

**Catholic Health Association Spiritual Care Advisory Committee-
Communication Subcommittee**

Comparative Benefit Language

CHA study

APC article “Circle of Care”

<http://www.professionalchaplains.org/content.asp?admin=Y&pl=30&sl=24&contentid=219>

HealthCare Chaplaincy material

[http://healthcarechaplancy.org/userimages/Fact%20sheets%202-7-11.pdf](http://healthcarechaplancy.org/userimages/Fact%20sheets%20202-7-11.pdf)

http://www.healthcarechaplancy.org/userimages/doc/Consulting/PCI&P_Brochure.pdf

CHA Study	APC	Health Care Chaplaincy
<p>Org Level</p> <ul style="list-style-type: none"> • Part of/Integral to Catholic Identity • Essential for treatment of whole person 	<p>Org Level</p> <p>Complete circle of care</p>	<p>Org level</p> <ul style="list-style-type: none"> • Improving the standard of care through the integration of spirituality • Aligning chaplaincy performance with institutional goals and objectives in measurable ways
<p>Leadership</p> <ul style="list-style-type: none"> • Positive Impact on patient satisfaction • Provide Patient/Family support • Provide staff support • Importance to healing process • Meet religious/spiritual needs • Aid in ethical decision-making process 	<p>Leadership</p> <ul style="list-style-type: none"> • Decrease length of stay <ul style="list-style-type: none"> ○ Affirm faith, calm anxiety ○ Use fewer meds, reduce nurse calls • Impact on bottom line <ul style="list-style-type: none"> ○ Vital role to patient satisfaction ○ Employee satisfaction strengthened ○ Physician satisfaction improved ○ Staff more productive – frees staff to focus on clinical care ○ Community connectedness and ownership of institution is increased 	<p>Collaborating with hospital leadership teams to:</p> <ul style="list-style-type: none"> • Address issues of ethics, palliative care, cultural competence • Contribute to quality assurance and customer satisfaction goals • Assist with community relations and building partnerships with community clergy • Reduce staff burnout and compassion fatigue

<p>Clinical Team</p> <ul style="list-style-type: none"> ○ Address emotional spiritual distress of patient ○ Address spiritual and/or religious support around faiths/beliefs ○ Supportive presence at time of terminal diagnosis ○ Prayer/ritual for patient families ○ Supportive presence for staff 	<p>Clinical Team</p> <p>Contributes to health</p> <ul style="list-style-type: none"> ● Promote healing <ul style="list-style-type: none"> ○ Spiritual well-being, faster recovery, better sense of health on ongoing basis ○ health contributes to physical health ● Help persons tap into their own spiritual resources as they search for answers to questions of meaning. ● Understand, respect, and advocate for the various beliefs, cultures and worldviews of those they serve, 	<p>Collaborating as a member of the health care team to:</p> <ul style="list-style-type: none"> ● Improve patient and family satisfaction ● Facilitate patient and family decision-making ● Address issues of ethics, palliative care, and cultural competence ● Improve discharge planning to reduce readmissions ● Reduce high anxiety levels in emergency rooms especially when there's long wait time ● Address patient and family concerns and complaints in conjunction with risk management and patient advocacy personnel ● Support bereaved families and staff ● Establish protocols for referrals to chaplaincy services ● Facilitate end of life discussions
		<p>High Performance Pastoral Care Staff</p> <ul style="list-style-type: none"> ● Increases patient and family satisfaction when dealing with life-changing or terminal illnesses ● Improves palliative and end-of-life care ● Increases staff satisfaction and retention respond, evaluate, staff, and report ● Supports cultural competence including Joint Commission compliance ● Establishes Outcome Oriented Chaplaincy protocols to screen, ● Improves patient-related crisis management involving traumas, codes or difficult patients or families