



Essential Services of Spiritual Care in Continuing Care Settings

As a part of whole-person care, Catholic health care holds in highest regard the provision of spiritual care.

Our shared commitment to excellence focuses on research-informed, evidence-based interventions and documentations for those in our care and ongoing professional development for spiritual care providers, with an emphasis on chaplain certification. These essential services align with the Standards of Practice for Professional Chaplains.

Following the development of the Acute Care Essential Services and Staffing Tool for Spiritual Care, systems supporting continuing care ministries requested a similar resource which covered the unique aspects of essential services in spiritual care for these settings. CHA convened a task force of representative spiritual care leaders across varying systems to identify the essential services a spiritual care department would provide. The team assembled in 2020 and completed its work in January 2022 following an in-depth review by ministries and systems represented on the CHA Spiritual Care Advisory Council.

The vetting process included representatives from each of the listed settings and services in CHA member sites. Those teams reviewed, vetted and narrowed the total number of services to 15 essential services. Leaders within each CHA-represented member site engaged their own leaders and chaplains internally over 18 months.

While not exhaustive, the following list seeks to name 15 essential services of spiritual care in a continuing care setting. Given the broad scope of continuing care services, the subcommittee sought to advance the essentials named, while providing guidance for staffing without creating a specific calculator. Unlike the acute care benchmark, continuing care spans many settings and services.

One's ability to provide all 15 essential services may be the basis for identifying the next step measures based on four levels:

- 1 Critically Low,
- 2 Building,
- 3 Established, or
- 4 Comprehensively staffed department of continuing care.

Effective professional staffing of spiritual care in continuing care settings and services, (*Independent & Assisted Living, Skilled Nursing, Home Health, Hospice, Memory Support, PACE, Skilled Rehab*), can be assessed based on the ability of each department to provide the following Essential Services consistently:

Spiritual Health & Pastoral Care

1. Complete spiritual assessment and spiritual care plans for those served

This service includes screening for greatest need and fewest resources, responding to all referral requests, and documenting a spiritual care plan.

2. Provide ministry of presence to those served as well as families, caregivers, and leadership

This service involves the development and deepening of ongoing relationships with key stakeholders in our communities.

3. Provide spiritual support to families in situations of duress

This service is critical at time of terminal diagnosis, death, and when those served and their families are separated by distance, limited access, or physical visitation restrictions.

4. Collaborate to support whole person-centered care across all disciplines

This service requires working with the interdisciplinary teams and internal and external spiritual care stakeholders (i.e., hospice chaplains, faith communities, ministerial associations, and clergy).

5. Empower effective communication and accompaniment with persons experiencing memory loss

This service attends to the dignity of the individual and their unique story and empowers healing relationships.

6. Ensure a vibrant sacred environment

This service supports and maintains chapels and other sacred spaces; provides religious and spiritual services, sacraments, and devotions inclusive of diverse faith traditions.

7. Actively foster community engagement

This service promotes a welcoming intergenerational community connectedness, including comprehensive and safe care by volunteers, including pastoral experiences, Clinical Pastoral Education students, seminarians, leaders of faith communities, and volunteers supporting the spiritual and sacramental needs of those we serve.

8. Promote a ministry environment advancing diversity and health equity

This service aligns with the broader work of diversity, equity, inclusion and belonging and provides expertise in spiritual and faith heritage diversity.

End of Life and Palliative Care

9. Facilitate advance care planning

This service supports end-of-life, goals of care conversations with those we serve.

10. Provide supportive care for those who are dying

This service creates sacred space for residents and families as individuals approach the end of life. It includes supportive care as well as rituals at and after the moment of death.

11. Provide grief support

This service tends to the breadth and depth of multifaceted loss, including anticipatory, complicated, and cumulative grief.

Education and Caregiver Support

12. Provide educational opportunities for caregivers

This service delivers education on basic spiritual care, diverse religious traditions, palliative care, dementia care, and end-of-life support as appropriate to a person's role within the organization.

13. Care for the caregiver

This service ensures the provision of resilience education, spiritual care, and grief support for caregivers to include members of the spiritual care department with intentionality around their own self-care practice.

14. Promote an ethical culture

This service attends to ethics issues arising from those served, their families, associates, and leadership. It includes the recognition, response, resolution, and referral of concerns related to the care of residents, caregivers, and ministry needs, which encompasses an understanding and application of the Ethical & Religious Directives for Catholic Health Care Services.

15. Provide care informed by research

This service improves care through research informed practices.

NOTE: Recognizing we serve people in a variety of settings where they may be known as a patient, resident or program participant, we have chosen to use the phrases "those we serve" or "those served" to include all of those entrusted to our care, regardless of setting. At times, these phrases will also include families of patients, residents, and program participants.

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