



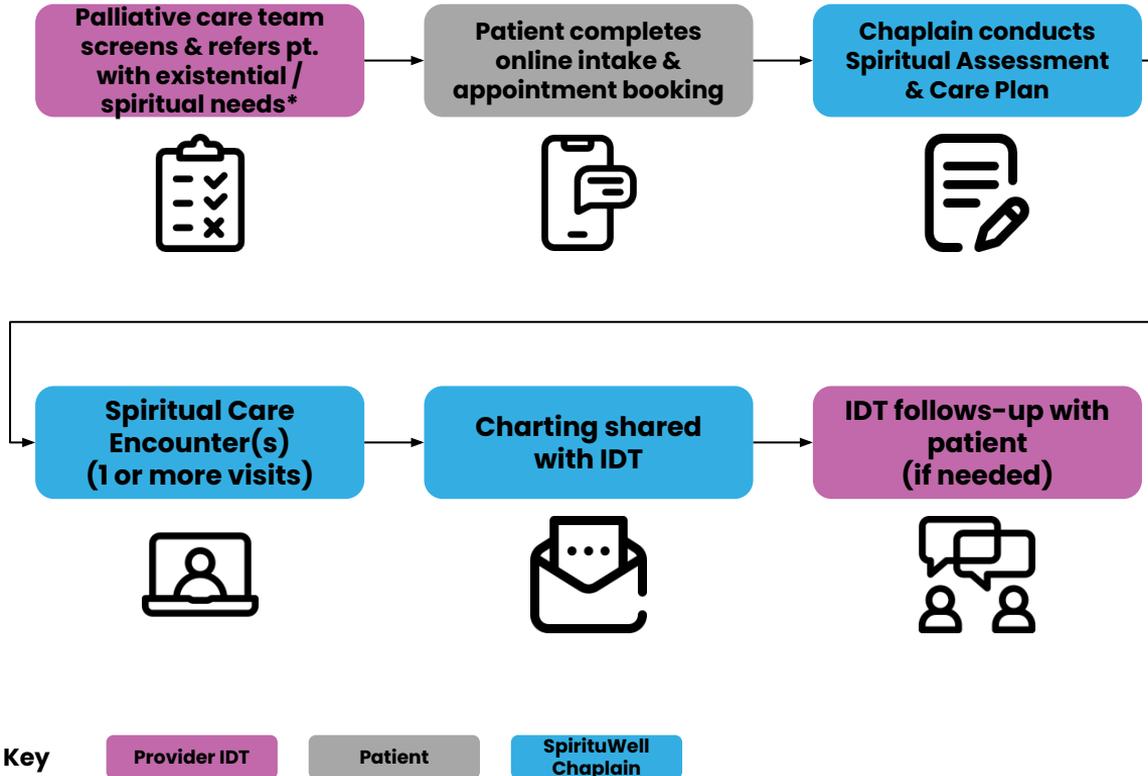
Clinical Integration

Palliative Care

November 2025



Patient Journey



Possible Screening Methods

1. Psychosocial & QoL Assessments
2. IDT Observation
3. Screening Questions

Possible Automatic Referral

1. New diagnosis
2. Change in prognosis
3. Goals of Care / EoL decision-making



Example Clinical Workflow

Based on current workflow with national dialysis provider across multiple sites in multiple states.

Primary Party

Provider

SpirituWell



Sofia

56 y.o. female w/ stage IV colon cancer dx



Health Related QoL

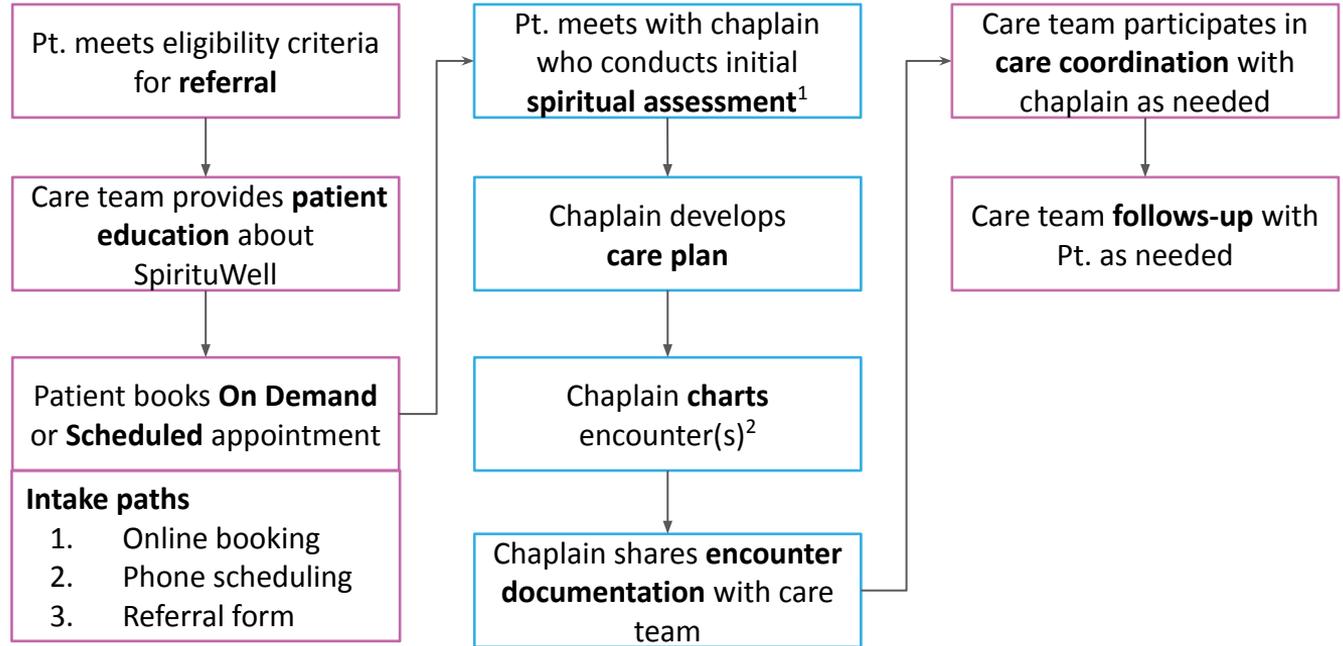
Mental Component Score (MCS)



NCCN Distress Thermometer

Distress Score

Why is this happening to me? I've worked so hard my whole life, raised my kids, and tried to be good to everyone. Now, I'm here like this. I feel abandoned. I feel like a burden to everyone, and I don't understand why I'm even fighting this?



- Intake paths**
1. Online booking
 2. Phone scheduling
 3. Referral form

Notes
¹ Palliative Care (PC) - 7 assessment framework
² Based on assessment and care plan, patients may have multiple follow-up visits.



Patient Intake Workflow (Pathway 1)

Patient or family meets referral criteria

Care team makes referral to SpirituWell

Patient Intake via web page

Waiting room opens and patient selects **Join Meeting** button



**Life can be messy.
We have someone
you can talk to.**



If you are struggling with changes in your life, confronting loss or grief, or feeling alone, **SpirituWell** can help.

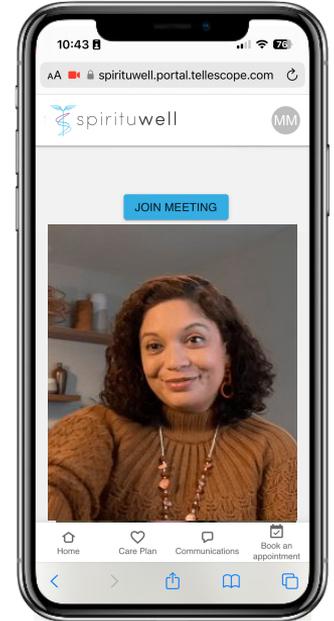
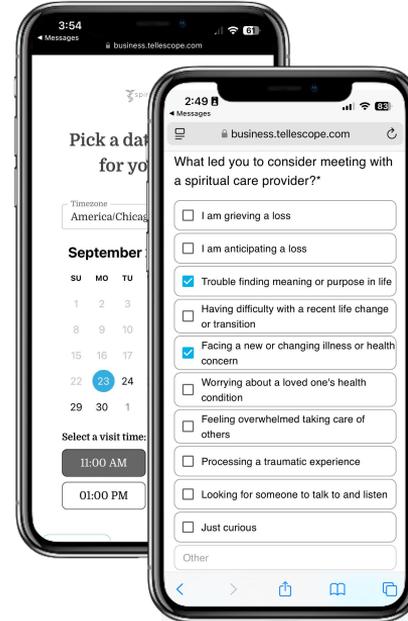
Your hospital has partnered with SpirituWell to connect you with a professional spiritual care provider that will compassionately listen to the difficulties you're facing and help you define what gives you hope and meaning.

Book an appointment with a spiritual care provider today.



Book by Phone
952-234-8611

**Spiritual care.
When and where you need it most.**





Post-Encounter Chart Sharing Workflow

SpirituWell sends
HIPAA-compliant secure
email to designated inbox

Email



Recipient opens and
downloads PDF

Submitted by: [REDACTED]
Nov 17 2025, 4:06pm

Encounter and Patient Information

Date of Birth [REDACTED]

Encounter End Time / Date Mon Nov 17 2025 15:50:00

Visit With Patient

Visit Type Outpatient Unit (Other or Unknown)

Visit Circumstances and Events Routine Visit

Visit Length 45 minutes

Patient's Response to Spiritual Care Appeared to be well-engaged
 Expressed gratitude for visit
 Visit said to have been helpful

Visit Planning Pt requested on-going visits

Care team member or
administrative staff update
patient record

Depending on EMR and internal policies or preferences, patient record is updated via one of the following:

- Creating a visit and information from PDF is manually transposed into patient record
- PDF is attached to a progress note
- PDF is uploaded to "media" tab



Spiritual Care Charting & Communication | Charting

Chaplains will use the **Palliative Care-7 (PC-7)** to assess and score unmet spiritual needs.

Theme	Description	Scoring (0-3)
Meaning	Sense of purpose & life meaning	□ □ □ □ □
Integrity/Legacy	Reflection on life accomplishments	□ □ □ □ □
Relationships	Connection to loved ones & community	□ □ □ □ □
Fear of Death/Dying	Anxiety about mortality	□ □ □ □ □
Treatment Decisions	Spiritual conflicts with medical care	□ □ □ □ □
Religious/Spiritual Struggle	Faith-related distress	□ □ □ □ □
Other Dimensions	Additional spiritual concerns	□ □ □ □ □

Scoring: For each theme, a chaplain may assign a score based on the chaplain's determination of the patient's level of unmet spiritual needs at the end of the visit. Scoring is as follows:

- 0 = no evidence of unmet need
- 0* = no explicit evidence of R/S concern, but the chaplain feels further assessment is needed to confirm this
- 1 = some evidence of unmet need
- 2 = substantial evidence of unmet need
- 3 = evidence of severe unmet need