Professional Change and Promise: Responding to Trends in the Ministry and Planning for a Vibrant Future in Spiritual Care

NACC Pre-Conference Workshop
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and Laura Richter, Director of Workplace Spirituality, Ascension Health
Ascension Health is the largest Catholic and largest non-profit healthcare provider in the United States, operating in 20 states and the District of Columbia.
How we serve
Mission Statement

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care, which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.
Our Values

We are called to:

**Service of the Poor**
Generosity of spirit, especially for persons most in need

**Reverence**
Respect and compassion for the dignity and diversity of life

**Integrity**
Inspiring trust through personal leadership

**Wisdom**
Integrating excellence and stewardship

**Creativity**
Courageous innovation

**Dedication**
Affirming the hope and joy of our ministry
Ascension Health’s Strategic Direction

Model Community of Mission-Centered, Healthy Associates

Integrated Alliance Network of Values-Compatible Partners

Knowledge on Demand as a Fully Connected Ministry

Presence as Needed at Full Potential

Healthcare That Leaves No One Behind

Healthcare That Is Safe

Healthcare That Works
Getting started

• Opening Reflection
• Introductions
• Questions for reflection
  – What are you hoping to learn today?
  – What is one of the challenges of your ministry?
Objectives for today

• Learn about one System's efforts to promote chaplaincy across the United States, including work that: communicates the purpose and benefits of chaplaincy, encourages chaplains to pursue certification, determines staffing and productivity metrics, delivers according to patient wishes and aligns Spiritual Care with other major areas of work in Healthcare.

• Promote quality professional chaplaincy through a common understanding of who we are and what we do that can be communicated to other clinical caregivers and administration.

• Understand current trends in chaplaincy and how the ministry is being called into the future of healthcare, which will ask us to provide chaplaincy beyond hospital walls and care for people across the healthcare continuum.
Learn About One System’s Efforts to Promote Chaplaincy: Overview of Spiritual Care Task Force Work
Several years ago we began this work...

In 2005, Ascension Health gathered a group of Spiritual Care professionals to focus on the current and future challenges facing Spiritual Care in Catholic Healthcare.

We hoped to learn more about the state of Spiritual Care in our system and dream about the future of spiritual care. You will be hearing about that journey today.
Why did we do this work?

• To discover the composition of our Spiritual Care departments across our system.
• To address Mission leader requests for education and tools.
• To develop professional chaplains who understand and support our Strategic Direction to provide spiritually centered, holistic care and promote a spiritually grounded culture.
• The Board of Trustees mandated and endorsed efforts to address emerging concerns.
• To build relationships among Spiritual Care departments.
• To provide resources that promote excellence.
In March 2006 - Mission Leaders asked for:

- Creative solutions to challenges
- Leadership competencies – learning what they are and how to train for them
- Updates on emerging issues (NACC, CHA, etc)
- Guidance on certain issues including:
  - Staffing Recommendations / Chaplain : bed ratio
  - Skill development
  - Quantifying the impact and value of chaplaincy
  - Volunteer use
  - Understanding the value of CPE
Spiritual Care Leaders were looking for:

• Information on metrics & measurement
• How to present ourselves to leaders
• Understanding leaders’ needs & expectations (CEO, VP of Mission, CFO)
• How to articulate our value
• How to know & use literature/research
• Evidence-based practices, leading practices
• Better chances to network with other leaders across the system
So we created the Spiritual Care Task Force

• We invited:
  – 12 Spiritual Care leaders within Ascension Health
  – 1 Colleague from Catholic Health Care who had been on a similar journey
  – National leaders from the Catholic Health Association (CHA) and National Association of Catholic Chaplains (NACC)

• With the purpose of:
  – Addressing the concerns lifted by Mission Integration and Spiritual Care leader
  – Working to create a common vision of Spiritual Care within our system
The Spiritual Care Task Force set out to do the following:

- To identify leading practices and share them.
- To develop standards, job descriptions, competencies, and a salary matrix.
- To understand changes occurring in healthcare and how those changes impact Spiritual Care.
- To find ways to measure the effectiveness.
- To identify and develop education models.
The Journey:
A Timeline of Spiritual Care work in Ascension Health

2005
- Need for work in Spiritual Care identified.
- 2 local leaders chosen to begin thinking about the work

2006
- Spiritual Care Task Force established in Spring 2006
- First Spiritual Care Survey administered in Spring 2006
- First planning of co-chairs in preparation for 2007 meeting

2007
- January 2007 - First meeting of task force
- Second subgroup established to work on HR related issues and Metrics
- Spiritual Care Framework brochure and Pastoral Services Diagram created
- Second Spiritual Care Survey administered in Spring 2009
- Career Ladder model created
- Third Spiritual Care Survey administered in Spring 2011
- Third Spiritual Care Task Force established in Spring 2011

2008
- January 2008 - Job descriptions created
- Existing Metrics tools created
- April 2008 - First ever meeting of Spiritual Care Directors in our System. Included meeting with VP's of Mission
- November 2008 - Third meeting of task force
- Spiritual Care Video created – included in Communications toolkit distributed for Pastoral Care week
- New subgroups created to focus on certification and metrics and productivity

2009
- February 2009 - Spiritual Care Guidelines work started
- April 2009 - Fifth meeting of task force
- Summer 2009 - Fourth meeting of task force.
- Spiritual Care Video created – included in Communications toolkit distributed for Pastoral Care week
- Model started to explain how department staffing can work
- Second Spiritual Care Survey administered in Spring 2009
- Third Spiritual Care Survey administered in Spring 2011

2010
- February 2010 - All documents finalized for April meeting – binder created
- Summer 2010 - Fifth meeting of task force
- September – December 2011 - Second Spiritual Care Survey administered in Spring 2009
- Third Spiritual Care Survey administered in Spring 2011
- Fourth meeting of task force.
- Second Spiritual Care Survey administered in Spring 2009
- Career Ladder model created

2011
- May 2011 - Second gathering of Spiritual Care leaders from across the system
- Metrics Group meets and begins earnestly preparing materials for time study
- Second Spiritual Care Task Force established in Spring 2011
- October 2011
- November 2011
- December 2011

2012
- Second Spiritual Care Task Force established in Spring 2011
- Metrics – Phase 2 of pilot. Feb – May 2012
- CPE group established with CPE supervisors. Begin info tables at national conferences.
- May 2012
- New subgroups created to focus on certification and metrics and productivity
- Second Spiritual Care Task Force established in Spring 2011
- Metrics – Phase 1 of pilot September – December 2011

Ascension Health
People we worked with along our journey:

Internal Resources

*Ascension Health Patient Experience Team* taught us about what patients wanted and how to measure.

*Ascension Health Human Resources* shared information on job descriptions, salary.

*Operations Resource Group* – came to share about metrics and productivity.
People who shared information

Colleagues from Catholic Healthcare:
Jean Lambert (CHP) – job descriptions & salary information
Julie Jones (Sisters of Mercy) – metrics and productivity
Beth McPherson (St. Joseph of Orange) – metrics and dashboard for tracking
Alan Bowman – Spiritual Care and organizational priority

Spiritual Care Colleagues:
Dean Marek (Mayo) – productivity
Orin Newberry – staffing
George Handzo (Healthcare Chaplaincy) – staffing and priorities for departments
Work began with an initial survey

- Needed to assess state of chaplaincy across the system
- Original survey was 60+ questions about all facets of ministry
- Smaller surveys completed in 2009 and 2011
Certification - 2006

Total Chaplains Certified and Non-Certified

- Certified: 111.78, 52%
- Non-Certified: 101.45, 48%

Certified | Non-Certified
---|---
111.78 | 101.45
Certification Among Chaplains

Certified: 45%
Non-Certified: 55%

Information from CHA survey
Certification - 2011

Staff Chaplains

53% Certified
47% Uncertified

Leadership

27% Certified
73% Uncertified
Trends in certification

Change in certification from 2006 - 2011

Certified Chaplains
Uncertified Chaplains
Department Make Up across system - 2011

- Chaplains: 215
- Leadership: 39
- CPE Students: 24
- Support Roles: 13
Comparing nationally

Salaries Compared Nationally

- $- 
- $20,000
- $40,000
- $60,000
- $80,000
- $100,000
- $120,000

Certified Chaplains
Non-certified Chaplains
Director
Manager
CPE Supervisor
CPE resident

Ascension Health data – January 2009
CHA Survey done in 2008
Spiritual Care Collaborative (SCC) Survey also done in 2008
Chaplain to bed ratio statistics

Highest ratio has .6 of a chaplain serving 189 beds

Some of these ratios represent hospitals where one part time chaplain serves a 60 to 100 bed hospital.

Lowest ratio

1 chaplain:16 bed hospital
Our overall learnings through the years

• Many chaplains not certified, our average less than Catholic average
• Number of priests was shrinking
• Average age of chaplains and leaders increasing, although less than national average
• Spiritual Care looked different across our organization and would benefit from some additional information and standardization.
Initial Work around Communications

- Initial work suggested that chaplaincy was not understood in local markets
- People didn’t understand the full benefits of Spiritual Care services
- Scope of practice and daily activities not understood
Meeting Spiritual Needs

Catholic healthcare sees spiritual care as an integral and important dimension of our ministry. Chaplains are professionally trained individuals, uniquely prepared to provide spiritual care in our Health Ministries. As members of the interdisciplinary healing team, chaplains are called upon to provide spiritual care to patients and their families. Chaplains also support associate spiritual needs and help build a culture that supports spiritually centered, holistic care. Working collaboratively with staff, volunteers and local clergy, chaplains ensure the spiritual needs of the organization are met.

Part of the Healing Team

Chaplains are an integral part of the healing team. They are an important presence and serve in countless ways to support our Strategic Direction. Their goal is to provide and enable spiritually centered holistic care for everyone in the ministry. Chaplains may provide or be involved with the following:

- Patient/Family Ministry
- Worship and Special Services
- Associate Support
- Committee Membership
- Work Collaboratively with Leadership
- Volunteer Program Oversight
- Clinical Pastoral Education
- Interdisciplinary Teams
- Documentation and Development of Technology
- Support Group Leadership
- Community Service/Outreach
- End-of-Life Care and Support
- Spirituality Initiative Leadership
Framework for Hospital Chaplaincy

Ascension Health acknowledges and affirms spiritual care as an essential and integral component of our Catholic healthcare ministry. We view pastoral care as fundamental to our identity and a tangible expression of our Mission and Values. Providing quality spiritual care is foundational to holistic care, which treats the whole person: body, mind and spirit. Vital Pastoral Care departments with professionally trained chaplains remain a high priority in our Health Ministries. Well-integrated spiritual care services support our Strategic Direction to provide Healthcare That Is Safe, Healthcare That Works and Healthcare That Leaves No One Behind, for Life.

For Ascension Health
SPIRITUAL CARE is...

Fundamental to our Catholic Identity
The Catholic tradition recognizes spiritual care as a key part of healing. Gospel accounts highlight Jesus’ holistic approach to those who were suffering, recognizing the complex aspects of sin and forgiveness. As extensions of the Church, chaplains are specially trained members of the healthcare team designated to deal with spiritual issues. Issues may arise or become more acutely felt during illness and chaplains can help patients and families wrestle with questions of meaning as well as feelings of powerlessness, pain, loneliness and isolation.

Effective in Service
Rooted in service, pastoral care is a sign of responsible stewardship. Chaplains’ expertise enables patients to surface deeper concerns and articulate healthcare goals. Chaplains facilitate discussions, resulting in more appropriate and informed healthcare choices that honor the patient’s values - particularly with ethical or end-of-life issues. Helping patients communicate these choices to family and healthcare teams empowers the patient and limits futile treatment. Chaplains are always available to mediate difficult conversations with patients, potentially reducing financial cost by resolving issues and diffusing unattended emotions that could manifest as litigious issues. Chaplains also support associates during spiritually and emotionally difficult times, promoting staff retention.

Essential to Mission
Our founders saw their ministry as a way to love God through service to the poor and vulnerable. Committed to serving those in need, they founded Catholic healthcare, providing holistic care to all in their communities. Ascension Health was built by women who openly lived their faith and our call is to be attentive to the spiritual needs of the neighbor and the poor and vulnerable. Pastoral Care departments are a visible continuation of this commitment and an expression of faith in service. Holistic care is imperative in our ministry and the spiritual aspect is an essential component of our Mission as well as a trademark of Catholic healthcare.

Core to Organizational Culture
Spirituality is a key part of our organizational culture at Ascension Health. Professional chaplains are committed to shaping the life, spirit, and ethical development of the organization. Spiritual care supports greater staff cohesiveness and institutional integrity through participation in ethical discussions and discernment, community prayer, reflection and storytelling. Chaplains encourage meaning-making and reflection, assisting associates in connecting their purpose with the organization’s Mission and roots of our healthcare system. A spiritually centered culture makes holistic care possible for everyone, translating into spiritual and emotional support for patients and families and an inspired Model Community of engaged associates.

Diverse and Inclusive
As Catholic healthcare providers, we recognize that the spirit makes us unique and distinctly human. Spirituality can be defined as the way one makes meaning out of life’s experiences. Spirituality provides strength to sustain good health and helps individuals cope with illness, trauma, loss, fear, and life transitions. Professional chaplains, though personally rooted in a particular denomination, are knowledgeable and respectful of different religions and cultural nuances. They provide ministry to all persons, and draw upon each individual’s belief system and/or unique spiritual resources. Our foundational premise of spiritual care concretely upholds the Joint Commission standard which states, “Each patient has a right to have his or her cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.” (Rl.Z.10)
Communicated the value of chaplaincy
Focused on areas of service
Can be used in orientation, with colleagues, during Spiritual Care week, etc.
Discussion Question:

What do you notice as we talk about this work?

Does any of this work mesh with what you may be doing?
Other Ascension Health Resources
Job Description work
Job Description Work

• Survey showed roles varied across the Health Ministries
• Wanted different job descriptions because role of chaplain varied and one chaplain position was not enough
• Work needed to be done to assure full chaplains were certified
• Also needed to do some work to address salary issues.
<table>
<thead>
<tr>
<th>Job Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sacramental Ministers</strong></td>
</tr>
</tbody>
</table>
| **T1 Sacramental Minister**  
  - Has developed knowledge and skill in own area  
  - Entry level for those with work experience in a skill area  
  - Typically functions as an independent practitioner tending only to Sacramental and liturgical needs of patients and LHM |
| **T2 Sacramental Minister**  
  - Has developed specialized skills or is multi-skilled  
  - Completes work with a limited degree of supervision  
  - Likely to act as an informal resource for colleagues with less experience  
  - Contributes to patient care beyond sacraments |
| **T3 Sacramental Minister**  
  - Has developed expertise in a variety of work processes or activities  
  - Typically has responsibility for coordinating the work of Volunteer Eucharistic Ministers  
  - Functions as a colleague with Chaplains and as a fully invested staff member of the Pastoral Care department  
  - Contributes to patient care beyond sacraments  
  - Contributes to strategic initiatives of the department  
  - Works autonomously within established procedures and practices  
  - Engages in training and education to develop career |
| **Chaplains** |
| **P1 Flex Chaplain**  
  - Entry level for those with work experience in a skill area  
  - Completes work with a limited degree of supervision  
  - Typically functions as an independent practitioner tending only to on-call Pastoral needs. |
| **P2 Associate Chaplain**  
  - Has developed specialized skills or is multi-skilled for Bedside Pastoral Care  
  - Works autonomously within established procedures and practices  
  - Possesses ability to discern complex issues and access appropriate resources to facilitate decision making  
  - Functions as a member of the interdisciplinary healthcare team  
  - Contributes to strategic initiatives of the department  
  - Completes work with a limited degree of supervision  
  - Builds knowledge of organization, processes and customers  
  - Solves a range of straightforward problems.  
  - Analyzes Solutions using standard procedures, with moderate supervision. |
| **P3 Certified Chaplain**  
  - Recognized as expert within Hospital  
  - Anticipates business challenges and recommends solutions  
  - Solves unique and complex problems with broad impact  
  - Recognized as external thought leader within discipline  
  - Influences department strategy to address internal issues  
  - May lead multidisciplinary projects/initiatives  
  - Discerns complex issues and is a resources to facilitate decision making  
  - Acts as an informal resource for colleagues with less experience  
  - Acts as a formal resource for students  
  - Teaches and leads information and formational in-services or groups. |
| **Manager** |
| **M1 Clinical Coordinator/ Team Lead**  
  - Decisions are guided by policies, procedures and plans  
  - Sets priorities for the team to ensure task completion  
  - Coordinates and supervises daily clinical activities of Pastoral care staff  
  - May also spend time performing the work being supervised  
  - Solves unique and complex problems with broad impact  
  - Recognized as external thought leader within discipline  
  - Influences department strategy to address internal issues  
  - May lead multidisciplinary projects/initiatives  
  - Discerns complex issues and is a resource to facilitate decision making  
  - Acts as an informal resource for colleagues with less experience  
  - Acts as a formal resource for students  
  - Teaches and leads information and formational in-services or groups. |
| **M2 Manager**  
  - Develops departmental plans  
  - Decisions are guided by resource available and functional objectives  
  - Develops and manages departmental budget  
  - Provides leadership and training to supervisors and/or professional staff  
  - Typically has responsibility for one department within one LHM  
  - Accountable for the performance and results of department  
  - Executes functional or departmental strategy, may contribute to development of strategy.  
  - Typically has Pastoral Care staff as direct reports  
  - Serves as a member of the LHM leadership team. |
**D1 (Director Level)**
- Has primary accountability for a strategic function (Dept of Pastoral Care)
- Typically reports to VP or SVP
- Approves functional strategy
- Establishes overall strategic direction for the department
- Is accountable for long-range planning and major initiatives of the department and/or LHM
- Has in-depth understanding of all aspects of the department
- Has budget responsibility for cost centers within their scope of responsibility.
- Provides leadership and direction through senior managers. Dir

**D2 (Executive Director level)**
- Has primary accountability for multiple operational departments within 1 LHM or same department with 2-3 LHMs
- Typically reports to CEO
- Approves functional strategy for multiple operational departments
- Establishes overall strategic direction of departments.
- Is accountable for long-range planning and major initiatives of the Department and/or LHM.
- Typically has other Directors/managers or local Pastoral care leaders reporting to them.
- Able to facilitate needed contracts with LHM’s
- Overall budget responsibility for multiple departments for which they are responsible.
- Accountable for the performance and results of department on System-wide basis
- Responsible for Clinical Pastoral Education program

**D3 (System Executive Director level)**
- Has primary accountability for multiple operational units/ or same department in 4 or more LHMs
- Typically reports to VP or CEO at the local system level
- Approves functional strategy for multiple departments
- Establishes overall strategic direction of departments
- Is accountable for long-range planning and major initiatives
- Facilitate needed contracts with LHM’s
- Has overall budget responsibility for multiple departments
- Typically has the Pastoral care leaders of the LHMs as direct reports.
- Typically works with LHM administrators and Mission Leaders
- Accountable for the performance and results of department on System-wide basis
Pastoral Care Banding Illustration

<table>
<thead>
<tr>
<th>Min</th>
<th>Mid</th>
<th>Max</th>
<th>Technical Roles</th>
<th>Professional</th>
<th>Management</th>
<th>Executive</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Titles*:</td>
<td>T1 (Contractor)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>T1: Contractor</td>
<td>T2: Sacramental Minister</td>
<td>T3: Sacramental Minister</td>
<td>*Catholic Priest Required</td>
</tr>
<tr>
<td>$22,000</td>
<td>$24,919</td>
<td>$32,000</td>
<td>P1: Flex Chaplain</td>
<td>P2: Associate Chaplain</td>
<td>P3: Certified Chaplain</td>
<td></td>
</tr>
<tr>
<td>$25,300</td>
<td>$28,657</td>
<td>$36,800</td>
<td>P1: Flex Chaplain</td>
<td>P2: Associate Chaplain</td>
<td>P3: Certified Chaplain</td>
<td></td>
</tr>
<tr>
<td>$29,095</td>
<td>$32,955</td>
<td>$42,320</td>
<td>P1: Flex Chaplain</td>
<td>P2: Associate Chaplain</td>
<td>P3: Certified Chaplain</td>
<td></td>
</tr>
<tr>
<td>$33,459</td>
<td>$37,898</td>
<td>$48,668</td>
<td>P1: Flex Chaplain</td>
<td>P2: Associate Chaplain</td>
<td>P3: Certified Chaplain</td>
<td></td>
</tr>
<tr>
<td>$38,478</td>
<td>$43,583</td>
<td>$55,968</td>
<td>P1: Flex Chaplain</td>
<td>P2: Associate Chaplain</td>
<td>P3: Certified Chaplain</td>
<td></td>
</tr>
<tr>
<td>$44,250</td>
<td>$50,121</td>
<td>$64,363</td>
<td>P1: Flex Chaplain</td>
<td>P2: Associate Chaplain</td>
<td>P3: Certified Chaplain</td>
<td></td>
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<tr>
<td>$50,887</td>
<td>$57,639</td>
<td>$74,018</td>
<td>P1: Flex Chaplain</td>
<td>P2: Associate Chaplain</td>
<td>P3: Certified Chaplain</td>
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<tr>
<td>$58,520</td>
<td>$66,285</td>
<td>$85,121</td>
<td>M1: Clinical Coordinator/Team Lead</td>
<td>M2: Manager</td>
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<tr>
<td>$67,299</td>
<td>$76,227</td>
<td>$97,889</td>
<td>D1: Director</td>
<td>D2: Executive Director</td>
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<td></td>
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<tr>
<td>$77,393</td>
<td>$87,661</td>
<td>$112,572</td>
<td>D1: Director</td>
<td>D2: Executive Director</td>
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<td></td>
</tr>
<tr>
<td>$89,002</td>
<td>$100,811</td>
<td>$129,458</td>
<td>D1: Director</td>
<td>D2: Executive Director</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following illustration shows what salaries could look like at a mid-size ministry with $700 million in revenue. It is only an illustration but the model can be used locally to determine appropriate salary at a Health Ministry.
Important Points

• Want to champion the need for professionally trained, certified chaplains.
• Built this into the job descriptions
• Important to have System representative vet work with other leaders and stakeholders
• Need to find ways to encourage this locally, as some still do not want to pursue certification
  – Main reasons include:
    • No time
    • Ministry does not require it
    • Not paid for achieving full certification (35% of HM’s still pay certified and uncertified chaplains the same)
Guidelines of Excellence
Guidelines of Excellence

- Developed by us through the Spiritual Care task force
- Reflects the best of the values and priorities of our spiritual care profession.
- Provides direction to us as we continue to develop our services and evaluate our practice.
- Reflects our joint commitment to excellence in the service that we provided.
Guidelines of Excellence

- Department focused not individual competency focused.

- Department guidelines identify organizational indicators and department indicators depicting shared responsibility when appropriate.

- This document is used along with other parts of the Spiritual Care Suite of materials so all items are integrated.
GUIDELINE 1

Core to Organizational Culture

Each Health Ministry has an established plan for the provision of spiritual care to patients, families and associates.
GUIDELINE 1
Core to Organizational Culture
Highlights

• Clear organizational structure and reporting lines

• Department is provided with the appropriate resources of space, technology, etc. to accomplish work.

• Organization uses SCTF developed documents such as salary matrix and career ladder to appropriately place positions in organizational structure.

• Appropriate budget provided to support our work
GUIDELINE 1
Core to Organizational Culture
Highlights

• Funds budgeted for our professional continuing education requirements.
• Department has designated Manager/Director
• Organizational and departmental policies
• Dept. goals and objectives related to strategic plan
Each Spiritual Care department is staffed by competent chaplains and CPE supervisors (as applicable) who are professionally educated and certified. They are supported by competent associate chaplains, sacramental ministers and volunteers who assist in this ministry.
GUIDELINE 2
Diverse and Inclusive Highlights

• Composition of department to model diversity
• Role requirements identified:
  – Call for all chaplains to be certified
  – Clear distinctions between those certified and those not certified in functions, job code, pay grades, job titles, competencies etc.
• Ministry Human Resource guidelines must be followed re: hiring and termination practices, annual evaluations, etc.
• Research and publishing must meet Ministry guidelines
GUIDELINE 3

Collaboration and Relationships

Each Spiritual Care department demonstrates a shared vision and team approach in collaboration with other health care providers.
GUIDELINE 3
Collaboration and Relationships
HIGHLIGHTS

• Our role and responsibilities as members of the health care team
  – Ethics resource
  – Patient’s plan of care

• Our role and responsibility related to the community
  – Clergy and parish relationships
  – Education related to spirituality and health
GUIDELINE 4
Scope of Practice Spiritual Care Services

Each Spiritual Care department provides for effective spiritual care ministry with patients, residents, employees, staff, clients and their families.
GUIDELINE 4
Scope of Practice - Spiritual Care Services
HIGHLIGHTS

• Articulates the various kinds of ministry or interventions that are within our scope of practice.
  - Patient and Family Ministry:
  - Interdisciplinary Teams:
  - End-of-Life Care
  - Employee Support
• Identifies other forms of the provision of spiritual care:
  - written material
  - sacred spaces
  - healing environment
  - TV programming
GUIDELINE 5

Effective in Service: Quality/Performance Improvement and Accountability

Each Spiritual Care department has a quality improvement or performance improvement process that is incorporated into the overall ministry performance improvement plan and demonstrates ongoing accountability for its services.
GUIDELINE 5
*Effective in Service: Quality/Performance Improvement and Accountability*

**HIGHLIGHTS**

- Written quality/performance improvement plan
- Individuals held accountable to document their work and document in medical record
- Sacramental records kept according to diocesan policy
- Adherence to and guided by the ERD’s
- Utilize these guidelines to perform periodic assessment with Mission Leader
Metrics Work
Our Journey

- During first two years, Measurement Sub-Group
  - Identified core services
    - Direct and indirect care
    - Applicable across and in diverse settings
  - Developed satisfaction surveys
    - Associate
    - End of life
    - Developed question on spiritual care for use across AH
  - Collected time study tools
    - National
    - Within Ascension Health
Journey Continues

• Our Charge
  • Identify a strategy for staffing
    – Currently, are no established staffing/productivity norms for spiritual care
    – To deliver desired level of services
  • Determine
    – Benchmarks for productivity/staffing
    – Effectiveness
2008 Ascension Health Survey

• Surveyed Ascension Ministries:
  – Identified services provided across the system
  – Discovered 48 out of 65 ministries (73.8%) utilize a tool to evaluate effectiveness and measure productivity
    • Patient Satisfaction Surveys: 53.1%
    • Time Studies: 42.2%
    • Associate Surveys: 21.9%
    • MD Surveys: 1.6%
    • Palliative Care/End of Life Surveys: 14.1%
    • Focus Groups: 0%
    • NA: 28.1%
“In order for chaplaincy departments truly to identify and meet their staffing and productivity needs, it is essential to implement a process that includes much more information than ratios and culminates in a business plan and presentation.”

Staffing Plan

• Goal: To assist local ministries in developing a plan that will meet the needs of the local health ministry based on:
  – Organizational strategy
  – Identified needs
  – Environmental considerations
DETERMINING A STAFFING PLAN

Establish Priorities
- Identify strategies related to how spiritual care contributes to the strategic initiatives of Ascension Health and the Health Ministry.
- Determine the desired level of service through collaboration with other efforts in the Health Ministry.

Consider Elements of Leading Practices
- Identify leading practices that support the Health Ministry’s goals and strategy and promote excellence in spiritual care.
- Assess current staffing model and services in light of leading practices identified in professional literature and research.

Measure Effectiveness
- Utilize metrics that measure productivity, quality and outcomes.
- Evaluate compliance with standards and regulations.
- Periodically review organizational and departmental policies to determine the effectiveness and ensure continued connection with Health Ministry objectives.
Establish Priorities

DETERMINING A STAFFING PLAN
Staffing Plan: Establish Priorities

- Identify activities of Spiritual Care Departments that are aligned with the Strategic Direction of Ascension Health and the Local Health Ministry
  - Palliative Care Initiatives
    - SC assessment for at least 90% of PC patients
  - Associate Engagement
  - Patient Experience
    - Green Realm
  - Spirituality in the Workplace
Staffing Plan: Establish Priorities

• Dialogue with key stakeholders regarding services
  – Organizational leaders
  – Patients
  – Family Members
  – Staff
    • Medical
    • Nursing
  – Community representatives

• Assess current level of services based on input
• Evaluate need to add, reduce or eliminate services
Consider Organizational Variables

- Size of Institution (number of inpatient beds)
- Type of Institution
  - Acute Care
  - Long Term Care
  - Critical Access
  - Tertiary Care
- Specialty Services (Orthopedics, Maternity, Cardiovascular, neurology, etc)
- Outpatient services
- Level of emergency care
  - Trauma Center
  - Community hospital
- Patient catchment area
- Patient population needs-demographics
  - Acuity levels (CMI)
  - Co-morbidities
  - Number of deaths
Develop Staffing Plan

• Identify level of staffing needed to provide services that:
  • Fulfill organizational strategies and goals
  • Address key stakeholders
    – Needs
    – Expectations
  • Address institutional variables
DETERMINING A STAFFING PLAN

Establish Priorities

Consider Elements of Leading Practices
Staffing Plan: Consider Elements of Leading Practice

• Review of professional literature and current research
  – 75% of cancer patients did not have their spiritual needs met even when 88% said that spirituality was important to them
  – Essential Functions of a Board Certified Chaplains 2008
  – Can We Measure Good Chaplaincy? A new professional identity is tied to quality improvement. Published in The Hastings Center Report, November-December 2008 Vol. 38 No.6
Staffing Plan: Consider Elements of Leading Practice

- Identify level of staffing that provides spiritual care services that:
  - Integrate leading practices into our health ministries
  - Reflect findings of current research
    - Specific disease populations
    - Levels of acuity
    - Continuum of care
    - Wellness
DETERMINING A STAFFING PLAN

Establish Priorities

Measure Effectiveness

Consider Elements of Leading Practices
Staffing Plan: Measure Effectiveness

• Utilization of Metrics
  – Is the norm for most disciplines
  – Demonstrates value to clinicians and leadership
  – Establishes standard of excellence

• Evaluate Regulatory Compliance
  – The Joint Commission (TJC)
  – Ethical and Religious Directives for Catholic Health Care Services, Parts Two and Five
  – Standards of Practice for Professional Chaplains in Acute Care, Spiritual Care Collaborative 2009
Staffing Plan: Measure Effectiveness

- Organizational Resource Group is our internal consulting arm who helped us pioneer this work
  - They encouraged us to pursue:
    - Creation of definitions for most frequent services
    - Establish a System-wide project to determine average time per service
  - Our goal was to determine
    - UOS- unit of service shows amount and type of work
    - Man Hours-amount of worked hours to accomplish services
    - RVU-Relative Value Unit is service measure that permits comparison of resources utilized in provision of services
Staffing Plan: Measure Effectiveness

• Proposal: Benchmarking Pilot
  – Identify the predominant services/activities performed
  – Conduct a time study for each task
  – Assign an equivalent time value
  – Create RVU factor to be used across the system to help determine staffing
Ongoing Process

• Engage in periodic review of services and staffing
  – Consider strategic initiatives, organizational priorities
    • Ascension Health
    • Local health ministry
  – Assess effectiveness/productivity/quality
  – Consider regulatory standards, leading practices, research
  – Revise staffing/services
Conclusion

This process demands an investment of time, energy, and resources. It is our belief that moving through this process will provide a thorough assessment of how the spiritual care department can best meet the needs of our patients, families, and associates. At the same time, staffing must support organizational priorities and strategies, thus moving the culture of the organization forward.
To communicate this work, we

• Presented to our system leaders at April 2010 meeting.
• Confirmed this as important area of work for the future.
• Had people sign up to be pilot sites.
Break
Productivity Study
Previous work in system

- Austin, TX
- Tucson, AR
Developing Definitions

• Used wagon wheel to determine what services would be part of the important 80% of things we are doing.
• Allowed us to continue to use tool.
CATS - Results

Service Categories

- Patient and Family
- Palliative Care
- Interdisciplinary Team
- End of Life Care
- Committees
- Associate Support
- Volunteer programs
- Clinical Pastoral Education
- Documentation Technology
- Support groups
- Religious/Faith Community Outreach
- Spirituality groups
- Special Services
- Leadership
- Travel
Productivity:

• In response to the changing healthcare reimbursement environment, hospital administrators are requiring departments, including spiritual care departments, to justify staffing levels.

• When determining best practice and optimal staffing levels, multiple factors must be taken into account:
  – What is an appropriate benchmark?
  – How is the chaplain’s work described and determined?
  – What is considered productive and how is it measured?
CATS - Background: Productivity in Spiritual Care

- Examining productivity provides the opportunity to explore and identify processes that have the potential to standardize the work of chaplains and give the work more credibility - demonstrating value to clinicians and leadership in ways they can understand.

- Common language and standards assist in documenting the workload, competency, and skill needs of spiritual care staff.

- For a chaplaincy department to truly identify and meet staffing needs, it is essential to implement a process that includes much more information than ratios and culminates in a business plan and presentation.

- The Chaplain Activities Study is the first step in gathering information and identifying Spiritual Care workload productivity.
• Relative Value Unit (RVU), a comparable service measure used by hospitals to permit comparison of the amounts of resources required to perform various services within a single department or between departments
• It is determined by assigning weight to such factors as personnel time, level of skill, and sophistication of equipment required to render patient services
• Relative values can provide a reasonable measurement of work performed to properly allocate resources
Creating the RVU matrix

• Identify the predominant services/activities (tasks) performed in the department (workload)
• Determine who performs the task
• Conduct a time study for each task and determine average time for each task
• Assign an equivalent time value for an RVU
  • e.g. 1 RVU = average of 20 minutes per task
• RVU Factor (weighted RVU) = Average time value of task divided by the RVU time equivalent
CATS - Background: Calculations: Benchmark RVU

• Determining RVU benchmark WH/UOM
  – One RVU = 20 minutes
  – 20 minutes/60 minutes = 0.33 hrs
    • 0.33 WH/RVU

• Determining RVU per activity
  – To translate number of tasks into total RVUs:
    • Take the RVU factor for each of the tasks from the RVU matrix
    • Multiply the RVU factor by the number of tasks
    • Sum the total RVUs
CATS - Background: Calculations: Total RVUs

<table>
<thead>
<tr>
<th>Total Number of Tasks</th>
<th>Relative Value Unit (based on an average time of 20 minutes per patient care task)</th>
<th>Total Relative Value Unit</th>
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<tr>
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Prepping the pilot

- Developed guide for CATS study
- and tracking sheet
Prepping the Pilot

- Participation required that every chaplain in a ministry participate so whole scope of department was captured.
- Created two hour training programs for directors and chaplains.
- Shared gifts with participants – including clipboard and stop watch.
- Provided monthly check in calls where people could ask questions.
- Had running list of questions to address issues.
**Showing how this works**

**My morning**

- 8:00: Arrive at work
- 8:02: Arrive at first patient room
- 8:03 – 8:10: Initial Pastoral Contact (Pt. 1)
- 8:12: Initial Pastoral Contact (Pt. 2)
- 8:30: Blessing Ritual (Pt. 2)
- 8:50: Initial Pastoral Contact (Pt. 3)
- 9:00: Ethics Consult (Pt. 3)
- 10:00: Break

**Note:** travel time is not included in productivity if you remain in the same building.

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**Patient and Family Ministry**

<table>
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<tr>
<th>Service</th>
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<th>10</th>
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<td>Initial Pastoral Contact</td>
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<tr>
<td>Advance Directives</td>
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</table>
99 chaplains across 10 Health Ministries, including:

- Borgess, Kalamazoo, MI
- Genesys, Grand Blanc, MI
- Our Lady of Lourdes Hospital, Binghamton, NY
- Mount St. Mary’s, Lewiston, NY
- St. John Providence Health, Detroit, MI (all 5 locations)
- St. Mary’s, Saginaw and Standish, MI
- St. Thomas, Nashville, TN
- St. Vincent’s, Jacksonville, FL (including St. Luke’s and the nursing home)
- St. Vincent’s & St. Vincent’s East, Birmingham, AL
- St. Joseph, Tawas, MI
CATS - Key Points

• Observations
  – Statistically Significant
    • Time captured for activity categories fall within a statistically significant validation
    • Adjusted for consistent contacts that were far below the norm
      – i.e. pre-surgical visits
  – Outliers
    • Chaplain Variability
    • Adjusted for ends of the extreme
  – Categories
    • Capturing activities consistently
      – E.g. Anticipatory Death Care & Death Ministry
## CATS - Results

<table>
<thead>
<tr>
<th>Service Categories</th>
<th>Ave Min/Act</th>
<th>Prelim RVUs</th>
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<td>Initial Pastoral Contact</td>
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<td><strong>PALLIATIVE CARE</strong></td>
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<td>End of Life Ethical Discussion</td>
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## CATS - Results

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<th>Service Categories</th>
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<td>Staff Care - Group</td>
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## CATS - Results

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<th>Service Categories</th>
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## CATS - Results

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<td><strong>SPECIAL SERVICES</strong></td>
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<td><strong>LEADERSHIP</strong></td>
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<td><strong>TRAVEL</strong></td>
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<tr>
<td>Multi-Location Coverage</td>
<td>25.3</td>
<td>1.27</td>
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</table>
Where we are now

• Phase 2 ends May 31, 2012
• Results will be collated into Health Ministry reports showing productivity for each Health Ministry.
• Directors will have final call in July to discuss results and talk about how to set targets for productivity.
• Chaplains will see results in late July.
• Directors can go through training in August to learn how to manage this process locally and use information to hold chaplains accountable locally.
How to use this information

• This type of tool can help you to determine staffing in a very concrete way
  – For example
    • Can track how many activities are happening in the Health Ministry in each area (see next slide).
    • If you know you have 40 deaths in your acute population, and each death takes 34.1 minutes, this activity takes 1364 minutes or 22.7 hours of work over a month.
    • If you know you have 180 deaths for a certain month, but only 46 were seen by a chaplain, you know you missed 134 deaths. If you want to attend all deaths, you need 76.1 hours of a chaplain’s time to reach all dying patients.
    • If services share chaplains (like Palliative Care), can look at each activity, multiply by time it takes and see how many people are needed to cover Spiritual Care needs for Palliative Care Patients.
    • Can also hold chaplains accountable for a certain, agreed upon productivity standard.
## Palliative Care

<table>
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<tr>
<th>PALLIATIVE CARE</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
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<td>0</td>
<td>9</td>
<td>6</td>
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<td>0</td>
<td>0</td>
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<td>16</td>
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<tr>
<td>Anticipatory Death Care</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Death Ministry</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>8</td>
</tr>
<tr>
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<td>0</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total # of Referrals</strong></td>
<td>0</td>
<td>18</td>
<td>9</td>
<td>14</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>41</td>
</tr>
<tr>
<td><strong>Total # of Family Present</strong></td>
<td>0</td>
<td>170</td>
<td>185</td>
<td>100</td>
<td>0</td>
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<td>0</td>
<td>0</td>
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### PALLIATIVE CARE

<table>
<thead>
<tr>
<th>Service</th>
<th>LR</th>
<th>TT</th>
<th>RR</th>
<th>SH</th>
<th>Mins</th>
<th>Time needed</th>
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<tbody>
<tr>
<td>Initial Pastoral Contact</td>
<td>8</td>
<td>5</td>
<td>33</td>
<td>2</td>
<td>11.9</td>
<td>571.2</td>
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<tr>
<td>Follow Up Spiritual Care</td>
<td>14</td>
<td>6</td>
<td>29</td>
<td>1</td>
<td>9.9</td>
<td>495</td>
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<tr>
<td>Blessing, Sacrament or Ritual</td>
<td>7</td>
<td>0</td>
<td>4</td>
<td>35</td>
<td>7.5</td>
<td>345</td>
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<tr>
<td>Crisis Ministry or Management</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>20.4</td>
<td>183.6</td>
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<tr>
<td>Bereavement Care</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>21.7</td>
<td>238.7</td>
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<td>0</td>
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<td>0</td>
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<td>Family Meeting</td>
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<td>0</td>
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<td>Advance Directives</td>
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<td>0</td>
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<td>13</td>
<td>3</td>
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<td>21.1</td>
<td>0</td>
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<td>0</td>
<td>17</td>
<td>28.3</td>
<td>622.6</td>
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<tr>
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<td>0</td>
<td>17</td>
<td>0</td>
<td>15.4</td>
<td>265.8</td>
</tr>
</tbody>
</table>

### Some Observations

- Total time needed for Palliative Care: 3737.1 mins = 62.2 hours
  - Does not need one full time person
  - One person is predominately serving sacramental needs
  - Can see sacramental minister had more referrals than visits – missing something
In the future

- All Ascension Health Ministries will have the opportunity to use these tools.
- Organizational Resource Group (internal consultants) will use these metrics when doing Financial Performance Improvement work.
- Tools can be used beyond Ascension Health – with Alliance, larger world of Spiritual Care, etc.
Developing a Staffing Plan
FOR SPIRITUAL CARE

DETERMINING A STAFFING PLAN

Establish Priorities
- Identify strategies related to how spiritual care contributes to the strategic initiatives of Ascension Health and the Health Ministry.
- Determine the desired level of service through collaboration with other efforts in the Health Ministry.

Consider Elements of Leading Practices
- Identify leading practices that support the Health Ministry’s goals and strategy and promote excellence in spiritual care.
- Assess current staffing model and services in light of leading practices identified in professional literature and research.

Measure Effectiveness
- Utilize metrics that measure productivity, quality and outcomes.
- Evaluate compliance with standards and regulations.
- Periodically review organizational and departmental policies to determine the effectiveness and ensure continued connection with Health Ministry objectives.
Lessons we have learned from this work:

- Task Force helped develop work that could be adapted at local level
- Created relationships and common understandings
- System level approach helped give strength to the work.
- But since work happens locally, must be followed up on site
- Involving leaders helps work move forward
Next areas of work...

• Want to extend past productivity to look at outcomes
• Want to ask – if a chaplain spent time with this patient, and we can see what kind of time and interventions – can we see if it made a difference in the overall outcome?
Promote quality professional chaplaincy through a common understanding
Communicating Our Work

• Worked to share information with major stakeholder groups who can support the ministry, including:
  – Mission Vice Presidents
  – Chief Human Resource Officers
  – CEO’s
  – Ministry Operating Executives
  – Two year formation Executives
Key points

• Message has to be consistent.
• Include information that appeals to stakeholder groups.
• Message must be delivered nationally and locally.
• Chaplains must be their own best advocate and share the story, over and over and over again.
How Spiritual Care supports Ascension Health’s Strategic Direction
A hypothesis about the critical role of spiritual care in our Health Ministry

- Spiritual Care is a tangible expression of our mission and part of our tradition.
- Spiritual Care is uniquely qualified to support our Strategic Direction.
- If we can articulate our gifts and training, others can understand the value added by having spiritual care services and trained chaplains.
- It is a good time to lift up the importance of spiritual care and ensure this work is integrated in our ministries.
Integral Model for Mission Integration & Spirituality:
A TOOL TO HELP US IDENTIFY & DEEPEN SPIRITUALITY IN THE WORKPLACE

Define Spirituality

ASCENSION HEALTH FRAMEWORK FOR WORKPLACE SPIRITUALITY
- Diverse
- Inclusive
- Relational
- Life-giving, soul-satisfying
- Rooted in reality and truth
- Discoverable in awareness
- Effective in service

Select, welcome and engage associates, physicians, volunteers, board

Develop relationships and build a model community reflective of our values

Create a healing environment through spiritual/emotional support and life-giving space

Celebrate our identity in ritual

Weave spirituality into strategic and operational processes decisions and actions

Provide vital formation/development experiences (leaders, associates, physicians, board)

Call to action
Healthcare that works, healthcare that is safe, and healthcare that leaves no one behind.
Provide spiritually centered holistic care

Measure mission outcomes and impact; maintain accountability

Enabling strengths | Inspired People | Workplace Spirituality
Healthcare that Works: Attributes of Patient Experience

REALM 1  
Safe, Effective Evidence-based Care

REALM 2  
Coordinated, Efficient Processes

- Comfortable, Convenient Environment
- Administrative Efficiency

REALM 3  
Emotional and Spiritual Support

- Compassionate, Respectful Care
- Communication and Empowerment
- Care Responsiveness

Clinical Reputation and Quality
Make strong connections to bodies of work

- Palliative Care
We must create a culture that supports our Strategic Direction

Mission
Vision
Values

Spiritual Care
Mission Integration is everyone’s responsibility
But certain groups are more responsible for particular elements of Mission Integration
It is important to show what is distinct about Spiritual Care

- Administrative presence
- Organizational role
- Culture building

- VP, Mission Integration

- Clinical Ethics
  - Organizational ethics
  - Culture building

- Direct Spiritual Care
  - Organizational role
  - Culture building

- Spiritual Care

- Ethics
Understand Current Trends in Healthcare and How Chaplaincy Can Respond
## Having a More Primary Relationship With Those We Serve

### Transformational Path to Person-Centered Care

<table>
<thead>
<tr>
<th>Focus</th>
<th>Provider-Centered: transactional model</th>
<th>Person-Centered: relationship model</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Providers’ delivery of medical services to patients to address a healthcare episode</td>
<td>Trust-based relationship that promotes a spiritually centered, holistic approach to supporting a person’s health and well-being</td>
</tr>
<tr>
<td>Locus of Control</td>
<td>Primarily providers</td>
<td>Primarily the person and family supported by trusted ecology of resources</td>
</tr>
<tr>
<td>Nature of Choices</td>
<td>Healthcare choices are mostly reactive</td>
<td>Health choices are well understood and frequently proactive</td>
</tr>
<tr>
<td>Primary Locations</td>
<td>Hospitals and clinics</td>
<td>More care and support in the community, in the home and by virtual means</td>
</tr>
<tr>
<td>Health Information</td>
<td>Provider-based, episodic, transactional</td>
<td>Coordinated, transparent data managed by well-informed individuals</td>
</tr>
<tr>
<td>Duration</td>
<td>Episode of care</td>
<td>Lifetime relationships</td>
</tr>
</tbody>
</table>

---
Each Person has an Ecology of Resources/Possibilities to Help Manage Their Health and Well Being

The Continuum of Healthcare

Source: Institute for the Future
### Ambulatory Care and Diagnostics

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Surgery Centers</td>
<td>58</td>
</tr>
<tr>
<td>Employer/Occ Health</td>
<td>26</td>
</tr>
<tr>
<td>Free-standing Imaging</td>
<td>75</td>
</tr>
<tr>
<td>Retail Lab Collection Sites</td>
<td>214</td>
</tr>
<tr>
<td>Primary Care Clinics</td>
<td>391</td>
</tr>
<tr>
<td>Specialty Clinics</td>
<td>149</td>
</tr>
<tr>
<td>Retail Pharmacies</td>
<td>31</td>
</tr>
<tr>
<td>Sleep Centers</td>
<td>16</td>
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<tr>
<td>Telemedicine Programs</td>
<td>53</td>
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### Post Acute Service Sites

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health – Acute units</td>
<td>23</td>
</tr>
<tr>
<td>Behavioral Health – Outpatient</td>
<td>60</td>
</tr>
<tr>
<td>Cancer Centers</td>
<td>12</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>13</td>
</tr>
<tr>
<td>Home Health Agencies</td>
<td>19</td>
</tr>
<tr>
<td>Hospice Agencies</td>
<td>11</td>
</tr>
<tr>
<td>Palliative Care Programs</td>
<td>28</td>
</tr>
<tr>
<td>Rehabilitation – Outpatient</td>
<td>190</td>
</tr>
<tr>
<td>Rehabilitation – Inpatient units</td>
<td>27</td>
</tr>
</tbody>
</table>

### Prevention & Wellness Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative Care</td>
<td>13</td>
</tr>
<tr>
<td>Community/Social Services</td>
<td>106</td>
</tr>
<tr>
<td>Wellness/Fitness</td>
<td>13</td>
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### Inpatient Facilities

<table>
<thead>
<tr>
<th>Type</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>General Acute Care Hospitals</td>
<td>70</td>
</tr>
<tr>
<td>Long-term Acute Care Hospitals</td>
<td>3</td>
</tr>
<tr>
<td>Rehabilitation Hospitals</td>
<td>3</td>
</tr>
<tr>
<td>Psychiatric Hospitals</td>
<td>6</td>
</tr>
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</table>

### Extended Care Sites

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Day Care</td>
<td>9</td>
</tr>
<tr>
<td>Assisted Living (AL)</td>
<td>3</td>
</tr>
<tr>
<td>Independent Living (IL)</td>
<td>2</td>
</tr>
<tr>
<td>Skilled Nursing (SNF)</td>
<td>18</td>
</tr>
<tr>
<td>CCRC (combined SNF/AL/IL)</td>
<td>3</td>
</tr>
<tr>
<td>PACE</td>
<td>2</td>
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</table>
Activity - where do you serve?
Outpatient Revenue as a Percent of Total Gross Patient Revenue

<table>
<thead>
<tr>
<th>Location</th>
<th>Outpatient</th>
<th>Inpatient</th>
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<tbody>
<tr>
<td>Binghamton</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amsterdam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Milwaukee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pensacola</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saginaw/Tawas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baltimore</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pasco</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evansville</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indianapolis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lewiston</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birmingham</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kalamazoo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kansas City</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waco</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Detroit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arlington Heights</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Niagara Falls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flint</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tucson</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jacksonville</td>
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<tr>
<td>Nashville</td>
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<td></td>
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<tr>
<td>Austin</td>
<td></td>
<td></td>
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<tr>
<td>Washington DC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bridgeport</td>
<td></td>
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</tr>
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</table>

Average: 47.5%
Rethinking how we approach healthcare

- Providers must fundamentally reconfigure delivery systems, care processes and cost structures.

- Delivering safe, high-quality care that is low cost.

- Sustain ministry and Mission into the future requires more continuous, dynamic relationships with those we serve.

This Point of View reflects our shared commitment to envision and implement the changes that our Mission demands and our Strategic Direction requires
How things are changing

- The shift from volume-based reimbursement to value-based payment

- Strong regional presence is increasing in importance
  - Need to provide care differently in regions
  - May need to forge relationships with others to provide care

- Strengthening/expanding relationships with other caregivers is essential

- We may need to partner with other companies to provide care

- Therefore, we may need to rethink how we provide spiritual care.
Is your ministry changing as a result of the changes in healthcare?

How do you see it changing?
To provide care across the Continuum, we must consider...

• An individual’s spiritual care needs will evolve throughout their lifetime. Identifying these evolving needs will require flexible assessment approaches and a range of solutions designed to evolve in concert with individual needs.

• Given the broad range of individual needs that are likely to be encountered, providing spiritual care across the continuum must leverage social networking and segmentation technologies to provide the means for identifying and serving small populations.

• Addressing individual’s needs across the continuum will require consideration of a spiritual care definition that builds on and extends the traditional religion-based approach employed in the acute care setting. Extension of the traditional definition must be aligned with the elements of Catholic identity as well as the Mission, Vision and Values of Ascension Health.
A Vision for Spiritual Care Across the Continuum

COMMUNITY-NETWORK MODEL

Library
Work Sites
School Churches Parishes

Physicians’ Office
Preventive Care
Courthouses, Detention Centers

Specialty Care
Home Care
Adult and Child Day Care Centers

Support Group Counseling Centers
Hospital Care
Long-Term Care

Spiritual Resource Center

Taken from 1999 paper from CHA, Spiritual Care within a Community or Network Setting
Expanding our Model

- Clinics
- Ambulatory Care
- Effectively partnering with parishes/parish nurses
- End-of-Life Care
- Special Services
- Committees
- Community Services/Outreach
- Associate Support
- Leadership
- Support Groups
- Interdisciplinary Teams
- Volunteer Programs
- Documentation Technology
- Clinical Pastoral Education
- Patient/Family Ministry
- Spirituality Groups
- E-chaplaincy
- Assisted Living/Long Term Care
- Schools
Chaplains must be valued part of interdisciplinary team

Discussion – can you think of a model or image that speaks to what spiritual care of the future might look like?
Expectations Regarding Chaplain Services at Borgess Medical Center

Research Study
Mary Heintzkill
Principal Investigator
Completed December, 2011
Age Ranges

- 18-35: 57 (58%)
- 36-55: 15 (15%)
- 56-75: 21 (21%)
- 76+: 6 (6%)
Gender

- Male: 64 (65%)
- Female: 35 (35%)
Religious Preference

- Christian-Catholic: 14%
- Christian-Other denomination: 9%
- No religious preference: 67%
- Other: 10%
Patient Knowledge of Chaplain Services

- 50 (53%) Know how to contact a chaplain
- 45 (47%) Do not know how to contact a chaplain
Visitation Expectations

- Expect a visit only upon request
- Expect a visit without request

22 (24%) Expect a visit only upon request
71 (76%) Expect a visit without request
Desired Frequency of Chaplain Visits
(Based on Age) n=89

Desired Visit Frequency (Total)

Daily (13)
Every few days (32)
Weekly (12)
Not at all (32)

76+
56-75
36-55
18-35
Importance of Chaplain Services

Percentage of patients responding "very important" or "somewhat important".

- To listen to me: 85%
- To remind me of God's care: 77%
- To be with me at times of...: 81%
- To counsel me regarding...: 57%
- To pray and/or read scripture: 74%
- For religious ritual or sacrament: 51%
- To offer support to my family or...: 77%
Future areas of focus

- Need to do research
- Have chaplaincy be evidence based
- Web based applications
- Empowering staff to meet spiritual needs
- Preventative care and spiritual care
Exploring ideas about web based applications

• Internal resources
• External Resources
  http://www.loyolapress.com/3-minute-retreats-daily-online-prayer.htm
• Technology to support Spiritual Care
  http://www.mercyhospitalstories.org/cms/for-patients-visitor/spiritual-care/e-chaplaincy/
In many ways, we are just beginning...
Pulling it all together...

- What excites you about this work?
- What do you take away from this conversation this morning?
- Are there things you would like to change in your own setting?
Laura: lrichter@ascensionhealth.org

Mary: MaryHeintzkill@borgess.com

Mary Lou: mogorman@saintthomas.org