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A Needs Assessment: Patient and Caregiver Stress, Spiritual Distress, and Health Literacy

UAB Hospital
Birmingham, Alabama

APRIL 21, 2017

PODIUM PRESENTER:
Rev. Sara Hester, M.Div., MSW, BCC, LGSW
Chaplain

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University of Alabama at Birmingham Hospital

- **1157 Beds**
- **264 ICU Beds**
- **25 Bed ACE Unit**
- **Level I Trauma Center**

- 10 staff chaplains
- 6 resident chaplains
- 4 PRN chaplains
- 24/7 in house pastoral care availability

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UAB's Inter-professional Geriatric Scholar Program

- 2 year program with representatives from various disciplines within the hospital
  - 1st year is 40 hours of education on Geriatric Health and Issues
  - 2nd year is a research or quality improvement project

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Problem

- Patients and caregivers have unidentified needs for emotional and spiritual support
- Pastoral care department is not large enough to screen every patient
- Current trigger is based on two nursing questions:
  - Would you or your family like spiritual support from our team while you are here?
  - Do you have any religious or cultural needs that will help us better care for you while you are a patient here?

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Trigger problem #1—the questions are subject to nursing bias for or against pastoral care

Trigger problem #2—the questions are subject to patient and/or caregiver bias towards the word "spiritual"

Trigger problem #3—the first trigger identifies receptivity rather than need

Trigger problem #4—religious needs that are identified are usually dietary restrictions or blood product concerns rather than a need for support

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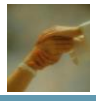
Can Functional Status Indicate a Need for Pastoral Care?



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Hypothesis

- Patients who have a decrease in functional status will have higher levels of emotional or spiritual distress.
- The families of patients with a low baseline functional status or a drop in functional status will have higher levels of emotional or spiritual distress.

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Study

- Assess patients and caregivers on three different units ATCU, ACE and HSP2 for a two week period.
- Invite all patients and caregivers to participate in the study excluding patients under 18, patients who are in custody, patients who could not read or write in English, and patients who were too cognitively impaired to consent and who did not have a caregiver present.

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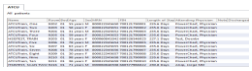
Method

- Printed census list for unit



- Invited patients and caregivers to participate in study and gave them caregiver and patient survey.
- Patient and or caregivers consented to participation and filled out survey

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- Caregivers filled out Caregiver Assessment and Chaplain interviewed patient and completed Spiritual Distress Assessment Tool (SDAT)

- Completed Chart Audit

- Documents were sealed in an anonymous envelope and handed off for data entry and analysis

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- Patients with and without caregivers present offered participation in surveys
- Units: ACE Unit, ATCU Trauma, and HSP2 Hospitalist
- Dates: 6/1/16-8/12/16
- Respondents included patients, caregivers, and patient-caregiver dyads

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Patient Descriptors*, N (%) or Mean ± SD	N=80	Patient Descriptors*, N (%) or Mean ± SD	N=80
Age, years		Hospital Day	
Mean	52 ± 20	Mean	4.4 ± 5.0
Range	18-93	Range	1-30
Female Gender	42 (52%)	History of Fall in last 3 months	14 (18%)
Race, N (%)		Abnormal Cognitive Screens	
White	52 (65%)	Nursing Delirium Screening Scale	2 (3%)
Black	27 (34%)	Six Item Screen	9 (13%)
Type of Service		Mean Katz Scores for ADLs (Range 0-12)	
Surgery	38 (48%)	Baseline	10.8 ± 2.7
Medicine	40 (50%)	Current	7.9 ± 3.8
Unit		Mean Lawton Scores for IADLs (Range 0-16)	
ACE	26 (33%)	Baseline	13.0 ± 3.8
ATCU	40 (50%)	Current	8.3 ± 3.6
HSP2	13 (16%)		
*some missing data if not recorded in chart		Most recent pain score	3.9 ± 3.4

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Caregivers who completed a survey*, N (%) or Mean ± SD	N=54
Age, years	
Mean	55 ± 15
Range	20-93
Female Gender	32 (65%)
Race	
White	34 (69%)
Black	13 (27%)
Other	2 (4%)
Relationship to patient	
Adult Child	17 (35%)
Spouse	13 (27%)
Mother/Parent	5 (10%)
Sibling	3 (6%)
Friend	3 (6%)
Other**	7 (14%)
Caregiver lives with patient	23 (47%)
Identified self as primary caregiver for patient	36 (73%)

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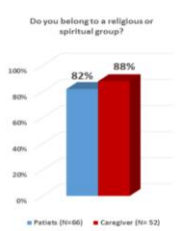

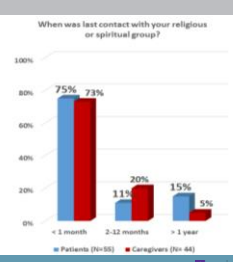

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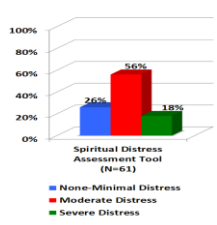

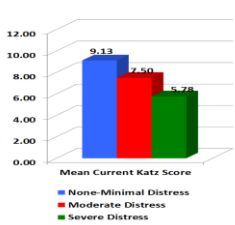

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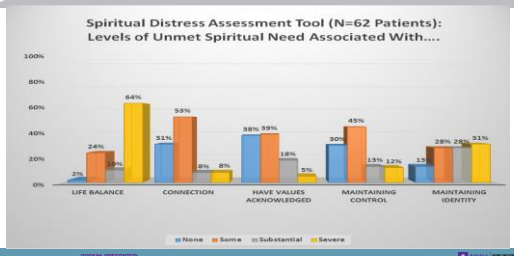

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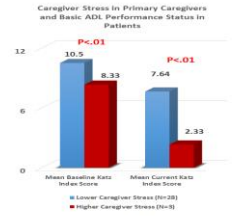

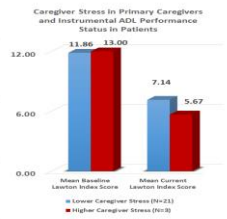

Higher Caregiver Stress based on CSAQ score ≥10

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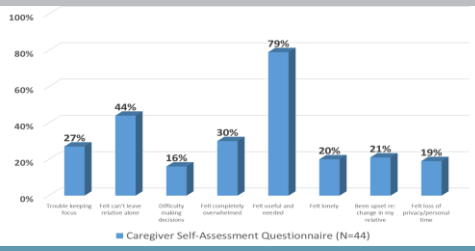
During the past week or so, I have.....



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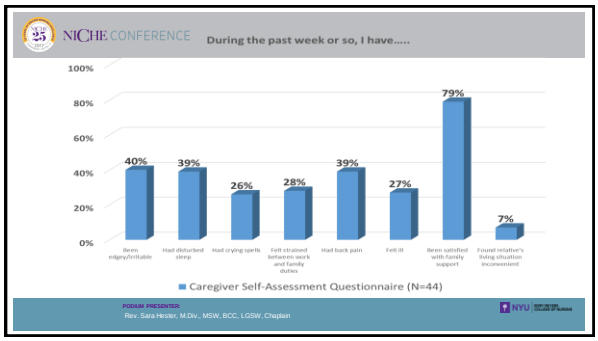
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During the past week or so, I have.....
100%
80%
60%
40%
20%
0%
40%
39%
26%
28%
39%
27%
79%
7%
Been edgy/irritable
Had disturbed sleep
Had crying spells
Felt strained between work and family duties
Had back pain
Felt ill
Been satisfied with family support
Found relative's living situation inconvenient
Caregiver Self-Assessment Questionnaire (N=44)
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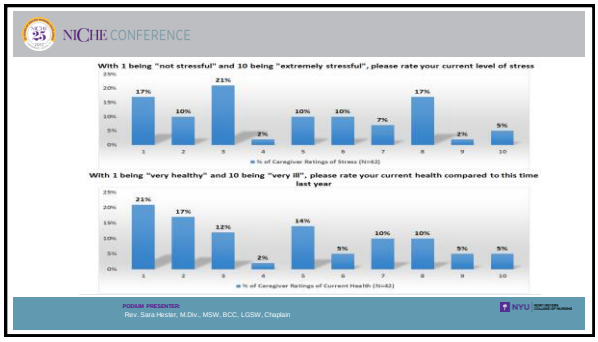
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With 1 being "not stressful" and 10 being "extremely stressful", please rate your current level of stress
25%
20%
15%
10%
5%
0%
17%
10%
21%
2%
10%
10%
7%
17%
2%
5%
1
2
3
4
5
6
7
8
9
10
% of Caregiver Ratings of Stress (N=42)
With 1 being "very healthy" and 10 being "very ill", please rate your current health compared to this time last year
25%
20%
15%
10%
5%
0%
21%
17%
12%
2%
14%
5%
10%
10%
5%
5%
1
2
3
4
5
6
7
8
9
10
% of Caregiver Ratings of Current Health (N=42)
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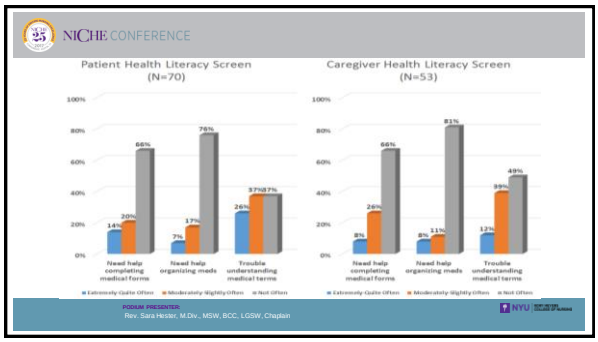
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Patient Health Literacy Screen
(N=70)
100%
80%
60%
40%
20%
0%
14%
20%
66%
7%
17%
76%
26%
37%
37%
Need help completing medical forms
Need help organizing meds
Trouble understanding medical terms
Extremely-Quite Often
Moderately-Slightly Often
Not Often
Caregiver Health Literacy Screen
(N=53)
100%
80%
60%
40%
20%
0%
8%
26%
66%
8%
11%
81%
12%
39%
49%
Need help completing medical forms
Need help organizing meds
Trouble understanding medical terms
Extremely-Quite Often
Moderately-Slightly Often
Not Often
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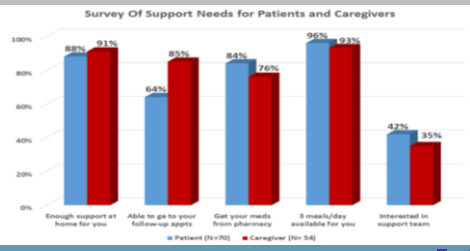

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Incidental Findings

- There were a large number of patients in the ACE unit who were excluded from invitation for participation because of patient's cognitive status and absence of a caregiver at the patient's bedside
- Three patients were excluded in the HSP2 unit due of being on radiation isolation and the chaplain investigators not able to visit them
- There were a number of patients who were excluded because of their inability to read and write. Patients were more comfortable sharing this the older the interviewer was.

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Implications for Practice

- Literacy and vision capabilities of patients and caregivers need to be assessed for the best way to communicate information for patients.
- 74% of patients surveyed have moderate to severe spiritual distress which would warrant a visit and assessment by a chaplain—this need does correlate with a lower Katz score
- Caregivers of patients with low Katz scores or a significant drop in Katz or Lawton scores are highly stressed and could use additional support

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Areas for Further Study

- Further analysis of data to determine a critical value for Katz score to use as an automatic trigger for pastoral care or other supportive disciplines
- Implement trial of Katz score trigger on a couple of units to measure feasibility
- Further analysis of data to determine any correlation for patients/caregivers who would be interested in support teams in order to better identify these patients and address that need
- Further study on the need for caregiver support for patients with dementia
- Further study on the needs of patients in isolation

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My Inspiration