

CHAPLAINS AND CHANGES IN HEALTH CARE



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CHANGES IN HEALTH CARE



- Introduction
 - Focusing on changes (very limited)
 - Health Care:
 - ✦ ever evolving because of link with culture
 - Spiritual Care:
 - ✦ ever evolving because of link with culture
 - ✦ and health care system

Economizing Health Care



- **Definition of economizing:**
 - Transferring economical principles and instruments from an economical setting (profit) to a non economical setting (non profit)
 - Influence of business
- **By the end of the nineties:**
 - D. A. Stone
The Doctor as Businessman: The Changing Politics of a Cultural Icon
Journal of Health Politics Policy and Law, January 1, 1997;
22(2): 533 - 556.

Your insurance won't pay for a by-pass. Could I interest you in an appendectomy?



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Economizing of health care



- What are we talking about?
 - Insurances
 - ✦ Changes (pressure on principle of solidarity)
 - Management principles
 - ✦ = language of numbers
 - ✦ Managers
 - Merging
 - ✦ Financial operation
 - ✦ Downside: merging different cultures is not easy
 - Cost effective
 - ✦ Cutting costs

Economizing health care



- Alienation (movement away from patient)
 - ✦ Changes for staff
 - ✦ Increasing control mechanisms
 - ✦ Gap between direct and indirect care
- Short admissions and other forms of care
 - ✦ University hospital of Leuven (1950 patients)
 - 70% of admitting is for one day (outpatient care)
 - ✦ Mental health care: assisted living
 - Funding for other forms of care than residential

Some challenges for chaplains



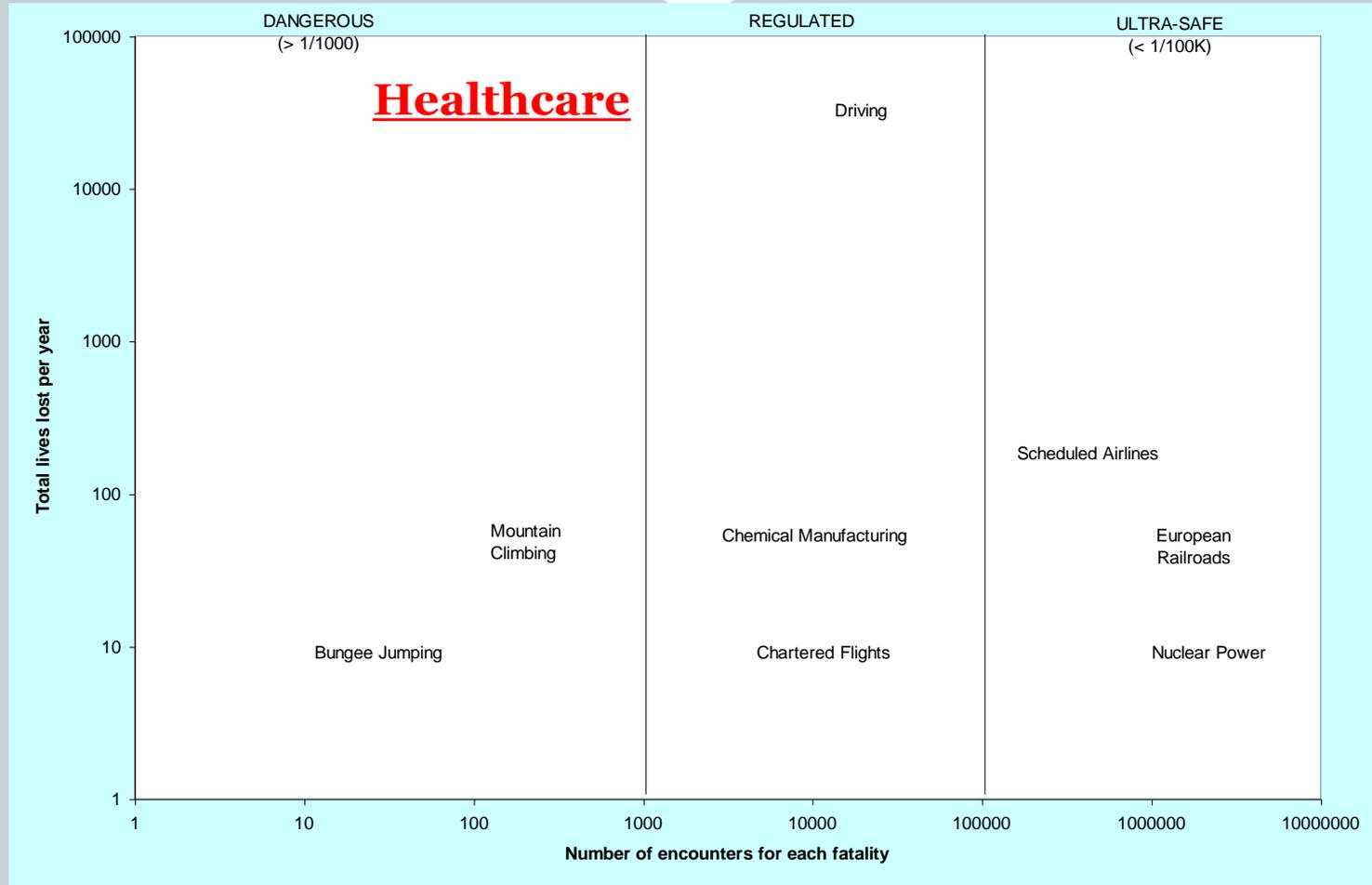
- **Transparency**
 - What did you contribute to the patient?
- **Chart**
 - How do you report on your work?
- **Objective**
 - Do you have numbers?
 - ✦ Asking you numbers can be positive
- **Proof**
 - Your contribution – value
 - Your efficiency

(Kris Van Haecht)

PARADIGM OF QUALITY

- Paradigm of quality, efficiency and outcomes
- Institute of Medicine (IOM)
 - Report end of the nineties
- What is quality?
 - Definition: quality is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge
- Institute for Health Care Improvement (IHI)
- Criteria of Don Berwick
 - No deaths because of adverse events (safety)
 - No unnecessary pain or suffering (efficiency)
 - No helplessness (patient is central)
 - No unnecessary waiting (waiting lists)
 - No waste (over- or under use of medicines)
 - No exclusion (everyone needs care)

Quality and safety



(bron: L. Leape, 2/2001)

Limitations and possibilities for chaplains



- **Second victim rapid response team**
 - Supporting caregivers (second victims) who are involved in an adverse event with patients
 - Chaplains are doing that already
 - Communicate!

S.SCOTT e.a., *Caring for our own: Deploying a Systemwide Second Victim Rapid Response Team*, in *Joint Commission Journal on Quality and Patient Safety*, 36 (2010/5) 233-240.

SECULARIZATION



- Secularization, detraditionalization and pluralism
 - Christian hospitals are struggling with their identity
- Alienation from organized religion
- Other professions are interested in providing spiritual care
 - Nurses
 - Psychologists
 - Social workers
 - Other

CONCLUSION



- Integrating in the health care system
- Always putting the patient central (advocates for relational aspect of care)

We (the clinicians/managers/family/the whole system) would be far better off, if we recalibrated our work, such that the professionals would behave with patients and family, not as their hosts in our care system but as guests in their lives

Don Berwick, Berlin, 2009

- Without losing the prophetic dimension of chaplaincy (balance)
- linking ourselves, our profiles and competencies to the evolving of the health care system