

THE CEDARS-SINAI HYBRID LIAISON MODEL OF SPIRITUAL CARE:

A Jewish Hospital Considers its Past to Move Into the Future

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Cedars-Sinai Medical Center, Los Angeles, Calif., faced a crossroads six years ago: How can a medical center with deep roots in one religion both hold on to its past and accommodate a future that includes an increasingly diverse patient population?

In 2010, this Jewish hospital, located in an urban setting, began exploring whether it should grow its spiritual care services, and, if so, the best route to accomplish its goals. It initiated a comprehensive assessment of its current department and looked at the field's most successful, evidence-based models for chaplaincy care, while taking into consideration the institution's core values, needs and vision for the future.

In order to gather and analyze as much relevant data as possible, the institution hired an outside consultant and developed an internal task force led by two senior executives and composed of spiritual care advocates from 19 departments and disciplines within the hospital.

As a Jewish hospital, it was clear that this heritage had to play a key role in the model that would emerge. Underscoring this challenge was the deeper question: "What exactly does it mean to be a Jewish hospital in the 21st century?"

While there are many ways to answer this question, Cedars-Sinai applied two key considerations:

- As an institution that has a historical legacy of ensuring that Jewish doctors—who were excluded elsewhere because of their religion—would have an opportunity to practice, and that Jewish patients—who were also excluded or

mistreated elsewhere—would receive appropriate care, the first priority of a Jewish hospital is to remain a place that is welcoming to all people.

- Cedars-Sinai realizes that Jewish history has taught a critical lesson: religion cannot be coerced. Judaism has flourished when it is enabled, but not when it is enforced. As a Jewish hospital, Cedars-Sinai must be a place where faith, religion and spirituality are enabled and encouraged, but never imposed.

The medical center also confronted a second question: How can classic Jewish texts deal with questions of interfaith cooperation? This 950-bed urban hospital is exceedingly diverse, featuring a daily census of many international patients, hundreds of Jewish, Catholic and Protestant patients, many patients of various other faiths, and those who declare no specific religion.

In August 2011, the spiritual care task force's recommendations, with institutional acceptance, led to the implementation of a unique model for the provision of spiritual care, as well as the addition of seven new chaplains and initiation of a clinical pastoral education (CPE) program.

With a larger chaplaincy staff, the approach Cedars-Sinai developed to interfaith relations is actually one in which blending religions, whether in intense religious dialogue or worship, is discouraged in favor of maintaining each faith's particular distinctiveness. Indeed, instead of "interfaith," the Spiritual Care Department staff often refers to this department as "multi-faith" and believes that each religion flourishes best when

differences are not minimized.

Perhaps counterintuitively, this approach has enabled a diverse variety of religions at the institution to thrive authentically, from within their own traditions, side by side. For example, in addition to various Christian and some Hindu programming, the hospital offers weekly Muslim prayers that are attended by Muslim patients, staff and visitors from around the world. Similarly, it offers Jewish programming that appeals to Jews across the spectrum of belief and practice.

Taking into consideration Cedars-Sinai's definition of what it means to be a Jewish hospital and its approach to multi-faith collaboration, the medical center created the "Cedars-Sinai Hybrid Liaison Model" of spiritual care. It evolved out of a patient-centered focus and bases chaplaincy staff assignments on the advantages of both unit-based and faith-preferred practices.

In this model, patients receive a consultation from a chaplain who is the best "fit" for them. This usually means that the Spiritual Care Department sends chaplains to patients of the same religion. Sometimes, however, the department selects a chaplain on the basis of other factors of commonality with the patient, such as language or gender, when relevant. The goal is for patients to feel the best possible connection with their chaplain and to remove from the onset as many barriers as possible to building trust and meaningful connection.

This process is facilitated with the assistance of a central office

coordinator, whose job it is to determine the most appropriate chaplain for each referral. Cedars-Sinai has a diverse team of chaplains to help provide appropriate coverage to patients of all faiths, as well as those who have no declared faith tradition. CPE interns from many backgrounds help to supplement the robust staff chaplaincy team.

This model means that individual chaplains function throughout the entire hospital and must be very clear and intentional in their communication with other chaplains and interdisciplinary team members by being quick to chart in the electronic medical record.

Chaplains, however, do more than respond to their coreligionist referrals—hence, the “hybrid liaison” moniker. Each chaplain is assigned to a unit where they provide chaplaincy support for patients of no religion or of a religion for which a chaplain is not available. On the assigned unit, this chaplain also makes rounds to support patients who may never have even thought of contacting a chaplain; supports the staff; and actively participates in interdisciplinary rounds, often making referrals to chaplain colleagues based on a patient’s particular needs.

Chaplains also rotate on-call coverage. During this time, the hospital attempts to always have a rabbi and priest available, while the on-call chaplain supports all other patients in an interfaith manner.

In addition, the Spiritual Care Department assigns chaplains to cover entire units on an interfaith basis, since it is impossible to provide a chaplain of every religion in places such as the very busy emergency department and the heavily populated cancer center. Even in these areas, however, chaplains make referrals to appropriate faith-specific chaplains when necessary.

The hybrid liaison model has provided some challenges for training CPE interns. For example, there are many protocols to learn early on, and students who are uncomfortable providing care for patients of different faith backgrounds can more easily

avoid such patients in favor of tending to those with whom they feel more comfortable.

However, the model has also presented many unique benefits for CPE interns, such as learning to work as a member of the spiritual care team by following up on referrals on other chaplains’ units and referring patients on their own units to other team members. Students also get more opportunity to provide spiritual care to patients from their own faith backgrounds, which for students from religious minorities has proved to be very helpful in learning about assumptions and differences within their own communities.

As a result of this protocol, the department has heard many wonderful reports from patients who feel uniquely respected and welcomed at Cedars-Sinai, and from staff who finds the intense support for their patients and themselves to be invaluable.

While Jewish patients at a Jewish hospital expect to receive a visit from a Jewish chaplain, and are very appreciative of it, the department receives its best feedback from patients who are not Jewish and feel especially respected and comforted

by receiving a chaplaincy consultation from a chaplain of their own religion.

At Cedars-Sinai, this approach to chaplaincy care, combined with aggressive outreach and educational efforts across the institution, initially helped to increase monthly referrals for chaplains from approximately 400 in August 2011 to more than 1,100 one year later. Today, more than 20,000 total visits from the hospital’s 11 staff chaplains and 18 CPE interns occur annually.

Cedars-Sinai is proud of its rich tradition of spiritual care and has found great success in reenvisioning its model of chaplain deployment by balancing patient needs, contemporary best practice standards, and our ancient values.

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