CHAPLAINCY INNOVATION LAB

TELEHEALTH CHAPLAINCY

Meeting notes, March 20, 2020

Compiled by David Lewellen, newsletter editor, National Association of Catholic Chaplains

Petra Sprik: Telechaplaincy is any communication from distance to deliver virtual spiritual care, either in real time or recorded. It is feasible and acceptable in many circumstances, and some patients prefer it. Expand access in the current crisis.

Deborah Ingram: Think systematically about current model of care and situations – will you need to redefine? What is sustainable? Think about ethics and patient needs and restrictions in healthcare systems. **Be proactive**, think about working remotely and the possibility of furlough before it happens. Her system just did a technology inventory with chaplains, as far as who has laptops and where they can use them. **Telechaplaincy will not be a priority for hospitals or platforms** – spiritual care offices may have to do it on their own with existing systems. Pagers, for instance – old technology could be used to cover multiple hospitals. Ask colleagues in your system or others about possibilities. "Are you going into rooms out of pride or for the patient's good?"

Petra: **Everyone is nervous the first time**; just do it. Check patient's chart before calling for any clues. **Develop a loose script,** casual introduction, ask if it's a good time to talk, especially on audio call. Make sure any voice message is HIPAA compliant. Prepare guidelines for ways to deepen conversation and to get off the phone.

Daniel Grossoehme: His research offered spiritual intervention phone calls to parents with depression of children with cystic fibrosis – chaplains did three phone calls two weeks apart. The interventions worked in the long term, although in short term spiritual struggle increased as they wrestled.

Amy Simpson Bennethum, study participant: "I was nervous, but it works." Surprised how deep people got on the phone – having her own script was helpful. **Missing nonverbal cues is tricky.** "You have to be willing to have the silence" – if people are thinking, she can say, "I notice you are silent." This week her team went to telechaplaincy. "We weren't prepared" but IT team helped quickly to interface personal cell phones with hospital system. Families are appreciative. Younger staff quickly put up YouTube videos to send out to hospital staff.

Kurt Nelson, Bucknell University: "I've been doing telechaplaincy for six days so I feel like I'm an expert" – he had resisted it for years. Students are grieving their lost semester and routine. The college community is "anxious and really busy. Or anxious and really bored." School leadership is catching digital abuse based on decisions. "Those are all places we can be present." He will try to run all regular groups online via Zoom, Facebook Live, etc.

Questions: Other platforms? Petra – remote work, dial *67 to make it anonymous, but people don't pick up those calls. Check with organizations about YouTube, Soundcloud, etc. for posting guided meditations, prayers. Amy: A pastoral care email account that is usually used to send outgoing emails can also take incoming requests. "It could be as easy as setting up a group email."

HIPAA waiver? Jennifer Cobb – yes. Contact patients via Facetime, Google Hangouts, etc., allowed in **national emergency.** Check local policies. Trace – some isolation units "have figured this out a long time ago," if your facility has one, ask what they do.

Elders with hearing issues? Petra: "That's one reason why I always check the chart before calling" – also language issues. Interpreter on third line is an option, or email with translator app. Or talk to a family member, if permitted. "It won't be perfect." Breathing issues: "It sounds like you're out of breath. Can I call back later?"

Ethics of going into a room? Petra: What is motivation behind the desire? What does clinical team say? "Why do you have to be in person? Each room has a telephone." But that wouldn't work for a dying patient, of course. Amy: Her team's Skype meetings are hard, but she is getting used to idea of not being there in person. "**I don't want 14 medical team personnel in quarantine** because I had to be there in person. This isn't permanent. This is for now."

Any process for **family not allowed to be present at Covid-19 death**? Trace: CIL is working on a webinar. "May it not be your experience." How can community clergy help in this moment? Deborah: Have relationships with them, encourage to do some of the same things we're talking about today. Jennifer: Chaplains can help patient FaceTime or phone with family, most facilities have free wifi, use whatever app patients have.

Where will family members wait as numbers increase? Amy: Hospital social workers are helping, being creative in how get two people into room and rotate out, but guidelines are changing every day.