TELEHEALTH CHAPLAINCY: AN APPROACH FOR CHAPLAINS TO MEET CLINICAL NEEDS DURING COVID-19

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AIMS

• Understand telehealth chaplaincy and how it has been utilized
• Gain practical knowledge on how telehealth chaplaincy can be used in clinical settings during COVID-19 crisis
• Discuss concerns and application of telehealth to your setting during COVID-19
TELEHEALTH CHAPLAINCY OR TELECHAPLAINCY

• the use of telecommunications and virtual technology to deliver spiritual and religious care by healthcare chaplains or other religious/spiritual leaders

• Telehealth modalities can include telephone, smartphone applications, live videoconferencing and internet interventions, which are delivered synchronously or asynchronously
DO NOT FEAR TECHNOLOGY: IT HAS BEEN USED BEFORE

TELEHEALTH TECHNOLOGY USED FOR HEALTHCARE SINCE EARLY 1900’S

TELEHEALTH GREW IN 1970’S WITH GROWTH OF PORTABLE TECHNOLOGY

NOW USED BY VARIOUS DISCIPLINES & EXPECTED TO GROW
RESEARCH SHOWS TELECHAPLAINCY INTERVENTIONS:

• Feasible and acceptable with
  - Caregivers of seriously ill patients
  - Parents of children with cystic fibrosis
  - Advanced illness/palliative care military veterans
  - Oncology outpatients
  - Laypeople

• Assistive in processing for caregivers of seriously ill patients; anonymity appreciated

• Reduced levels of spiritual struggle in parents of children with cystic fibrosis

• Preferred to in-patient services with military veterans

• Increased spiritual wellbeing among laypeople
REASONS TO USE TELEHEALTH DURING COVID-19

• Recommended by the World Health Organization
• Prevent spread of COVID-19 to patients/family/staff/yourself
• Operate within healthcare organization’s directives
• Conserve PPE
• Reduce patient/family fear of transmission
• Expand access of care during high-stress time
ADVICE ON IMPLEMENTING TELECHAPLAINCY SYSTEM DURING COVID-19
GATHER A GROUP TO THINK SYSTEMATICALLY

WHAT ARE THE VARIOUS SITUATIONS TO WHICH YOU WILL BE CALLED TO RESPOND?
WHAT IS THE MOST ETHICAL WAY TO RESPOND? DO YOU HAVE TO GO TO THE ROOM OR NOT?
HOW CAN YOU ADAPT AND CHANGE TO ADDED RESTRICTIONS?
BE PROACTIVE AND ADDRESS NEXT STEPS BEFORE THEY HAPPEN (IF POSSIBLE)

HOW DO YOU CONTINUE TO ENGAGE CHAPLAINS WORKING REMOTELY?

WHAT IF ALL YOUR CHAPLAINS ARE FURLOUGHED?
DO NOT EXPECT HEALTHCARE SYSTEMS AND TELEHEALTH PLATFORMS TO ADDRESS CHAPLAINCY AS THE TOP PRIORITY
USE EXISTING SYSTEMS

- Do you have access to phones? iPads? In-room remote access? etc? Are there certain things you can deliver synchronously? Asynchronously?
USE YOUR PROFESSIONAL NETWORKS TO HELP YOU THINK CREATIVELY

WHAT OTHER OPTIONS MIGHT YOU USE?

WOULD OTHER DISCIPLINES HAVE CONNECTIONS TO RESOURCES?
ASK ADMINISTRATION ABOUT HIPPA COMPLIANCE

SKYPE, ZOOM, ETC MAY NOT BE CONSIDERED HIPPA COMPLIANT. WHAT CAN YOU USE?

SHIFTING HIPPA REGULATIONS WITH COVID-19
ARE YOU GOING INTO ROOMS OUT OF PRIDE OR FOR THE PATIENT’S GOOD?

THINK ABOUT WHY YOU ARE ENTERING CERTAIN PATIENT ROOMS. IS IT FOR THE PATIENT’S BENEFIT OR YOUR OWN? COULD VIRTUAL SOLUTIONS WORK TO COVER DURING THIS PERIOD?
ADVICE ON DELIVERING TELECHAPLAINCY
ALMOST EVERYBODY IS NERVOUS AT FIRST:
JUST DO IT!
CHECK THE PATIENT’S CHART BEFORE CALLING IF YOU CAN: GET AS MANY CONTEXT CLUES AS YOU CAN BEFORE YOU CALL
DEVELOP A LOOSE SCRIPT
DEVELOP A CASUAL INTRODUCTION

“I am calling from the spiritual care department” NOT “This is the chaplain”

“We recognize that medical appointments/hospitalizations can affect you spiritually and emotionally as well as physically. How are you doing/holding up?”

“I don’t have any medical information”
ENSURE YOU ARE TALKING TO THE RIGHT PERSON AND THAT THIS IS A GOOD TIME TO TALK
IF CALLING A PATIENT AT HOME, ENSURE THAT YOU ARE HIPAA COMPLIANT IN YOUR MESSAGING
BE CREATIVE IN DEEPENING THE CONVERSATION

“As people are going through medical appointments, sometimes medicine’s all we talk about. I would like to know more about you. Tell me something that is really important to you right now.”

“I hear X in the background…”

What feels like the most important thing to you now?
“I will need to go in 5 minutes. Is there anything else you wanted to talk about before we end the conversation?”

“We have talked about some pretty important things today. I would like to follow-up with you. Is there a time of day that generally works best?”
QUESTIONS AND DISCUSSION?