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

- University Hospital
- University Hospital East
- Ross Heart Hospital

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

Implementation: May 2015
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
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
Formulation of Data Review Teams

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

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)
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
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


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