PASTORAL CARE

STANDARD WORK AND STAFFING TOOL

Catholic health care is committed to the dignity of each human being as a whole person made in the image and likeness of God. This commitment requires that we provide quality spiritual care to those we serve.

This tool on standard work and staffing is a resource to aid conversation around how to adequately provide for the spiritual needs of our patients, families and caregivers.

A subcommittee of CHA's Pastoral Care Advisory Committee (PCAC) studied, dialogued and worked together in transparency for a year to develop an initial proposal regarding standard work and staffing for pastoral care departments. The intention was to link chaplain staffing numbers to the essential services of a pastoral care department based on a common metric inclusive all locations of care. The group revisited the model after a six month comment and trial period with membership and is pleased to sharing the following:

- A listing of **15 essential services** of a pastoral care department.
- A **four-tiered standard** of staffing based on annual adjusted patient days.
- A calculation **tool** to help determine staffing level at a facility.

While the committee surveyed spiritual care providers and leaders at all levels of the organization and came to consensus on these 15 areas, it must be allowed for and understood that some ministries provide high value, unique pastoral services not included in the below. Those ministries may substitute their unique services for any of the below that they deem to be of less priority in their local context.

ESSENTIAL SERVICES

Effective professional staffing of a pastoral care department can be assessed based on the ability of that department to consistently provide the following Essential Services:

Emergency and Crisis Care

- Triage patient/family pastoral support in critical care areas.
- Provide care and facilitate family interactions for Level 1 and 2 Trauma and Code Blue/Cardiac/Respiratory Arrest activations during scheduled hours.
- Facilitate initial grief and bereavement support at time of death.
- Provide support to parents experiencing perinatal loss.

Referrals and Sacramental Needs

- Collaborate with interdisciplinary team to respond to referrals for high-risk spiritual distress.
- Facilitate provisions of sacraments for Catholic patients upon request.
- Facilitation of end-of-life rituals.
- Facilitate anticipatory grieving for palliative care patients.
- Respond to referral requests from surgical and other patients.
- Provide spiritual assessments, interventions and documentation for palliative care patients.
- Provide spiritual assessments, interventions and documentation for other patients upon referral.

Education and Staff Support

- Facilitate multidisciplinary team education for accurate spiritual screening.
- Provide resilience support for staff following critical incidents.
- Identify ethics concerns and make appropriate response/referrals.
- Facilitate education for co-workers on how to provide basic spiritual support appropriate to their role.

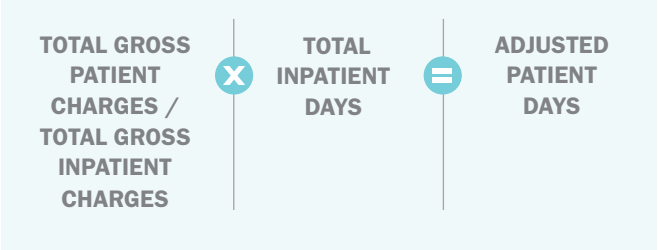
STANDARD: FOUR LEVELS OF PROFESSIONAL STAFFING

Staffing levels are to be based on Productive Hours/Adjusted Patient Days (PH/APD) and assessed based on the staff's ability to consistently provide the Essential Services.

ASSUMPTIONS

Multiple assumptions were necessarily made given the diversity of care settings, facility sizes and other factors.

- Only count professional chaplains' productive time. This includes the portion of a working manager's time spent in direct care but excludes support staff or ancillary support staff.
- The tool assumes the following formula for Adjusted Patient Days. Yours may differ. However, the numbers in the formula are typically accessible for you to recalculate based on this formula.



- For the purpose of counting full-time employees, the productive allotment for full-time Clinical Pastoral Education (CPE) residents is to be counted as 50% of their FTE. (Example: 1.0 FTE CPE resident = 0.5 FTE productive allotment.)
- Productive hours are standardized at 0.85 of paid hours.
- The baseline is assumed to be a medium-sized acute facility which provides clinical chaplaincy coverage 8 hours a day, 7 days a week with arrangements for on-call emergency coverage in the remaining 16 hours of each day. For some smaller facilities (less than 35,000 annual APDs), effective emergency coverage will require minimum FTE staffing beyond the formula guideline (Productive Hours/Adjusted Patient Day). See FAQ #6 for more details.

Given the preceding assumptions, our staffing standard is described in four levels:

COMPREHENSIVE PH/APD over .12

Services are offered **consistently** within the walls of the facility.

Services are offered **broadly** outside of acute care (virtual, ambulatory and other settings).

Spiritual Care Centers of Excellence. At the comprehensive level teams are able to consistently provide both basic and advanced services through a consistent systemic approach within populations and communities, including programmatic staff support, research, and the development of innovative service delivery, policy and administrative leadership. In addition to providing the 15 essential services within the cost center, wellness and resilience services are consistently offered to associates as a proactive measure against caregiver burnout and compassion fatigue. Comprehensively staffed teams make meaningful use of technology to meet the spiritual needs of patients in various settings. These teams are fully responsive, embedded, and innovative.

ESTABLISHED PH/APD between .09 and .119

Services are offered **consistently** within the walls of the facility.

Services are **may be** offered broadly outside of acute care (virtual, ambulatory and other settings).

Departments with established staffing levels provide consistent effective responses within a systemic approach including episodic staff support, within acute and related ambulatory settings. Consistently able to provide the 15 essential services within the cost center in addition to other advanced chaplaincy services for patients and families. Established departments are able to provide some but not all of the following: spiritual wellness, staff care, resilience, advanced well-being support of staff, innovation and research. Established teams area able to meet some needs in ambulatory and virtual care settings associated with the cost center and can serve as extenders in formation and ethics.

BUILDING PH/APD between .06 and.089

Services are offered **consistently** within the walls of the facility.

Services are **rarely** offered broadly outside of acute care (virtual, ambulatory and other settings).

Teams at the building level of staffing are able to consistently respond to care events and demonstrate the beginning of a systemic approach to services, within the acute setting. With careful triage, these teams are able to consistently perform the 15 essentials services within the walls of the host facility in response to need. Some support may be extended in the ambulatory setting in crisis or emergency.

CRITICALLY LOW below 0.059 PH/APD

Services are **inconsistently** offered within the walls of the facility.

Critically staffed teams are unable to meet the minimum standards of professional spiritual care. In addition to not consistently providing the 15 essential services, this level of staffing does not provide chaplain availability consistent with the size, scope and complexity of most facilities. Further, understaffed departments experience regular gaps in chaplain coverage due to flexing off to make short term productivity goals or failure to cover when chaplains are on PTO.

For a more complete description of professional spiritual care services, please review the document, *The Impact of Professional Spiritual Care*, which can be accessed at www.nacc.org/wp-content/uploads/2018/10/The-Impact-of-Professional-Spiritual-Care_PDF.pdf.

ONLINE ASSESSMENT TOOL

Using the proposed staffing standards developed by the PCAC, an online tool was developed to help you assess and compare staffing levels at multiple facilities across your ministry. This online calculator will help you assess and compare staffing levels at multiple facilities across your ministry. You will need two pieces of information for each facility:

- The paid FTE total for professional chaplains, as described above. *Reminder, full-time CPE residents are counted at 0.5.*
- The annual Adjusted Patient Days total for the facility as per the formula given.

Member Privacy – While your data will be saved for your convenience on the calculator with your login, CHA will not collect, retain, access or share your data.

FAQ

1. **How was the Pastoral Care Standard Work and Staffing Model developed?**

   In late 2018 members of the CHA Pastoral Care Advisory Committee came together to create a staffing benchmark consistent with the commitments of our Catholic identity.

   Through collaboration, dialogue, and surveying more than 50 leaders in spiritual care across the Catholic health ministry, the group decided to link staffing with the provision of essential services key to providing holistic spiritual care rooted in the dignity of each person. Following the identification of these critical services the group considered staffing and set about answering the question, "How many chaplains are necessary to do the work?"

   Considering blinded data from more than 60 facilities of varying size, geography and system affiliation, using annual adjusted patient days as a metric, ranges were determined reflecting a team's ability to provide services both consistently (with triage, able to be provided over the course of a week) and broadly (within and external to an acute facility). The initial model was launched as a draft proposal in late summer 2019. Modifications were made based on member feedback and the tool was made available to the wider public in spring 2020.

2. **Why was the tool developed?**

   Leaders of pastoral care departments within our ministries became aware that, in the absences of a standard metric based on professional competencies and ministry priorities, teams were vulnerable to external consultants and those outside the discipline defining best practices and standards of care.

   The tool was developed to address meeting spiritual needs in an acute care facility while keeping in mind these facilities sometimes "lend" their chaplains to ambulatory or virtual settings during the current transition in locations of care. It is intended to provide a starting point in dialogue for teams, leaders and ministries.

3. **Why are there 15 Essential Services?**

   The committee began with a list of more than thirty pastoral care services. Through group discussion and surveying directors of spiritual care, these 15 services were consistently named as essential. These baseline services meet the moral and ethical commitments of our Catholic identity.

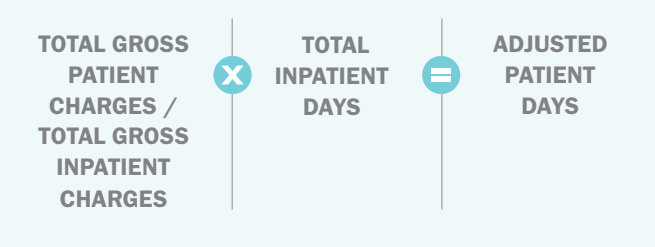
4. **Not all of the 15 Essential Services apply to my facility; can I still use the calculator tool?**

   Yes; with modification. While the committee surveyed spiritual care providers and leaders at all levels of the organization and came to consensus on these 15 areas, it understood that some ministries provide high value, unique or targeted pastoral services not included in the above. Those ministries may substitute such services for

any of the above that they deem to be of less priority in their local context.

5. **What are "Annual Adjusted Patient Days" and how do I find that number?**

   This is a relatively standard health care measure of acute care occupancy that includes an ambulatory factor (various hospital outpatient departments as well as ED volume), thereby noting the presence of that arena for ministry. Formulas differ from system to system so the tool assumes the following formula for annual adjusted patient days:



   The numbers in the formula are typically accessible for you to recalculate based on this formula. Ask your local finance leader to assist you in getting this number. When given the option, use the number that does not include newborns with mothers; infants in the NICU are counted within the metric.

6. **We are a small facility; will this tool work for us?**

   If you are in a facility with less than 35,000 adjusted patient days annually, this tool will not be reliable for your facility. The tool will misrepresent your staffing model. Under 35,000, different staffing models will be utilized to ensure coverage and spread that are not able to be appropriately represented in the calculator. The Pastoral Care Advisory Committee is committed to continue the work and conversation on best practice staffing models for smaller and critical access facilities.

7. **How do I calculate FTEs?**

   Your FTE counts should include all FTEs of chaplains, the percentage of working manager time involved in direct care, percentage of an FTE allotted for on-call, PRN and per diem providing extended coverage. CPE residents are to be counted as 0.50 of an FTE. The focus is on how much time is spent in direct care of patients, families and staff.

8. **My team came in as "critically low or building," what should I do next?**

   Don't panic. Consider your results; consider your felt sense of your team. Look again at the Essential Services and reflect on your ability to provide them consistently. Look again at how far from the next threshold you were in terms of FTEs. This is an opportunity to strategize with your leadership on how to prioritize crucial services, how to advocate for expanded professional coverage, and how to extend the services you currently are able to provide with chaplain extenders.

ACCESS

For more information about CHA's work in pastoral and spiritual care or questions about this proposal, please contact Jill Fisk, CHA director of mission services, at jfisk@chausa.org or visit https://www.chausa.org/pastoralcare/essential-services-for-spiritual-care.

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