

**CHAPLAIN SERVICE**

**STRATEGIC**

**PERFORMANCE**

**REPORT**

**FY 2002**

## **LEADERSHIP**

### **i. Decision-making Process**

How do you make decisions in your Service?

- Informal feedback/discussion between staff members
- Twice monthly Staff meetings: ideas discussed. Usually decided by consensus
- Quarterly plenary meeting: Same process

How do you involve your staff in decisions and processes?

- Decisions are communicated during face-to-face meetings usually. If they are not, for example, due to time constraints for a new change, Staff reviews any such changes during the meetings.
- Staff members collect data relating to the monitoring of Service Delivery Processes, and report each month.
- Consultation regarding annual goals/objectives is done with entire staff.

### **ii. Performance Expectations**

How do you develop performance expectations?

- Scope of Assessment, Chaplain Service Policies and Procedures, VA Chaplain Manuals, JCAHO Standards each contain expectations regarding staff performance in various Service delivery processes.

For example, JCAHO Standards require a spiritual assessment in Long Term Care.

- Assessment/Reassessment standards in use in CTVHCS Services in LTC were reviewed in the Patient Assessment Committee
- JCAHO Standards were reviewed with CTVHCS Quality Management team.
- Scope of Assessment/Reassessment was developed and reviewed by Staff
- Process continues to be monitored and results achieved are reviewed each month during Staff meeting.
- Process changes are suggested by reviewing these results, consideration of lessons learned from other Chaplain Services Department-wide.

How do you as a Service chief ensure that members of your service will have the time to be involved in performance improvement activities at all levels?

- Training that is offered in Process Improvement Teams is recommended to all staff.
- Responsibilities of individual Staff members in Service PI Activities are delegated and expectations for completion are communicated. Staff in this Service is not currently involved in any other level of PI activities.

### **iii. Responsibility to the Public**

How are you and your staff involved in pertinent community and professional organizations?

Staff is:

- Involved in their local congregations on Sundays and weekdays outside of duty time.
- Involved in their Denominational Organizations for VA Chaplains. This usually encompasses 3-5 days annually for training.
- Participate in the local Ministerial Association in Waco and Marlin
- Participate with their denominational Clergy Associations in our Region/District. This usually amounts to three-four days each year per chaplain.
- Two men serve as Chaplains in the US Army Reserve.
- Most are Clinical Members of the National Association of VA Chaplains. Chief is Board Certified by this Organization.
- Participate in Rotary in Waco and Marlin.
- Chief serves as Chair of the Field Leadership Council (a National Body consisting of representative VA Chaplains from each VISN)
- Chief serves as Chaplain Service Representative to VISN 17 Director.
- One staff members serves on the Hillcrest Hospital, Waco, Biomedical Ethics Committee
- One is co-founder and present Board Member of the Waco Conference of Christians and Jews.
- One lectures on religious, historical and clinical ethics themes under synagogue, church, university, and hospital auspices.
- One staff member serves on the Board of the Marlin/Falls County Food Bank
- One staff member serves as back up to EEO Manager and Minority Veterans Coordinator for CTVHCS.

## STRATEGIC DEVELOPMENT

(See attached Scope of Service)

### I. Outline of Strategic Planning Process:

1. Strategic Planning Process Training of Staff
  - a. Materials from Management Retreat disseminated
  - b. Discussion of Process as it relates to Chaplain Service
2. Scope of Service Development
  - a. Initial Scope disseminated and discussed
  - b. Input solicited for Goals/Objectives.
3. Goals and Objectives (Strategies/Initiatives)
  - a. Staff delegated responsibility to monitor Service delivery processes.
  - b. Monthly data review of monitors and comparison.
  - c. Strategies/Initiatives proposed and developed in Staff meeting.
4. Review of Service Scope, Including Service Strategies/Initiatives
  - a. Connection of each to CTVHCS Goals/Strategies discussed.
  - b. Scope of Service sent to QM for concurrence/revision
  - c. Monthly progress report to Staff meeting.

### II. Development of Chaplain Service Strategic Plan:

How have you involved Staff and Customers in this process?

- Staff is consulted and each level of development, assist in monitoring Service delivery processes, and are involved in monthly review and status report.
- Customer input is obtained through monthly monitors of Service delivery processes. They are also of primary concern when setting Strategies/Initiatives for Service improvement through making their needs/demands known to chaplains in the course of chaplain daily activity.

### III. CY 01 Chaplain Service Strategies and Initiatives:

#### **Strategy: To enhance availability of Chaplain Staff for Austin Clinics**

**Initiative:** Develop a Spiritual Issues component to Workshop for Families in Austin. **Linked to CTVHCS Goal of Patient Care.**

- Participated in two Workshops hosted by the Vet Center
- Participated in VISN 17 PTSD Training event in Austin
- Participated in 2<sup>nd</sup> Annual Stand-Down for Veterans in Austin
- Coordinated referral process for veterans seen in Austin OPC to be seen by Chaplain Service personnel when indicated

Status: **Green**

**Strategy: To enhance availability of Chaplain Staff for Austin Clinics**

**Initiative:** Initiate a "Spiritual Boot Camp" group for PTSD treatment program in Austin. **Linked to CTVHCS Goal of Patient Care.**

- Was unable to generate sufficient interest in this among Veterans in Austin. Goal was discontinued in June, 2001

**Status: Red**

**Strategy: To develop an assistance program for indigents in financial need**

**Initiative:** Enhance the use of Chaplain Fund by all Chaplains for this purpose. **Linked to CTVHCS Goal of Patient Care.**

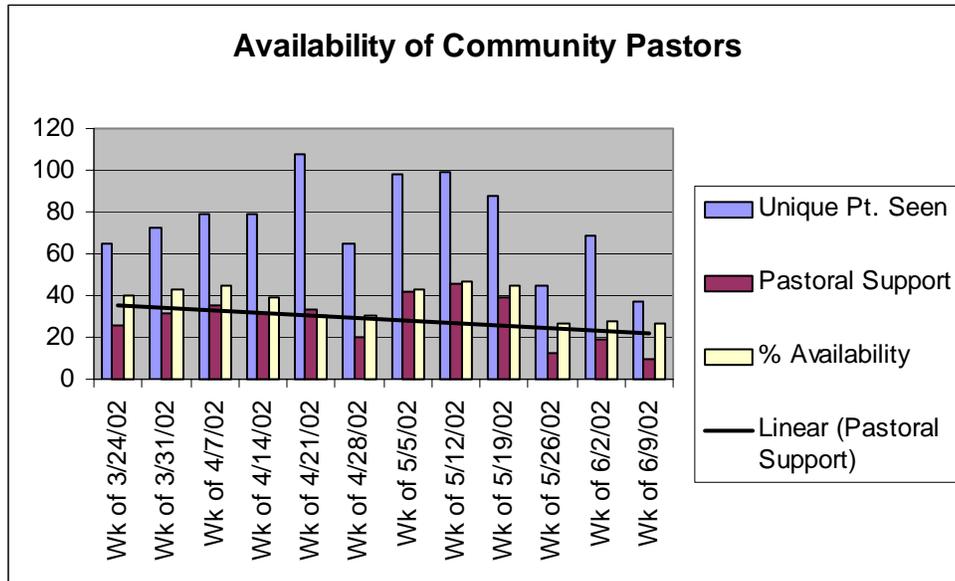
- Consultation with Social Work Service helped initiate procedures
- Procedures for use of Vouchers and Transportation Discounts was tested
- Policy written and approved for publication early in CY 02.

**Status: Green**

**IV. "Report Card" for CY 02, Chaplain Service Strategies/Initiatives:**

**Strategy #1: To improve veteran access to community clergy support (linked to CTVHCS Goal of PATIENT CARE).**

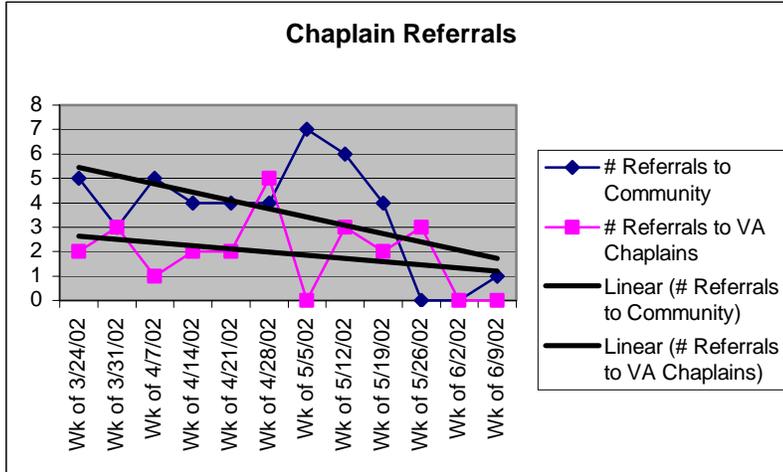
- 1) Initiative: Initiate inquiry as to veteran patient's connection to community pastoral support.
  - a) Measurable Outcome: Track number of patients visited by chaplain staff having community clergy support and trend this as a percentage of total patients visited over time.



Discussion: We need to establish a baseline of data, shown above. As this is a new process, some of the variations are due to differences in reporting by Staff. This has been addressed and data are showing a more consistent return value from week to week. As of the week 6/9/02, the Cumulative Average shows that nearly 38% of our hospitalized veterans have significant contact with pastors in their home communities. This DOES NOT mean these pastors are visiting these veterans while hospitalized; only that we are reasonably confident that based on patients self reporting, this number has pastoral support available to them when returning home.

**Strategy #1: To improve veteran access to community clergy support (linked to CTVHCS Goal of PATIENT CARE).**

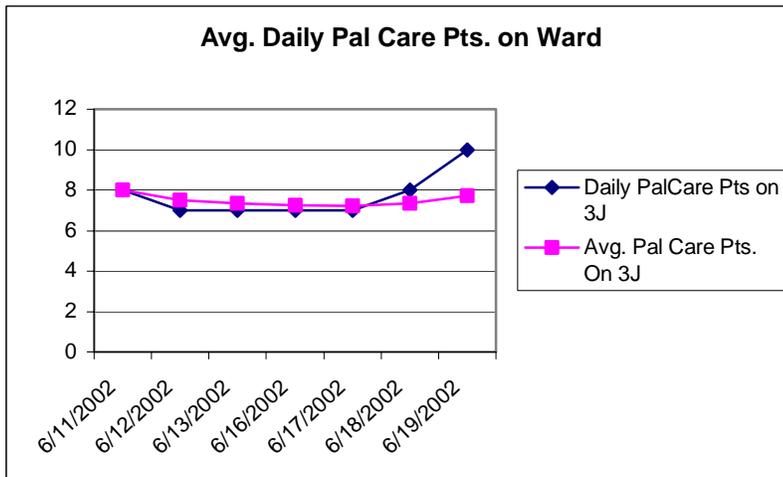
- 2) Initiative: Initiate referral to local clergy when requested to do so.
  - a) Measurable Outcome: Track number of referrals over time.

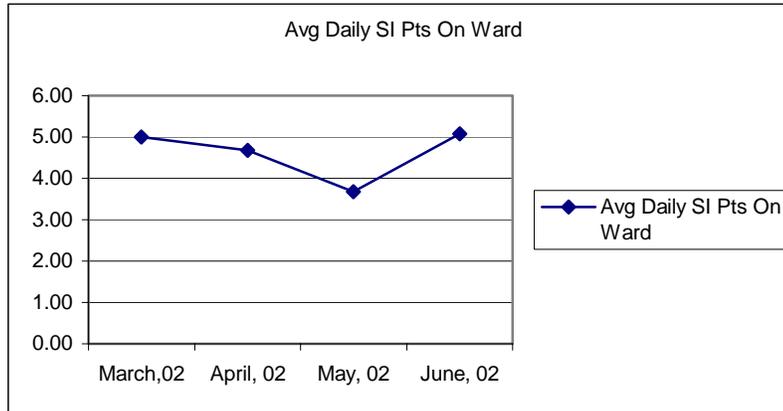


Discussion: Clergy are contacted ONLY if the patient so requests. The Cumulative Average as of the week of 6/9/02 is 3.58 referrals per week to community clergy.

**Strategy #2: To improve pastoral care coverage within existing resources (linked to CTVHCS Goal of RESOURCES and COMMUNICATION).**

- 1) Initiative: Develop Unit-Specific Workload reports.
  - a) Measurable Outcome: Chaplain Service will have Charts for each Unit to display detailing the scope and purpose of pastoral care provided in that Unit





These two graphs represent Chaplain Service priority ministry on Unit 3J at the Temple ICF. Further Unit Charts are being developed with similar information for other Acute Care units, excluding CMICU/SICU where all patients are seen. When viewed together with other data that also reflect priority ministry by Chaplains (i.e. the number of Hospice Patients), it is possible to view the overall chaplain/patient contacts on this Unit. This helps when assigning staff to cover. Units during staff absences and to estimate the amount of time this task may require due to the number of priority care patients present.

**Strategy #2: To improve pastoral care coverage within existing resources (linked to CTVHCS Goal of RESOURCES and COMMUNICATION).**

- 2) Initiative: Improve intra-departmental patient care referrals by tracking frequency.
  - a) Measurable Outcome: Chart number of referrals across the System over time.

Discussion: The chart displaying this data is shown above under Strategy 1/Initiative 2. The average number of referrals per week chaplain to chaplain is 1.92. Again, this is the beginning of a baseline average in order to track our activity over time. The assumption behind this Initiative is that with increasing frequency, staff is being asked to cover much greater numbers of patients overall due to staffing limitations. In order to assure continuing pastoral care, certain referrals need to be made to the covering Chaplain. This represents a significant shift in emphasis in performing pastoral care. Under the more traditional concept, a chaplain is asked "to cover" a certain specific area of the hospital. When absent, other chaplains step in to provide priority ministry to critical patients, always remembering the responsibility for follow-up care will be taken up by the chaplain assigned to this Unit. This has been an unreasonable assumption during the past year, as Chaplains are rarely present in sufficient numbers to assume that any continuing care can in

fact be provided. Chaplain daily workload has been focused on meeting the daily required priorities, both within their assigned Units and elsewhere, with little time for the more traditional “coverage” of their assigned Units. We maintain a loose assignment for overall duties, but in actual fact, the staff at each ICF shares joint responsibility for the provision of care in the entire facility. It is not unusual for the “Core Staffing” to be the norm on any given day.

**V. Current Status of CY 02 Chaplain Service Strategies/Initiatives**

**Strategy: To improve veteran access to community clergy support (linked to CTVHCS Goal of PATIENT CARE)**

**Initiative: Initiate inquiry as to veteran patient’s connection to community pastoral support.**

**Status: Green**

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

**Provide monthly updated listing of completed actions, tasks or achievements accomplished.**

- Scope of Service revised for CY 2002
- Chaplain Staff surveyed regarding Strategies
- Template revision not yet completed
- Template revised
- Began collecting data
- Began evaluating data
- All required tasks accomplished

**Strategy: To improve veteran access to community clergy support (linked to CTVHCS Goal of PATIENT CARE)**

**Initiative: Initiate referral to local clergy when requested to do so.**

**Status: Green**

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

**Provide monthly updated listing of completed actions, tasks or achievements accomplished.**

- **Scope of Service revised for CY 2002**
- **Chaplain Staff surveyed regarding Strategies**
- **Referral Plan not yet completed**
- **Referral Plan completed**
- **Began collecting data**
- **Began evaluating data**
- **All required tasks accomplished**

**Strategy: To improve pastoral care coverage within existing resources (linked to CTVHCS Goal of RESOURCES).**

**Initiative: Develop Unit-Specific Workload reports**

**Status: Green**

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

**Provide monthly updated listing of completed actions, tasks or achievements accomplished.**

- **Scope of Service revised for CY 2002**
- **Chaplain Staff surveyed regarding Strategies**
- **Plan for reports initiated**
- **Responsibilities designated at Chaplain Staff Meeting in March**

- Reviewed collected data
- All required tasks accomplished

**Strategy:** To improve pastoral care coverage within existing resources (linked to CTVHCS Goal of RESOURCES).

**Initiative:** Improve intra-departmental patient care referrals by tracking frequency.

**Status:** Green

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

**Provide monthly updated listing of completed actions, tasks or achievements accomplished.**

- Staff surveyed regarding this new Initiative. Tentative plan devised.
- Began collecting data
- First graph reviewed by Staff
- Discussed data in Staff Meeting

How do your service strategies for CY 02 link to the goals for CTVHCS, VISN 17, and VHA?

- Two of these Initiatives are linked to improving Patient Care/Customer Service, one of the key Initiatives in CTVHCS.
- Two of these Initiatives are linked to improving use of existing Resources, one of the key Initiatives in CTVHCS.

## **CUSTOMER FOCUS**

Identify your Customers:

### **PRIMARY CUSTOMERS:**

- Inpatients at all sites
- Family members of Veterans
- Outpatients at all sites
- Staff members at all sites
- Treatment Teams in all assigned Units

### **SECONDARY CUSTOMERS:**

- Endorsers of Each Chaplain
- VA Chaplain Center
- VISN management
- Denominational contacts in local/regional areas
- ECVAC (Endorsers Conference for VA Chaplains)
- NAVAC (National Association of VA Chaplains)
- Field Leadership Council (VA Chaplain representatives from each VISN)

How do you obtain information from your customers?

### **INPATIENTS/FAMILY**

- Consults from Staff, SI Orders from physicians, and "End of Life" software protocol each provide information on potential customer need.
- Regular ward visits to all patients in CMICU/SICU, LTC (all sites), BRU, Acute Psych determine customer need independent of any consult or physician order.
- Informal contact via telephone or face-to-face from Staff, patients, and/or family members also directs our attention to customer need by Inpatients/Family.

### **OUTPATIENTS AT ALL SITES**

- Consults from Staff, either formal or informal.

### **STAFF MEMBERS/TREATMENT TEAMS**

- Chaplains are assigned membership on various treatment teams
- Informal/confidential contacts.

### **ENDORSERS OF EACH CHAPLAIN**

- Infrequent site visits by Endorsers
- Regular personal contact (phone/letter/reports) of Chaplain to Endorsers

### **VA CHAPLAIN CENTER/FIELD LEADERSHIP COUNCIL**

- Monthly Hotline calls
- Annual Meeting
- E-mail

### **NAVAC/ECVAC**

- Newsletters
- Annual meetings with VA National Chaplain Center

### **VISN MANAGEMENT**

- MAC Council Meetings
- FYI information via Outlook

How do you determine Customer Satisfaction?

- Review any complaints
- Staff feedback
- Customer compliments
- Attendance data under Service Delivery Processes

How do you communicate the results?

- Complaints/Compliments are reviewed with Staff either in plenary session or one-on-one with Supervisor, depending on the nature of the complaint.
- Service Delivery Process data reviewed monthly at Staff meetings
- Staff feedback/compliments that reach Chief, Chaplain Service are subject of employee recognition. Written feedback (positive or negative) is forwarded to Director, CTVHCS as well as being dealt with in the Service.

How do you use the results?

- Complaints are ALWAYS taken seriously. Every effort is made to explore the issues and initiate changes that are indicated by Customer feedback.
- Staff reviews data for all Service Delivery Processes monthly at Staff Meetings. Results are discussed and changes needed are made at that time.

## INFORMATION AND ANALYSIS

How do you validate information generated from your service?

- CDR is reviewed regularly to verify allocations are current.
- Information regarding compliance with Policy and Procedures for Progress Notes are validated through Chart Review by HIMS, monthly review of Service Delivery Processes, and EPRP Reports.

How do you rectify data that is not generated from your service that does not agree with service data?

Do not think this applies.

How do you select the measures for your key processes in order to evaluate your service's overall performance?

- Measures are developed according to the nature of the Process. As we have begun to collect baseline data in all areas, analysis suggests changes or refinement of each process.

For example, since providing Worship Services is one of our key processes, we collect data monthly and compare this data to previous years' performance.

- Measures are selected in accordance with problems seen or when opportunities for improvement come to light.

For example, when measuring the key process of Spiritual Assessment, focus was maintained on insuring timeliness of these assessments in Long Term Care (a Type-1 deficiency from the last JCAHO Survey).

- Measures are selected that further our established Service Strategies/Initiatives.

For example, we are developing Unit-specific service delivery charts that are reviewed under Status of Service Strategies/Initiatives. This monitor could also serve to review Bereavement/Crisis Care as well.

What comparative data do you use to measure key service processes?

- Comparative data from previous years' performance
- HIMS review of documentation in Patient Assessments

How do you analyze the information to assess the service's overall performance?

- Meaningful data regarding Crisis/Bereavement care is carefully checked for accuracy and problem areas addressed during the monthly review cycle.
- Meaningful data regarding Assessments/Reassessments is reviewed quarterly and bears directly on Chaplain Service effectiveness in meeting Joint Commission Standards. The data is reviewed and compared against our stated Policy and Procedures regarding Patient Assessments to assure compliance.
- Comparison data for Worship and Counseling is now quite useful. Present performance is directly compared with previous years and trends are observed through control chart analysis.

## **HUMAN RESOURCES (STAFF) FOCUS**

How do you recruit, retain, and motivate your work force in conjunction with HRMS, i.e. reward, and recognition, etc.?

- Recruitment has been limited due to budget constraints. Key assistance in maintaining continuing pastoral care coverage has been obtained through the use of Fee Basis Chaplains. One new contract was acquired this year, allowing for necessary staff and contractor absences.
- Good employee relations are the key factor in retention. Staff is encouraged to speak their mind and is involved in every phase of policy planning and execution. However, retention has been and will continue to be a major concern as key positions reach retirement age. New documentation requirements and staff shortages (numerous unfilled staff losses) render the burden on existing staff nearly unhealthy, even if workable. Such demands make us perhaps more efficient, but less an employer of choice.

What is your Service' training plan?

- Chaplain In-Service training is scheduled for the fourth Wednesday each month. It is not a plenary exercise, however. Chaplains are encouraged to use this allotted time to do computer assigned Healthstream programs or to review material available from our web site made available from the Teleconferencing Network of Texas.
- Review of Educational Information gleaned from the Annual Chaplain Leadership Conference
- Regular Mandatory Training as Required
- All Satellite and CTVHCS training is brought to the attention of Staff, as appropriate

How did you develop it?

- Staff is queried during Performance Reviews and Competency Evaluations as to the need for educational programs in support of their work performance.
- Need assessment thus developed is matched with available training in CTVHCS.
- Professionally relevant training is difficult to find in Pastoral Care, and generally requires travel. If anyone goes to a training event, they are expected to bring something back for the Service education effort.

What is the status?

- Currently, 57% have completed Annual FY Training requirements. Those that remain each have less than 6 hours of training remaining before compliance is reached with Annual Training Requirements.

How do you ensure a safe work environment?

- Each month, a segment of the Staff meeting is devoted to Safety concerns.
- Each employee is refreshed annually as to the Safety precautions of their work site.
- Recommendations of the EOC Rounds are implemented quickly.

How do you assess work place morale?

- Regular contact with each employee in person, via phone, and e-mail. Some contact is made with the entire staff on a daily basis.
- Sick leave is monitored closely
- Noting attention to detail in completing assigned tasks

What work restructuring have you done during the past year?

- No formal restructuring due to illness/injury this year.
- Work assignments are changed, including scope of each chaplain's work duties according to agreed upon planning in Staff meetings. Generally this is done on an annual basis, and it was done by request of Staff.

## **PROCESS MANAGEMENT**

For description of Chaplain Service Key Service Delivery Processes, see Section 6, Chaplain Service Scope of Service, attached.

Process Measurement and Effect on Short/Long Range Planning Process

### **1. ASSESSMENT**

Assessments are required in Long Term Care areas. Timeliness of assessments is measured on a quarterly basis review of Long Term Care patients. The results of this measure has effected Chaplain Service planning process in the following ways:

- JCAHO Standards have been reviewed annually and applicable changes made to Scope of Assessments and Chaplain Service Policy and Procedures.
- Content and timeframes of Assessments in use at other VA facilities are reviewed when available from other VA stations. While the JCAHO Standards is the current driver to this process, it is a matter of clinical professional development as to the content and usefulness of the entire enterprise.
- Detailed Spiritual Assessment is in use for inpatient PTSD veterans. Comparative data of over 600 veterans so assessed has been given a control chart analysis in order to clarify norms in use in evaluating this Assessment with veterans.

### **2. BEREAVEMENT/CRISIS CARE**

Measurement of timely documentation of ministry following an SI Order is monitored on a monthly basis. In addition, Chaplain Service began to look at data of Palliative Care patients identified by a computer enhanced triage selecting those patients admitted in acute care areas most in need of pastoral ministry. The effect of monitoring this data is seen by:

- Control chart analysis revealed an unnatural variation of SI data. The monitoring process was changed to begin looking at weekly data at the beginning of this year, yielding a more natural variation.
- The beginning development of Unit-specific data for both SI patients and those identified by computer analysis as potential Palliative Care patients.

Both monitors have helped planning for more efficient coverage of all acute care patient areas by helping Staff prioritize patient visiting and maintaining continuity of coverage during Staff absences.

### **3. RELIGIOUS WORSHIP SERVICES**

Monitoring of average Sunday worship attendance at each site each month has resulted in adequate baseline data for this Process. Charts of this activity show at a glance the trends and changes since last year. We are beginning to see a downward trend in attendance at the Waco site, clearly reflective of the patient mix. Such data could help us as we continue to plan for efficient use of our scarce Chaplain Staff resource.

### **4. COUNSELING**

The number of chaplain counseling sessions in their various formats, i.e. scheduled, unscheduled, via consult, at bedside are all kept. This data has been made available to each Unit as a means to make the Treatment Teams more aware of overall Chaplain activities. Useful comparisons can now be made regarding trends over the course of two years. Further, data collection in this area emphasized the primary locus for the majority of Chaplain/patient interaction remains at the bedside.

What mechanism do you use to look at a process and change it?

Specific data collected for each Key Process now has almost two years of comparative data from which to evaluate trends. Continuous review of data at Staff Meetings has resulted in greater attention to Service priorities and improved results

For example: In the process of Bereavement/Crisis Intervention, we have been monitoring the timely documentation of ministry to patients placed on the SI List. Problems encountered during previous years has resulted in a close interaction between Chaplain Service, AOD, Details, and Medical Service to insure orders are written in CPRS and Chaplains are notified. When monitoring was first begun, mean compliance rate for Chaplain documentation was as low as 93%. Current compliance is at 96.3%, and has stood at 100% for nearly the entire months of April and May 2002.

## BUSINESS RESULTS

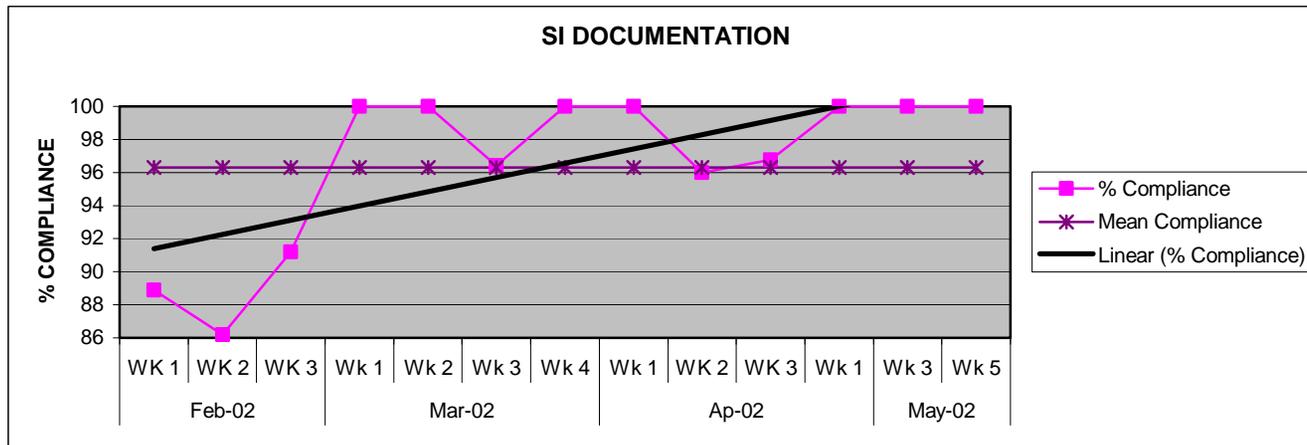
### 1. Customer Focused Results

#### a. Bereavement/Crisis Care

##### CHAPLAIN SERVICE SI VISITS

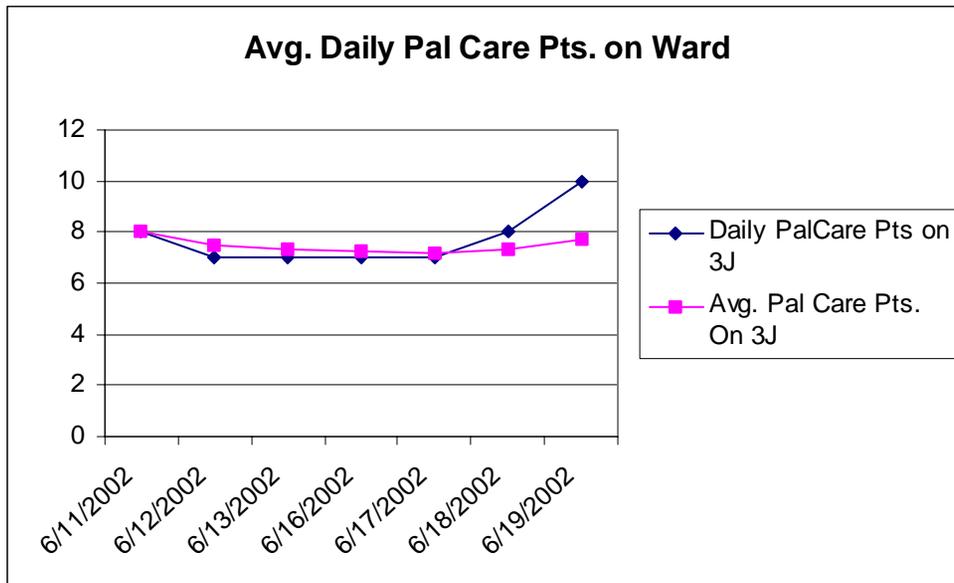
**STANDARD: Pastoral Care Provided within 24 hours of Notification.  
Documentation of Care in Chart.**

	Feb-02			Mar-02				Ap-02			May-02		
	WK 1	WK 2	WK 3	Wk 1	Wk 2	Wk 3	Wk 4	Wk 1	WK 2	WK 3	Wk 1	Wk 3	Wk 5
# COMPLIANT	32.0	25.0	31.0	29.0	32.0	27.0	31.0	26.0	24.0	30.0	29.0	19.0	28.0
TOTAL #	36	29	34	29	32	28	31	26	25	31	29	19	28
<b>% COMPLIANC</b>	<b>88.9</b>	<b>86.2</b>	<b>91.2</b>	<b>100.00</b>	<b>100.00</b>	<b>96.43</b>	<b>100.00</b>	<b>100.00</b>	<b>96.00</b>	<b>96.77</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>



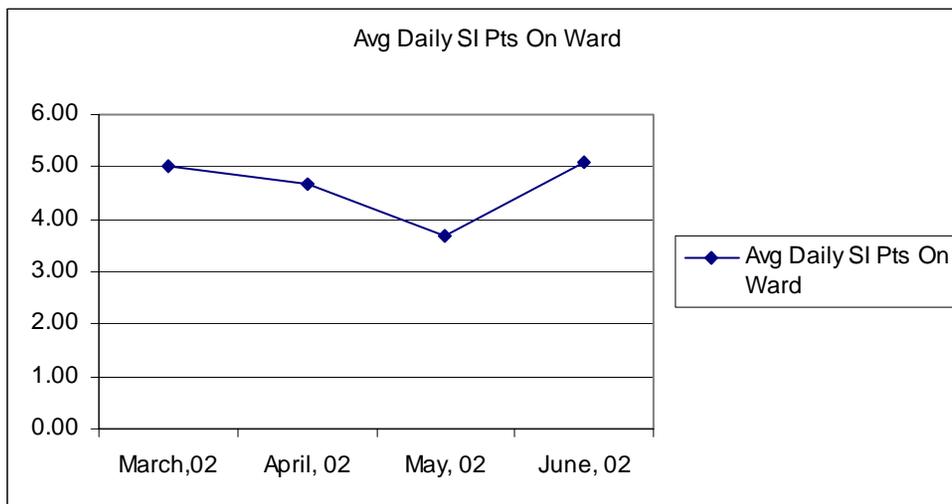
## Average Numbers of SI and Palliative Care Patients Unit 3J Chaplain Service

	6/11/2002	6/12/2002	6/13/2002	6/16/2002	6/17/2002	6/18/2002	6/19/2002
Daily PalCare Pts on 3J	8	7	7	7	7	8	10
Avg. Pal Care Pts. On 3J	8.00	7.50	7.33	7.25	7.20	7.33	7.71



Unit 3J, Continued

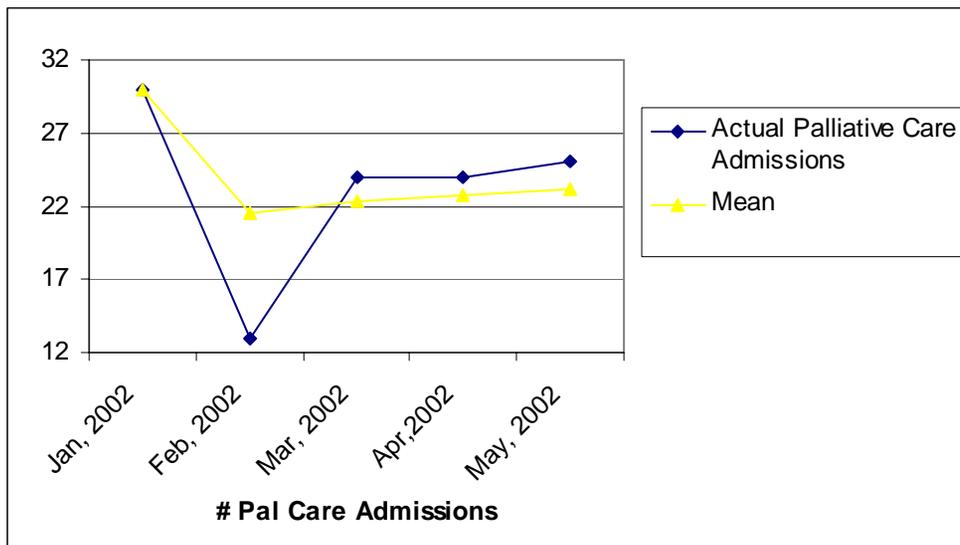
	March,02	April, 02	May, 02	June, 02
Avg Daily SI Pts On Ward	5.00	4.67	3.67	5.07



## Palliative Care Pastoral Visiting Unit 2K Chaplain Service

Jan, 2002   Feb, 2002   Mar, 2002   Apr,2002   May, 2002

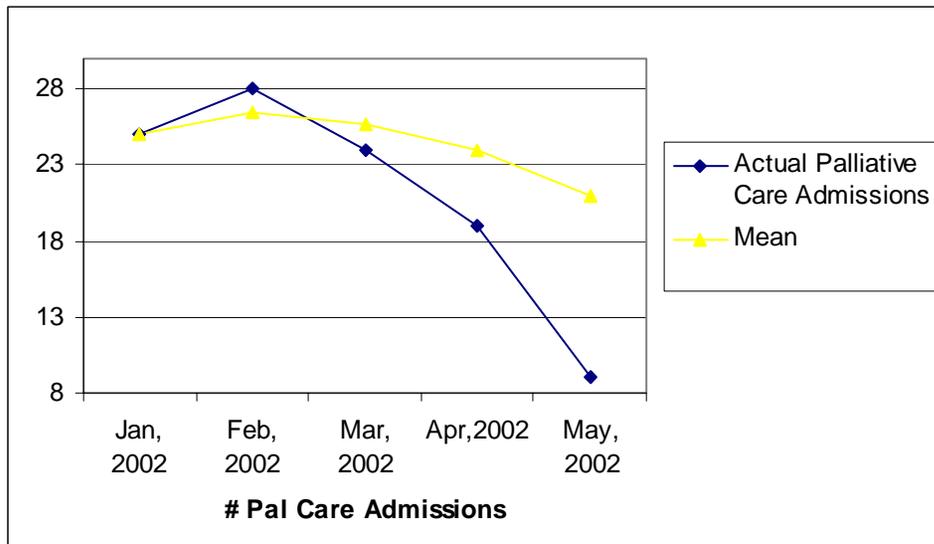
# Pal Care Admissions	30	13	24	24	25
Mean # Palliative Care	30.00	21.50	22.33	22.75	23.20



## Palliative Care Pastoral Visiting Unit 4K Chaplain Service

Jan, 2002   Feb, 2002   Mar, 2002   Apr,2002   May, 2002

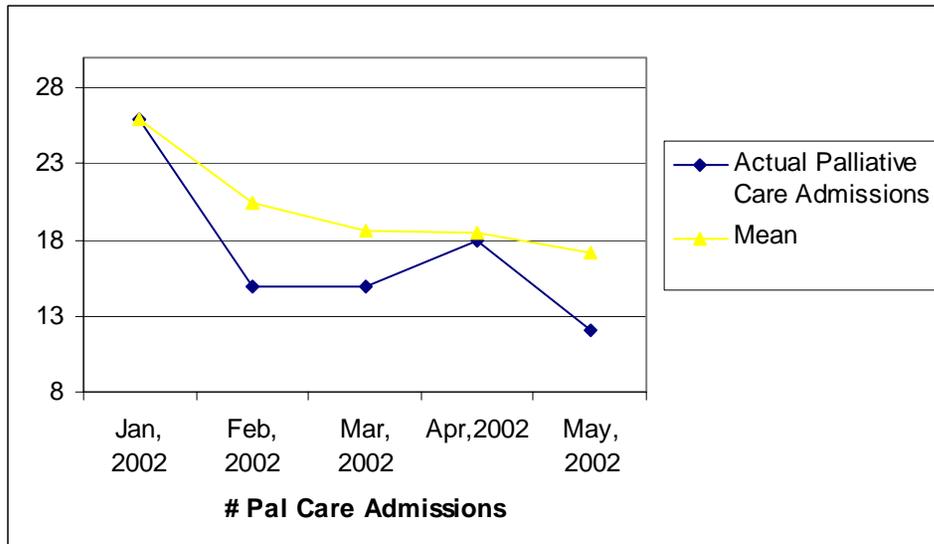
# Pal Care Admissions	25	28	24	19	9
Mean # Palliative Care	25.00	26.50	25.67	24.00	21.00



## Palliative Care Pastoral Visiting Unit 4J Chaplain Service

Jan, 2002   Feb, 2002   Mar, 2002   Apr,2002   May, 2002

# Pal Care Admissions	26	15	15	18	12
Mean # Palliative Care	26.00	20.50	18.67	18.50	17.20



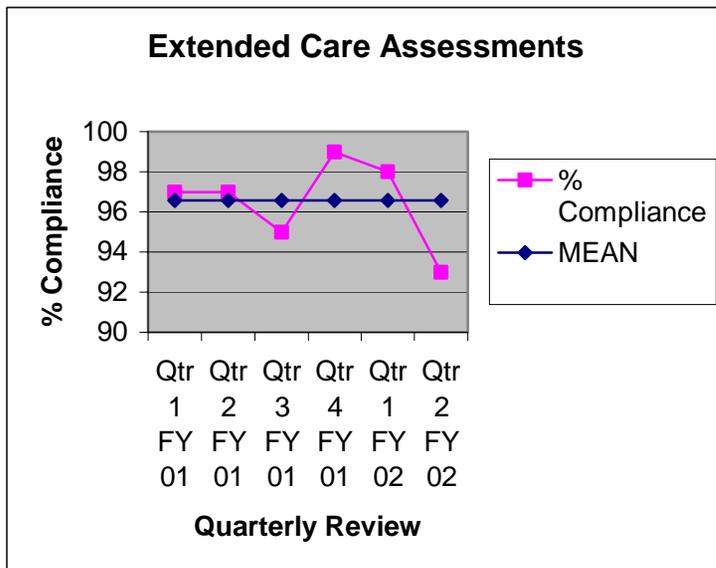
**b. Assessments**

**Chaplain Service Compliance for Extended Care Initial Assessments**

**Standard: Assessed within 14 days of admission to NHCU**

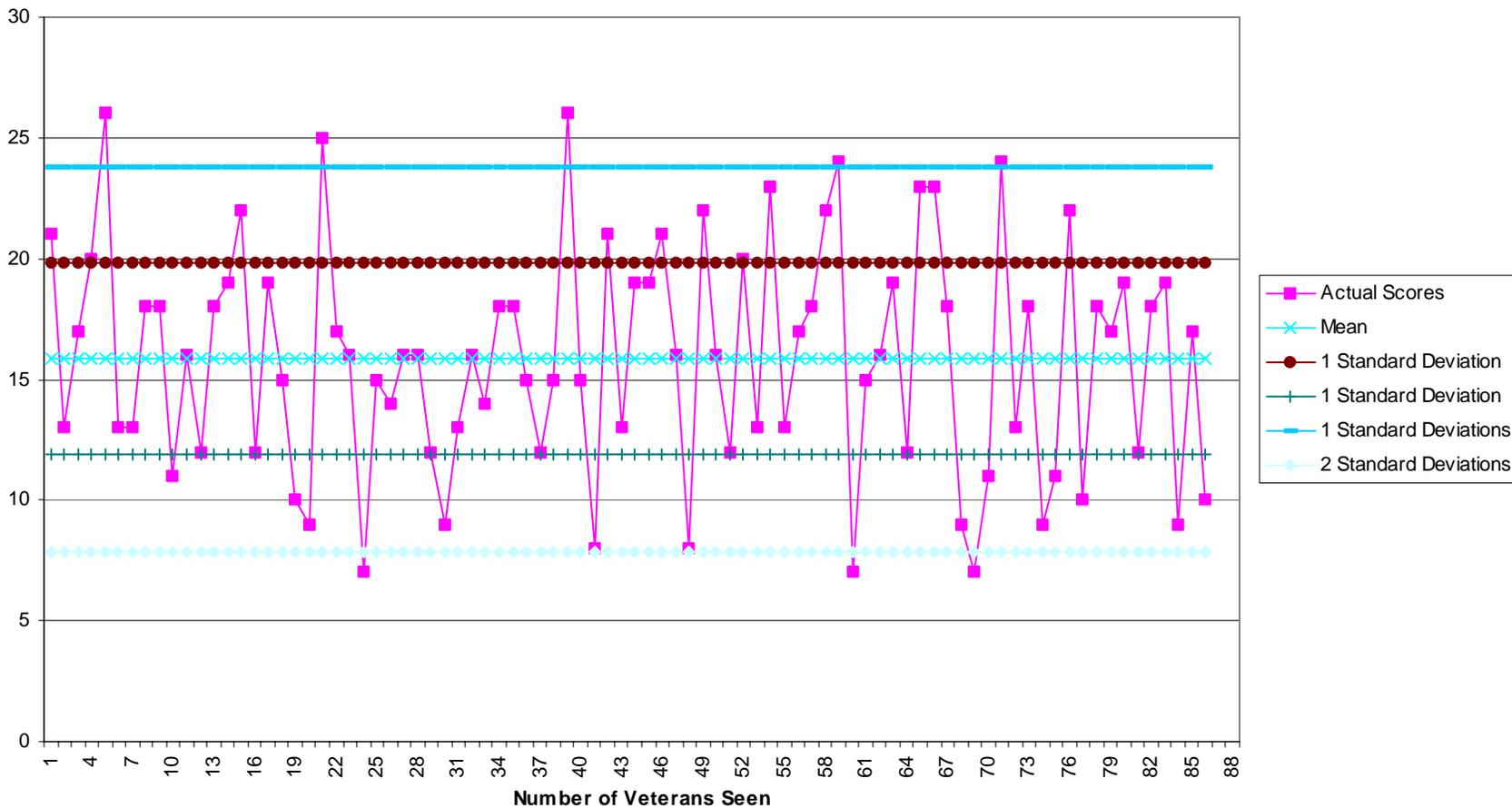
Qtr 1 FY Qtr 2 FY Qtr 3 FY Qtr 4 FY Qtr 1 FY Qtr 2 FY 02

% Complia	97	97	95	99	98	93
MEAN	96.57	96.57	96.57	96.57	96.57	96.57

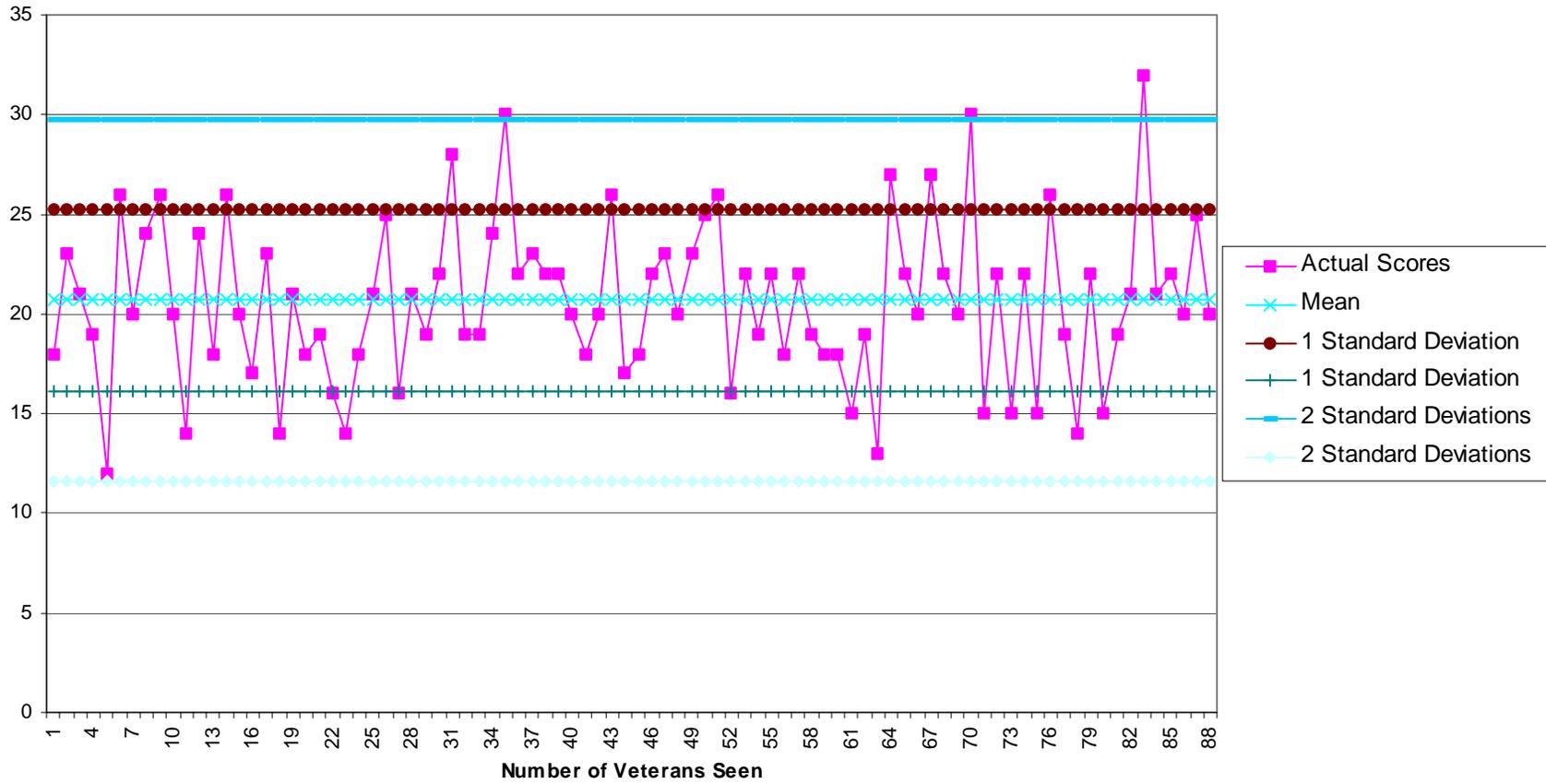


Comparative Data for Comprehensive Spiritual Assessments in PTSU:

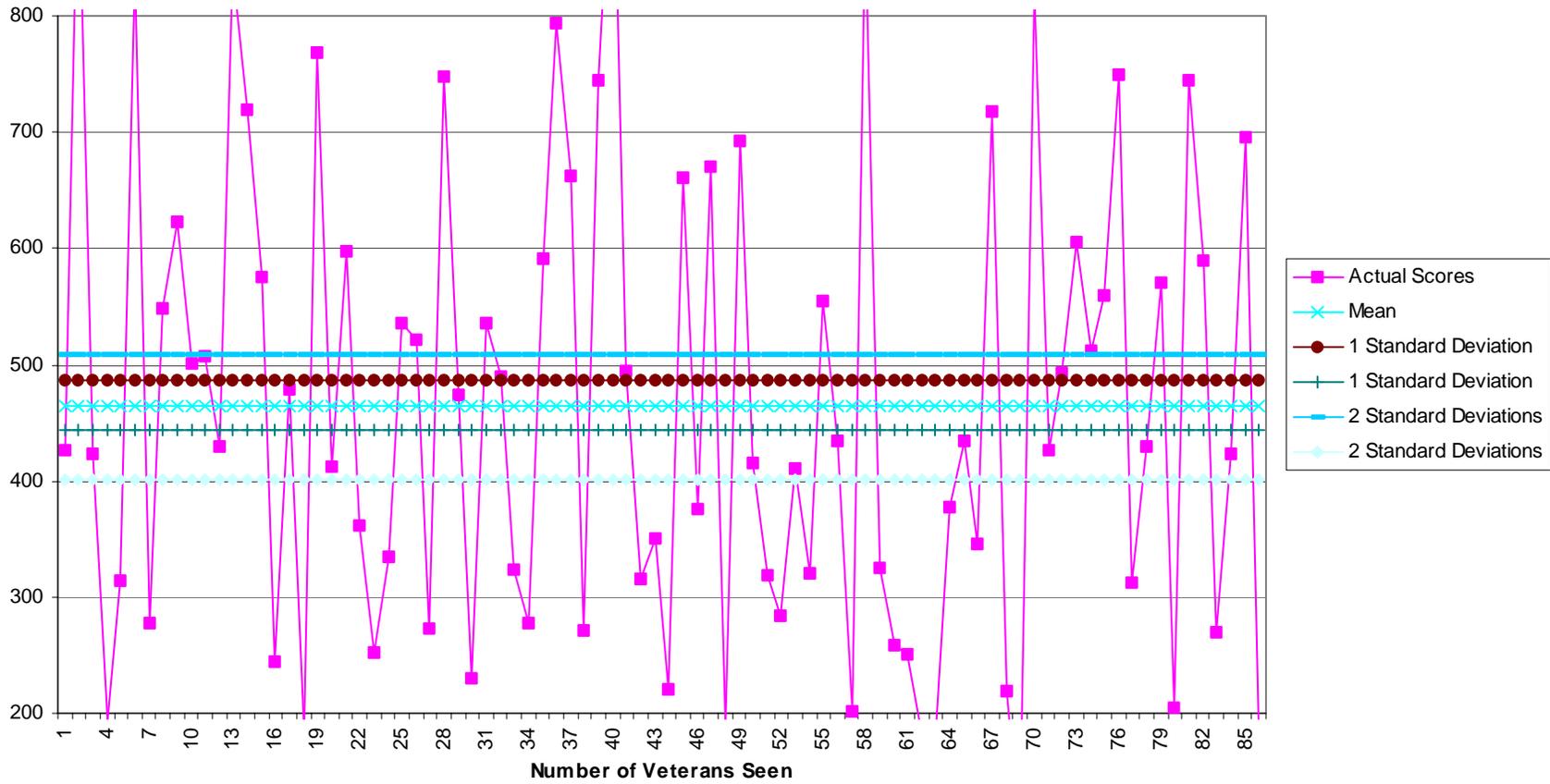
**TOTAL RELIGIOUS ACTIVITY SCORE**



**TOTAL SPIRITUAL INJURY SCORES**



### Holmes/Westberg Loss-Life Change Score

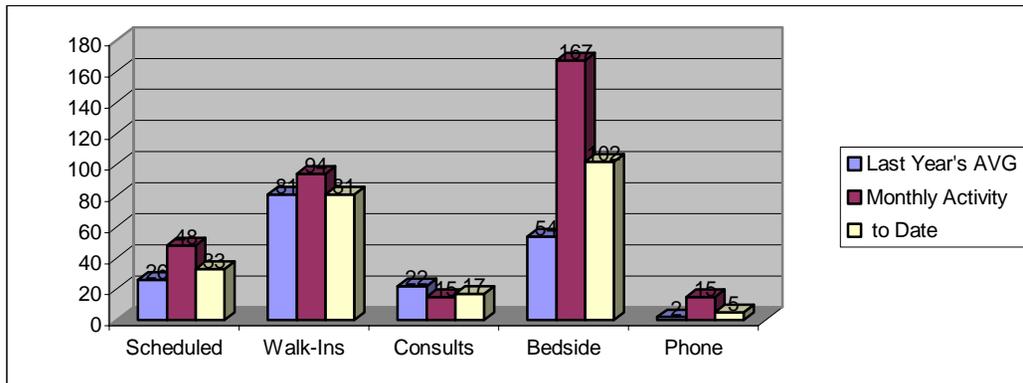


Each of the preceding three charts provides Mean, and +/- Standard Deviation comparison data from which to evaluate the specific Detailed Spiritual Assessment Data provided for every new admission to PTSU inpatient treatment. It is particularly helpful given that the sample number of veterans are all taken from data collected over the past three or four years on PTSU admissions.

**c. Counseling**

**Chaplain Counseling Activity Report for of June, 2002**

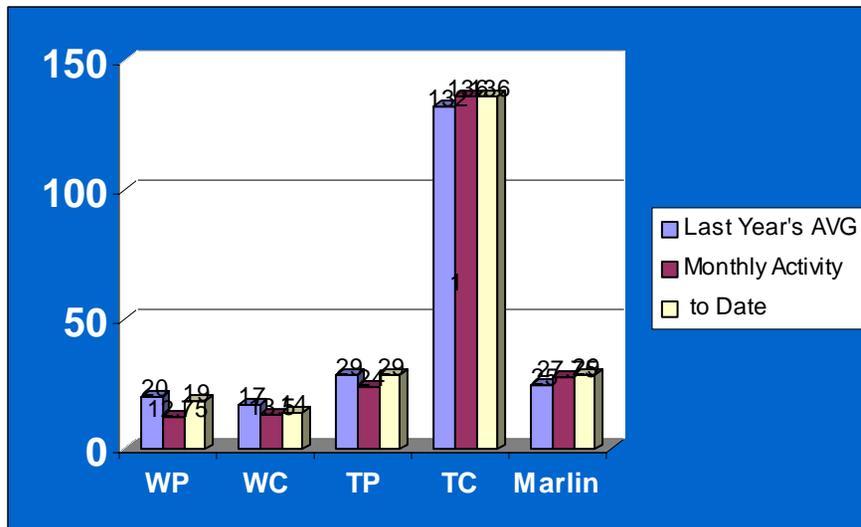
	Last Year's AVG	Monthly Activity	Percent A	Average to Date	Percent B
Scheduled	26	48	185%	33	127%
Walk-Ins	81	94	116%	81	100%
Consults	22	15	68%	17	77%
Bedside	54	167	309%	102	189%
Phone	2	15	750%	5	250%



**d. Worship Services**

**Chaplain Attendance Activity Report for June, 2002**

	Last Year's AVG	Monthly Activity	Percent A	Average to Date	Percent B
WP	20	12.75	64%	19	95%
WC	17	13.5	79%	14	82%
TP	29	24	83%	29	100%
TC	132	136	103%	136	103%
Marlin	25	27.75	111%	29	116%
Overall	223	214	96%	227	102%



Legend: WP = Waco Protestant Service  
WC = Waco Catholic Service  
TC = Temple Catholic Service  
TP = Temple Protestant Service  
Marlin = Marlin interfaith Service

## 2. Human Resource (Staff) Results

### BENCHMARKING DATA IN CHAPLAIN SERVICE

1. Chaplain Service staffing throughout VA has been set through the years based on the demands of Pluralism and Ecumenism in job performance. Staffing, once established, rarely changed due to the longevity of service given by many in Chaplain Service. Staffing was sometimes further enhanced by virtue of the benevolence of Management, and sometimes was done so in direct proportion to the supportive relationship that existed between Chaplain Service and Management.
2. During the past seven years numerous hospitals underwent massive reorganization, sometimes even consolidating the staffs of separate medical facilities under one organizational plan. Care/Service Line demands, Outcome Measures, Chaplains with specific Clinical specialties, increasing emphasis on Outpatient Treatment, and severe on-going budget constraints have changed the landscape forever. At one point in this evolutionary change, one VA Medical Center completely contracted Chaplain Service out. What kind of staffing that is present with Central Texas Veterans Health Care System today is the direct result of all of these factors. With fewer Chaplain FTEE today for all three Medical Centers it represents than EITHER of the two larger facilities had on board just seven years ago, the questions of just what level of staffing is appropriate and how do we know this become more critical than ever.
3. Faced with ongoing attrition and little ammunition to compete for scarce dollars, an effort was undertaken to begin to benchmark today's Chaplain Service staffing levels with other Chaplain Services throughout VA. Thanks to the groundbreaking study by Larry VandeCreek, D.Min, in March 30, 2000, "How Many Chaplains Per 100 Inpatients?"

Benchmarks of Healthcare Chaplaincy Departments” it is now even possible to take a look at comparison data from the private sector as well.

- Information in response to my request has been received to date from 12 difference facilities across VA. This is a very small sample, but it is where I must begin. The data collected to date is as follows:

FACILITY NAME	FTEE REPORTED	AVG. # OPERATING OR AUTHORIZED BEDS	# CHAP/100 BED	AVG. DAILY CENSUS	# CHAP/100 PT.
Albany	3.25	155	2.10	95	3.42
Bath	1.3	230	0.57		
Canandaigua	2.4	226	1.06		
Syracuse	2.4	175	1.37		
WNYHS	3.3	273	1.21		
Amarillo	3.45	188	1.84		
Big Spring	2	147	1.36	83	2.41
Togus	1.75	207	0.85	150	1.17
Tuscaloosa	3	354	0.85		
Chillicothe	4.2	304	1.38	212	1.98
Salt Lake City	1.975	116	1.70	90	2.19

Cleveland	8.7	530	1.64	458.2	1.90
CTVHCS	6.835	571	1.20	446.5	1.53
<b>AVERAGES</b>	<b>3.43</b>	<b>267.38</b>	<b>1.32</b>	<b>219.24</b>	<b>2.09</b>

5. Several conditions were imposed upon the data that was presented to me. First, I desired to compare only inpatient care, excluding Domiciliary. This is primarily because it is inpatient staffing that is our first mission, with Outpatient programs representing the next logical expansion. In order to do this, it was necessary to group all reported FTEE into this category for comparison, even if it was reported that some of the FTEE was working with outpatient ministry. Second, I used only those numbers of beds for inpatient care and excluded any reference to Domiciliary or Outpatient visits. Third, I adopted a ratio of “# per 100 Beds or Patients” in order to provide direct comparison between facilities.
6. When looking at Staffing per 100 Beds, VA facilities reporting averaged 1.32 Chaplains. When looking at Staffing per 100 Patients, VA facilities reporting averaged 2.09 Chaplains. It is easy to understand this variation, in spite of the fewer numbers of facilities reporting Average Daily Census data by pointing out that hospital occupancy rarely approached 100% on average. As the number of patients in the hospital DECREASES, the number of Chaplains per patient INCREASES.
7. The most recent Chaplain Service Manual suggests a staffing ratio of 1 Chaplain per 100 inpatients (Acute and Psychiatric care) and 1 Chaplain per 120 NHCU residents. This can be equated to the ratio of .91 Chaplains for every 100 inpatients (including NHCU). Incredibly, the staffing survey indicates that on average, current staffing in the field exceeds this standard.
8. In the private sector, Dr. Larry VandeCreek’s study gathered data from Chaplain Departments throughout the country. He noted that Religiously Affiliated hospitals had a significantly greater average number of Chaplains per 100 patients. For my purpose, I find it helpful therefore to compare Private Sector, Non-Religiously Affiliated hospital data. His sample comes from 342 hospitals around the country, some with CPE Programs, some not; some were stand-alone Community Hospitals, and others were University affiliated. The AVERAGE Chaplain per

100 patient ratio was 1.40. VA facilities, in comparison to a much smaller sample (n=7) average 2.09 Chaplains per 100 patients.

9. Several observations here. First, nearly every VA facility providing data includes Long Term Care patients in its data. This may be significantly different than ANY private sector comparison data. Long Term Care has its own unique patient care demands upon Chaplain time and documentation that may not be reflected in the Private Sector survey. Second, VA has traditionally required its Chaplain Service to provide a traditional Sunday morning worship programs. This also may be a significant difference with Private Sector facilities. Third, each VA facility continues to serve a large geographical region with comprehensive care. Though I do not know if it has been documented or not, I suspect our patients are not only sicker on average, they may also be further from their home support systems as well. This too places a presumed additional demand upon our Chaplain Services. Without doing a comprehensive workload comparison both within VA and with private sector facilities, these assumptions may be difficult to validate.
10. As we attempt to refine and interpret this data, a sincere effort must be made to expand the reporting base and to insure the accuracy of the data. Second, benchmarking numbers don't equate to quality care either. How can we determine what is optimum? What is minimum? In order to begin to answer these questions, workload data must be explored and compared with the staffing ratios. Do larger staffing ratios generate larger workload? Where is Chaplain time most expended? How does that compare with private sector Pastoral Care Departments?