacque Wilson, RN and Corporate Patient Experience Officer at TMC, “This role has combined all the aspects of the healthcare experience that originally brought me to the profession, allowing me to collaborate alongside clinical, quality, and business operations.”

Structuring the CXO Experience
TMC formalized the CXO role in 2012 with the intention of improving cross-collaboration within the organization. Because patient experience has many facets that are integrated into value-based care models across departments, the new title came with the consolidation of many other roles at the hospital.

With this in mind, the CXO at TMC is included in the corporate line of the organization, and the reporting structure has the CXO being monitored by the Vice President of Professional Health Services. This alignment then institutes relationships for reporting directly with the Chief
Hancock Health

Creating a Steering Committee

Inspired by MLH, Hancock Health took on a similar project to create the HHCN for their patients. During the development of HHCN, executive leaders wanted to ensure that Hancock Health’s approach to such a network would resonate with and benefit patients specific to their service area and the surrounding community’s beliefs.

As such, leaders of the HHCN initiative included various stakeholders in the program’s infrastructure and development in order to practice a model of holistic care that incorporated body, mind, and spirit into their approach. These stakeholders make up the organization’s multidisciplinary steering committee, which includes the director of chaplain services, the HHCN director and navigator, three local pastoral care leaders, a medical records staff member, a privacy officer, case management and discharge planning staff, the executive director of the hospital foundation, nurses, and volunteers.

To help Hancock Health bridge the services offered by the health system and the faith-based institutions, the steering committee meets to have robust conversations surrounding healthcare and the area’s faith community. For instance, this group discusses how patient’s involvement in HHCN can be integrated into EHRs, how to ensure HIPAA compliance while participating in the network, and how volunteer services can be expanded in various congregations.

“We wanted to make this steering committee as wide as our faith community,” Jarvis says. “Here in Greenfield, Indiana, many patients identify with a Christian-based faith, but by no means should the committee limit it to one faith. We need to be all-inclusive in this effort.”

Incorporating Liaisons

When Hancock initially began reaching out to congregations for the HHCN in January 2017, leaders realized that a large component of the initiative would rely on volunteer services within churches. To prepare church volunteers—known as liaisons by the health system—HHCN’s director and navigator prepare and implement training and ongoing support to the volunteer liaisons.

The first session is intended to equip liaisons with information about the network so they can share the message with their congregations and answer questions that may arise among congregants, as well as help guide patients to services offered by hospitals and ministries across the entire network and community. To ensure that hospital staff, liaisons, and community members are all aware of the available offerings and community information, Hancock Health created a database that houses all this information.

“This hub of information has been created and added to over the years based on the expressed needs of the community,” Everidge explains. “It includes lists of adoption centers, skilled nursing facilities, assisted living programs, food pantries, clothing stores, and other warehouses that people can refer to and access.”

After this initial training, liaisons attend monthly meetings to brainstorm how the different congregations can work together to better serve the network. Typically, these discussions revolve around how liaisons can expand and promote CHN services, as well as how congregations can connect with another for ideas and additional support.

For other organizations looking to expand the reach of patient health education and make connections with local community and faith-based entities to improve community health, the efforts of Methodist Le Bonheur Healthcare and Hancock Health can serve as key examples. By implementing a congregational network or similar services, other hospitals and health systems may notice improved patient understanding and care outcomes within their service population.
Addressing Social Determinants to Improve Wellness

While much of a patient’s health can be attributed to medical care and genetic disposition, there are a variety of environmental factors that can influence overall well-being, such as education, employment, and food access. With this in mind, some healthcare organizations are investigating the impact that these factors have on patient wellness to increase patient support in these areas as a way to improve patients’ overall health.

ProMedica Health System—which serves 27 counties throughout northwest Ohio and southeast Michigan—developed a population health–centered approach in Toledo to not only increase patient and community access to affordable, healthy food options but to also provide a space for education on nutrition, finances, and employment. With the help of a local philanthropist, ProMedica developed the Ebeid Institute, a facility dedicated to addressing these social determinants of health through patient-inspired efforts that expand access to food and increase various educational opportunities in their service area.

“We are working to address the root cause of why patients come through our doors in the first place,” says Kate Sommerfeld, the Director of Advocacy and Social Determinants for ProMedica. “So thinking beyond our traditional healthcare system to address specific social determinants of well-being is critical.”

Addressing Food Insecurity

After a downturn in the U.S. economy in 2008, ProMedica noticed childhood obesity was on the rise in Toledo. Upon connecting with local schools to address the issue, ProMedica leaders learned that obesity was a symptom of hunger and food insecurity that is high in much of the area. As such, leaders within the health system continued to research this disparity in order to determine the connection between diet and overall well-being.

First, ProMedica established ways to identify patients experiencing hunger and food insecurity, which begins with providers in the emergency department and primary care offices examining patients and asking two food insecurity questions. If a patient screens positive for food insecurity, they are then connected to needed resources such as one of the health system’s two prescription food pharmacies, which are co-located within ProMedica’s facilities and are primarily focused on providing healthy food and nutrition education. A referral from a ProMedica primary care provider to food pharmacies is required for patients to receive a three-day supply of food, which they can visit once every 30 days for up to six months as part of the referral.

Second, during conversations with patients, ProMedica providers and staff also discovered that many patients in Toledo were getting produce from corner stores because the area lacked a major grocer. While mapping out “food deserts”—an area that lacks grocery stores, farmers’ markets, and healthy food providers within one mile—it became apparent that location and transportation played a significant role in an individual’s ability to get healthy food.

In 2015, ProMedica opened the Market of the Green. The full-service, 6,500 square-foot marketplace—which occupies the first floor of the institute’s four-floor building—offers fresh, healthy, and affordable options from a variety of local organizations.

“We want the grocery store to be a place where individuals, regardless of income, feel comfortable,” Sommerfeld says. “So we made a welcoming culture to attract diverse folks to support the mission of the institute.”

Offering Education and Employment

In addition to providing healthy food options, the institute committed to hiring local community members as marketplace staff. To help prepare new staff for the position and full-time employment success, new hires enter a 6- to 12-month, hands-on job training program to learn functional skills of the role— including how to stock shelves, operate cash registers, and deliver great customer service. The training program also covers common professional and employment skills, as well as financial coaching to help and equip individuals to move out of poverty.

To that end, ProMedica also collaborated with local non-profits, United Way and LISC, to become the first healthcare provider in the nation to open a financial opportunity center (FOC), which is located on the second floor of the Ebeid Institute. Community members can access free services at the FOC or make an appointment with a ProMedica-employed financial coach for consultations and assistance in getting out of predatory lending, reestablishing credit, finding a job, doing taxes, and consolidating debt.

“The FOC can work with a patient who was once homeless and get them into stable, healthy, long-term, and affordable housing or help with employment, securing public benefits, or getting out of predatory lending,” Sommerfeld adds. “And that’s going to play a direct role in their physical health and well-being.”

Since the FOC’s inception, the financial coach has worked with 350 clients who have utilized FOC services experience an increase to their credit scores by an average of 15%, have a 48% increase in net income, and settle student loan and major medical debt.

For organizations looking to expand community outreach and improve local health outcomes through nonclinical efforts addressing the social determinants of health, ProMedica Health System’s approach can serve as a prime example.
Understanding the Main Responsibilities

While many—if not most—CXOs have some experience in healthcare administration or a clinical background, the main responsibilities of the role can remain largely the same regardless of past training. For instance, one of the primary duties as a CXO is creating connections with patients as well as the various department staff members throughout the organization. As such, interacting and connecting with those patients, frontline providers, and staff is a vital component to the position.

One way the CXO at TMC connects with patients is through small, informal patient advisory councils that aim to better amplify the voice of the patient. To the same extent, the CXO is heavily involved in staff-centric patient experience initiatives, such as TMC’s patient experience council. This formal group meets quarterly to share information and give updates related to healthcare experience. Executive leaders also receive feedback on experience efforts on a monthly, if not weekly, basis from the CXO.

Last, working closely with guest services and the customer complaint department to better understand the feedback and voiced concerns of patients is of particular importance to the organization. In fact, TMC’s culture surrounding patient experience has encouraged administrators and staff from various departments to invite the CXO to meetings and include the role when developing initiatives that work to better incorporate patient experience into organizational processes.

“A lot of this role is making the connections with people you work with so that you provide the best possible outcome for patients,” Wilson says. “You have to have the right care, compassion, business sense, and the ability to lead.”

Enhancing Rounding Processes

While the role of CXO has many obligations, the responsibility to always incorporate the voice of the patient is deemed the most important. In order to achieve this, the CXO and TMC staff and leaders regularly connect with patients by rounding on them to start conversations. In the past, TMC leaders struggled with rounding, as many were busy and aimed to complete the task as quickly as possible. However, upon the addition of a new CEO, TMC revamped its approach to rounding to ensure participants—including those who round and those who are rounded on—were getting the most out of their experiences.

Now, staff complete their rounding tasks in roughly the same way, starting with the assessment of HCAHPS data and information from patient surveys. This data and patient feedback serve as inspiration for questions that staff may ask while rounding. For example, if nurses had a lower HCAHPS score in “communication with nurses,” then nurse leaders during rounding may ask patients what they can do to better meet their needs.

Hospital leaders and executives at the organization are also now expected to participate in five rounds each week. With this requirement, it became evident that TMC needed to ensure that adequate reporting for attendance was developed, as these positions can be busy with many other obligations. As such, staff members dedicated to patient experience efforts create a brief presentation with rounding data collected from patients’ electronic health records to share with executives and leaders who round. To establish accountability, individual rounding reports are shared with executives and leaders through weekly emails that highlight how many patients they have rounded on and how many patients in total received a round prior to discharge.

Through their efforts in patient experience and development of the corporate CXO role, TMC has improved how executives, leaders, and staff of various departments interact and make connections with patients. In addition, many patients are now experiencing how often they are rounded on and the interactions they are having during their time at TMC.

For other organizations wishing to further develop or initiate the role of a CXO, the current position at TMC can serve as an excellent example. By encouraging a culture centered on positive patient experiences through a number of initiatives, other organizations may increase hospital leaders’ presence among patients, improve conversation initiation among staff and patients, and elevate the patient’s voice on their healthcare experience.