SPECIAL SECTION

SPIRITUAL CARE NETWORK MODEL

Catholic Health Initiatives Creates Regional Structure

BY ANN O'SHEA

Mergers, joint operating agreements, partnerships, and the desire to create healthier communities challenge Catholic providers to find new and creative ways to meet their patients' needs. As expected, some of the new ways call for a reevaluation of how we do things.

Joel Arthur Barker, in *Paradigms: The Business of Discovering the Future* (Harper Collins, 1993), sees the need for "paradigm shifters" during this time of unique societal change. He describes paradigm shifters as "persons who are insiders, practitioners of prevailing paradigms who see the problems on the shelf, understand that the present paradigm will not work to solve them, and lead the charge to change paradigms."

Catholic Health Initiatives (CHI) has such leaders, who are using new approaches to respond to patients' and communities' spiritual needs.

Spiritual Care Task Force

Three Catholic health systems merged in April 1996 to form CHI, one of the largest U.S. Catholic health systems. In June 1993, mission leaders, chaplains, clinical pastoral education (CPE) supervisors, and other spiritual care professionals within the Franciscan Health System, one of the three health systems that merged to form CHI, formed a Spiritual Care Task Force to find creative ways to deal with hospitals' changing structures and patients' spiritual needs. Their focus was to redesign their ministry and provide spiritual care to everyone in the continuum of care.

In October 1994, the task force proposed creation of a spiritual care network (SCN). System leaders accepted the proposal and gave the task force responsibility to implement it. The challenge was to promote high-quality spiritual care when needs were great, personnel were few, and cost-effectiveness was always an issue.

The SCN leaders' first priority was to establish their identity as a *regional group* rather than as individuals associated with a particular hospital. Making that shift necessitated that everyone—chaplains *and* administrators—change their perception of spiritual care within their facilities. Besides restructuring, development of the SCN required a new way of approaching ministry, with a strong emphasis on collaboration.

New Paradigms, New Structures

CHI's Eastern Region (CHI-E) focused on four functions in building its SCN:

- Providing leadership
- Promoting ongoing education for pastoral care professionals
- Developing regional spiritual care standards
- Promoting and managing the delivery of spiritual care across the region's continuum of care settings

These goals called for changes in the CHI system.

Changing Job Descriptions As the SCN developed as a regional presence, pastoral care departments began joining the network of spiritual care professionals, and the need for these departments and their directors changed. Job descriptions also changed to reflect the new proficiencies needed by

Ms. O'Shea is regional director of spiritual care, Catholic Health Initiatives—Eastern Region, Aston, PA.

professionals to minister in varied care settings.

Chaplains' job descriptions now incorporate the following changes:

The focus of spiritual care delivery is throughout the continuum of care; acute care is only one part of the continuum.

Ministry by referral is used in all market-based organizations (MBOs) to coordinate delivery of spiritual care in acute care settings. MBOs are direct providers of care within a defined market and may be integrated networks and/or standalone hospitals or other facilities and service providers.

SCN team members work *collaboratively*, partnering with internal and external resources and taking a team approach to ministry, as supported by the SCN standards.

SCN team members are required to participate in research projects that document the effects of spiritual care.

Promoting Volunteers, Education The SCN teams work with archdiocesan social service agencies, parishes (especially parish nurses), hospice agencies serving in local MBOs, and local wellness and health centers. Teams also collaborate with the Supportive Care for the Dying and the Complementary, Alternative Medicine task forces serving in each CHI-E local MBO.

All teams provide educational programs for pastoral volunteers, who serve in parishes and hospital settings. One parish nurse program has established a funded program entitled Faith and Action. This eight-week pastoral volunteer educational program provides local parish clergy with an opportunity to send pastoral volunteers to a program that prepares them to serve needy populations within their local congregations. The program's faculty (a parish nurse, Faith and Action full-time program coordinator, CHI clinical pastoral education supervisors, and SCN directors and team members) demonstrates how SCN resources are used to benefit local communities.

Acute care is only one part of the continuum of care.

The teams also collaborate with area hospice programs by giving and receiving referrals and participating in educational programs for hospice volunteers. SCN teams have a part-time pastoral care professional ministering in home healthcare departments. Full-time pastoral care professionals participate in volunteer education programs and give and receive referrals from parish nurses serving in local MBOs.

Budgeting Each MBO within CHI-E maintains a budget for spiritual care. In addition to local SCN budgets, each MBO sends a negotiated annual assessment fee to the regional office. This money is used to pay the salary of the regional SCN director and to provide educational programs and opportunities for SCN team members. Each local MBO determines its team size.

Providing Spiritual Care CHI facilities have begun implementing SCN initiatives in diverse areas:

Home care. St. Agnes Medical Center has a part-time pastoral care professional who ministers in the home care department. Home health nurses refer patients to the pastoral care professional and use a spiritual assessment tool.

Research. SCN team members at St. Joseph Medical Center, Towson, MD, work with cardiac and oncology research committees to develop research projects that measure patient outcomes. They track the effectiveness of spiritual interventions with cardiac and oncology patients.

Physician access. St. Joseph's team members have developed criteria and an assessment tool that outline when a physician should make referrals to access SCN resources for specific patients. SCN teams work closely with cardiologists and oncologists.

Collaborative Standards, Structure

At present, the SCN has been implemented throughout the mid-Atlantic section of CHI-E.

Continued on page 50

NETWORK MODEL

Continued from page 39

Eight hospitals have hired five directors to manage eight spiritual care teams that minister in varied settings, each with their unique continuum of care.

Standards The SCN has developed standards that are in compliance with those of the National Association of Catholic Chaplains and the Association of Clinical Pastoral Education. The standards are unique because they promote a highly collaborative management style. Directors and mission leaders identify initiatives for the region. The directors meet with their teams to formulate a ministry plan. They then work with pastoral volunteers, area clergy, the community, and the SCN to implement the initiative. This core collaborative structure promotes creativity and fosters divergent thinking about how and where spiritual care teams best minister to those in need.

Evaluation The regional network director has formed focus groups of mission leaders, network teams and their directors, senior management personnel, and key hospital staff members to assess how the SCN standards are implemented. The focus groups also will appraise how the new model facilitates or hinders CHI's commitment to offer quality spiritual care throughout the continuum.

The SCN evaluation process has two components:

- The annual evaluation process particular to each organization.
- A collaborative process involving the vice president of mission, SCN directors, and team members in assessing the model's effectiveness. SCN standards are used to develop assessment tools.

Such collaborative efforts encourage these groups to extend themselves in creative ways throughout all the facilities, programs, and ministries that comprise CHI-E. □