



Improving People's Lives Through Innovations in Personalized Health Care

Strategic Planning for Chaplaincy Staff and Services Expansion: Roadmap to Success

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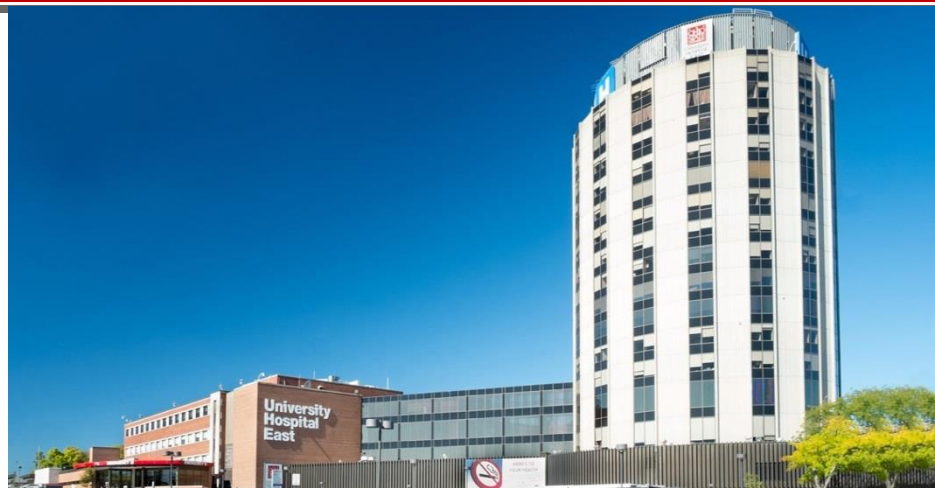


THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

1,321 Beds 7 Hospitals

- University Hospital
- University Hospital East
- Ross Heart Hospital




- Harding Psychiatric Hospital
- James Cancer Hospital
- Dodd Physical Rehab Hospital
- Brain and Spine Hospital



Medical Center & Departmental Overview

Before Strategic Plan



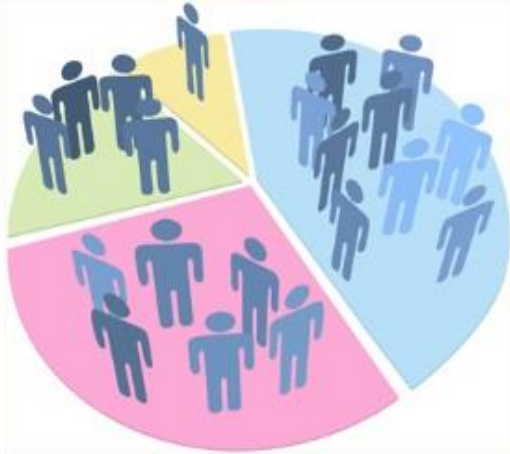
Strategic planning process
implemented in recognition of the
following challenges:

- Inadequate/thin staffing
- Inadequate afterhours coverage
- Limited CPE programming due to staffing
- Poor connection to community clergy
- Lacking in research and metrics
- Limited visibility and engagement of chaplains beyond bedside



Medical Center & Departmental Overview

Before Strategic Plan



Chaplaincy Department Staffing in 2014

- 1 FTE Director/CPE Supervisor
- 1 FTE CPE Program Manager
- 1 FTE Administrative Assistant
- 7.75 FTE Staff Chaplains
- 8 Contingent staff (oncall)
- 5 CPE Residents (year long)
- 6 CPE Interns (summer only)

Barriers for CPE and Pastoral Care Leaders in Thinking Strategically



- Little formal business education
- If a department leader – DIY education
- CPE Supervisors may not know and teach department leadership administration
- Is ministry of administration valued as “real ministry?”

Barriers for CPE and Pastoral Care Leaders in Thinking Strategically



- We know *our* agenda – do we know our senior leaders' concerns?
- How do we speak the language of senior leaders?
- Can CPE concepts 'translate' into business acumen?

Create Your Future: Strategic Planning

- Need for priorities and focus (choices)
 - Goals not clear
 - Limited resources
 - Unmet needs
 - Evolving landscape

Earn Support

- Discipline and rigor
- Thoughtful goals and direction
 - Based in evidence, analyses, thorough plan
- Recruit a champion
- Make them WANT to find the resources

Strategic Planning

- Getting comfortable
- Understand core components:
 - Organization's mission, vision, values
 - External analysis (opportunities and threats)
 - Internal analysis (strengths and weaknesses)
 - Identifying priority goals (the “what”)
 - Identifying best strategies and tactics (the “how”)
 - Monitoring (“metrics” or “dashboard”)

Basics of Strategic Planning

- Core consistent, templates vary
- Few key acronyms: SWOT, SMART, ROI
- Couple financial terms: budget, margin, fiscal year
- Process typically 6-12 months
- Use organization's template and process
- Be inclusive and vet with senior leaders

Medical Center & Departmental Overview

Strategic Planning Process

Strategy Formation

Identify mission, vision and values
External competition and market analysis
Internal analysis of resources and capabilities

Strategy Translation

Identify goals and objectives
Identify priorities based on goals

Strategy Execution

Action plans and resource requirements

Monitor and Review

Strategic indicators and performance tracking
Annual review of assumptions, trends and goals



Tips

- Don't be afraid
- Use a guide
- Ask for examples
- Be diligent – hard work!
- Have fun – exciting work!!

Medical Center & Departmental Overview

Strategic Planning Timeline

Planning: January 2014 — May 2015

Implementation: May 2015 →



Laying the Ground Work

- Consulted with Medical Center's strategic planning department
- Identified champions
- Formed strategic planning team
- Developed project charter
- Conducted literature review of current trends in healthcare chaplaincy



Laying the Ground Work

Formulation of Interdisciplinary Strategic Planning Team



Strategic Planning Committee Team Members by Discipline

- Administrative Director of Patient Experience
- James Administrator
- Chaplaincy Director
- Chaplaincy CPE Program Manager
- Staff Chaplain
- Muslim Faith Partner/Researcher
- Nurse Manager and Pastoral Care Advisory Committee Member

Laying the Ground Work

- Revised department vision, mission and values
- Identified key consumers of services
- Consulted with key medical center stakeholders
- Consulted with pastoral care thought leaders



Data Collection:

Customer Surveys



- Faculty and clinical staff survey
- CPE program assessment
- Clergy faith partners survey
- Chaplain internal staff survey

Collection of Data

Faculty and Clinical Staff Survey



Ten question survey (Survey Monkey) administered via email to identify:

- Areas that are working well
- Areas that are broken
- Elements that are missing
- Current effectiveness
- Chaplaincy services in ideal future
- Additional comments/suggestions

**Data
Collection:**

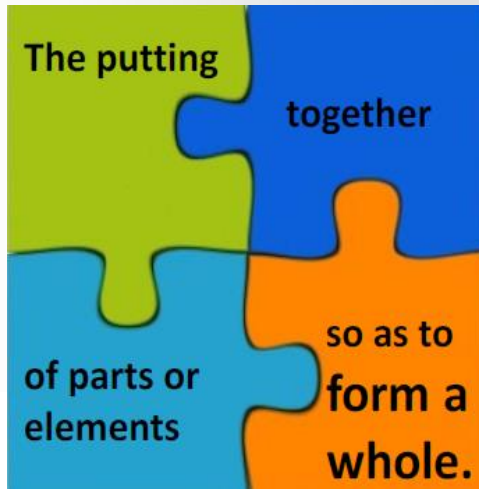
**Peer
Benchmarking
Interviews**



Peer Benchmarking of 7 “like” Centers:

- Staffing structure
- CPE programming
- Clinical coverage
- Afterhours/on-call coverage
- Staff support
- Data collection and metrics
- Research

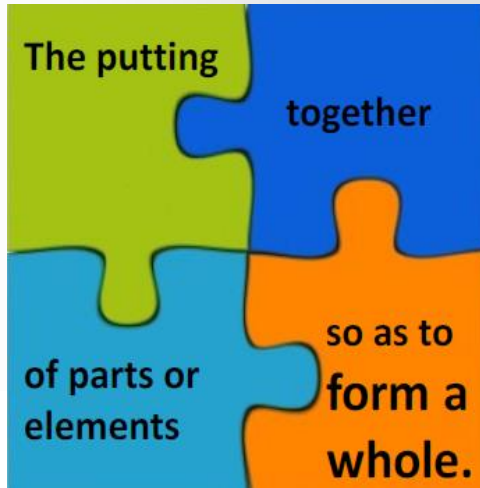
Data Mining and Synthesizing



Formulation of Data Review Teams

- 4 data review teams formed
- Teams of two with buddy system
- Extensive data review process

Data Mining and Synthesizing



Creation of Data Summaries

- All raw data reviewed and synthesized into one page summaries
- Buddy to review written summary for accuracy
- Presentation of summaries to larger group
- Feedback given and revisions made

Data Mining and Synthesizing



SWOT Analysis

- Summaries ensured consensus building
- Created SWOT analysis
- SWOT reviewed and revised by strategic planning team



Finalization of Strategic Plan

- Development of goals, strategies and tactics
 - Goal 1: Offering world class spiritual care to patients, families and staff
 - Goal 2: Strengthening relationships with local clergy/faith leaders
 - Goal 3: Advancing the CPE Program



Finalizing of Strategic Plan

- Feedback and revisions (alignment of goals/strategies)
- Prioritization of tactics
- Presentation of final plan to key stakeholders
- Assigning and execution of tactics



Strategic Plan Implementation: Phase 1

Optimal Pastoral Care for
James Cancer Hospital

- Quarterly meetings between Chaplaincy Director and James Chief Nursing Executive
- Executive was aware of strategic planning process and goals
- James Executive invited Chaplaincy Director to develop and present optimal pastoral services plan for the James



Strategic Plan Implementation: Phase 1

Optimal Pastoral Care for
James Cancer Hospital

- Director presented this invitation to staff
- New strategic planning process developed within weeks for chaplains to work on
- Chaplain Imani Jones put in charge of oversight of strategic plan
- Subcommittees formed and assignments/timelines made



Strategic Plan Implementation: Phase 1

Optimal Pastoral Care for James Cancer Hospital



Elements of Strategic Plan

- Analyzed trend in volume/frequency of pastoral services in the James Cancer Hospital from July 2014 - October 2015 (oncall logbook review)
- Used GRASP Pastoral Care Staffing Model to determine minimum day shift inpatient chaplains needed*
- Conducted online survey (Qualtrics) of Clinical staff (200 respondents)

* "How many chaplains does our hospital need? The GRASP model for pastoral care staffing. Orin Newberry, PhD, BCC, Chaplaincy Today, E-Journal of the Association of Professional Chaplains, Vol 25, No. 1, Spring/Summer 2009.



Strategic Plan Implementation: Phase 1

Optimal Pastoral Care for James Cancer Hospital



Elements of Strategic Plan

- Held face to face feedback meetings with ICU nurse managers regarding optimal pastoral services
- Conducted benchmarking conversations with “like” cancer centers nationally
- Conducted phone meetings with pastoral care thought leaders (George Handzo, George Fitchett, David Fleenor)



Strategic Plan Implementation: Phase 1

Optimal Pastoral Care for
James Cancer Hospital

Elements of Strategic Plan



- Conducted literature review related to:
 - spiritual care
 - oncology
 - spiritual needs
 - spiritual distress
 - quality of life
 - patient satisfaction

- Compared Wexner Medical Center/James pastoral services to APC Standards of Practice




Strategic Plan Implementation: Phase 1

Optimal Pastoral Care for
James Cancer Hospital

Proposal Development



- Subcommittee work/findings reviewed and discussed by all staff
- Draft proposal of optimal staffing/services developed, discussed and finalized by all staff
- Director wrote proposal document with input/feedback from Manager and Service Line Administrator
- Proposal submitted to James Chief Nursing Officer and accepted



Strategic Plan Outcomes: Staffing Expansion

- James – New Hires (9)
 - 4 FT inpatient chaplains
 - 4 FT afterhours chaplains (1 evening, 1 night, 2 weekend)
 - 1 FT ambulatory chaplain
- Brain and Spine Hospital (opened fall 2016)
 - 1 FT inpatient chaplain



Strategic Plan Outcomes:

Programmatic Developments

- Revamped department administrative structure
- CPE Program changes and expansion
- Spiritual care education for multi-disciplinary staff
- Development of staff support programs



Strategic Plan Outcomes:

Programmatic Developments

- Increase in service depth, chaplain visibility and influence
- Improved internal website
- Metrics/measurement development (in process)
- Submitted Transforming Chaplaincy CPE grant application

Keys to Success: Action Items



- Use clinical method of learning in ongoing assessment of:
 - spiritual services provided
 - gaps in coverage
 - needs you have (staffing, administrative, financial, etc.)
- Seek collaboration with others in your organization
- Include chaplain staff in strategic initiatives
- Earn your place at the table – accountability

Keys to Success: Action Items



- Provide evidence-based data to hospital administrators
- Align your needs with the needs/goals of your senior leader and institution
- Develop a didactic for chaplain residents (& chaplains) on the Ministry of Leadership/Administration
 - Level II Outcomes 312.3; 312.5; 312.6
- Seek out opportunities for learning greater business acumen/literacy



Resources

Cloud, Henry. Boundaries for Leaders. New York, NY: HarperCollins, 2013. Print.

Davis, Robert L. The Chaplain as Administrator: Challenge and Change. Schaumburg, IL: The College of Chaplains, 1986. Print.

“How many chaplains does our hospital need? The GRASP model for pastoral care staffing.” Orin Newberry, PhD, BCC, Chaplaincy Today, E-Journal of the Association of Professional Chaplains, Vol 25, No. 1, Spring/Summer 2009.

Steinke, Peter L. Congregational Leadership in Anxious Times. Herndon, VA: The Alban Institute, 2006. Print.

<http://www.professionalchaplains.org/content.asp?pl=198&sl=198&contentid=200>



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Questions?

