

This is My Story (TIMS): A Chaplain Led  
Patient Intervention to Support  
Interdisciplinary Medical Teams Delivering  
Care to Non-Communicative Patients

The Academic Division of Johns Hopkins Medicine:

The Johns Hopkins Hospital

The Johns Hopkins Bayview Medical Center

# This is My Story Interview by the Chaplain for Use in the Audio File

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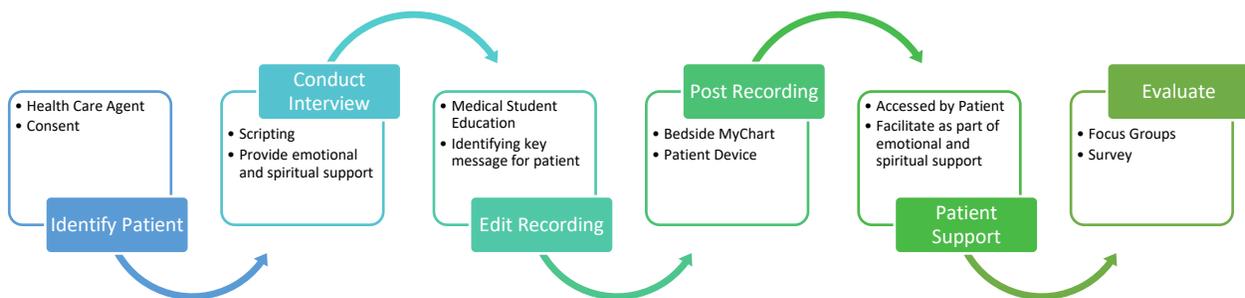
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## Background

The goal of the TIMS (This is My Story) intervention is to gain knowledge of the patient as a person that they are not able to communicate themselves. While many times loved ones are present to tell the patient's story, with visitor restrictions in place, there isn't a reliable way to glean this information. This intervention is still needed even when visitation restrictions are lessened. Care providers appreciate the succinct digest of information about the patient. They retrieve this audio file at times when it would not be reasonable for family members to be available. While this interview is being conducted by a chaplain, the recorded portion is not an assessment or exploration of the person with whom they are speaking. Outside of this recorded audio the "spiritual care visit" may occur but it is not the crux of the call. While speaking with the family member or loved one, the chaplain is to obtain information pertinent for the medical team's use and for humanizing the patient to be more than just a "condition" they are treating.

The intervention consists of one phone call with a loved one or family member, typically about 20 mins in length. This is edited to a roughly 2-minute audio file that will be attached to the patient's EPIC file. This audio file from the interview normally is only the interviewee speaking and not the chaplain. The chaplain's role is guiding conversation and routinely and consistently obtaining similar information across all the interviews. Before calling the chaplain will: commit the patient's name/ loved one's name to memory (or have it written down close by), develop a casual introduction for the program that invites them to be part of the care for their family member, and be able to overcome initial hesitation/suspicion for participation but recognize distress and be able to end the call as appropriate. As these calls are recorded, the introduction and initial discussion will happen before we start recording and as we ask the person's permission to do so (affirmative keeps recording and declining ends and deletes the record). Initially introducing the interviewer as a "member of the care team" and not a chaplain helps to reduce the initial worry that something bad has occurred but later in the call revealing the identity of the chaplain may open new arenas for discussion.

Once the file has been completed it is sent for editing where medical students and others review the file and parse it down to a digest version of the interview. That audio file is posted in the patient's electronic medical chart for the medical team's use at their own availability.



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## Before the call

- Use the voice memo app on your phone to record your call to the loved one of the patient or the same app on an iPad. During recording the phone will not function as a phone, so you can use a landline phone with speaker ability, so the app can record the call. Set it close to the handset. Get a few seconds of silence to allow easier editing, either at the beginning or the end of the recording.
- Disable incoming calls as they will interrupt your recording the interview. This can be done by turning off cellular service or do not disturb functions. Another method to talk with your family member or POA: Zoom, Skype or another cell.
- Carefully select the time of day you will reach out to family members. Remember that they may be working so be diligent about calling back when you don't connect the first time. If this is not a good time to talk, ask them to schedule a time that would work better. If they aren't available, leave a message indicating you are a member of the care team and you are involved in a project that is gathering more information about the patient as a person and their story. You can call back if your call isn't returned but only make 3 attempts for contact.

## Structured Interview themes

- 1) Theme 1: Who is this person (hospitalized patient) that you are discussing? (*phrase "paint me a picture of them..."*)
  - a) Family life growing up
  - b) Relationships in their current life
  - c) Ways they spend their free time
  - d) Relevant details from their life they think the medical team might want to know
- 2) Theme 2: When they open their eyes, what would they want to see the most?
  - a) Person, animal, possession
- 3) Theme 3: If they were speaking to their loved one right now, what you they want to say?
  - a) Used at end of life or orientation from sedation
  - b) Allows closure for interviewee
- 4) Theme 4: Concluding the discussion
  - a) Favorite memory of the patient?
  - b) Allowing them to express hopes and/or fears regarding their loved one
  - c) Determining if they want a copy of the edited audio or a chaplain to visit their loved one

## Sample script:

C: Hi, is~ this Mary Jones? My name is Elizabeth Tracey and I'm part of the team taking care of your brother Bob at Johns Hopkins. We have a program to help us know patients a bit better as people and we're hoping you would be willing to participate. Since Covid and visitor restrictions we've been reaching out to loved ones of patients and trying to learn something more about them as people. Things like does Bob have a dog? Is he a sports lover? What are his favorite foods? This helps the medical team know them just a little bit. Would you have ten minutes to talk with me about Bob?

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Great, thank you. I will be recording our conversation as this results in an audio file the team plays on rounds. Its that okay? **MUST RECORD THIS CONSENT.**

So tell me something about Bob? Are you the only children in your family?

Ask more open ended questions and follow up on things they tell you. Good questions include 'is there anything you think the medical team should know in taking care of Bob?' 'Do you have a favorite memory of Bob you're willing to share?'

*Most often this conversation goes to areas of their hopes and fears regarding their loved one. At this point you can reveal you're a chaplain, and allow them to explore these issues. If you will be at the hospital you can offer to visit and pray with the patient and you can also advise them on spiritual resources that are available to them and the patient.*

### Referral Process with Inclusion and Exclusion Criteria

Referral lists are generated each week from a TIMS staff member, either the unit assigned chaplain or resident. They are a calculation of four primary clinical factors:

- Is the patient able to communicate? (e.g. intubation, stroke, developmentally challenged)
- Expected length of stay? (>3days)
- Visitations allowed for this patient? (e.g. visitor restrictions from COVID)
- Are the families likely to participate in the TIMS project? (e.g. do they have family members participating in care)

### Call outcomes

Once the referral has been received and a chaplain has attempted to reach out to the family there are 5 outcomes that may result:

- Completed- the call was completed within the 3 allotted attempts with an identified family member. The result of this interaction is an audio file that can be sent to the editors for revision to be placed in the EMR.
- Declined- The identified family member has indicated that they do not wish to participate, either by active declination or not returning the voice mail message left by the interviewer. Within this category we will also include when there is no answer, by voicemail or person, when the number provided in the EMR is called.
- Discharged- Either before the call is completed (time between referral and when the chaplain can make the call) or before the file is able to be uploaded the patient has been discharged from

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the hospital. At this point there is no mechanism to upload the file, as the EMR is closed out, or rationale to interview the family member as they no longer meet our eligibility criteria.

- Discontinuation- The patient identified in the referral no longer meets the requirement criteria (e.g. no more intubation or limited capacity) but is still hospitalized. Due to the limited resources and time to conduct the interviews patients who no longer fit into the model are pursued for interview.
- Death- Either before the call is completed (time between referral and when the chaplain can make the call) or before the file is able to be uploaded the patient has died. At this point there is no mechanism to upload the file, as the EMR is closed out, or rationale to interview the family member as they no longer meet our eligibility criteria.

### Associated Data Collected

- Age
- Race
- Religious preference

If you would like to discuss this process or for more information, please contact Elizabeth Tracey at [etracey@jhmi.edu](mailto:etracey@jhmi.edu). If you are looking into using this method at your institute, we would like to discuss some lessons learned and set up a collaboration agreement for data exchange.