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Chaplains and Access to Medical Records

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This study was initiated by a Pastoral Care Department of a large academic medical center in order to establish hospital chaplaincy policies and procedures. Four basic questions were asked about professional hospital chaplains and record keeping. The results of the survey show that the standard of practice is that chaplains access the medical record, enter notes in the record, have access to the electronic medical record, and that no special credentialing beyond Clinical Pastoral Education (CPE) is required for chaplains to have this access.

KEYWORDS chaplain, health care team, HIPAA, medical records, pastoral care, spiritual care

INTRODUCTION

Many hospitals now employ chaplains (Cadge, Freese, & Christakis, 2008) as a part of their response to Joint Commission requirements to meet the spiritual, cultural, and religious needs of patients who are hospitalized (Ehman, 2009). Chaplains can have an impact with patients and their families in confronting life’s most challenging times, helping patients find inner strength, and connectedness to their God and/or a Higher Power that gives meaning to their lives. The patient’s medical record is a legal document that maintains a log of all interventions with the patients. As such, every professional member of the health care team is required by the Joint Commission to document interactions and interventions with the patient. The Chaplain is no exception to this rule (White, January/February 2003; Association of Professional Chaplains, 2010).

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The ACPE Chaplaincy training curriculum includes writing notes in the patient's medical record as a component of Chaplaincy training (Association for Clinical Pastoral Education, 2010) and the Standards of Practice for Professional Chaplains in Acute Care Settings according to the Association of Professional Chaplains include: Standard 3, Documentation of Care: "The chaplain enters information into the patient's medical record that is relevant to the patient's medical, psycho-social, and spiritual/religious goals of care" (Association of Professional Chaplains, 2010).

Hospital Chaplaincy has its roots in religious-affiliated hospitals, which employed rabbis, priests, and ministers to attend to the religious and spiritual needs of patients and staff. A White Paper defining the role of Professional Chaplaincy in Healthcare was issued in 2001 (VandeCreek & Burton, 2001). Over the last 30–40 years, that model has given way to the chaplaincy model: members of the clergy who are specially-trained for health care chaplaincy. Organizations to train, certify, and unify chaplains were formed. For example, the National Association of Jewish Chaplains was founded in 1991. A uniform Code of Ethics was approved in 2004 by the participating organizations, including The Association of Professional Chaplains, The Association of Clinical Pastoral Education, The Canadian Association for Pastoral Practice and Education, The American Association of Pastoral Counselors, The National Association of Catholic Chaplains, and The National Association of Jewish Chaplains (Association of Professional Chaplains, 2005a). This is relatively recent in terms of the history of medical institutions. Hospitals' integration of Pastoral Care into the health care team varies (Flannelly, Handzo, & Weaver, 2004).

The role of the health care chaplain is to serve as a member of the Health Care Team, to provide input and guidance to staff as to the spiritual well-being of patients, and to provide spiritual care to patients and families (Ruff, 1996; Handzo, Flannelly, Murphy, et al., 2008; Handzo, Flannelly, Hasan, et al., 2008; Vanderwerker et al., 2008). The Joint Commission requires the provision of Spiritual Care, and that all members of the Health Care Team make notes in the medical record. However, early interpretation of HIPAA (White, January/February 2003) requirements seemed to exclude Chaplains from their role on the Health Care team (Driscoll, 2003). Clarification between Spiritual Care providers who are employees of the hospital and Community Clergy (July/August 2002) who are not trained in pastoral care and are not employees of hospitals (Association of Professional Chaplains, 2005b), permitted the former group to have access the medical record.

There is, however, a differing opinion posited by Loewy and Loewy (2007) that focuses on the issues of confidentiality, and states that Chaplains are not and should not be members of the health care team. They say that chaplains are, by definition, clergy, and are bound to a different set of confidences than the health care team, and that conversations between chaplains and patients should not be shared with the rest of the team. They also assert
that the only people who are members of the health care team are those who share a biomedical foundation.

This research was conducted to gather information regarding the policies and procedures of other major medical facilities to determine whether they permitted chaplains access to review and add information to the medical records, as well as to determine if other hospitals were requiring any other credentialing process. While the Department of Pastoral Care staff at the hospital initiating this study were called upon by the health care team to provide spiritual care, they did not have access to patients' medical records. This survey was conducted as a part of reorganizing the Department of Pastoral Care at our institution.

METHODS

The Department of Pastoral Care conducted this study in an 1170-bed tertiary care facility in New York City, with over 60,000 annual discharges and a medical school. At the time of the study, the Department of Pastoral Care had a full-time director who is a Board Certified Chaplain, one FTE chaplain (Board Certified), and the equivalent of a full-time Catholic priest.

U.S. News and World Reports has published a ranking of hospitals for the last 21 years. In 2010–2011, 4,852 hospitals were ranked in 16 specialties. Only 152 hospitals appear in the top 20 of any of the 16 specialty rankings (Comaro, 2010).

The hospitals chosen for this survey were the leading hospitals in the United States according to U.S. News and World Reports (Comaro, 2010). Specifically, the survey included the “Honor Roll” top 14 hospitals according to U.S. News and World Reports,¹ and the top 20 hospitals in the fields of Cancer, Geriatrics, and Heart and Heart Surgery. These three fields were selected because Mount Sinai is included in the top 20 in each of these three categories.

No IRB approval was required for this research because the data do not contain any patient health information.

Survey

The Director of Pastoral Care prepared the following questions for the survey.

1. Does the hospital chaplain(s) have access to the medical chart?
2. Does the chaplain(s) enter notes in the chart?
3. Does the chaplain (s) have access to the electronic medical record, if any?
4. Is there any special credentialing required by the hospital to allow for this access, beyond the qualifications to be hired as chaplain?
The survey was pretested using a posting on the National Association of Jewish Chaplains List-serve. There were 26 responses. All said yes to the first three questions and no to the fourth question.

Procedure

The Director of Pastoral Care called all of the top-ranked hospitals including the Honor Roll and the specific fields of Cancer, Geriatrics, and Heart and Heart Surgery. There were 34 different hospitals represented by the initial four lists. As many hospitals were included in these lists multiple times, 10 additional hospitals that did not appear on these lists were drawn from other categories. These hospitals were in the top 20 in Neurology, Diabetes, Kidney, Ear, Nose and Throat, Gastroenterology, and Pulmonology, bringing the total number of hospitals surveyed to 44. These were the only hospitals in their specialty fields that had not appeared on any of the previous lists.

The Directors of Pastoral Care (or equivalent) were called at all of the hospitals. If the Director of Pastoral Care was not available to answer these questions at a particular hospital, they were asked of another staff chaplain at that particular hospital.

In the event that no one answered the phone, voice mails were left with a request to be able to email these questions, for email response. Responses were secured for all of the hospitals listed on the Honor Roll and the top 20 in each of the aforementioned fields.

RESULTS

All of the hospitals that were surveyed grant chaplains access to the medical record. One hospital did not allow chaplains to make notes in the medical record, but chaplains kept their notes in the Department of Pastoral Care. Regarding the Electronic Medical Record, the negative responses were because these hospitals have not yet transitioned to an electronic medical record. In all but one institution (the same hospital where chaplains do not make notes in the medical record), there was anticipation that if and

<table>
<thead>
<tr>
<th>TABLE 1 Percent of Hospitals in Each Category</th>
<th>Access to chart</th>
<th>Make notes in chart</th>
<th>Electronic medical record</th>
<th>No additional credentialing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honor Roll</td>
<td>100%</td>
<td>100%</td>
<td>93%</td>
<td>0%</td>
</tr>
<tr>
<td>Top 20 Cancer</td>
<td>100%</td>
<td>95%</td>
<td>90%</td>
<td>0%</td>
</tr>
<tr>
<td>Top 20 Heart</td>
<td>100%</td>
<td>100%</td>
<td>90%</td>
<td>0%</td>
</tr>
<tr>
<td>Top 20 Geriatrics</td>
<td>100%</td>
<td>100%</td>
<td>95%</td>
<td>0%</td>
</tr>
<tr>
<td>10 additional top rated</td>
<td>100%</td>
<td>100%</td>
<td>90%</td>
<td>0%</td>
</tr>
</tbody>
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when the electronic medical chart would be implemented in these hospitals, chaplains’ notes would be included. None of the hospitals required additional hospital credentialing for chaplains (see Table 1).

DISCUSSION

The results of the survey demonstrated that chaplains in top rated hospitals according to *U.S. News and World Reports* access the medical record, make notes in the medical record, access the electronic medical record, and do not have any additional credentialing requirements.

Based on this research, the decision was made at our institution to allow chaplains access to the medical chart, to make notes in the chart, and to be fully integrated into the electronic medical record. No additional credentialing was required for this access. The Medical Board also agreed that there was no need for additional credentialing for chaplains. Board-certified (or certification eligible) chaplains have full access to the medical record, and enter notes including Spiritual Assessments in them. (Spiritual Assessment documents in use at Mount Sinai are available upon request.) The Director of the Department of Pastoral Care was asked to be involved in the development, design, implementation, and testing of the electronic medical record.

While this survey was conducted through phone conversations and/or email correspondence with Chaplains and/or members of the Pastoral Care staff, it was very focused on just four questions and did not address the contents of what is actually written in the medical records by Chaplains. This survey may not be generalized to other hospitals, since its focus is on top-rated hospitals, which may have more resources than other hospitals.

These findings demonstrate that in the years since the initial discussion of HIPAA standards for hospital chaplains in 2005, and the letter to hospital administrators from the leadership of all of the Chaplaincy organizations in March, 2003 (Driscoll, Gibbons, Handzo, Maloy, & Roberts), substantial progress has been made to integrate the Chaplain into the Health care team at leading hospitals throughout the United States.

NOTES

1. Top 14 Hospitals in the Honor Roll: Johns Hopkins Hospital, Mayo Clinic, Massachusetts General Hospital, Cleveland Clinic, Ronald Reagan UCLA Medical Center, New York-Presbyterian University Hospital of Columbia and Cornell, University of California, San Francisco, Barnes-Jewish Hospital, Hospital of the University of Pennsylvania, Duke University Medical Center, Brigham and Women’s Hospital, University of Washington Medical Center, UPMC, University of Pittsburgh Medical Center, University of Michigan Hospitals and Health Centers.

2. Top 20 hospitals in Cancer: M D Anderson, Memorial Sloan Kettering, Mayo Clinic, Johns Hopkins, University of Washington, Seattle, Dana Farber Cancer Institute, Massachusetts General, University of California - San Francisco, Cleveland Clinic, UCLA Medical Center, Stanford, Duke University Medical
REFERENCES


White, L. (January/February 2003). Pastoral care providers are part of the health care team. *The APC News, 6*(1).