Introduction

In the Light of Compassion flows from the conviction that the charism of Bon Secours is at the heart of our identity. These guidelines have been collaboratively developed by Pastoral and Spiritual Care Leaders throughout Bon Secours Health System. Rooted in our long tradition of compassionate care, we have shared best practices, found inspiration in working together, and learned from our many colleagues throughout the Catholic health ministry.

These guidelines are intended to provide recommendations for enhancing the practice of Pastoral and Spiritual Care, and to deepen an appreciation and awareness of pastoral and spiritual care services in Bon Secours.

Each Pastoral and Spiritual Care Leader is asked to explore with their staff how they might best utilize and apply the guidelines. It is hoped that the guidelines will also be shared with other organizational leaders, including Sponsorship and Mission Leaders, in order to deepen reflection on the important role of pastoral and spiritual care services in the organization, and to creatively integrate these services throughout the ministry.

In this document the terms “Pastoral Care” and “Spiritual Care” have the same meaning. Some departments prefer one over the other. The decision to use the term “Spiritual Care” in the remainder of the guidelines represents neither an endorsement nor a preference for one over the other; it has been adopted simply for consistency of expression.

In both formal and informal ways we communicate the importance and significance of Spiritual Care by our own internalization of the values we hold to be true and essential for our work and witness. Spiritual Care Leaders and Chaplains are proud of their departments and good work; and they eagerly seek to encourage and promote the ministry of providing professional spiritual support, guidance and presence. The charism of Bon Secours and the mission of Bon Secours Health System, its mission finds a unique and authentic expression in the lives, hearts, minds and work of its Spiritual Care ministers.

May these pages be a sign of support and encouragement for this significant ministry.

CHARISM OF BON SECOURS

The Charism of Bon Secours is to bring God’s healing, compassion and liberation to people in need. Special attention is given to those who are poor, sick, or dying by helping to alleviate their suffering and bringing them a message of hope and assurance that there is a God who loves them.

A Vision for Spiritual Care

Bon Secours Health System embraces spiritual care as integral to its mission. A commitment to spiritual and pastoral care expresses the heart of our ministry, and it permeates all levels of service and care giving within our system. A holistic and compassionate expression of spiritual care gives tone and texture to all we do and say, especially on behalf of those who are poor, sick and dying.
Rooted in the Charism of Bon Secours, the following pages provide a context that honors our tradition and the mission and values of Bon Secours Health System, respects the unique history and service of each local system, and calls all to a collaborative effort on behalf of those in need. These guidelines represent Bon Secours’ commitment to maintaining excellence in spiritual and pastoral care for all who come to us seeking comfort and healing.

These guidelines flow from Bon Secours’ commitment to extend the healing ministry of Jesus, the legacy of our rich tradition, the lived experience of our ministers, and The Ethical and Religious Directives for Health Care Services (United States Conference of Catholic Bishops).

It is assumed that the principles outlined here will be used as an integral part of each local system’s spiritual care plan, and be understood as a central dimension of our commitment to minister collaboratively to the whole person: body, mind and spirit. Bon Secours understands that caring for the human spirit is not just the responsibility of Spiritual Care Departments, but truly must be embraced and demonstrated by all of our dedicated coworkers.

While these guidelines are directed primarily at the ministry of professional Chaplains and the work of Spiritual Care Departments, they will likely also inform some of the other ways that spiritual care, the creation of a healing environment, and organizational spirituality are manifested throughout the system.

These guidelines are set forward as a complement to the Bon Secours Health System Pastoral Care Policy (See Appendix A). In light of current trends in the profession, the terms “Spiritual Care” and “Spiritual Care Department” will generally be used in the remaining sections of the guidelines. This use should be understood to include all areas traditionally covered by the term “Pastoral Care.”

The guidelines are intended to assist local system leadership and Spiritual Care Departments in offering significant, professional and effective Spiritual Care Services in line with our tradition of care for the whole person, local system services, community make-up and current needs.

GUIDELINE 1 – Organizational Planning and Development

Each local system has a written plan for the provision of Spiritual Care Services,

Indicators

A. According to policy, each local system provides an appropriate array of Spiritual Care Services. These services are formally established in the local system organizational chart. Lines of communication and responsibility within the local system are clearly established. Primary responsibility for these services lies with the Spiritual Care Department.

B. Wherever possible Spiritual Care providers collaborate and communicate with other BSHSI organizations.

a. In situations where a Spiritual Care provider position is budgeted within a separate service, such as hospice or a retirement facility, the professional relationship between that provider and the Spiritual Care Department is well defined and clearly communicated. These providers may include Catholic priests, ministers from other faith traditions, and other pastoral ministers serving as volunteers.

C. Spiritual Care Services are well-integrated throughout all local system facilities, and include, wherever possible, but are not limited to:

• Acute care hospitals
• Nursing care centers; intermediate and skilled nursing facilities; specialty units such as rehabilitation units, substance abuse centers and health clinics
• Hospice units
• Home Health Services
• Physician Offices
• Outpatient Centers
• Wellness Centers
• Day Care Centers (adult and children)
• Faith Community Network (Parish Nurse Programs)
D. Goals and objectives of the Spiritual Care Department are developed in alignment with the Bon Secours Health System strategic quality plan, and local system strategic plan and direction. Goals and objectives are updated annually.

The local system may have a book of guidelines for Spiritual Care. These guidelines may include, as appropriate, but are not limited, to:

- Admission information and referral to faith community
- Supervision
- Dress Code
- Continuing Education
- Critical Incident Stress Management
- Safety Policy
- Volunteers
- Initial Visits
- Confidentiality
- Documentation
- Log Book / Electronic Charting
- Multidisciplinary Meetings
- Referrals to Spiritual Care Department
- Response to Codes
- Sacramental Ministry
- Worship Services
- Care of the Dying
- Chaplain’s Absence
- Infection Control
- Staff Meetings
- Palliative Care

Local system guidelines typically are:

- Developed by members of the Spiritual Care Department in consultation with other local system stakeholders and are approved by local system management
- Available to facility co-workers and, upon written request, to patients, clients and residents
- Reviewed annually
- Promptly developed and approved by the appropriate interdisciplinary management team as new developments in care delivery emerge (i.e. managed care, home health services, physician practices)

F. The local system provides resources to support the ministry of Spiritual Care Services, including appropriate office space, furnishings, technology, equipment, supplies, an appropriate overnight call room and accommodations for private confidential and professional consultation sufficient to accomplish its mission.

G. The budget for Spiritual Care Services is an integral part of the local system’s annual budget, and is determined on a basis consistent with other professional cost centers in the local system.

H. A compensation policy for department staff is established and annually reviewed in conjunction with the local system’s overall program for performance and salary review. In preparing for salary review, it is important to consult with national professional organizations regarding salary and compensation surveys and best practices for ministers in Spiritual Care.

I. Spiritual Care Department staffing levels reflect the number of local system facilities, different locations, and services, and support effective delivery of Spiritual Care Services to patients, residents and clients. Accommodations for staff flexing in response to changing patient levels will be appropriately made. Staffing, including on-call procedures, should be in line with Bon Secours Health System policy that requires: “Staff coverage that provides pastoral/spiritual care services at all times, particularly at times of death and crisis.” Staffing should be sufficient to ensure compliance with Bon Secours Health System’s dashboard measurement targets.

GUIDELINE 2 – Spiritual Care Department

Each Spiritual Care Department is staffed by competent certified Chaplains under the guidance of a qualified Director, who is professionally educated and certified, and by competent Pastoral Associates and Spiritual Care Volunteers who assist in this ministry.

Indicators

A. The composition of the Spiritual Care Team reflects an appreciation of diversity in gifts, gender, culture, educational backgrounds and religious traditions. The Director, Clinical Pastoral Education Supervisors, certified Chaplains, Pastoral Associates, and Spiritual Care Volunteers share responsibility to ensure excellence in the delivery of Spiritual Care Services.
The Spiritual Care Department promotes personal and professional growth through various activities including:

- Regularly scheduled team meetings.
- Regularly scheduled one on one meetings with the Director and Chaplain.
- A regular peer review process. This process can be achieved in a variety of ways, including an employee engagement plan, or through the annual “Success Factors” review process.
- In-service for sharing such items as conference information, professional articles and cases studies.
- An annual retreat to foster team building and to evaluate the department’s strengths, limits and areas for development.
- A developed plan to build collaboration with local clergy and church leaders.

Leadership

B. Each Spiritual Care Department provides for designated leadership roles within the department, with clearly defined responsibilities and lines of communication.

C. Where there is a designated Director, this person is a certified Chaplain and is named in consultation with the diocesan bishop in accordance with the Ethical and Religious Directives for Catholic Health Care Services.

Certified Chaplains

D. Each Spiritual Care Department hires CPE trained who are certified or actively working toward certification for all positions.

E. Chaplains demonstrate the ability to articulate and support the Ethical and Religious Directives for Catholic Health Care Services.

F. Funding is allocated within the department budget to assist Chaplains in attending professional and continuing education.

G. Chaplains are responsible for the clinical supervision of students and for communication with respective clinical directors, administrators, and site mentors where students provide ministry.

H. Accountability is documented within the department whereby persons who attend continuing education workshops or conferences share information gained with others in the Spiritual Care Department.

I. Research and publishing relevant to spiritual care and its role in the healing process is supported by members of the Spiritual Care Department.

Clinical Pastoral Educational Supervisors

K. Where the Spiritual Care Department includes a Clinical Pastoral Education (CPE) program, the CPE program is fully integrated in to the department’s organizational plan.

L. CPE Supervisors report to the designated department leadership.

M. CPE Supervisors and students are aware of and accountable for department goals, objectives, policies and procedures.

N. CPE Supervisors, along with the CPE Consultation Committee and the department Director, operate the CPE program in accordance with the Standards of Excellence for Spiritual Care of the accrediting agencies.

O. Certified Chaplains and Pastoral Associates are included in the department’s quality / performance improvement process.

Pastoral Associates

Q. A well planned program is in place and operative for formal training and on-going education of Pastoral Associates (non-certified staff).

R. Non-certified staff members are encouraged and supported to complete additional CPE training.

S. Mechanisms are developed through which Pastoral Associates participate in ongoing supervision by certified Chaplains.

Spiritual Care Volunteers

When there is a volunteer program within the Spiritual Care Department, the following indicators apply to assist the Volunteers in contributing successfully to the Mission and local system Spiritual Care Services.

T. Pastoral Associates report to the Director or a certified Chaplain in the department.

U. The services of Pastoral Associates are evaluated annually.

V. Pastoral Associates are included in the department’s quality / performance improvement process.

W. Criteria and procedures for the screening, selection, supervision and termination of Catholic priests, religious brothers and sisters, and other clergy who serve as Pastoral Associates, are established and implemented in consultation with the bishop, religious superior, or other competent authority.
GUIDELINE 3 – Collaboration and Relationships
Each Spiritual Care Department demonstrates a shared vision and team approach, and collaborates closely with other local system care givers.

Indicators

Local System
A. The Spiritual Care Department provides information and services to local system care giving teams.
B. At new employee orientation, Spiritual Care is presented as integral to the healing process.
C. Certified / CPE trained Chaplains participate in patient / resident / client care and discharge planning processes. Chaplains consult with and educate members of care giving teams regarding the team's role in the assessment and provision of spiritual care.
D. A certified Chaplain from the Spiritual Care Department generally serves on the local system or facility Clinical Ethics Committee.
E. Members of the Spiritual Care Department participate in ethics education programs provide through the Bon Secours System.

The Community
F. Educational opportunities are sponsored for clergy, parish ministers and pastoral visitors of diverse faith traditions.
G. Ongoing communication with local denominations supports partnership in ministry.
H. Advocacy with insurance providers, administrators of managed care plans, government representatives, and church officials, and is maintained by the local system to support the right of patients, residents and clients to receive spiritual care as part of holistic treatment.
I. Programs on issues related to spiritual health and well being are offered to the public.

Diversity
J. The Spiritual Care Department collaborates, as appropriate, with local system leaders in providing education about cultural diversity factors present in the workplace, and seeks, in a special way, to foster sensitivity and awareness to ensure respect for personal, cultural, and spiritual beliefs of patients and family. (Diversity includes understanding of and respect for differences in approach to health care, healing, and end of life perspectives based on factors related to a person's age, gender, sexual orientation, disability, family constellation, ethnic and cultural expression including language, diet, religious beliefs / practices and shared group or community identity.)
K. The Spiritual Care Department creates, revises and employs educational resources and tools to train spiritual caregivers and other staff in competencies regarding diversity factors including spiritual care and religious diversity.
L. The Spiritual Care Department consults with community representatives when addressing diversity factors which present barriers to communication and effective care-giving.

GUIDELINE 4 – Spiritual Care Services
Each Spiritual Care Department provides for effective spiritual care ministry with patients, residents, employees, staff, clients and their families.

Indicators

A. Core Services

Care Giving
• Spiritual and Pastoral Care, pastoral interventions, prayer and healing rituals
• Provision of sacraments for Catholics, and expressions of prayer and healing rituals for persons of those of other religious and spiritual traditions
• Reconciliation ministry
• Communication with the faith communities of patients, residents and clients as approved by them
• Provision of care from the beginning of life, through transition of life, illnesses and diminished health, and the process of dying
• Bereavement ministry with the dying and their loved ones

Administration
• Coordination and charting to include spiritual care assessments and treatment / care plan goals with other health services professionals and care givers.
• The Spiritual Care Department will support collection of Bon Secours Health System dashboard measures related to Spiritual and Pastoral Care, and other relevant data required by local system or department management.
Involvement in ethics consultations, as appropriate, with patients, residents, clients and their families or surrogates; these consultations may include and are not limited to:

- Patient rights and responsibilities
- Do not resuscitate orders (DNR)
- Withholding and withdrawing life support
- Advanced directives
- Dilemmas of pregnancy and newborns
- Postpartum care of mothers
- Nutrition and hydration
- Pain and symptom management
- Patients screened as palliative care appropriate
- Organ and tissue procurement
- Complementary therapies

**B. Patient Information**

- During initial visits, Spiritual Care Department information materials are made available to patients notifying them of the full array of spiritual care services.

**C. Education**

In addition to these services provided for patients, residents and clients, Spiritual Care Services for employees and staff of the local system include:

- Provision of educational programs in spirituality and holistic healing for leadership and employees
- Assistance to care givers in fulfilling their involvement as a holistic health care team with the roles they play in spiritual care of patients, residents, clients and their families

**D. Other Services**

Other services in the continuum of care and outreach programs may include but are not limited to:

- Providing spiritual services within home health, hospice, clinics, rehabilitation, parish nursing programs, and older adult services and programs
- Facilitation of support groups within the local community
- Collaboration with local worshiping communities for follow-up ministry for patients, residents and clients upon return to their communities
- Continuing education on issues related to spiritual health and well being within the local community

**GUIDELINE 5 – Performance Improvement and Accountability**

Each Spiritual Care Department has a performance improvement plan that is incorporated into the local system’s performance improvement plan and demonstrates ongoing accountability.

**Indicators**

- Each Spiritual Care Department has a written performance improvement plan based on the local system’s performance improvement planning process.
- The Spiritual Care Department’s improvement goals are regularly reviewed in light of patient satisfaction surveys, Bon Secours Health System dashboard measures, and other outcome measurements, and are included as part of both the department and the local system annual improvement plan.
- The Spiritual Care Department’s performance improvement monitors are reviewed regularly and revised as necessary to ensure that quality is improved in the provision of spiritual care.
- Performance reviews for Spiritual Care providers are consistent with human resources policies of the local system and Joint Commission standards.
- Documentation is provided in such areas as referrals, patient / resident / client ministry, consultations, religious services, administration, community activities and education programs.
- Assessment of the Spiritual Care Department is conducted in collaboration with Bon Secours Health System and the local system periodically as part of the Mission Assessment process.
- Spiritual Care Services and interventions are documented in medical records and other appropriate documents of patients, residents and clients.

**respect | compassion | justice | integrity | quality | innovation | stewardship | growth**
Appendix
Bon Secours Health System
Pastoral Care Policy
Policy:
It is the Bon Secours philosophy to provide holistic care to meet the total needs - body, mind and spirit - of persons served throughout the continuum of care.

1. The hiring and support of staff chaplains who are “board certified” or working toward board certification according to the Common Standards for Certification and Practice of Professional Chaplaincy. [Catholic priests or other ordained ministers who share the same pastoral responsibilities as certified chaplains are expected to have the same professional credentials.]

2. An interfaith/ecumenical approach to pastoral/spiritual care as reflected in the diversity of staffing and the competence to respect and minister to all faiths and cultures. [Sacramental needs of Catholic patients will be provided through contractual services when a Catholic priest is not on staff or is unavailable.]

3. A recognition and integration of pastoral/spiritual care as a core component of the local care delivery system.

More detailed guidelines, best practices and suggestions are provided in the publication In the Light of Compassion: Resources for Spiritual Care within Bon Secours Health System, published by the BSHSI Department of Mission and Ethics.

4. The participation of Eucharistic ministers and volunteers who are properly prepared for ministry within the facility and whose responsibilities and duties do not duplicate or replace the professional role of the chaplain.

5. Staff coverage that provides pastoral/spiritual care services at all times, particularly at times of death and crisis.

II. Ethical decisions in Bon Secours facilities are guided by the Ethical and Religious Directives for Catholic Health Services, the Catholic theological tradition, and the Mission and Values of Bon Secours Health System.

Other Resources
The following websites offer helpful information related to ongoing education, certification, conference opportunities, and many other areas pertinent to spiritual and Pastoral Care, and the role and professional preparation for certified Chaplains.

Association of Clinical Pastoral Education
The association of clinical pastoral education is a multi-cultural, multi-faith organization devoted to providing education and improving the quality of ministry and pastoral care offered by spiritual care givers of all faiths through clinical education methods of clinical pastoral education. www.acpe.edu

Association of Professional Chaplains
The Association of Professional Chaplains is a national major non-profit association advocating for the provision of quality spiritual care of all persons. www.professionalchaplains.org

National Association of Catholic Chaplains
The National Association of Catholic Chaplains advocates for the profession of spiritual care and educates, certifies, and supports chaplains, clinical pastoral educators, and all members who continue the healing ministry of Jesus in the name of the Church. www.nacc.org

Plainviews
An E-Newsletter connecting chaplains and other spiritual care providers www.plainviews.org

H. Spiritual Care Departments abide by legal, organizational, and ethical guidelines in respecting confidentiality and privacy.

I. Ethical decisions in Bon Secours facilities are guided by the Ethical and Religious Directives for Catholic Health Services, the Catholic theological tradition, and the Mission and Values of Bon Secours Health System.
Appendix B
Common Standards for Professional Chaplaincy

Qualifications of Professional Chaplaincy

The candidate for certification must:

QUA1: Provide documentation of current endorsement or of good standing in accordance with the requirements of his/her own faith.

QUA2: Be current in payment of the professional association’s annual dues.

QUA3: Have completed an undergraduate degree from a college, university or theological school accredited by a member of the Council for Higher Education Accreditation (www.chea.org) and a graduate-level theological degree from a college, university or theological school accredited by a member of the Council for Higher Education Accreditation. Equivalencies for the undergraduate and/or graduate level theological degree will be granted by the individual professional organizations according to their own established guidelines.

QUA4: Provide documentation of a minimum of four units of Clinical Pastoral Education (CPE) accredited by the Association of Clinical Pastoral Education (ACPE), the United States Conference of Catholic Bishops Commission on Certification and Accreditation, or the Canadian Association for Pastoral Practice and Education (CAPPE/ACPEP). Equivalency for one unit of CPE may be considered.

Section I: Theory of Pastoral Care
The candidate for certification will demonstrate the ability to:

TPC1: Articulate a theology of spiritual care that is integrated with a theory of pastoral practice.

TPC2: Incorporate a working knowledge of psychological and sociological disciplines and religious beliefs and practices in the provision of pastoral care.

TPC3: Incorporate the spiritual and emotional dimensions of human development into the practice of pastoral care.

TPC4: Incorporate a working knowledge of ethics appropriate to the pastoral context.

TPC5: Articulate a conceptual understanding of group dynamics and organizational behavior.

Section II: Identity and Conduct
The candidate for certification will demonstrate the ability to:

IDC1: Function pastorally in a manner that respects the physical, emotional, and spiritual boundaries of others.

IDC2: Use pastoral authority appropriately.

IDC3: Identify one’s professional strengths and limitations in the provision of pastoral care.

IDC4: Articulate ways in which one’s feelings, attitudes, values and assumptions affect one’s pastoral care.

IDC5: Advocate for the persons in one’s care.

IDC6: Function within the Common Code of Ethics for Chaplains, Pastoral Counselors, Pastoral Educators and Students.

Section III: Pastoral Care
The candidate for certification will demonstrate the ability to:

PAS1: Establish, deepen and end pastoral relationships with sensitivity, openness, and respect.

PAS2: Provide effective pastoral support that contributes to well-being of patients, their families and staff.

PAS3: Provide pastoral care that respects diversity and differences including, but not limited to culture, gender, sexual orientation and spiritual religious practices.

PAS4: Triage and manage crises in the practice of pastoral care.

PAS5: Provide religious/spiritual care and religious/spiritual resources appropriate to the care of patients, families and staff.

PAS6: Facilitate theological reflection in the practice of pastoral care.

Section IV: Professional
The candidate for certification will demonstrate the ability to:

PRO1: Promote the integration of Pastoral/Spiritual Care into the life and service of the institution in which it resides.

PRO2: Establish and maintain professional and interdisciplinary relationships.

PRO3: Articulate an understanding of institutional culture and systems, and systematic relationships.

PRO4: Support, promote and encourage ethical decision-making and care.

PRO5: Document one’s contribution of care effectively in the appropriate records.

PRO6: Foster a collaborative relationship with community clergy and faith group leaders.

IDC7: Attend to one’s own physical, emotional and spiritual well-being.

IDC8: Communicate effectively orally and in writing.

IDC9: Present oneself in a manner that reflects professional behavior including appropriate attire and personal hygiene.

Requirement for the maintenance of certification
In order to maintain status as a Certified Chaplain, the chaplain must:

MNT1: Participate in a peer review process every fifth year.

MNT2: Document fifty (50) hours of annual continuing education. Recommendation that personal therapy, spiritual direction, supervision, and peer review be an acceptable option for continuing education hours.

MNT3: Provide documentation every fifth year of current endorsement or of good standing in accordance with the requirements of his/her own faith tradition.

MNT4: Be current in the payment of the professional association’s annual dues.

MNT5: Adhere to the Common Code of Ethics for Chaplains, Pastoral Counselors, Pastoral Educators and Students.

Some Best Practices:

**Bon Secours Hospital, Baltimore MD**
For further information contact Pastoral Care Department-410-362-3007
- Charting Initial Visits—Using specially designed stickers for quick referencing
- Partnering for Progress—Collaboration with Associate Chaplains

**Bon Secours Richmond**
For further information contact Pastoral Care Department-804-594-7437
- Interment of Angels—Ecumenical graveside service for babies

**St. Anthony Hospital / Schervier Pavilion / Mt. Alverno Center, Warwick NY**
For further information contact Pastoral Care Department-845-858-7006
- Prayer Quilt given to patients who experience a decline in health

**St. Francis Hospital, Greenville, SC**
For further information contact Pastoral Care Department 864-255-1230
- When Baby is born and comes to Special Care Nursery (NICU)
- When a Baby Dies
- When a Patient Comes for Surgery
- When a Patient is admitted to the floor
- Stemi-Response Team (Pastoral)
- Patient with Thirty Day Stay