

SPIRITUAL CARE: THE OVERLOOKED NEED IN END-OF-LIFE CARE

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Abstract

FICA is a validated tool helpful in many palliative care (PC) settings to screen for spiritual problems that influence the patient's overall health. A quality improvement initiative to implement the FICA tool as part of the admission assessment to increase spiritual care (SC) referrals for inpatient PC services. Project location: medical intensive care unit (MICU) in the USA. Staff received FICA tool in-service and prompts placed workstations. The medical records of PC patients admitted to the MICU during the project window examined for FICA documentation and SC consults. The project revealed an increase in SC consults between the pre- and post-intervention groups. A Fisher Exact measured the frequency distribution of FICA documentation and SC consults. However, the p-value was not statistically significant at $p = 0.375$ and $p = 0.145$, respectively. Although the intervention was not statistically significant, it was clinically significant. There was an increase in SC consults between the two groups, and a 9% increase in completed FICA spiritual screen documentation. Limitations impacting statistical significance: small sample size, short project window, and the COVID-19 pandemic. Steps moving forward: increase sample size, project duration, and to run the project outside of pandemic conditions.

Keywords: end of life, palliative care, spiritual care