

..... Everything Matters In

Patient Care

*Religion and
Spirituality in
Health Care*



At Nationwide Children's Hospital, addressing the spiritual needs of our patients, families and staff is an important part of care.



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“My Jewish faith is a reminder that the physician is merely a messenger, but a Higher Power is the healer,” says Jonathan Gisser, MD, pictured left.

Addressing Spiritual Needs of Our Patients and Families



Linda Stoverock
DNP, RN, NEA-BC,
Senior Vice President,
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Chief Nursing Officer

In this issue of *Everything Matters in Patient Care*, you will find a wide range of topics that speak to supporting patients and families based on their spiritual or religious needs, as well as ways we support staff in addressing their own well-being amidst stress and sometimes difficult patient care situations.

I was quite surprised at the dearth of literature in regards to nurses and ways to address the spiritual needs of patients and families. Much of the literature is old and originates from grand theories of nursing. Theories such as Neuman's Systems Model and Jean Watson's philosophy of caring placed a strong emphasis on the spirituality of the human being. However, these theories gave way to more truncated models that could easily elucidate cause and effect relationships, which may explain the lack of evidence regarding spirituality in more recent years. This lack of evidence creates challenges in providing effective family-centered care around spiritual needs. Additionally, while all of our codes of ethics and standards of practice mention assessing and addressing patients' spiritual needs, there are few if any guidelines on how to do so.

In a 1998 piece entitled *Professional, Ethical, and Legal Implications for Spiritual Care in Nursing*, Dr. Kathy B. Wright, RN, CGRN, APRN, BC, points out that spirituality has been central to the essence of modern nursing since Nightingale. Many nursing schools and hospitals were established from religious orders further developing the importance of spirituality as an important aspect of nursing. The North American Nursing Diagnosis Association (NANDA) identifies "spiritual distress" as a nursing diagnosis. Perhaps in pediatrics, it is not

a common diagnosis utilized in our care planning, but when thinking about family-centered care, it should be a consideration as families struggle with a child suffering from illness or at end of life. Dr. Wright points out that many nursing programs do not adequately prepare the nursing student to discern world views of spirituality.

A more recent publication entitled *The Language of Spirituality: An Emerging Taxonomy*, Professors McSherry and Cash completed a literature review of how the spirituality is defined within nursing. They constructed a taxonomy of spirituality that recognized diverse layers of spirituality from Theistic (belief in a supreme-being, cosmological arguments not necessarily a 'God' but deity) to Mystical (relationship between the transcendent, interpersonal, life after death). The authors concluded there is no such thing as a universal definition of spirituality; yet this phenomenon needs to be explored in order to best serve patients.

So what does that mean to our practice while we wait for evidence? One of our core values in our organization is "Do the right thing," which includes creating a respectful and inclusive environment. One way that we can do this is by assessing our patients and families' spiritual beliefs. Ask them how to meet their needs while in our care.

If there are ways we need to address and improve our spiritual care of patients and families as a system, please bring these important findings forward. Perhaps we need to have our own conceptual discussions about spirituality and nursing care. As you review the articles in this issue of *Everything Matters in Patient Care*, I hope you gain more insight into how we meet our patients and each other's spiritual needs.

Treat Me with Respect: Religion and Spirituality in the Workplace

Trudy Towns, SPHR, SCP



64%
of participants surveyed said their organizations have some degree of spiritual or religious diversity

73%
of americans say that religion plays an important role in their lives

The American culture has always been marked by diversity in religious beliefs. Religion remains integral to life in the United States, and religious practices are increasingly diverse. In the Society for Human Resource Management's (SHRM) *2008 Religion and Corporate Culture: Accommodating Religious Diversity in the Workplace* survey report, 64 percent of participants surveyed said their organizations have some degree of religious or spiritual diversity. A large majority of Americans, 73 percent according to a recent Gallup poll, say that religion plays an important role in their lives. Over the past decade, while surveys show that Americans may be somewhat less religious in terms of standard practices such as church attendance, spirituality is on the rise. There is a growing number of Americans who feel a sense of spiritual peace and sense of wonder about the universe.

As a practice, many organizations are risk-averse and shy away from spiritual and religious expression in the workplace beyond providing religious accommodations as required under Federal and State laws. The primary reason is to avoid conflicts, tension and legal issues that may arise when coworkers express divergent views or make statements that may offend others.

There are unique considerations in the pediatric health care industry where the practice of patient- and family-centered care requires the health care worker to be respectful of, and responsive to, individual patient preferences, needs and values, and ensure that patient values guide all clinical decisions. An increasing volume of research on the link between spirituality, religion and health shows that spiritual and religious practices support health. Individuals, especially older patients and those with chronic medical conditions, often seek spiritual support from clergy or church members when faced with mental and physical health difficulties.

So what does this mean in terms of respecting diverse beliefs and maintaining appropriate boundaries for health care workers in their daily interactions with their colleagues and patients and families? Employers must balance the obligation to accommodate religious views of one or more employees with the obligation to prevent harassment or creation of a hostile work environment for others. Employers must ensure that the work environment is one where each individual is treated respectfully, courteously and with dignity. For example, unwelcome words or conduct, whether stemming from a fellow employee or supervisor, may be permissible until the target of the communication or conduct or a third-party bystander objects. Although in many cases the conduct may not constitute harassment unless considered pervasive or severe at Nationwide Children's Hospital, we proactively take steps to prevent and address behaviors before they escalate into more serious concerns.

In this article we'll look at boundaries to guide you in your interactions with coworkers and patients/families in regards to religion and spirituality in the workplace.



Our chaplains can help support a patient's spiritual and emotional needs.

Religious Expression Among Co-workers

Employees thrive and engagement improves when employees “bring their whole self” with all their gifts and talents to work. They are more productive and satisfied than when they leave parts of themselves at home. It is not uncommon for colleagues to talk about their personal lives in developing and maintaining collegial relationship with their co-workers. That may sometimes include sharing information about their religious and spiritual views and engaging in religious expression in the workplace. When such expression is directed towards your fellow co-workers, such as views regarding religious practice expressed in a conversation, you must refrain from such expression when your co-worker asks that it stop or otherwise demonstrates that it is unwelcome. You should tread carefully and be sensitive to the fact that your communication of religious or spiritual views may be unwelcome. Be aware of facial cues, body language or direct communication from your co-worker that indicates that your communication is not welcome. Continuing that conduct in such circumstances could manifest into unlawful religious harassment.

Here are some guidelines to keep in mind as you interact with your colleagues:

- We all need to be comfortable saying “I’d rather not talk about that” or “I’d like to focus on our work” if a conversation takes a turn to a topic that you do not wish to engage in.
- Be aware of Nationwide Children’s dress code policy that prohibits wearing clothing such as T-shirts with non-work related messages. This policy applies to all non-work related messages including political, religious and spiritual-based messages or other non-work related messages. Also know that you may request an accommodation if your religious beliefs require you to wear religious dress such as a hijab.
- It is okay to have religious objects in your private workspace such as a Bible or Quran. Pictures are also permissible as long as they do not have offensive messages and are not in front facing patient care areas.
- It is okay to spend your break and meal periods in personal devotions such as reading faith-based literature, starting a voluntary prayer group or reflection group or talking to a co-worker about your beliefs (if the conversation is welcomed).
- When using social media, be careful to ensure that your communication of your personal beliefs and views is not given in such a way that it is perceived as representing the views of the organization.
- Managers and others in leadership positions should be careful to avoid the perception of using their authority to require or discourage religious or spiritual expression as a condition of employment.
- Nationwide Children’s has a written policy that limits the use of email accounts to company business and it should not be used for non-business purposes such as inviting co-workers to religious or spiritual gatherings, solicitation or other non-business use.



Considerations for Patient Care

In our delivery of patient care, we recognize the value of collaboration and inclusion of family members as part of the health care team. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care. There are many advantages to patient and family-centered care including improved patient and family experience, increased quality and safety, increased employee satisfaction and retention, decreased health care costs and response to Joint Commission Standards. A key to this approach is knowing and showing respect for individual values and preferences. As a routine, health care providers gather basic information on the patient's spiritual and emotional needs as part of the clinical interview, implementation of care plan and evaluation of care.

Here are some guidelines to keep in mind when interacting with patients and families:

- Willingly support patient- and family-centered care for individuals and groups whose values differ from your own.
- Don't make assumptions based on the patient and family responses about religious preferences. There may be a wide range of practices between members of the same faith. Some people may adhere strictly to the beliefs of an organized religion while other may have modified their beliefs from those of their religion.
- Be careful to avoid transferring your personal values or religious or spiritual views onto the patient and family.
- If the provision of care or treatment conflicts with your religious or spiritual values, such as administration of blood products, you may make a formal request to be excused which will be reviewed as described in the Nationwide Children's Hospital Release from Assigned Patient Care policy.
- If a patient and family refuse life-sustaining treatment based on religious or spiritual beliefs, consult Nationwide Children's ethic's council.

We live in a highly diverse society with a wide spectrum of spiritual and religious beliefs.

By being observant of appropriate boundaries in religious and spiritual expression, we can foster a culture of respect, building collegial relationships with co-workers and improving patient and family experience.

The Role of Religion in Health Care

Rev. Susan A. Kyser, Director, Pastoral Care

78%

of patients want a chaplain to remind them of God's care and presence.

71%

want a chaplain to offer support to their family, their friends, as well as to the patient.

88%

reported that religion or spirituality play an important role in coping with stress and illness.

One may think that the role of religion in health care has diminished, particularly in the last decade. However, this is not the case, although many mainline Christian churches, Jewish synagogues and Muslim mosques have experienced a decline in attendance. Some religious guidelines are helpful within the health care setting. For example, religious communities often say what is acceptable in treatment, such things as when to discontinue life support, or when to donate organs. At one time, many religious communities felt that donating blood was unacceptable given its newness, and its undocumented success. Religious communities have a capacity to offer support, guidance and encouragement in times of crisis and long-term illness. Religion, at its best, promotes and supports healing in all dimensions.

Many hospitals have been started by religious communities. Some hold onto these religious identities, which influence patient care. For example, in Columbus, the Mount Carmel Health System and OhioHealth have close affiliations with the Catholic Church and the United Methodist Church. The greater church organizations offer financial as well as spiritual, emotional and concrete help with the development and running of these healing organizations. Nationwide Children's Hospital, although it was not begun by a religious community, was organized by a group of women who felt that they could participate in the healing of children within the Columbus, and central Ohio area. Nationwide Children's has always honored each staff member and patient family's religious beliefs. In this way, the hospital as a whole, acknowledges a person's physical, emotional

and spiritual being, and that healing comes as a holistic process.

The role of religion in health care does not always make sense. As our families wrestle with the health of their children, they will often wonder, "Where is God in the suffering of my child?" There are trained chaplains to walk with our families in these times of question and crisis. Also, our staff face the innocent suffering of children in their daily work and practice. This can lead to spiritual questions and distress. One's spirituality, lived out within religious communities, directly affects one's ability to cope in stressful and difficult situations.

There is data that shows that patients, as well as staff, desire their spirituality and religion to be part of their work and their healing. For example, 78 percent of patients want a chaplain to remind them of God's care and presence and 71 percent want a chaplain to offer support to their family and friends, as well as to the patient. Another 88 percent reported that religion or spirituality play an important role in coping with stress and illness.



COMPASSION: *to suffer with*

At Nationwide Children's, we all believe that compassion is a core part of the work that we do, whether it is in direct patient care, or in auxiliary ways throughout the hospital community. The word compassion means, "to suffer with." Compassionate care calls physicians, nurses, chaplains, social workers and others to be partners with their patients and families as they share in the healing of the children. Psychiatrist Victor Frankl wrote of his experience in the Nazi concentration camp, "Man is not destroyed by suffering; he's destroyed by suffering without meaning." The role of religion with compassion is central to the work that happens at Nationwide Children's. While many people do not use religious language, all people long for and deserve compassion which is part of any organized religion's doctrine and understanding. This kind of religion and spirituality form the basis of meaning and purpose for those who work at Nationwide Children's, as well those who come for their children's healing.

"Man is not destroyed by suffering; he's destroyed by suffering without meaning."

— Psychiatrist Victor Frankl

One of the most common rituals in any religious tradition is prayer. With adults it is one of the most commonly used non-drug methods of controlling pain. In fact, 76 percent of adult patients make use of prayer.



At Nationwide Children's, prayer is used regularly both outwardly and inwardly with our patients, as well with the parents and families of those patients. These outward expressions and prayerful rituals aid in the overall coping of our patients and families. As many as 80 percent of patients have found comfort through their religious beliefs.

However, there are times that families with their religious beliefs may find themselves at odds with the medical domain. This is a time that our ethics committee and our chaplains have important roles in helping our health care system to be sensitive and compassionate with our families when we seem in different places in the practice of medicine. As religious convictions affect the health care decision-making of a family, it can also help to support and encourage a family through a long or difficult process. Spirituality and religion often are core foundations of how we treat our patients.

We all know that there can be physical, emotional and spiritual suffering when dealing with sick children and families. The role of the health care team is to use all resources available to them to help a child and a family move through the suffering with dignity and compassion in whatever area that we find our children and families. Religious communities impact our ability to continue to offer kind, compassionate care with dignity. One's religious community and beliefs are an integral part of the overall compassion that we offer our patients and families. In that light, it is always a privilege to journey with others in this place.

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Keeping Patients Safe with Line Labeling

Jodi Mascolino, RN, BSN, CPN, Risk Manager, Department of Legal Services

In 2006, The Joint Commission (TJC) and the ECRI Institute released patient safety alerts to health care institutions regarding the risk of tubing misconnections. These safety alerts noted that tubes with different functions can easily be connected together placing patients at risk. Most misconnections are caught prior to causing patient harm; however, the TJC alert noted that tubing misconnections have caused severe patient harm and even death when:

- A feeding tube was attached to an intravenous line (IV).
- A blood pressure cuff was connected to an IV causing an air embolism.
- An epidural set was mistakenly connected to a peripheral IV.
- Medication was inadvertently administered into the trach cuff instead of the central line.

Why do these type of events occur? Multiple factors may contribute, including poor lighting, staff distractions, stress, fatigue, various types of connectors being manufactured to connect or easily adapt to unrelated tubing, close proximity of other tubes, tubing not being traced from point of origin to patient and tubing being unlabeled. Many institutions, including Nationwide Children's Hospital, have policies addressing tube labeling and tracing of tubing to help mitigate the risk of misconnections. Unfortunately, adverse events still occur because tubes and tubing are not labeled or traced. These types of events not only place the patient at risk but they place the institution and individual at risk for potential litigation and sanctions from regulatory and licensing agencies.

These events are so concerning that an international initiative has been established to work with manufacturers in designing connections that cannot be easily attached to a tube with a different function. However, we as clinicians can help mitigate the risk of tubing misconnection by labeling of tubes and tubing. Nationwide Children's Patient and Family Care Policy 75:60, "Labeling of Tubes and Tubing"

should be followed by all staff. The purpose of this policy is to ensure tubes are labeled correctly to prevent tubing misconnections through a standardized labeling program. The policy includes but is not limited to the following:

- All tubes infusing solutions are labeled.
- The person setting up the tubes or tubing is responsible to label, including noting date and time.
- All tubes inserted into a patient's body during surgery/procedure are to be labeled prior to the patient leaving that area.
- If a patient arrives to a unit from within Nationwide Children's or from another institution without lines being labeled, the staff member is to question this during hand-off and label accordingly.

Along with following the Nationwide Children's policy regarding labeling, these additional risk reduction strategies should be incorporated into practice:

- Do not alter or adapt tubes for uses for which they were not intended.
- Trace tubing from the point of origin to the patient.
- Label and trace tubing in good lighting.
- Educate non-clinical staff and families on the importance of the above.
- Use Nationwide Children's Zero Hero tools such as QVV, STAR, ARCC, etc. when there is a concern.
- When adverse events or near misses occur, report in CS STARS.

It is imperative that labeling of tubes and tubing, along with, additional risk reduction strategies become part of standard practice. These strategies will decrease tubing misconnections and improve patient safety. These strategies will also decrease the institution's and individuals' risk for potential litigation and disciplinary actions from regulatory and licensing agencies.



“Unaffiliated”: The Rising Religious Majority in America

Mary Lynn Dell, MD, MTS, ThM, DMin,
Professor of Clinical Psychiatry and Pediatrics,
The Ohio State University, Director of Psychosomatic
Medicine, Nationwide Children's Hospital

An appreciation of religion and spirituality, **even when a patient and family claims none**, helps a practitioner understand the many different ways religion and spirituality intersect with care.

Religion, spirituality and medicine share a colorful history that has been contentious at times as well as synergistic and collaborative. It is, however, always formative and important to individuals, families and communities and helps to define what it means to be human and in relationship with others. Most reviews on the topic of religion and modern medicine begin with current statistics about the percentage of Americans who believe in God, the absolute numbers and relative percentages of individuals who self-identify with a particular tradition, and the influences of religion on attitudes, beliefs and behaviors in their daily lives. An appreciation of religion and spirituality, even when a patient and family claims none, helps a practitioner understand the many different ways religion and spirituality intersect with care, such as:

- Influencing what a patient, family or health care providers identify to be an ethical concern and importance assigned to that concern.

- How patients and families approach ethical decisions in their medical care.
- Adhering to treatment recommendations.
- Understanding existential or moral issues being dealt with by the family.
- Understanding the patient and family's coping mechanisms rooted in their spiritual traditions.
- Ways to tailor care by attending to spiritual and religious needs.

Important Definitions

Any conversation about religion, spirituality and ethics needs to begin with a common vocabulary. This is especially important given the increasing religious diversity of the United States and other developed countries and the declining authority or importance of religious institutions in many corners of society. A common language facilitates respectful conversations about very personal beliefs in stressful situations common in medical care.



Term	Definition
Religion	Organized system of principles, beliefs, rituals, symbols and related practices or behaviors that bring individuals closer to the sacred or ultimate truth or reality. Encompasses relationships with other people, whether inside or external to a group or community with identical or similar beliefs, rituals or practices.
Spirituality	Religion and relationships with others in a faith community if present and the importance to an individual, yet spirituality is not limited to the constructs of organized religion.
Worldview	Philosophy of life that addresses life's basic or ultimate questions of origins, purpose, the meanings of life and death, and what comprises contentment, satisfaction and happiness. Can be part of, or independent from, organized religious beliefs and values.
Religious preference	Individual's preferred identification to a particular major world faith tradition or religious group.
Church affiliation	Belonging to a church, synagogue, mosque or other house of worship or organized religious group by having one's name on a membership list or being known to such a group.
Church involvement	Attendance, participation in groups and committees, or contributing financial or other support.
Religious belief	Internalization and the degree of agreement with the existence and nature of God and teachings found in sacred religious texts.
Personal Religious Behaviors	Individual prayer, meditation, study of religious texts and other behaviors that are viewed as required or spirituality beneficial by the individual or his/her faith tradition.
Fundamentalism	Strict interpretation of sacred writings, traditional lifestyles according to those scriptural interpretations, and careful scrutiny or even rejection of elements of modernity.
Evangelicalism	Beliefs that individuals should have a close, personal relationship with Jesus Christ and that attitudes and behaviors related to all elements of life should be guided by biblical teachings.





We must maintain an
accepting, nonjudgmental attitude
and practice empathy
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What Does the Data Tell Us About Religious Affiliation?

The Center for Religion and Public Life at the Pew Research Center completed its second Religious Landscape Study in 2014. More than 35,000 U.S. adults over the age of 18 years and from diverse racial, ethnic, socioeconomic and geographical backgrounds completed an extensive telephone survey. While the majority of Americans still self-identify as Christians, there were significant increases in the number of individuals identifying as non-Christian (Jewish, Muslim, Buddhist and Hindu). Additionally, the percentage of Americans who identified as atheist, agnostic, or “nothing in particular”, increased from 16.1 percent to 22.8 percent. Experts predict this number will increase steadily in the years to come. Individuals who self-identify as unaffiliated have become known as the “Nones,” and are second in size in the United States only to evangelical Protestants.

Reasons cited by “Nones” for distancing themselves from formal religious identity are multiple and diverse. An example is not believing in organized religion objections to perceived religious viewpoints that cause or contribute to conflicts in contemporary society and identifying as spiritual, but not religious. While most individuals who identify as “None” believe in God, half of these say their belief in God is “absolutely certain.” Of these half endorse a deep, spiritual connection with nature and more than 75 percent approve of services provided by religious organizations to the poor and needy.

When caring for individuals and families there are some guiding principles we should keep in mind regardless of their beliefs. We cannot make assumptions or generalizations about the religious and spiritual backgrounds, beliefs, practices and attitudes of our patients and families.



It is better to ask about families' beliefs in order to provide holistic care. We cannot predict how illness, pain, suffering and death may change religious and spiritual beliefs, attitudes, and practices of our patients and their families. Continual assessment of spiritual needs is justified in providing care. We must maintain an accepting, nonjudgmental attitude and practice empathy when addressing our families' religious or spiritual beliefs. Given the many reasons why a parent or family identifies as “None,” calm and neutrality is essential. We must remember that spiritual beliefs are often integral to experiencing illness and that our patients and families may wish to discuss their concerns. Listening to these concerns and referrals to Pastoral Care can maintain dignity and assist in helping patients and families understand their illness experience.

The percentage of Americans who identified as atheist, agnostic, or “nothing in particular”, increased from **16.1% to 22.8%**

Nones: Individuals who self-identify as unaffiliated; second in size in the U.S.

Staff Support in the NICU: Tea for the Soul

Rev. Margaret Yochum, MDiv, BCC, Staff Chaplain, Pastoral Care

The work of the Nationwide Children's Hospital Neonatal Intensive Care Unit (NICU) clinical staff is very intense, demanding, and every clinician must be at their best — physically, mentally, emotionally and spiritually. While the work is rewarding, it also takes its toll. The experience of spiritual, emotional and/or moral distress is not uncommon. In addition, time pressures and workload often keep staff on the nursing units without time to take a break. When the NICU chaplains became aware of this, they wanted to find a way to offer staff a few moments of rest and a place to talk about their day. In many other hospitals across the country a program called Tea for the Soul had been doing just that. Tea for the Soul was born out of this desire to provide staff a respite in their hectic days, and to show them they are cared for and valued in the important healing work that they do.

Three years ago, generous funding allowed the NICU Chaplains to bring the Tea for the Soul Program to Nationwide Children's Hospital. The tea cart, decorated with a table cloth and small floral arrangement, also includes a pot of hot water, assorted flavors of herbal

teas, a bowl of fresh fruit, a platter of assorted cookies and mints. The cart is prepared by the hospital catering department and delivered to the nursing units. As the cart arrives, the chaplains are also present to offer hospitality and support as the staff takes a moment's rest to enjoy a cup of tea, a cookie or some fruit.

Tea for the Soul has been a helpful tool that has allowed staff to feel valued for the service they are providing to these critical babies. This small way of saying "thank you" is done in honor and recognition of their incredibly demanding work. During these events chaplains have received positive feedback from the staff about how deeply they appreciate this Tea for the Soul time.

Tea for the Soul is now offered once a month for each NICU unit during day shift, and quarterly for each NICU unit during night shift. Tea for the Soul began only in the NICU and has now become such a valued way of supporting the staff that inpatient units throughout the hospital have reached out to the Pastoral Care department to request Tea for the Soul for their teams as well.



Blood Conservation in Cardiac Surgery: Options for Patients of Jehovah's Witness Faith

Amber Brax, PharmD, BCPPS, Advanced Patient Care Pharmacist

Colleen Cloyd, PharmD, BCPPS, Patient Care Pharmacist

Nationwide Children's Hospital is a pioneer for bloodless pediatric cardiac surgery, or surgery performed without transfusion of allogeneic blood. The Heart Center at Nationwide Children's performed its first bloodless heart transplant in a 6-year-old child in December 2010. This is important for individuals of Jehovah's Witness faith as they are often accepting of a vast majority of modern medical interventions, with blood transfusion as the only exception. The beliefs of this faith preclude the acceptance of whole blood and sometimes fractional blood products. This includes preoperatively deposited autologous blood. For many this restriction is absolute – even in life-threatening emergencies. These beliefs stem from interpretation of both Old and New Testaments scriptures that states to abstain from blood and that God views blood as representing life. Members of this faith avoid taking blood to keep obedience to their God and respect for Him as the One who gives life.

Bloodless cardiac surgery is particularly difficult as the standard of care involves transfusion of blood products in the operating room and often during perioperative care in the intensive care unit. However, the science behind successful repair of cardiac conditions using no blood products has made significant progress over the last decade. Perioperative outcomes in patients who have undergone bloodless cardiac surgery are comparable to those who receive more conventional care with blood product administration.

Laws related to a patient's right to refuse blood transfusions for themselves or their children vary by state. Patients and families requesting the blood conservation program must sign a consent detailing the refusal of blood products. Patients wear a "No Blood Requested" identification wristband during hospitalization and there is a "No Blood Request" alert in the electronic health record to notify practitioners of the patient and family's preference.

Preoperatively, patients seeking an attempted bloodless repair are instructed to use erythropoiesis-stimulating agents concomitantly with iron to stimulate the bone marrow to produce red blood cells. Epogen® (epoetin alfa) is a colony stimulating factor commonly used to treat anemia due to prematurity, chronic kidney disease, or chemotherapy. This medication is typically used four weeks prior to the date of surgery.

Additional blood conservation techniques include limiting blood draws, using anti-fibrinolytic agents when necessary and using multiple blood-saving techniques and technologies within the operating room. This includes acute normovolemic hemodilution, which removes blood from a patient shortly after induction of anesthesia with maintenance of normovolemia using intravenous fluids. The blood is transfused back to the patient following separation from cardiopulmonary bypass (CPB). This lowers the patient's hemoglobin concentration during surgery to minimize the effect of acute blood loss. Cell salvage or using a "cell saver" machine during the procedure captures bloodshed, processes the blood and places it back into the patient's body. Jehovah's Witnesses may accept autologous blood as long as it is maintained in continuous contact with their blood, allowing for intraoperative use of these technologies. Finally, miniaturized CPB circuits use modified tubes and machines that have smaller components to reduce the amount of blood needed for priming.

Using a combination of blood-saving techniques during the perioperative period along with medicines designed to increase production of the patient's own blood products, Nationwide Children's is able to perform bloodless open-heart repairs. Bloodless surgeries provide a necessary treatment modality for the care of families of Jehovah's Witness faith.

Kosher Pantry: A Dedication to Care for Families of All Backgrounds

Scott McKenzie, External Communications, Nationwide Children's Hospital Foundation



Jillean Bastian, Director of the Ambassador Program at Nationwide Children's Hospital, recognized a new need for spiritual care with one of our families. A New York family, who had never visited Columbus before but had been referred here from their primary care physicians in New York, was settling into their room. Jillean noticed that as they opened one of their suitcases it was full of food and snacks. The patient's family followed a strict kosher diet and had come prepared with a variety of foods. They were assuming they would face a shortage of acceptable food options, so the family brought their own. Jillean felt the last thing that the parents should ever have to worry about is food when their child is hospitalized.

As Nationwide Children's has grown to attract more and more patients from both in and outside central Ohio, the need to provide diverse food options has grown. Volunteers with the Columbus Bikur Cholim Society previously brought in kosher meals and helped visiting Jewish families locate local religious services. But in 2015, hospital and community leaders decided that designating space in Nationwide Children's was the most effective way to assist traveling families.

Bikur Cholim is a Hebrew term that means "visiting the sick" and is considered a mitzvah, a divine commandment from God, to visit and extend aid to those who are ill. Several Bikur Cholim volunteer organizations exist globally and are present to serve to lighten the burden of individuals and families who are experiencing an illness by providing food, transportation and visitation. The Columbus Bikur Cholim organization partnered with the Schottenstein family and others to raise funds and spearhead the project to establish the kosher pantry. Representatives from Nationwide Children's visited similar facilities at institutions around the country to learn about best practices in design and construction. The facility opened in May 2017.

Located near the main cafeteria at Nationwide Children's Hospital, the kosher pantry has turned into more than a place to grab a snack. It has become a place for families to gather, pray and reflect. Social workers in departments throughout the hospital can help patients access the kosher pantry. The space is a reflection of the hospital's longstanding dedication to care for patients from all faiths, from all backgrounds and from all parts of the globe.

Fertility Preservation in Pediatrics: With Great Power Comes Great Responsibility

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As survival rates for many pediatric conditions improve, it is increasingly essential to address and mitigate long-term morbidities and to optimize quality of life. Nationwide Children's Hospital is a leader in efforts to preserve fertility for patients who are at risk of future impairment due to their underlying conditions and/or therapies, which affect gonadal function. The Fertility Preservation and Reproductive Health program engages a multidisciplinary team with members from endocrinology, oncology, gynecology, urology and psychology. The program offers a comprehensive risk assessment, regardless of age or diagnosis, as well as counseling regarding preservation options. Although there is variability across diagnoses, approximately 50 percent of males undergoing treatment for pediatric cancers are at risk for future infertility as a result of their treatment, whereas ovarian failure may occur in approximately 10 to 16 percent of females. Professional organizations including the American Society for Clinical Oncology, the American Academy of Pediatrics, and the American Society for Reproductive Medicine have endorsed the importance of timely fertility counseling and preservation in at-risk populations, but there are great disparities in available options based on age, ability to pay and geographic location.

Fertility preservation methods such as sperm banking and embryo cryopreservation have been available for many years, with novel strategies such as ovarian or testicular tissue cryopreservation becoming a more prominent focus of ongoing research efforts. While these fertility preservation techniques offer hope to many vulnerable pediatric populations, they are also fraught with ethical issues, which must carefully be considered

for each individual case. Universally, professional bodies recommend discussing the impact of treatment on fertility as standard of care, but are less clear regarding utilization of more experimental procedures where there is limited proven efficacy. Advances in modern medicine have enhanced techniques to obtain reproductive tissue and stem cells, but questions about their utilization and disposition remain, particularly in cases where a patient does not survive their illness. Access to these experimental techniques is widely variable and cost can be substantial. Only five states in the United States have mandated insurance coverage for iatrogenic infertility, and there are thus considerable gaps for the majority of patients. While most preservation procedures are generally safe, patients and families must weigh the potential risks versus the potential benefits. This can be particularly challenging with a young patient who has little to no input in the decision.

Despite all of these considerations, the potential negative impact of infertility on long term psychosocial functioning cannot be underestimated. Survivors consistently report distress, uncertainty and significant negative impacts on well-being, relationships and overall quality of life as a result of fertility impairment. We are fortunate in central Ohio to have a program with a wealth of experts to provide timely fertility preservation counseling and options for patients facing fertility-threatening treatments. While ethical dilemmas still exist within a field of ever-advancing knowledge, Nationwide Children's Fertility and Reproductive Health Program is dedicated to providing the most cutting edge interventions with a combination of scientific rigor and social conscience.

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The Unique and Challenging Experience of Grief for Health Care Providers

Claire Russell, PhD, Pediatric Psychologist

Coping with the death of a patient is a complex experience that affects health care providers both personally and professionally. Providers who have experienced the death of a patient report global symptoms of grief, including sadness, crying and difficulty sleeping, but they may also experience unique feelings related to their job, such as powerlessness, guilt, doubt and failure. Health care providers report the connection they share with their patients is what allows them to find meaning and excel in their profession. However, when a patient dies, this feeling of connection can amplify the grief experience.

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Coping with grief in the context of the work environment can feel isolating and distress can be compounded by the continual nature of the job. Doka defined the experience of coping with unacknowledged grief as disenfranchised grief. Providers may struggle after the death of a patient to reach out for support as they do not want to burden family or friends. Further, providers may feel that family and friends do not understand the experience. For example, nurses have previously shared they often have to defend their job to others when attempting to gain support (e.g. responding to statements such as, “I just don’t know how you do it,” which is not helpful. In addition to feeling misunderstood and isolated, cumulative grief is another unique challenge in some health care settings, where a provider may be grieving the loss of one patient when another patient death occurs. The continuous nature of jobs in the medical setting often means there is not specified time or space to grieve which can increase distress. Rather, providers have other patients and responsibilities that they need to continue to fulfill as if it is a normal day. Taken together, grief that is unacknowledged and occurs in a setting where there is often not time or space to grieve can have a negative impact, and studies have found that symptoms of burnout (e.g. emotional exhaustion) increase in providers after the death of a patient.

It is important for health care providers to develop positive coping strategies to mitigate the distress associated with the death of patient. While at times providers may find distraction helpful to create distance and focus on other aspects of their job, opportunities to gain support, find meaning and identify benefits of the job can be helpful. Gaining social support from co-workers has been described as beneficial, since they are more likely to understand the unique experience. In addition to creating opportunities for casual peer support, staff-led debriefs following the death of a patient can provide an opportunity for providers to share their experiences and acknowledge the challenges of their job. The opportunity for providers to engage in meaning-making rituals, such as sending a sympathy card or participating in a ceremony to reflect on patient deaths, is also powerful. In addition to gaining support and

Coping Strategies for Health Care Providers

- Gain social support from co-workers
- Participate in staff-led debriefs following the death of a patient where providers can share their experiences and acknowledge the challenges of their job
- Engage in meaning-making rituals, such as sending a sympathy card or participating in a ceremony to reflect on patient deaths
- Focus on the positive impact a patient made on their life to help alleviate sadness
- Find the benefits of the job and focus on the positive aspects of work which can off-set the negative impact of a patient death
- Access professional supports through the workplace; the You Matter program and individual counseling through Matrix.

participating in activities, providers have also described the benefits of focusing on the positive impact a patient made on their life to help alleviate sadness. Globally, the ability to find benefits of the job and focus on the positive aspects of work can off-set the negative impact of a patient death. Finally, accessing professional supports through the workplace can be beneficial. At Nationwide Children’s, there are opportunities for support through the You Matter program and for individual counseling through Matrix.

Grief is a complex, dynamic and individual process that has additional challenges when occurring in the context of work. Feelings of isolation, the experience of cumulative deaths and ongoing work demands can increase symptoms of distress in health care providers coping with the death of a patient. However, finding opportunities to increase support at work and focus on meaning-making and benefit-finding can help to build resiliency and avoid feelings of burnout.

For more information about the You Matter program visit **ANCHOR** and search **MATRIX**.

Spiritual Healing: An Unexpected Blessing

Rev. David Kuntz, MDIV, BCC, Spiritual and Family Coordinator

Rev. Shawn Morris, MDIV, PICU/Bereavement Chaplain, Pastoral Care and Fetal Medicine



Rev. David Kuntz, MDIV, BCC and Rev. Shawn Morris, MDIV

In a moment life can change dramatically. An unexpected, unwanted event comes out of the blue with no warning. When a child is hospitalized it causes many to feel powerless, helpless and can seem impossible and scary to navigate. But, there is also something wonderful that many patients and families discover within Nationwide Children's Hospital. No one comes to a hospital thinking of this, but many leave with it: the unexpected blessing of spiritual healing. Families and patients spend a lot of time trying to figure things out in the midst of suffering. It's tempting to wonder and question: Why my child? What is God doing? Does God care or even hear my prayers? It's hard to find yourself in a hospital and it's easy to lose your way. Families try to make sense of it, and this search leads them to mysterious and wonderful revelations. Our amazing families may walk into this place with a mystery they do not understand. However, in times of suffering, there are quiet and invisible transforming moments taking place. Trying to make sense of suffering leads to wonderful and mysterious revelations! These silent times lead to spiritual insights that can lead to healing in the midst of suffering. We often refer to these times and places in the hospital as holy moments or God winks.

TRYING TO MAKE SENSE OF SUFFERING LEADS TO *WONDERFUL AND MYSTERIOUS REVELATIONS*. THESE SILENT TIMES LEAD TO SPIRITUAL INSIGHTS THAT CAN LEAD TO *HEALING IN THE MIDST OF SUFFERING*.

These holy moments have the unique power to transform. The hardest events in our lives can lead us to unexpected blessing: a spiritual healing. Suffering is painful but it has the power to form beautiful things in a heart that changes the way one sees life. What looks hopeless may be God's invitation to heal.

This transformation often manifests itself in our families' lives as they reconnect spiritually and give back to help others. Reconnecting and giving back fosters a receptive heart that finds meaning and purpose for the sufferer. The result is inspiring, thus creating some of the most beautiful people in the world.

Chaplains play a fundamental role in the spiritual healing of people. The very presence of a chaplain with someone in a moment of crisis reminds them that God is very present, which assures patients and families that they are not alone. In the chaplain world, we call this the ministry of presence. This simple yet profound concept is powerful and appreciated. Chaplains are not super heroes equipped with supernatural powers. They are just ordinary people who partner with the presence of God to bring calm in chaos and comfort in loss. The presence of God in the person and ministry of the chaplain empowers our families and patients to find spiritual healing. Our calling

"The most beautiful people we have known are those who have known defeat, known suffering, known struggle, known loss, and have found their way out of the depths. These persons have an appreciation, a sensitivity, and an understanding of life that fills them with compassion, gentleness, and a deep loving concern. Beautiful people do not just happen."

— Elisabeth Kübler-Ross

“All great spirituality teaches about letting go of what you don’t need and who you are not. Then, when you can get little enough and naked enough and poor enough, **you’ll find that the little place where you really are is ironically more than enough and is all that you need.** At that place, you will have nothing to prove to anybody and nothing to protect.”

– Richard Rohr

allows us to be part of the most amazing vocation in all the world that will echo for eternity.

Spiritual healing shines bright when families find meaning and purpose in life. They leave feeling more connected or reconnected with their spirituality. Healing allows for the letting go of what they cannot control or understand and opens the way to embrace uncertainty.

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When a child is hospitalized, it puts into perspective what is important in life. This often leads to reprioritizing responsibilities and restoring relationships. Forgiveness, love, mercy and grace flow freely from the hearts of many of these families. Giving back to others assigns meaning and purpose to their experience and in turn reduces feelings of isolation and depression. Many families create charities, support our foundation or volunteer their time. Helping others heal is often a catalyst to continued healing in oneself. That moment when life changes dramatically can be the impetus for this spiritual healing with the support of the pastoral care team.



Experience a Mindful Moment

Kari DuBro, MS, RD, LD, Employee Wellness Program Manager

MINDFULNESS
is being aware of
one's thoughts,
emotions or physical
sensations on a
moment-to-moment
basis.

Encouraging staff to slow down and pay attention to their breath or physical sensations they are feeling might seem unusual in today's fast-paced culture, but supporting mindfulness practices like these helps to create a more positive and open work environment. As Nationwide Children's Hospital continues on the *Journey to Best Outcomes* through the best people and programs, we strive to promote culture that supports the mental well-being of our staff. Incorporating mindfulness in the workplace is one technique in creating this culture. According to Dr. Jon Kabat-Zinn, the founder of Mindfulness Based Stress Reduction (MBSR) at the University of Massachusetts Medical School, mindfulness is the awareness that comes when one is paying attention to the present moment without judging the experience. Simply stated, it is being aware of one's thoughts, emotions or physical sensations on a moment-to-moment basis.



MBSR was developed in 1979 as a complement to traditional medical and psychological treatments and is effective in treating conditions such as chronic pain, anxiety, fibromyalgia, fatigue, depression and post traumatic-stress disorder. In the last 10 to 15 years, companies like Google, Target and General Mills have invested in mindfulness interventions to lower stress levels, enhance focus and creativity, increase productivity and improve overall well-being of their workforce. Even NBA and NFL teams incorporated regular mindfulness practices for athletes to help them deal with the pressure of performance and ultimately enhance concentration.

Similar benefits are experienced with health care professionals when mindfulness is incorporated during their work day. Since the mid-nineties, applying mindfulness practices in the workplace has helped to lower stress, reduce burnout and improve patient satisfaction through better communication among health care clinicians. This focus on mental well-being is an act of self-care to help balance all of life's demands.

One way we incorporate mindfulness at Nationwide Children's is through Employee Wellness Programs. Employee Wellness teaches mindfulness to many departments including Behavioral Health and the Heart Center. They learn about the benefits of mindfulness and how to integrate simple



practices into the workday. During these sessions, they experience the calming effects of deep breathing, a body scan or guided meditation.

Another way for staff to experience mindfulness is through Integrative Restoration (iREST™) and Urban Zen Integrative Therapy (UZIT™). The meditation practice iRest™ is based on the ancient tradition of Yoga Nidra when a participant's state is between waking and sleeping. UZIT™ blends gentle movements, restorative yoga poses, body scans, breath practices, aromatherapy and Reiki, a light touch, energy therapy, to promote relaxation. Employees within the Center for Family Safety and Healing, Outpatient Psychiatry, and Family and Volunteer Services regularly experience these mindfulness activities. UZIT is offered to hospital residents and nurses during the annual Nurses Week celebration.

All employees can integrate mindfulness into their work day by attending on-site mind-body classes such as yoga, mindful meditation and Urban Zen in the Group Fitness Studio located in the Wellness Center. Staff can come in any attire and spend time focusing on their breath, physical sensations and thoughts in order to reset and recharge. Cindy Jensen, a Lactation Consultant at Nationwide Children's, shares that Urban Zen has "been a game changer for me. I work long shifts, at least 12 hours, in a high stress, emotional capacity. Attending Urban Zen allows me to step away from my work environment to restore and rejuvenate. Caring for myself in the workplace allows me to be there for the patients I serve."



Clinical areas are incorporating mindfulness practices to help staff relieve stress and cope with daily work. Julie Davis, a staff support clinician in the Emergency Department (ED) and part of the YOU Matter Program, is connecting with staff after a difficult moment. Recognizing the need to address feelings of stress, sadness or fatigue, staff take a moment to breathe, close their eyes or listen to a meditation. The department is also incorporating a technique called "the Pause" after a patient dies. By pausing for a minute or so, staff honor the person's life and acknowledge the loss felt by clinicians. This mindfulness practice started at the University of Virginia's Medical Center and has been helpful to Nationwide Children's staff. Julie shares that "what we do in the ED is working with staff to stop, accept their feelings and breathe until they are calm and ready to move on to the next patient."

Whether it is in a department session, a mind-body class or a personal practice, our employees benefit from mindfulness. For more information about mindfulness, mind-body classes, or the Wellness Center, contact Employee Wellness.

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Daisy Award

Beth Hubach, RN, BSN, CPHON

The 23rd Annual Nationwide Children's Hospital Daisy Award was presented to Beth Hubach, RN, BSN, CPHON of H12. The Daisy Award is given in appreciation of the important difference our nurses make in the lives of our patients and families at Nationwide Children's.

Beth was nominated by a family whose daughter had Beth as a nurse at Nationwide Children's. Although the patient passed away, Beth left a lasting impression on the family. "When you have a sick child, you find yourself doing everything possible for her to receive the best care and have the best experience even in the worse situations," says the patient's mother. "Even when [our daughter] had medication every 30 minutes, Beth never showed us



she was stressed or overwhelmed. She literally created a spreadsheet in front of us with the help of Pharmacy to make sure every medication was delivered on time, with no issues with compatibility."

To learn more about our Daisy winners, and read their full nomination, visit [NationwideChildrens.org/Daisy-Award](https://www.nationwidechildrens.org/Daisy-Award)

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