Mission Leader Breakfast

Catholic Health Association
Pastoral Care Advisory Committee

Quality Work Group

Catholic Health Association
Pastoral Care Advisory Committee

Sr. Marie Parker, RSM
Director, Mission Services/Spirituality
Catholic Health East
• 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.
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?

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?

Acute Care Setting Example

Spiritual Care Department is an integral component of Palliative Care Team.
Acute Care Setting Example

- **Process Measure:** Palliative Care team initiates contact with chaplain upon patient admission to services within 24 hours.

- **Outcome Measure:** Chaplain tracks number of palliative care patients seen. Patient encounter included with other quality data that shows variables in patients seen and not seen by chaplain.

- **Performance Against Standard:** Annually, conduct an evaluation with Palliative Care team of chaplain performance against Standards 1-6. (Standards of Practice for Professional Chaplains in Acute Care.)

Non-Acute Setting Example

Spiritual Care department to provide training to clinical staff on spiritual distress screening tools.

Staff screenings are designed to generate Spiritual Care referrals.
Non-Acute Setting Example

- **Process Measure**: Report number of staff trained to utilize spiritual distress assessment tool and count number of referrals made to Spiritual Care staff.

- **Outcome Measure**: Staff take pre and post test indicating level of comfort with detecting Spiritual Care distress.

- **Performance Against Standards**: Screening and referral tools and processes in place, with training of all (100%) of staff. Can build in year cycles (year one =50%, year two = 80%, year three = 100%)

Core Elements for System Standards

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
Core Elements for System Standards

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

Core Elements for System Standards

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)
Quality Committee

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Staffing Work Group

Catholic Health Association
Pastoral Care Advisory Committee

Julie M. Jones
Executive Director, Mission & Ministry
Mercy
Basic Framework for Our Work

• This is a work in progress
• We are learning from each other
• What isn’t working is as important as what is
• We are in an R&D (research & design) mode

What is Not Working?

• Simple ratio of chaplain to beds/census not sufficient
  – Does not factor in acuity or intensity
  – Does not reflect staff ministry
  – Does not reflect ministry in the organization (e.g. worship services, blessings, etc.)
What is Not Working?

- Agreement to Common Unit of Service (UOS) for Chaplain’s Work
  - Great variation of practice from facility to facility
  - Some have tried
    - Worked days
    - Patient days or adjusted patient days
    - Cost/unit

Fears from the field …

- Concern about sharing models for fear that “floor” (minimum) does not become “ceiling” (maximum)
- If we don’t develop a model soon, consultants will and staff will be cut
When Consultants Come to Town

- Focus on cost savings
- Recommendations may not be grounded in verifiable data
- Ask questions

R&D Model

- Develop multiple models simultaneously
- Share models
- Test across systems
- Evaluate from tests
Approaches

- Justifying value of chaplains
- Determining appropriate staffing levels
- Defining core services of chaplains

Potential Groups to Learn From

- Other departments who are doing some chronic disease management
  - Care managers
  - Social workers
  - Palliative care early interventions
Staffing Committee

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Communication Work Group

Catholic Health Association  
Pastoral Care Advisory Committee

Laura Richter  
Director, Workplace Spirituality/Mission Integration  
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Background for Survey

- 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

Role within Catholic Health Care

- 241 Board Member/Trustee
- 182 CEO
- 132 CFO
- 42 COO
- 30 CMO
- 33 CNO

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

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

Clinical Staff: Role within the Clinical Team

- 432 respondents
How would you describe the purpose and value of Spiritual Care?

Next Steps

- Articles in *Health Progress*
- Communication materials placed on CHA and NACC websites
- Tool box with helpful materials
  - Video vignettes around certain topics
    - Value of chaplaincy
  - Written materials
    - Elevator speech
    - Printed materials
Communication Committee

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Ethics for Mission Leaders Program

Catholic Health Association  
Ethics and Mission Task Force

Ron Hamel, Senior Director, Ethics  
Rev. Tom Nairn, OFM, Senior Director, Ethics
Why Survey Mission Leaders?

• Assist in
  – Ongoing development of role/function of mission leaders
  – Recruiting and hiring mission leaders
  – Benchmarking certain aspects of mission leader’s role
  – Evaluating mission leaders
Previous CHA Mission Surveys

1993
- Role still relatively new
- Preparation varied and informal
- Networking informal
- Competencies not established

2006
- Role well-established
- Preparation varied but more formalized
- Networking more formal
- Competencies and evaluation clearer

2013 Survey Tool

- 45-50 questions (approximately 20 min.)
- Some 1996 and 2003 questions repeated
- More demographic data (age, gender, race)
- Relation to key departments/areas
- Competency self-assessment
- Ongoing formation/education needs
Your High Tech Feedback Requested … 
Post-it-Notes on Wisdom Wall!

- Are there any questions/areas not needed?
- Are there areas we have not included which need to be added?
- Other comments

Repeated Areas from 1996 and 2003

- Position title
- Years in role
- Who you report to
- Who reports to you
- How you report to system mission
- Allocation of time in mission roles (%)
- Type of facility
- Level of education
- Specialization area
- Salary
- Benefits
- Involvement in collaborations, joint ventures, mergers
Relation to Key Departments/Areas

- Ethics
- Spiritual Care
- Human Resources
- Staff Formation
- Clinical Staff

Competency Self-Assessment

- Strategic Leader
- Prophetic Leader
- Pastoral Theology
- Understanding of Church
- Canon Law
- Personal Spirituality
- Communal Spirituality
- Spirituality of Change
- Organizational Ethics
- Justice
- Clinical Ethics
- Communications and Collaboration
- Business
- Management
Ongoing formation/education needs

- Strongest competency
- Weakest competency
- Biggest challenge for mission leaders
- Top 4 areas for ongoing formation of mission leaders
- Use of CHA Mission Leader Competencies and job description templates
- Measures used to hold you accountable
- Significant changes you have had in your role

2013 Mission Leader Survey

Timeframe

<table>
<thead>
<tr>
<th>Time</th>
<th>Task</th>
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<tbody>
<tr>
<td>June 5 - 11</td>
<td>Incorporate feedback</td>
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<tr>
<td>Mid June</td>
<td>Survey sent by The Reid Group</td>
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<tr>
<td>Early July</td>
<td>Survey link closed</td>
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<tr>
<td>July - Aug</td>
<td>Data Analysis and report drafts</td>
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<tr>
<td>August 31</td>
<td>Final report completed</td>
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<tr>
<td>Sept - Nov</td>
<td>Share findings with Mission Advisory Committee and Members (HP articles)</td>
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Questions?

Thank you for your participation!