



# **Standards of Excellence for Spiritual Care**

September 2007

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## MISSION STATEMENT

As people of Providence  
we reveal God's love for all,  
especially the poor and vulnerable  
through our compassionate service.

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## STANDARDS OF EXCELLENCE FOR SPIRITUAL CARE

### **Purpose:**

The *Standards of Excellence for Spiritual Care* are a revision of the *Guidelines for Spiritual Care* implemented within Providence Health System in 1998. These revised Standards are intended to provide a visionary, yet practical approach to spiritual care within Providence Health & Services. Appropriate and sensitive spiritual care is central to the Catholic health care ministry. The Standards are intended to affirm and explain the role of spiritual care within Providence and to reinforce the System's commitment to its spiritual care programs.

Specifically, the Standards:

- Articulate the importance of how spiritual care is expected to be integrated into all aspects of health care
- Serve as an educational resource on spiritual care
- Set expectations for qualifications and requirements for spiritual care staff

The intended audience for the Standards are system, regional and service area leaders, facility administrators, spiritual care leaders and spiritual care department staff to maintain rigorous standards of excellence within his/her departments, in accord with the Ethical and Religious Directives for Catholic Healthcare Services (ERD's)<sup>1</sup>.

The Standards are intended to be consistent with ERD's and the certification standards of the National Association of Catholic Chaplains (NACC), the Association of Professional Chaplains (APC), the National Association of Jewish Chaplains (NAJC), the Association for Clinical Pastoral Education (ACPE) and the Canadian Association for Pastoral Practice and Education (CAPPE).

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<sup>1</sup> United States Conference of Catholic Bishops. *Ethical and Religious Directives for Catholic Healthcare Services (2001 Revision)*. Section II.

As part of this revision we have produced minimal requirements and aspirational goals. **Minimum Requirements** are practices, programs or structures present in all PH&S departments of spiritual care. **Aspirational Goals** are practices, programs or structures that all PH&S spiritual care departments have at least some plans to achieve, if they have not already achieved them.<sup>2</sup>

The minimum requirements are applicable to acute care, long term care and/or nursing homes, hospice and home health services. Outpatient or primary care clinics, business offices, daycare and parish nurses will treat these Standards as aspirational goals to be strived for. This document was reviewed and approved by the PH&S leaders of spiritual care and mission leaders for implementation across the System.

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## THE MEANING OF SPIRITUALITY

### **Background:**

The Mission and Core Values of Providence Health & Services call us to attend to the whole person – physical, mental, social and spiritual. In contemporary culture a person’s spiritual dimension or their “Spirituality” can mean many things. To help clarify what we mean when we use expressions like “attending to spiritual needs” or “fostering spirituality in the workplace,” the following definition is offered.

### **Definition:**

For Providence ministries spirituality is an integral dimension of every human life. Spirituality is the deep sense of ultimate purpose and meaning in one’s life. It includes a relationship with the Sacred, with others, with creation, and with self. Spirituality is the source of our hope and enables us to act with compassion, love and understanding.

Approved: June 21, 2007

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<sup>2</sup> Sisters of Charity of Leavenworth Health System. *Guidelines for Departments of Spiritual Care*, September, 2003, p. 2.

## **PHILOSOPHY OF SPIRITUAL CARE**

Within Providence Health & Services, spiritual care is the expression of our commitment to the health and well-being of the whole person within a network of communal relationships. Spiritual care is characterized by:

- reverence for human dignity in a diverse and changing world;
- sensitivity to special moments of grace and transformation for those in need of healing;
- special concern for the poor and vulnerable; and by
- unconditional love of others which is the heart of compassion.

All of these are intended as tangible manifestations of a Provident God.

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## **A VISION FOR SPIRITUALITY FOR A HEALTHY COMMUNITY**

We are a network of spiritual caregivers called by God to be a compassionate presence and a prophetic voice in the continuum of health care. We provide the spiritual dimension of wellness, healing, and wholeness in a culturally and religiously diverse organization. We are in dialogue with the community on meaning-of-life experiences. We assist and nurture the whole person through openness to individual needs and we honor the chosen spiritual path of each person.

## **STANDARD I: *Spirituality in Health Care***

**Providence Health & Services is committed to providing spiritual care as an essential element of promoting health and healing. Patients, residents, clients, volunteers and staff throughout the continuum have access to spiritual care.**

### **Minimum Requirements:**

Article 1      Spiritual care is integrated into a holistic care model, which includes all dimensions of the human person. The spiritual care of persons at all stages along the continuum of life will include resources for nurturing and healing the spirit wherever and whenever other modalities of care are offered.

### **Aspirational Goals**

Article 2      Efforts to provide facility/service-wide education on the nature of spirituality in healthcare will be explored and offered to staff, volunteers, leadership, administration, medical staff and board members when possible.

Article 3      Education and research and participation in collaborative studies in spirituality will be explored. Such areas may include assessment, screening, palliative care, supportive care of the dying, clinical pathways, specialty or service lines (i.e. heart or cancer), etc.

## **STANDARD II: *Spiritual Care Services***

**Spiritual care will be available to all persons within the continuum of care, which includes patients, residents, clients, families, staff, physicians, and volunteers.**

### **Minimum Requirements:<sup>3</sup>**

- Article 4      Sensitivity to the spiritual needs of patients, residents, clients and families is understood as the shared responsibility of the entire healthcare team. The spiritual care department staff model the ministry of presence, openness and attention to the values of those we serve, creating a shared ministry to meet the spiritual component of care.
- Article 5      Spiritual care is an integral part of ministry to all served within the continuum of care. Spiritual care department staff participate in interdisciplinary team meetings, discharge planning, case/care conferences and appropriate committee work.
- Article 6      The spiritual care department has a plan to be responsive to those persons in greatest spiritual crisis.
- Article 7      The spiritual care department helps patients, residents, clients, volunteers, family and staff understand the relationship of the physical, emotional and social aspects of health, illness and the dying process to one's spiritual well-being.
- Article 8      Spiritual caregivers document spiritual assessment and interventions in the patient's medical record according to the organization's policies and procedures.
- Article 9      Spiritual care staff participate in ethical consultation, including ethical discernment.
- Article 10     The spiritual care department provides 24 hours per day /7 days per week /365 days per year *on-call* coverage in acute care settings and is recommended in other settings as appropriate.
- Article 11     Interfaith opportunities for worship, meditation, individual and communal prayer are provided.
- Article 12     Churches and faith communities are included in the spiritual care plan of their members to the extent that the patient, resident or client grants this authorization.
- Article 13     Provision of spiritual care is addressed in the orientation programs of the organization.

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<sup>3</sup> Articles 4-7 and 9-14 adapted from *Guidelines for Departments of Spiritual Care*, Sisters of Charity of Leavenworth Health System, September, 2003.

- Article 14 The spiritual care department establishes and maintains support groups/services, e.g., bereavement groups and/or facilitates referrals to existing community support groups.
- Article 15 Spiritual care staff provide resources for leaders and staff in the formation and implementation of policy related to spirituality and spiritual care in the ministry.
- Article 16 The spiritual care departmental budget is an integral part of the facility/service's annual budget and is determined on a basis consistent with other professional cost centers in the delivery system.<sup>4</sup>
- Article 17 Spiritual care departments include or have access to persons of diverse faith traditions.
- Article 18 Spiritual care departments seek to promote partnerships with local churches and other faith communities in collaboration with mission integration.
- Article 19 The spiritual care department will be clearly identified within the organizational chart.

### **Aspirational Goals:**

- Article 20 Spiritual care staff regularly schedule hours of availability in the physicians' office buildings.
- Article 21 The spiritual care department facilitates programming opportunities for spirituality through available media outlets such as the in-house television network/channels.
- Article 22 The spiritual care department collaborates with networks of support for discharged patients, residents and clients, i.e. parish nursing, hospice, or Stephen ministry teams.
- Article 23 In collaboration with mission integration, theological reflection processes are provided within the facility/service for spiritual growth.
- Article 24 Acute care facilities provide, 24 hours per day /7 days per week /365 days per year *in-house / on-site* coverage.
- Article 25 The spiritual care department regularly offers area clergy the opportunity for pastoral education/dialogue with the spiritual care team.

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<sup>4</sup> Article 21 adapted from *Standards of Excellence for Spiritual Care*, Trinity Health, Novi MI, 2002.

Article 26 Spiritual care integrates complementary treatment modalities such as healing touch, music thanatology and guided imagery.

Article 27 Annual retreats are offered for spiritual care departments and chaplains may also facilitate retreats for others.

### **STANDARD III: *Staffing for Spiritual Care***

**All sites within PH&S will have access to spiritual care services. Every facility/service is adequately staffed with professional chaplains. The spiritual care department is made up of the following positions:**

#### **Minimum Requirements:**

Article 28     The **Leader of Spiritual Care** is a professional chaplain certified by one of the professional bodies recognizing the Common Standards of Professional Chaplaincy at time of hire. In accordance with section 22 of the ERD's, a Catholic leader of spiritual care is preferred. However, in the event a Catholic leader cannot be recruited, a leader who is not Catholic may be hired in accordance with the policies of the local diocese.

Article 29     **Professional Chaplain:** A spiritual care professional who is board certified or board certification eligible by one of the professional bodies recognizing the Common Standards of Professional Chaplaincy. Board Certification eligible chaplains will become certified within 2 years.

Professional chaplains will demonstrate effective communication and group skills, including:

- Expertise in group process, facilitation, and education on spiritual issues
- Team skills
- Conflict resolution
- Forming collaborative relationships with other healthcare professionals and in the local community
- Advocacy skills

Article 30     **Volunteer:** An ordained clergy, religious or layperson who supports the spiritual care function in an unpaid capacity and works under the supervision of the leader of spiritual care or certified professional chaplain. Volunteers who work as part of spiritual care team can be:

- a. Ordained clergy of various faiths who can provide support and expertise of their faith community or who can provide sacramental ministry in support of on-site chaplains.
- b. Non-ordained laypersons can fulfill support roles such as eucharistic ministers and patient visitors under the supervision of a certified professional chaplain.
- c. Students operating under the supervision of a certified chaplain for purposes of pastoral praxis, but are not currently a part of a CPE program.
- d. Office support volunteers may report to the administrative support person in the department.

- Article 31 Where required, spiritual care staff will maintain current ecclesial endorsement.
- Article 32 The leader of spiritual care meets all the requirements for the leadership role, as described in the position description.
- Article 33 The leader and professional chaplains receive salaries and benefits that are commensurate with those received by persons in comparable positions and with comparable background in other parts of the organization within the market standard.
- Article 34 All spiritual care staff, regardless of position, are expected to participate in continuing education and development consistent with NACC and APC Standards..
- Article 35 The leader of spiritual care is responsible for the selection, formation, supervision and termination of all professional chaplains, CPE supervisors, spiritual care associates and volunteers.
- Article 36 The leader of spiritual care is also responsible for ensuring compliance with the ERD's as they apply to the practice of spiritual care. Spiritual care staff will be conversant with the ERD's as part of their departmental orientation.
- Article 37 *The Common Standards of Professional Chaplaincy*, as adopted by the certifying bodies (listed in the *Glossary of Terms*), shall serve as the foundational statement governing spiritual care in PH&S facilities. PH&S policies and personal qualifications relating to spiritual care will reflect these standards alongside other measures of facility/service performance (i.e. JCAHO).
- Article 38 Non-certified members of the spiritual care team are expected to familiarize themselves with the norms contained in these documents as they articulate standards of professional behavior that will be expected of all spiritual care personnel associated with PH&S.
- Article 39 The spiritual care department staff honor the chosen spiritual path of each person. Chaplains reach across faith group boundaries and do not proselytize.<sup>5</sup>
- Article 40 Professional chaplains are open to new understandings of spirituality and new models of care consistent with the goals, needs and resources of communities served.
- Article 41 Spiritual care personnel, as approved by the leader of spiritual care, shall be treated as "Exempted Care Providers," for purposes of the Health Insurance Portability and Accountability Act (HIPAA) and thus are entitled to access

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<sup>5</sup> Adapted from *Guidelines for Departments of Spiritual Care*, Sisters of Charity of Leavenworth Health System, September 2003,

protected health information for the purpose of patient treatment, and at facilities with CPE programs access for training purposes.

### **Aspirational Goals:**

- Article 42     **Clinical Pastoral Education (CPE) Supervisor:** CPE supervisors are responsible for clinical supervision of students and for communication with respective clinical directors, administrators and site mentors where students provide ministry. The supervisor reports to the leader of spiritual care. CPE Supervisors are certified by ACPE or NACC.
- Article 43     **CPE Interns and Residents:** Ordained clergy, religious or laypersons who are engaged in an accredited program of pastoral training and working under the supervision of a qualified CPE supervisor. CPE students are not a substitute/replacement for professional chaplains.
- Article 44     **Spiritual Care Associate:** Ordained clergy, religious or layperson employed by the facility, but who does not hold certification as a professional chaplain. Spiritual care associates are normally hired to provide limited scopes of service and not in a position equivalent to a professional chaplain. This person has sufficient education and/or training in pastoral ministry to function under the supervision of a certified professional chaplain. It is recommended that associates have at least 2 units of Clinical Pastoral Education (CPE), in addition to relevant theological training and formation. Associates are encouraged to obtain additional CPE units within three years as they discern their interest in chaplaincy as a profession.
- Article 45     **Music Thanatologist:** A spiritual care provider who has graduated from an accredited school of music-thanatology, and/or and or become certified from a professional body that recognizes the Standards For Certification of Music-Thanatologists. Music-thanatologists provide prescriptive voice & harp music in order to support the spiritual, emotional, and physiological well-being of the critically and terminally ill patients and their families.

## **STANDARD IV: *Facilities and Space***

**Adequate and appropriate space and facilities are available for conducting the ministry of spiritual care.**

### **Minimum Requirements:**

- Article 46 PH&S facilities provide sufficient resources to support the ministry of the spiritual care department, including space, furnishings, technology and supplies to accomplish its mission, and accommodations for private, confidential and professional consultations.
- Article 47 Acute care facilities will provide adequate space for the provision of viewing deceased patients by family and loved ones, e.g., patient room or formal viewing room.
- Article 48 The spiritual care team has responsibility for places designated for prayer and worship.
- Article 49 The organization provides worship spaces which reflect the Catholic nature of the facility/service and yet are also sensitive to a broad range of religious faiths.<sup>6</sup>
- Article 50 The furnishings and art in worship spaces will be in accord with sound principles of liturgical art, so as to create an environment that is conducive to worship and reflection, apart from the busy and urgent atmosphere that often characterize health care settings.
- Article 51 The leader of spiritual care will be consulted in the design of new or remodeled clinical spaces to ensure appropriate accommodations exist for private, confidential and professional consultation.
- Article 52 Spiritual care and mission integration leaders coordinate with leadership and staff to provide blessings and dedications of new or newly-remodeled space, offices or clinical units.
- Article 53 In collaboration with mission integration, the Catholic tradition and heritage of PH&S is reflected throughout each local ministry through appropriate symbols, words and artifacts.

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<sup>6</sup> Article 48 adapted from: Commitment to Spirituality in *Mission Integration: A Review*, Providence Health System, March 2004.

## **STANDARD V: *Operations and Accountability***

**The spiritual care team operates in accord with sound management principles, which includes a commitment to excellence in spiritual care and professional and personal accountability.**

### **Minimum Requirements:**

- Article 54 The spiritual care team is accountable for regular meetings, individual and group performance reviews.
- Article 55 Each spiritual care team establishes goals and objectives consistent with ones produced by other departments at the facility. Such goals and objectives will be monitored and the team, under the supervision of the leader, will be held accountable for their attainment.
- Article 56 The team meets at least monthly with an agenda that includes business, in-service and theological reflection. Minutes of spiritual care team meetings are reported, filed, and made available to administration.
- Article 57 Spiritual care services are documented as follows:
- Spiritual care assessments and interventions are documented in the patient's record.
  - Registers of the sacraments are maintained, in accord with diocesan policies.
  - Records of spiritual care activity are maintained on a continuing basis.<sup>7</sup>
- Article 58 Regularly conducted patient satisfaction findings will be reported to the leader of spiritual care.
- Article 59 Individuals with responsibility for spiritual care in multiple settings and locations (regions and service areas) will meet with the spiritual care team in each service area annually for dialog that involves needs assessment, regional and system updates, and planning.
- Article 60 Periodically, the System will assess the adequacy of spiritual care functions based on the PH&S Mission and Core Values as part of the Mission Integration Review. These *Standards of Excellence for Spiritual Care* will be incorporated into the assessment process with goals and action plans stemming from this review.

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<sup>7</sup> *Ethical and Religious Directives for Catholic Health Care Services*(2001 Revision), United States Conference of Catholic Bishops, #19

## Appendix 1: Typical Duties of a Leader of Spiritual Care

**Reports to:** Appropriate individual as determined by the regional or service area structure.

**Supervises:** Spiritual care staff and volunteers who provide spiritual and pastoral services in the service area or facility.

### **General Purpose of the Position:**

This position is responsible for leadership in integrating spiritual care into the care of the whole person. This includes responsibility for developing and implementing a continuum of spiritual care to meet the needs of patients, residents, clients, families, volunteers and employees through the effective leadership of the department of spiritual care. It also involves articulating and interpreting the meaning of spiritual care in the context of health and illness, and advocating for its effective inclusion in all health care provided by Providence Health & Services (PH&S).

The leader is also responsible for networking and collaboration with appropriate community groups, such as local churches and other health agencies, in order to assure the continuity of spiritual care throughout the health-illness cycle.

**Responsibilities:** In carrying out the general responsibilities of the position, the leader of spiritual care will:

1. Interpret and advise administration, employees, volunteers, medical staff, patients, residents, clients and families on the meaning of spiritual care as an integral element of the PH&S Mission.
2. Encourage spirituality in the workplace.
3. Implement a continuum of spiritual care services for patients, residents, clients, administration, employees, volunteers, medical staff, and families who are served by the spiritual care team.
4. Ensure that excellent ritual and worship are appropriately available.
5. Establish collaborative relationships with faith communities.
6. Serve, either personally or through a delegate, on the ethics committee and be available to participate in ongoing ethics education, ethics programs, consultations, and decision-making as requested.
7. Annually develop department goals and program objectives to improve departmental operation, and align with the organization's strategic plan.

8. Supervise the staffing and performance management of the spiritual care team, promote their personal and professional development by providing appropriate resources and incentives.
9. Develop and manage the departmental budget.
10. Maintain a working relationship with other spiritual care leaders and within the regional and system structure of PH&S.

### **Position Specifications:**

#### PERSONAL

1. Ability to communicate in both theoretical and practical terms the meaning and role of spiritual care in the context of the PH&S Mission and Core Values.
2. Ability to understand, articulate, and support the Catholic tradition of PH&S as summarized in documents such as the ERD's and social teaching documents of the Catholic Church.
3. Skill in assessing and responding to spiritual needs of the communities served.
4. Competence in inspiring and providing worship and ritual appropriate to health care settings.
5. Organizational, management and leadership skills, especially team building, networking, collaboration and decision-making.
6. Prudence and good judgment.
7. Excellent social skills, including hospitality, respect for diversity, and assertiveness with flexibility.
8. The ability to advocate and educate on behalf of spiritual care.
9. A member in good standing within their faith community.
10. Emotional and spiritual maturity.

## EDUCATION

1. Master's level theological degree.
2. Certification by and continuing membership in one of the cognate groups.
3. Continuing advanced training in theology, management, and clinical or pastoral skills.
4. Professional understanding of current developments in theology, ethics, spirituality and leadership practices relevant to the leader's role.

## EXPERIENCE

Five years leadership experience preferred, but a minimum of two continuous years of successful experience in pastoral / ministerial service beyond certification.

## **GLOSSARY OF TERMS:**

**AAPC: American Association of Pastoral Counselors** represents and sets professional standards for over 3,000 Pastoral Counselors and 100 pastoral counseling centers in North America and around the world.

**ACPE: Association of Clinical Pastoral Education** is a multicultural, multifaith organization devoted to providing education and improving the quality of ministry and pastoral care offered by spiritual caregivers of all faiths through the clinical educational methods of Clinical Pastoral Education.

**APC: Association of Professional Chaplains** is an interfaith professional pastoral care association of providers of pastoral care endorsed by faith groups to serve persons in physical, spiritual, or mental need in diverse settings throughout the world.

**Aspirational Goals** are practices, programs or structures that all PH&S spiritual care departments have at least some plans to achieve, if they have not already achieved them.

**CAPPE: Canadian Association for Pastoral Practice and Education** is the Canadian national multifaith organization committed to the professional education, certification and support of people involved in pastoral care and pastoral counseling.

**CPE Program: Clinical Pastoral Education Program** is the formal program established to train CPE students. CPE programs are generally hospital-based, but may be connected to a university program or part of a multi-dimensional setting. A CPE program requires at least one CPE supervisor. CPE Supervisors are certified through either the Association of Clinical Pastoral Education or National Association of Catholic Chaplains. Types of CPE programs include the option of either completing one unit at a time, a one year (4 unit) residency program which generally includes a stipend, or through an extended unit of CPE which enables a student to complete one unit over an extended period of time.

**CPE Unit** is equivalent to 400 hours of clinical training and interpersonal group review process. Professional Chaplains are required to complete 4 units of CPE as one of the essential requirements to be eligible for board certification.

**Common Standards for Professional Chaplaincy:** This document establishes a unified voice for over 10,000 members of the six organizations (APC, AAPC, ACPE, NACC, NAJC, & CAPPE) that have affirmed them and describe what it means to these organizations to be a professional pastoral care provider, pastoral counselor or educator.

**ERD's:** Ethical & Religious Directives for Catholic Health Care Services are adopted and promulgated by the United States Conference of Catholic Bishops to provide normative guidance and ethical direction to providers of health care in a Catholic-sponsored health care setting. Especially recommended for use by sponsors, administrators, professional caregivers and ethics committees, they pertain to a variety of issues involving respect for the dignity of the human person as understood and taught by the Catholic Church, and maintaining and promoting Catholic Mission and identity in health care.

**Liturgical Art:** *Environment and Art in Catholic Worship* (EACW) of the U.S. Episcopal Conference (1978), challenges artists and craftsmen to use their arts and crafts well so that their creations "bear the weight of mystery, awe, reverence, and wonder" (no. 21). "The glory of God needs to be incarnated in paint, stone and glass to give us hope for the journey and a glimpse of the ultimate beauty for which we yearn." The Beauty of God's House, May, 1997, Rev. Giles Dimock, O.P.

**Minimum Requirements** are practices, programs or structures present in all PH&S departments of spiritual care.

**Music-Thanatologist:** A spiritual care professional who is certified by the Music Thanatology Association International and/or the Chalice of Repose Project. Music-Thanatologists provide prescriptive voice and harp music to patients at their bedsides in order to support the spiritual, emotional, and physiological well-being of critically and terminally ill patients and their families.

**NACC: National Association of Catholic Chaplains** is the professional organization that certifies its members in the name of the United States Conference of Catholic Bishops (USCCB). Certification attests to both professional competence and endorsement for ministry by the official Church.

**NAJC: National Association of Jewish Chaplains** is a professional organization offering collegial support to and professional certification for rabbis, cantors, and other Jewish professionals functioning as Jewish chaplains.

**On-Call Coverage:** After-hours, night or weekend coverage by the spiritual care department via pager off-site involves established maximum response times.

**OML: Office of Mission Leadership** is comprised of the four regional directors of mission leadership and system senior vice president of mission leadership.

**USCCB/CCA: United States Catholic Conference of Bishops/ Commission on Certification and Accreditation** serves as an accrediting commission of the Catholic Bishops of the United States, establishes accreditation standards, policies, and procedures, and accredits quality ministry formation programs sponsored by institutions listed in The Official Catholic Directory that prepare persons for ministry.