Introductory comments

- Gratitude to CHA, PCAC
- Long tradition of professional chaplaincy associations
- Changing health care landscape
Objectives

- Why important?
- What is the landscape of spiritual/pastoral care?
  - Collaborations
  - Research/writings
  - Challenges and directions
- What is the mission leader’s role?
  - How can the mission leader support?

Theological/Ethical Foundation

*ERD’s Part Two: Pastoral and Spiritual Care*

**Introduction** (pp. 12-13/6-7)

- Catholic health care must treat all in a manner that *respects human dignity* and their eternal destiny; help others experience their own dignity and value
- Care offered must embrace the *whole person*: physical, psychological, social and spiritual
Theological/Ethical Foundation
ERD’s Part Two: Pastoral and Spiritual Care

<table>
<thead>
<tr>
<th>VALUE</th>
<th>THEOLOGICAL REFLECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Dignity</td>
<td>Catholic health care has the responsibility to treat those in need in a way that respects the human dignity and eternal destiny of all.</td>
</tr>
<tr>
<td>Holistic Care</td>
<td>Catholic health care institutions are communities of healing that embrace treatment of the physical, psychological, social and spiritual dimensions of the person.</td>
</tr>
<tr>
<td>Healing Presence</td>
<td>Catholic health care combines medical expertise with other forms of care to promote health and relieve human suffering.</td>
</tr>
<tr>
<td>Diverse Roles and Collaboration</td>
<td>Within the health care institution, clergy, religious and laity exercise diverse but complementary roles in pastoral care. Also, more frequently, the local parish assumes greater involvement in pastoral care both before and after hospitalization.</td>
</tr>
</tbody>
</table>

What is the landscape of Spiritual/Pastoral Care? Environment?

- Collaborations
- Research/writings
- Challenges and directions
Collaborative Partners

Mission Leadership in Pastoral Care

Common Documents

• 2001 – White Paper on Professional Chaplaincy
  ➢ Context of research of impact of spirituality on health care
  ➢ Roles and benefits of professional chaplaincy

• 2004 – Common Standards (Certification) and Code of Ethics for Professional Chaplains

• 2004 – Principles for Processing Ethical Complaints
Common Documents

- 2009 – Standards of Practice for Professional Chaplains in Acute Care Settings
- 2010 – Standards of Practice for Professional Chaplains in Long-Term Care Settings
- 2013 – Standards of Practice for Professional Chaplains in Hospice and Palliative Care

Common Standards (Competencies) for Professional Chaplaincy

Qualifications: Board Certified Chaplain (BCC)

- Be in good standing with own faith tradition
- Active member of one’s association
- Have undergraduate degree, as well as graduate level theological degree from accredited school
- Have 4 units (1,600 hours) of CPE
- Has successfully presented oneself (via documents and interview) to a certification committee
- Maintain (50 CEH’s annually) professional learning
Common Standards/ Competencies

- Theory of Pastoral Care
- Identity and Conduct
- Pastoral
- Professional

Standards of Practice for Professional Chaplains in Acute Care Settings

- With Patients and Families
  1. Assessment
  2. Delivery of Care
  3. Documentation of Care
  4. Teamwork and Collaboration
  5. Ethical Practice
  6. Confidentiality
  7. Respect for Diversity
Standards cont.

• **Staff and Organization**
  8. Care for Staff
  9. Care for Organization
  10. Chaplain as Leader

• **Maintaining Competent Chaplaincy Care**
  11. Continuous Quality Improvement
  12. Research
  13. Knowledge and Continuing Education

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CHA / NACC Partnership

• **Summit 2007 - Catalyst**
  – Vision for spiritual care
  – Benchmarks and metrics to measure effectiveness of spiritual care
  – Task Forces: service, metrics, recruitment
  – Documents:
    – Essential functions of a Board Certified Chaplain
    – Spiritual leadership competencies
    – Communication materials on chaplaincy
  - *Health Progress*, May-June 2009
CHA Pastoral Care Advisory Committee

- NACC partnership
- Representatives from diverse systems
- Current initiatives
  - Quality
  - Staff structure
  - Communication of value

Supportive Care Coalition

- NACC developed for chaplains Specialized Certification in Palliative Care and Hospice

- The National Consensus Project for Quality Palliative Care Clinical Practice Guidelines for Quality Palliative Care 3rd edition 2013. Domain 5: Spiritual, Religious, and Existential Aspects of Care
Research

- 40 yrs. (Herbert) Benson-Henry Institute for Mind Body Medicine
- 1998 The Society for Spirituality, Theology and Health at Duke University
- 2001 George Washington Institute for Spirituality in Health
- Research of Farr Curlin et al
- Health Care Chaplaincy Network

Research: When SC needs met or not …

Research by professionals other than chaplains

- Journal of General Internal Medicine
- Journal of Clinical Oncology
- The Journal of Behavioral Medicine
- Journal of Palliative Medicine
- JAMA Internal Medicine
Writings

- *Making Health Care Whole: Integrating Spirituality into Patient Care*, Christina Puchalski, MD, and Betty Ferrell, RN, Ph.D.

- *Professional Spiritual & Pastoral Care: A Practical Clergy and Chaplain’s Handbook*, Edited by Rabbi Stephen B. Roberts, MBA, MHL, BCJC

- *Oxford Textbook of Spirituality and Healthcare*, Edited by Mark Cobb, Christina M. Puchalski, MD, and Bruce Rumbold

Challenges and Directions

1. Integrative model
2. The value proposition
3. Staffing: new roles and settings
4. Standards for spiritual care
5. Awareness of chaplaincy
6. Future chaplains
7. For Catholic chaplains: relationship to the larger Church
1. Challenge/Direction: Integrative Model

Mission Integration is everyone's responsibility (Ascension Health)

But certain groups are more responsible for particular elements (Ascension Health)
1. Challenge/Direction: Integrative Model

2. Challenge: The “Value Proposition”

- **Productivity?** What is being done by chaplains?
- **Quality?** Is what being done contributing to overall patient quality and satisfaction?
- **Effectiveness?** Is what is being done effective?
- **Impact?** Can one identify and measure the outcomes of spiritual care?
CHA PCAC Quality Work Group

- As Catholic health care providers, we offer quality person-centered care that attends to the mind, body and spirit.

- It is in that context we offer three areas for measuring quality in spiritual care.

Quality Integration

Performance Against Standards
Process Measures

1. Process Measure – a measure which focuses on a process that leads to a certain outcome.

Can you answer the questions:

- Did you do it (services complete)?
- Did you do it right?

Outcome Measures

2. Outcome Measures – a measure of the results of a system, relative to aim.

Can you answer the question:

- Did the process you completed get the outcome desired/expected?
3. Performance Against Standards

Can you answer the question:
– What are the measurable standards agreed upon across the profession that demonstrate effectiveness in Spiritual Care?

Electronic Medical Records

- Mining EMR’s – data indicators
  - Core elements - spiritual assessments “leading practice”
  - Potential quality measures

- New focus
- New identity
- New priorities

- New Roles
  - Change agent
  - Innovator
  - Educator
  - Facilitator
  - Team participant
  - Quality manager
  - Advocate
  - Administrator


- Staffing based on multiple factors
  - Encounters
  - Care settings
  - Acuity
  - Regional, cultural and institutional expectations

- Core competencies
  - Spiritual assessment and care
  - Education
  - Ritual ministry

- Letting go in order to embrace

I. Preamble: Acknowledge work
- Benefits, challenges
- Purpose: one voice

II. Introduction: ERDs
- Spiritual care in context of Catholic health care: work of God
- Part Two: respect human dignity, holistic, integral

III. Organization/System Level
- Plan, policy, education of all staff - importance/role
- Organization chart, lines of responsibility
- Full range of services, integrated into all services, facilities
- Spiritual care models show responsibility of all staff
- Support of all, screening by staff, specialist service of chaplains

IV. Spiritual Care Department
- Plan
- Model, staff composition
- Qualified leader
- Staff personnel, preparation, competencies
- Job descriptions
- Partnership with faith communities
- Services covered based on 9 essential chaplain functions
- Standards of Practices
- Budget

V. Care Delivery

- Scope of service clearly communicated
  - Extent of services
- Collaborations and relationships
  - Board Certified Chaplain part of interdisciplinary care team
  - Role on ethics committee
  - Orientation of new employees
  - Screening and referral tools and processes
  - Spiritual/emotional diagnosis part of interdisciplinary care team deliberations
  - Spiritual care assessment, care plan, all notes part of documentation (EMR)

5. Challenge/Direction: Awareness of Chaplaincy

- Executive level
- Associate/colleague
- Patient/family
5. **Challenge/Direction: Awareness of Chaplaincy**

CHA Survey of Executives/Clinicians

- Conducted early September 2012
- Executive group (701 responses) larger number with lower response rate
- Clinical staff group (432 responses) smaller number but higher response rate

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How would you describe the purpose and value of Spiritual Care and professional chaplaincy?

- Part of Catholic Identity/Mission: 221 responses
- Provide Patient/Family Support: 276 responses
- Provide Staff Support: 151 responses
- Essential for Treatment of Whole Person: 166 responses
- Essential/Important (Little Clarification): 53 responses
- Spiritual Aid in Dying Process: 21 responses
- Important for Healing Process: 43 responses
- Other: 28 responses
5. Challenge/Direction: Awareness of Chaplaincy

- CHA – E-Learning Module
  - Why spiritual care is essential to Catholic health care
  - The varying ways associates are involved in the spiritual care of patients
  - The differing roles of a spiritual care team
  - The unique competencies of the Board Certified Chaplain

- Other communication materials

6. Challenge/Direction – Future Chaplains

<table>
<thead>
<tr>
<th>1991 – 3592 Members</th>
<th>2014 – 2328 Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>48% Sisters (1709)</td>
<td>52% Lay (1240)</td>
</tr>
<tr>
<td>23% Priests (815)</td>
<td>27% Sisters (588)</td>
</tr>
<tr>
<td>18% Lay (641)</td>
<td>17% Priests (404)</td>
</tr>
<tr>
<td>4% Brothers and deacons</td>
<td>4% Brothers and deacons</td>
</tr>
<tr>
<td>7% Others</td>
<td>65% Certified</td>
</tr>
<tr>
<td>58% Certified</td>
<td></td>
</tr>
</tbody>
</table>
6. Challenge/Direction: Future Chaplains

Age Profile: NACC Membership

- Access to programs in rural areas
  - CPE
  - Master level programs in theology
- Coordinated efforts of health system, grad program, diocesan support for identifying, encouraging, training chaplains
- Collaboration with academic institutions to promote chaplaincy
7. Challenge/Direction: (For RC Catholic Chaplains) Relationship to the Larger Church

- Ecclesial endorsement of BCC lay chaplains as “lay ecclesial ministers”
- Place of chaplains within the larger ministry of dioceses
- NACC – 1965
  - USCCB
  - USCCB Liaison
  - USCCB Episcopal Advisory Council

What is the mission leader’s role in Pastoral Care?
### Mission Leadership Competencies and Pastoral Care: Leadership

<table>
<thead>
<tr>
<th>Mission Competency</th>
<th>Pastoral Care Practice</th>
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</thead>
<tbody>
<tr>
<td>Strategic Leader</td>
<td>Pastoral Care is positioned as a direct contributor to the mission, strategy and priorities of the organization.</td>
</tr>
<tr>
<td>Prophetic Leader</td>
<td>Pastoral Care supports integration of holistic care principles in care delivery.</td>
</tr>
<tr>
<td>Formational Leader</td>
<td>Pastoral Care is engaged as partner and resource in appropriate formation initiatives.</td>
</tr>
</tbody>
</table>

### Mission Leadership Competencies and Pastoral Care: Theology

<table>
<thead>
<tr>
<th>Mission Competency</th>
<th>Pastoral Care Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pastoral Theology</td>
<td>Pastoral Care promotes and supports theological reflection throughout the organization.</td>
</tr>
<tr>
<td>Understandings of Church</td>
<td>Pastoral Care expresses the ecclesial dimension of organizational ministry through pastoral contacts, development of lay leadership, ecumenical and interfaith initiatives, promotion of health care-based pastoral care as a dimension of diocesan ministry.</td>
</tr>
<tr>
<td>Canon Law</td>
<td>Practices related to sacramental, worship and pastoral outreach reflect ecclesial expectations and norms.</td>
</tr>
</tbody>
</table>
## Mission Leadership Competencies and Pastoral Care: Spirituality

<table>
<thead>
<tr>
<th>Mission Competency</th>
<th>Pastoral Care Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal Spirituality</strong></td>
<td>Mission and Pastoral Care create opportunities for mutual support, learning, development.</td>
</tr>
<tr>
<td><strong>Communal Spirituality</strong></td>
<td>Pastoral Care collaborates in building awareness and integration of the sponsor charism; partnership in the development of workplace spirituality.</td>
</tr>
<tr>
<td><strong>Spirituality of Change</strong></td>
<td>Mission and Pastoral Care partner to identify and address stressors that affect staff and organizational culture.</td>
</tr>
</tbody>
</table>

## Mission Leadership Competencies and Pastoral Care: Ethics

<table>
<thead>
<tr>
<th>Mission Competency</th>
<th>Pastoral Care Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organizational Ethics</strong></td>
<td>Front line awareness of the &quot;culture in action&quot;; insights regarding the stated vs. lived values of the organization.</td>
</tr>
<tr>
<td><strong>Justice</strong></td>
<td>Advocates for vulnerable patients and families, congruency of values and practice within the organization.</td>
</tr>
<tr>
<td><strong>Clinical Ethics</strong></td>
<td>Front line for identifying issues, advocating for patients, families, staff, networking with physicians and others to support good practice.</td>
</tr>
</tbody>
</table>
### Mission Leadership Competencies and Pastoral Care: Organizational Management

<table>
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<tr>
<th>Mission Competency</th>
<th>Pastoral Care Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication and Collaboration</td>
<td>Partners in the creation of an effective network of communication and relationship at every level of the organization.</td>
</tr>
<tr>
<td>Business</td>
<td>Pastoral Care contributes in a measurable way to the business success of the organization.</td>
</tr>
<tr>
<td>Management</td>
<td>Collaboration with Mission in staff development, succession planning, congruency of departmental and organizational priorities.</td>
</tr>
</tbody>
</table>

### Mission Leaders: How Support?

1. Think strategically/organizationally to integrate pastoral care – system standards/guidelines
2. Learn issues about staffing and seek model and advocate for staffing
3. Partner in “value proposition” development.
   - Accountability/evidence
     - Quantitative – productivity
     - Quality initiatives
     - Qualitative – stories of best practice
4. Communicate value
Mission Leaders: How Support?

5. Ensure adequate resources
6. Hire/position Board Certified Chaplains
7. Offer professional growth/development
   - Career ladder
   - Education, training, performance
   - Self-care
8. Provide fair and just wages
9. Seek help from CHA/NACC

Thank You!

Questions?