May we be pioneers in discovering social media benefits

Recently I received an advertisement from *AT&T Insider* that showcased its new electronic tablets. One of AT&T's eight customers from all walks of life was a 95-year-old grandma, Rose Pietruskia, who uses a tablet to Skype with family, communicate on Facebook, send emails, and play games. The author (who also happens to be a granddaughter of Rose ☺) quotes Rose, "I could use it all day but I'd better not – I wouldn't be able to get up and exercise!"

The theme of this *Vision* issue is "Spiritual care meets social media and technology." I suspect for many of you, especially the Baby Boomers (1946-1964), Silent Generation (1925-1945), and the GI Generation (1901-1924), who comprise nearly two-thirds of our members, this topic is a challenging one. However, it is a vital topic for the future of chaplaincy. I hope that, like Rose, we embrace the challenge to learn about its potential, even discover how a patient and his/her family might already use it and incorporate it into our care plan if needed.

This issue includes a recent "From the Editor" column from the PlainViews issue of Aug. 7, 2013, Vol. 10, No. 14, (The-Rise-in-Social-Media-About-End-of-Life-and-its-Impact-on-Chaplaincy-Knowledge-and-Practice.aspx*). In it Sue Wintz, MDiv, BCC, writes about "The Rise in Social Media About End-of-Life and its Impact on Chaplaincy Knowledge and Practice." In Sue's usual insightful and challenging way, she reflects on chaplaincy practice in light of social media. Reflecting on the live tweets by NPR's Scott Simon as he sat by his dying mother's hospital bed in Chicago, Sue notes how "their interactions, his thoughts and feelings, and ultimately her death all in 140 character snippets,… provided a glimpse into his very personal grief process in a very public way." She also gives us links to helpful articles in *Forbes* and *e-hospice*.

This topic overall highlights an important point: all this social exposure to the usually private and mysterious experience of dying and death provides a larger audience, even society as a whole, the privileged opportunity to witness and reflect on what we all will experience. However, the important questions for ourselves in the chaplaincy profession are: How familiar are we or will we be with social media? How will we embrace and utilize these media ourselves? Will part of our spiritual assessment with patients and families include inquiring about how social media is part of their lives now? For many, use of the social media tool, CaringBridge, has been a positive community-building effort that links friends and relatives far and near during times of distress.

A very recent study published in April 2013, in *The Journal of Medical Internet Research* entitled, "A New Dimension of Health Care: Systematic Review of the Uses, Benefits, and Limitations of Social Media for Health Communication," (www.ncbi.nlm.nih.gov/pmc/articles/PMC3636326/) provides us a glimpse into the pioneering nature of social media in healthcare. This research article scanned peer-reviewed, published research in this field with the following aims: 1) to identify what was studied and written about social media's usage, benefits, and limitations as employed within health communication among patients, health professionals, and the general public, and 2) to find the gaps in the literature and provide recommendations for the field. The abstract of this research stated that seven main uses of social media for health communication were identified, including focusing on increasing interactions with others, and facilitating, sharing, and obtaining health messages. The six key overarching benefits were identified as (1) increased interactions with others, (2) more available, shared, and tailored information, (3) increased accessibility and widening access to health information, (4) peer/social/emotional support, (5) public health surveillance, and (6) potential to influence health policy. Twelve limitations were identified, primarily consisting of quality concerns and lack of reliability, confidentiality, and privacy.

The study's conclusions were not surprising as they note that social media offers a "new dimension" to healthcare, bringing a "powerful tool" that could make possible greater communication and social interaction and collaboration around health issue among users with "the possibility of potentially improving health outcomes." Along with benefits, the study cautions that "the information exchanged needs to be monitored for quality and reliability, and the users' confidentiality and privacy need to be maintained." The study goes on to recommend several improvements to research studies.

I note this research to highlight the newness of the use of social media. As chaplains and spiritual care professionals we, too, can be part of the pioneering efforts to discover the benefits of social media for our patients, families, and staff. I believe this can give us the courage and impetus to be partners with other professionals in the field. We can share with one another what we are doing and learning.

David A. Lichter

* http://plainviews.healthcarechaplaincy.org/issue14/The-Rise-in-Social-Media-About-End-of-Life-and-its-Impact-on-Chaplaincy-Knowledge-and-Practice.aspx

An Epic year in review: The positive and negative in terms of electronic health records

By Judith F. Hornback, RN, BSN, MHSA, MAPS

There is no perfect software system. If there were, all hospitals and healthcare organizations would be using that one. As it is, there are several different systems. As chaplains, we use these systems to both inform and be informed. Chaplains don't get to choose the systems that are used as those decisions are generally made above our pay grade, but we can certainly choose to use these systems to the best of our ability, making sure that our voice is heard and our involvement on the healthcare team is not only appreciated, but also required.

At Franciscan Alliance, our software vendor, Epic Systems Corporation from Verona, WI, was selected because of its electronic health record (EHR) and integration abilities. Allowing patients to be followed throughout the continuum of care in one electronic record system is certainly advantageous, especially in this evolving market of Accountable Care Organizations (ACO) and the impetus to keep people out of the hospital.

Healthcare is on the cutting edge (or is it the bleeding edge) of the electronic health record and there is opportunity for the Pastoral Care Department to be more involved. Unfortunately, pastoral care is not typically invited to the table during planning and sometimes may not be given enough information to be able to offer constructive comments. In addition, pastoral care staff may not have sufficient IT background or experience to be able to offer constructive comments during the analysis, design, and building of these systems, even if invited.

The experiences we have had are probably not unique. The people that build the systems don't have the practice knowledge and experience of chaplaincy, while the people that practice (chaplains) don't have the systems' knowledge and experience. At our multi-hospital system, there was a plan for standardization across all facilities as well as sharing of processes and documentation. We are all familiar with the idiom, "The best-laid plans of mice and men oft go astray" ... well, they did. Standardization did not occur and processes/documentation were not shared. Reasons why include lack of one oversight and coordination person/committee for all facilities, lack of operational involvement to a detail level, and reluctance to change.

Integration is achieved because Epic is one large database. From a corporate view, that sounds wonderful. From a detail, staff level, it presents challenges. Usually integration means sharing, however, when you are in essentially five different markets or locations, it really isn't sharing as much as including. To accurately document patients' religious affiliations and churches/parishes, for example, all the churches from each area and all denominations need to be added to the database. Originally, in our case, the additions were done by each chaplain. Although there was a specific way to do this, with so many people entering data, we were unable to achieve a standardized format, which led to a lack of control of the process. For instance, do you abbreviate 'Saint' or spell it out? Do you use a period or comma? Do you use upper or lower case? Do you add the city for clarity, and if so, with a space, or two spaces, or a dash, or a comma? Each of these factors, though minute, could mean multiple entries for one particular church's information, and could make a ton of difference in terms of the final data entry that is generated. Initially, it was "all of the above," which meant having more than 200 entries for one church. After several months, as a way to deal with the duplication of church data, chaplains were no longer allowed to enter this information. Instead, a support log needed to be created, and it could take days for an entry to be made into Epic — long enough that the patient may have been discharged and the record no longer accessible, which means the field is left blank leaving others to speculate if this patient even was seen by a chaplain, and then when admitted the next time, there is no historical information. Churches were initially linked to religion and it took several months to get these fields separated. We are still trying to find a better alternative to gain some control of this challenge or build a process that allows for a more immediate response.
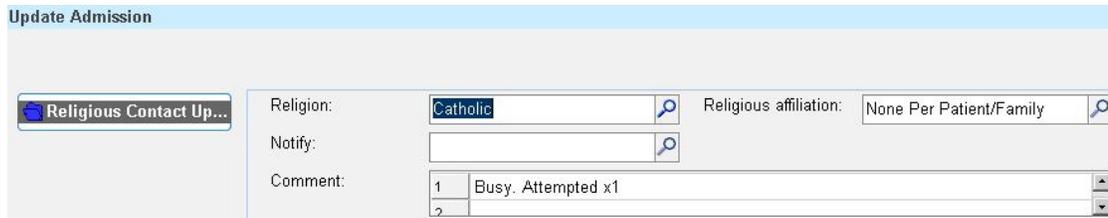
Reports have been another area of challenge. On the day of "go live," we had no reports or lists, and had to build them as we determined a need. It took at least a few weeks to ensure that we were getting what we needed.

Epic is designed as a point-of-care system. This means the system is used to view patient information as well as to document as the patient encounter occurs. That may work for a clinician on one nursing unit, but as chaplains we cover the house. That may be easier for entering vital signs than for building relationships, so a lot of our documentation continues to occur at the end of our shifts. In addition, we need to give a list of patients to our eucharistic ministers for Communion and our priest chaplains that aren't on staff who do not have a login to the EHR. Although we don't document daily Communion, the chaplains will document the sacrament of Anointing of the Sick for these priests. We also had to wait several months for a report providing us the information needed on deceased patients for our semi-annual Memorial Service. Within Epic there are "Lists" and there are "Reports." Lists are easy to create and can be done by each person (i.e., "My List") or for a group or department (i.e., "Shared List"). Reports are another level and there are two types of reports – Reporting Workbench, to which a few of the chaplains now have access, and then Clarity, which is used by report writers for enterprise reports and statistics.
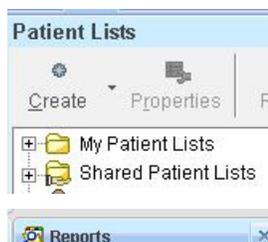
The level or extent of importance placed by the healthcare team on pastoral care depends upon whether or not, or to what extent, they believe chaplains are part of the healthcare team. Although the spiritual care assessment is documented on its own flow sheet, it is part of the clinical record and visible to the entire team. This is the same information that we documented in our old system, however, we can no longer see who documented that individual flow sheet as we did in the former system. One advantage, however, is that the flow sheet/assessment can easily become a "note" by just clicking a few times, and it will be listed among those of the rest of the care team. In spite of using Epic for over a

year now, it remains to be seen as to whether or not our non-chaplain colleagues read those flow sheets/assessments and notes. Just because they are there doesn't mean they are used, let alone valued. The visibility and physical presence of chaplains, along with taking every opportunity possible to educate the rest of the healthcare team about the work that we do, are still critical and more important than just documenting our work in a patient record. As the shift from inpatient to outpatient becomes more apparent, pastoral care needs to find ways to engage more of that population, and chaplains' documentation in the health record may need to change. It remains to be seen how inpatient and ambulatory referrals or consults are integrated.

Healthcare systems that have not forgotten about including chaplaincy, even if there are challenges, still need to be applauded. It is always better to make improvements than to start from nothing. One of the biggest challenges we have, however, is financial. Pastoral care is a non-revenue generating department. The value of what we offer to the healthcare team cannot be measured in finite terms, which makes pastoral care, in some cases, more expendable. As doctors and nurses are working hard to maintain IV lines to give medications or are providing wound care, the focus is not always on patients' feelings, beliefs, or ritual practices, even though many nurses and physicians recognize that as a critical dimension in the holistic healing process.

In evaluating charting and systems, whose expectations are being adopted? Although regulatory and quality organizations recognize holistic care and even base their evaluations upon it, care planning around this is still in infancy stages. Even in an integrated EHR such as Epic, goals, interventions, and outcomes related to physical care still take priority over those regarding relationships and meaning-making. The paradigm shift from "acute care" to "patient site/outpatient /home" or from "come to us" to "we meet you where you are" can only change this in a more positive way. This new care delivery priority is going to need pastoral care even more to help bridge gaps and work within the existing context of community and an interdisciplinary structure.

Judith F. Hornback, a nurse with IT experience, is associate chaplain at Franciscan St. Margaret Health in Dyer/Hammond, IN.

iSpirit helps chaplains reach patients in new ways

by Mary Davis, BCS, MTS

Visiting a young adult patient hospitalized for his ongoing cystic fibrosis treatment, the chaplain found him engaged in keeping up with his employment through his laptop. Though his initial response to a chaplain visit was somewhat tepid, when the chaplain mentioned that he might be interested in accessing some spiritual care apps and websites that had been gathered by the department to share with others for healing, he showed interest. Receiving the iSpirit brochure following the visit, he eagerly began reviewing the listings, and engaged the chaplain with more interest. On a subsequent admission, he requested a chaplain visit and wanted to know "if there were any new updates to that spiritual app list."

Use of technology within spiritual care visitation is an effective approach and alternative for patients and families in isolation or who prefer corresponding through electronic means. It also serves to enhance experiences for patients and families during times of serious illness and death by providing on-the-spot spiritual applications such as music, images, prayers and other rituals resulting in memorable and dignified experiences for the patients and families through the sharing of their faith tradition practices.

CHRISTUS Santa Rosa Health System's Spiritual Care Department recently implemented the iSpirit program. The purpose of the iSpirit program is twofold: integration of technology within spiritual care delivery at the bedside or in outreach visits for immediate access to helpful resources related to spiritual care practice, and an intranet website for CHRISTUS Santa Rosa's associates containing emotional, spiritual and social resources to enhance their own lives and ministry.

The iSpirit program grew out of a CPE residency group's experience of communicating with a member of the peer group when she was unexpectedly hospitalized and relatively isolated. Calling, texting, and sharing music CDs proved so helpful to her that it occurred to the group that such outreach would likely be equally advantageous and healing for others who were hospitalized and possibly isolated from their usual supports and resources.

Thus began a brainstorming session of ideas that would prove to be expansive and multi-faceted. Realizing that a more focused, simple start was needed, the group moved toward gathering websites and apps to add to the spiritual care intranet page, and seeking funds to secure technology for chaplains to use in their ministry. Initially a CPE resident was retained for a period of time with support from our hospital's foundation to build the intranet website, research the best materials for use in our system, and submit grant applications for future funding. The information for the intranet grew to be extensive enough to merit its own page, named the iSpirit page. It contains information related to in-house spiritual care resources, links to daily devotions, guided meditations, and social services, reflections for use in meetings, healing modalities, religious organizations, community-based programs, educational/spiritual video presentations, Scripture and interfaith resources.

A staff chaplain now works to update and maintain the intranet page and revise the iSpirit materials used by staff chaplains. The foundation supported the purchase of iPads to be used by chaplains at each site within the CHRISTUS Santa Rosa Health System. Some chaplains remain on a technology learning curve, while others have become adept with integration of its use in ministerial practice.

The following are examples of how technology has been used to enrich the patients' spiritual and healthcare experiences at CHRISTUS Santa Rosa through chaplains' use of personal smart phones and iPads.

- *Family members, having made the difficult decision to withdraw care for their mother, shared with the chaplain her love of the Chaplet of Divine Mercy. Within less than a minute, the chaplain was able to access the song version of the Chaplet, with the use of YouTube. The family, nurse, and chaplain prayed together, and the patient took her last breath at the very end of the Chaplet prayer. This was a blessing for all who were present and, most importantly, for the soul of the patient.*
- *In another instance, when a chaplain visited a 15-year-old girl hospitalized after her kidney transplant, the patient said she missed "rocking out" to K-Love, the Christian music station. The chaplain immediately pulled up the K-Love application on her phone and the patient beamed with joy as she sang a few praise and worship songs with the chaplain. The patient commented, "the songs we heard helped me through the next few days of my hospital stay."*
- *Another example involved a 14-year-old girl hospitalized for meningitis who was unable to communicate or walk. The chaplain learned that the patient was a big fan of the pop star Justin Bieber and played YouTube videos of the singer using an iPhone. The patient immediately responded with a big smile, and began moving her hands and making gestures of happiness. Through the music, the chaplain was able to connect with the patient who was unable to talk, and helped bring the patient a feeling of community and moments of joy, which contributed to her spiritual healing.*
- *A chaplain visiting an elderly patient learned that she had not been able to attend church services in some time due to her illness and frailty. The chaplain asked if the patient would like to pray some prayers from her denomination specific to health and healing. The chaplain, after receiving an affirmative response, accessed prayers from an interfaith application for use with the ill, choosing prayers listed there from the Lutheran tradition and worship services, and shared them with the patient. The chaplain later printed some of the prayers in large print for the patient's use at home.*
- *A patient being discharged mentioned her desire to quit smoking; her sister stated they would do so together, and wondered if there were any support groups to assist them. The chaplain "googled" information, and was able to send them home with a list of support groups in the area, as well as tips for getting started on their own, including seeking the advice of their physician.*

A future goal is to have a laptop with a webcam that will be secured to a Computer on Wheels station (COW) that can be checked out by patients during their hospital stay enabling them to explore various healing and spiritual resources and to assist with spiritual and wellness goal setting for successful outcomes during and after their hospital stay. The Spiritual Care Department at each site will also be equipped with a workstation that will include a webcam enabling chaplains to connect and perform spiritual assessments with patients via video chat to meet the needs of those patients who prefer corresponding through this type of medium.

Knowledge and use of technology within spiritual care visitation may also carry over into the patients' spiritual practices at home and in their community. In this way, the program will extend the healing ministry of Jesus Christ and has the potential to have a far-reaching, lasting effect in the lives of the patients and families. The iSpirit program at CHRISTUS Santa Rosa meets an ever-growing need and expectation of patients and families and is reflective of the culture and times in which we live and serve. It is incumbent upon spiritual care providers to stay current with patients' needs, available resources and growing trends so that we can continue to "meet them where they are" and provide meaningful, timely spiritual care support.

Mary Davis, director of spiritual care and CPE supervisor at CHRISTUS Santa Rosa Health System in San Antonio, TX, is a member of the NACC's Certification Commission.

Some applications that have proven helpful at CHRISTUS Santa Rosa Health System are noted here. For an expanded list of applications and websites, contact md.davis@christushealth.org

Interfaith Care for the Ill
Islamic Prayer and Compass
The Torah Bible Pentateuch
Sabbath app
Rosary Guide
iMissal
3 Minute Retreat
Free Candle
Fluid
Roman Catholic Calendar
Mandala Lite
iPause (labyrinth with music)
Relaxation Melodies
YouVersion Bible
Children's Bible Daily Prayer
Meditation (candles you can blow out)

Upcoming upgrades: Using tools to make connections

by Philip Paradowski

We are connected.

Our website, www.nacc.org, is not a simple "about our organization" affair with only a few pages of information. The NACC website is large (well over 2,000 pages at last count, those pages in turn linking to hundreds of documents and media files) and active as well. We show up on all sorts of Google searches, our "Positions Available" (job board) page is far and away one of the most popular job boards for chaplains on the Internet (despite it being aimed specifically at our members), and at least one hundred or so sites link to the NACC site. Leading back out are a host of other links. Connection, online, is already the name of the game. The question is *how* those connections will develop, not *whether* they will.

Our Facebook page now provides another avenue for news and networking. We use YouTube to highlight and share videos that are particularly re

Admittedly we haven't seem to have found a use on Twitter for the association, perhaps because our news/updates don't occur quite at the pace reflected on that site, but maybe it will prove useful in the coming months and years. We do plan to make more use of LinkedIn, specifically its professional groups.[2]

In the sidebar to this article you can read about our website upgrade and the introduction of WebLink Connect software, both ways we are branching out and improving on the more technical side of things.

As an organization that strives to be pastoral, we know that whether the technological tools we use are web-based software that helps us manage tasks and store crucial data, or social media tools that facilitate human connection by using technology, care needs to go into the development of these tools so that they "do what they do" without requiring extra attention that needs to be devoted elsewhere, whether to work, the care of others, self-care, or some other equally important task.

We all want – we all *need* – the tools that we use to not only *work*, but also to make our work and life a bit easier. So the tools and resources we offer to chaplains (and their colleagues) should be as useful as possible, but also they should *facilitate and improve* the ways that the NACC advocates, educates, certifies, and supports our membership. They should make chaplains' jobs better. They should make better chaplains. They should make a better NACC.

So how do we select and optimize these tools, these technologies, to do all of these things and do them well? By listening to the members and their needs, their experiences with technology, how they need it to work, and, more to the point, how we're doing. Let us know – please stay connected!

Philip Paradowski is a member of the NACC Association Support Team. He is the IT network administrator and the webmaster for the NACC site. In addition, he provides clerical and computer support in all matters and activities relating to special projects, including the national conference, annual appeal, and other tasks/projects within the NACC Strategic Plan.

References

[1] youtu.be/K5N1j_StJuE [Ready, Get Set, Enroll!"]

[2] For example, the Professional Chaplains Group:
www.linkedin.com/groups?home=&gid=120613&trk=anet_ug_hm

Website takes giant step forward using powerful technology

In the first part of this year our website was redone from the inside out. While it may not be readily apparent (the colors, style, and graphics of the site haven't changed), the code that runs the website behind the scenes was overhauled and rewritten, moving from Microsoft Classic ASP to ASP.NET. The .NET platform[1] is a much more powerful technology that allows for more robust web-based programming and database usage while optimizing both security and interoperability with various hardware and software systems.[2] So far the most visible change, for members, has been the rebuild of our member login system. The new system has a more robust range of functions (many not yet implemented!) and is significantly more secure than the old system. It is, however, still in development, as further changes will be coming. Foremost among those changes is the planned introduction of WebLink Connect, web-based association membership software created by WebLink International[3], which will be integrated with the NACC website and membership database in 2014. WebLink Connect will provide several new ways for NACC members to use the website, including (but not limited to):

- Updating and viewing of member contact information (email, mailing address)

- Updating other pertinent information like diocese of ministry, diocese of residence, workplace type/environment (hospital, hospice, correction facility,

etc.), areas of speciality (palliative care, music ministry, interfaith ministry, community outreach)

- Payment of dues

- Registering for local gatherings and educational events

- Keeping and updating a record of CEHs for renewal of certification.

Moving forward, the inclusion of WebLink's features on a .NET-based website will provide a wealth of new features and a solid base on which to build the organization's future online.

— *Philip Paradowski*

[1] www.microsoft.com/net
[2] msdn.microsoft.com/en-US/vstudio/aa496123
[3] www.weblinkinternational.com

More to explore

Links to the NACC's pages on social media sites. Stop by for a visit!

LinkedIn: www.linkedin.com/company/national-association-of-catholic-chaplains
YouTube: www.youtube.com/user/CatholicChaplains/videos
Facebook: www.facebook.com/pages/National-Association-of-Catholic-Chaplains/161494008252

Resource-packed ch*app*lain ~~apps~~ can enrich ministry

by Austine Duru, MDiv, MA, BCC

One of the greatest gifts that chaplains bring to their ministry is the gift of pastoral presence. This allows chaplains to offer an active listening ear to the story of the patient or individual they are ministering to, thus making it possible to listen and minister with intentionality and empathy. Mobile technology in ministry can, in some instances, appear to be antithetical to the idea of active listening presence; yet, the evolving use of mobile technology in ministry settings could be a valuable resource in the hands of a discerning chaplain. One example is the growing use by chaplains of mobile application software commonly known as "apps."

I recall a couple of instances where the use of apps enhanced my ministry. In one instance, I was visiting the family of a patient who was dying. A few minutes into my visit, one of the patient's daughters asked if I could pray with them; she wanted me to read Isaiah 43. The only Bible in the room was a New Testament Bible. On a second thought, I pulled out my mobile phone and opened my Bible app. I was able to incorporate the readings in my prayer with this family tailored to members' needs without the distraction of looking for a Bible elsewhere on the unit.

In another instance, I was called to see a Catholic patient who had some questions about the saint of the day. She wanted to know about St. Margaret of Cortona, who is the patron saint of our hospital, and the nurses thought surely the chaplain would know. I had read a few things about the life of St. Margaret of Cortona, but I was not sure of all the relevant facts about her life, work, ministry, and death. Once again, I turned to my "Patron Saints" app and pulled up the story of St. Margaret. The story of the saint stirred a few memories for this patient and what followed was an intense discussion of some of the challenges the patient was facing and the similarities in the saint's life story. It was an opportunity that reinforced my learning and helped provide useful ministry to this patient who felt it was important for her to know about the patron saint of our hospital.

I got more interested in apps that could be used in pastoral care after reading two significant articles on the topic in February 2011. One was Rev. David W. Fleenor's "Smartphone Apps for Chaplains" published in *PlainViews*, the publication of the New York-based Healthcare Chaplaincy. Another article was written by a former army chaplain, "The Best Catholic Apps" by Jack McLain, SJ, and was published in *America* magazine. Since the publication of these articles, hundreds, if not thousands of new apps have been launched. It occurred to me that if the assessments of Rev. Fleenor and Rev. McLain were correct, many chaplains would by now have found mobile apps to be useful as a new tool in their ministries and daily lives. As a matter of curiosity, I decided to do a small informal survey of about two dozen chaplains to find out what apps they are using in their ministries and why. The response was quite interesting. I have compiled a list of some of the best apps that most of the chaplains identified and use consistently in different ministry settings. These apps run on a variety of platforms and can be used on mobile phones, tablets and iPads. Most can be downloaded for free, but some cost a small fee. When used appropriately, these mobile apps can be a good pocket-sized tool for continuing education, and can definitely enhance the chaplain's ministry and faith life while keeping the chaplain informed and resource-connected.

Holy Bible: (Free) There are several Bible apps available for free. However, the majority favored the free "YouVersion" Bible by Life Church TV. This is available for free for android, iPhone and iPad. It is customizable to help you choose a Bible reading plan to fit your schedule and has lots of features including audio-bible for some select translations. There are more than 50 different translations available. play.google.com/store/apps/details?id=com.sirma.mobile.bible.android

The Truth & Life Dramatized Audio New Testament Bible: (Free) This free app from EWTN features a $19.99 value dramatized audio Bible. It is unique, featuring award-winning and internationally-recognized actors. It brings the New Testament to life. This app comes with the Bible text and lots of other free features. Some of the hospice chaplains loved this app. It is also suitable for anyone working in acute care or geriatric care settings where listening to the Scripture rather than reading it is an option. It is also great for pediatrics units or for personal use. This is a good app to have when you do a lot of driving and enjoy listening to the Scripture or praying in your car. www.ewtnapps.com

Pastoral Care: ($19.99) This app by Concordia Publishing House has a selection of devotions and prayers for over 60 ministry situations. It also features prayers and a selection of Scripture readings, hymns and commentaries. Although this app could certainly use some improvement, it is one of a few apps dedicated to chaplains, ministers and caregiving for the sick. It is also a handy cheat-sheet (cheat-app) for any chaplain who might find it useful in unfamiliar situations. This is available for android and Apple devices. The $19.99 price tag could be a challenge though. play.google.com/store/apps/details?id=org.cph.pastoralcare

Divine Office: ($14.9) This offers both an audio and a text version of the public prayer of the Christian community – the Divine Office. It also features the readings of the day. This is popular among Catholic chaplains and is available in android, iPhone and iPad platforms. If you are on the go and don't want to haul the four-volume, hard copy edition with you, it may be worth the $14.99 price tag. Compared to the cost of the hard copy, this price appears to be a huge bargain. But there are some free options, including the "iBreviary Pro," "Catholic's Companion" (for Windows Phone,) and "Laudate." play.google.com/store/apps/details?id=com.surgeworks.divineoffice

Laudate: (Free) This provides a free alternative to the Divine Office. It has a sizable amount of great features for a free app. It comes with daily Mass readings, Liturgy of the Hours, New American Bible and Douay-Rheims Bible, rosary, stations of the cross, Divine Mercy prayers, prayers for various occasions, podcasts, and church documents such as the Catechism of the Church. It is also customizable; the user could add their favorite prayer to the app. It is available in several languages including, English, Spanish, Portuguese, Italian, Bahasa, and Polish. www.appbrain.com/app/com.aycka.apps.MassReadings.

Classical Music for Meditation: (Free) For those who enjoy a few minutes of relaxation and meditation, this free audio app by *MonstersApp* offers a selection of 16 suitable samples of classical music. The app is free and can be programmed to play in the background while you read from the Bible or just sit in prayer as the music washes over you. This is available in android and Apple platforms. play.google.com/store/apps/details?id=com.appmakr.app185914

Discerning Hearts: (Free) This app has been described by its developers as a "spiritual retreat stop for those who travel on the digital sea." An app designed with Catholics and other Christians in mind, it offers a wide range of resources and links. Its features include prayers, teachings, blogs, podcasts, YouTube links, audio books, lives of the saints, and numerous video recordings on Christian spirituality from renowned and emerging Catholic scholars and speakers. It is a versatile app. play.google.com/store/apps/details?id=com.shoutem.n402965

A Year with the Church Fathers: (Free) An app by Tan Books that features excerpts from the book, *A Year with the Church Fathers: Patristic Wisdom for Daily Living*, by Mike Aquilina. This app has a reading, a reflection, and a closing prayer for each day of the year. There are 365 entries to choose from. It offers a quick dose of daily reflection for those who are on a busy schedule. Like the wisdom it holds, this app is uniquely simple and user-friendly. play.google.com/store/apps/details?id=com.sweetjordansoftware.churchfathers

PrayNow: ($8.99) This app by Concordia Publishing House is similar to "A Year with the Church Fathers." The striking difference is that it features Scripture, psalms and readings arranged in Martins, Vespers and Compline. It also features a broader library of writings of church fathers, both Catholic and Lutheran. It has a feature for bookmarks and notes. It also has customizable font size, night mode, and other neat features. If you do not want to carry around the tried and true *Treasury of Daily Prayers*, this is a light and cheaper alternative. This app is available in android, iPhone, and iPad. play.google.com/store/apps/details?id=com.praynow

iMissal: ($4.99) This app features the third edition of the daily missal with the daily readings for Mass. It also offers Scripture verses for everyday use, in addition to the order of the Mass, videos of Mass, and a rich collection of Catholic prayers for various occasions. The app is available in ios (Apple), android, and Blackberry formats. A free alternative is the "Liturgical Calendar" (available only on android devices), which features the readings for the day, liturgical feasts, celebrations, and liturgical colors for each day. Also the "Lectio Divina" app is another free alternative for those who enjoy breaking open the word of God. It offers the readings of the day, Liturgy of the Hours and a list of saints for each day. www.imissal.com

3-Minute Retreat: ($0.99) If you enjoy prayer but have little time to pray you no longer have any excuse, thanks to this app from Loyola Press. This app takes you through a quick prayer arch using the Ignatian method in three short minutes (or more, if you wish). It features daily reflections with music and Scripture reading. It makes your prayer and Scripture reading effortless and helps keep you on track. A must-have for busy chaplains who wish to integrate prayer and ministry. www.loyolapress.com/3-minute-retreats-mobile-app.htm#sthash.hBTwVwht.6jYKfoV7.dpbs

Recordatio: ($1.99) This is a quintessential Catholic app. It is only available for iPhone and iPad platforms. It is a rich treasure of all the papal encyclicals from the last 50 years. It also includes numerous official church documents, such as the Vatican II documents, and Catholic social teachings. New updates feature the pastoral letter to Irish Catholics and Angelicanorum Coetibus on Anglicans who seek full communion with the church. www.appato.com/alberto-fraire/recordatio-catholic-documents-prayers

Mass Times: (Free) This app has saved my skin and sanity a number of times, especially around Ash Wednesday and other major church solemnities or days of obligation. On those occasions, we get calls from outside the hospital asking for Mass times or whether we are still distributing ashes, or if we are going to have an Easter vigil or Christmas vigil Mass at the hospital. Simply enter the caller's zip code and this app will tell you where Masses will be celebrated close to the caller's location. This app is also handy if you are travelling and want to know the parishes on your route and related Mass times. play.google.com/store/apps/details?id=com.catholic.masstime

Transforming Trauma: ($36.99) This app, by Sound True Inc., looks at the source of trauma as the beginning of the healing process. It combines contemplative and clinical practices to achieve healing of the whole body. It is a good resource for chaplains and therapists, and those who work in trauma situations. It is also a handy resource to help chaplains deal with the root causes of burn-out in their ministry and prevent work-related burn-out. play.google.com/store/apps/details?id=com.soundstrue.DA03650W

Learn to Meditate: (Free) This is an app that trains you how to meditate. This Buddhist-inspired app features meditation classes using various techniques, including meditating with mantra, breathing, music, focusing on an object, and concentration training. The classes run through five sessions that offer introductory training on the mechanics and meaning of good meditation. There are several meditation apps out there. Other free alternatives are the popular "Buddhist meditation" and "Dharma meditation trainer." play.google.com/store/apps/details?id=com.org.HTMLViewerExample

Children in Grief: ($6.99) This app by Giese Communications ApS is designed with children (ages 2-11) in mind. Chaplains know breaking bad news is difficult, and breaking bad news to a child is more challenging. Sometimes chaplains are at a loss when grieving parents turn to them for advice on how to communicate about tragedy to their minor children. This app helps bridge that gap. It offers resources that can help parents in coping with a grieving child. It is also a good resource for the chaplain's education on age-appropriate grieving interventions in ministry. play.google.com/store/apps/details?id=com.giesecommunications.childreningrief

The Art of Presence: ($36.99) This app by Sounds True Inc. explore the art of presence based on the work of Eckhart Tolle of Vancouver, BC, a renowned best-selling author, spiritual writer and inspirational speaker. This app offers an opportunity to deepen your self-awareness and listening skills. It is useful for chaplains and chaplain educators who want to hone and sharpen the fine art of pastoral presence. play.google.com/store/apps/details?id=com.soundstrue.DA03402W

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How can chaplains explain what we do?

by Elaine Chan, BCC, MDiv, MSW

Explaining what we do as chaplains can be a challenge since folks often associate us with death. Also folks may be concerned that our work is about proselytizing or indoctrinating people into a particular faith. How do we convey what we do in a brief, but meaningful elevator pitch or at a new staff orientation or a business or social gathering? Below is a reprint of an article by Jim Siegel, vice president and director of marketing and communications, HealthCare Chaplaincy, about a new chaplaincy promotional tool.

Earlier this year HealthCare Chaplaincy announced the launch of a new and very short video (just one minute and 17 seconds long) about professional chaplains' role in today's complex healthcare world. To view it, go to http://youtu.be/Ox3NplKyAPI.

When chaplains use the video, they may wish to introduce it with words like this:

"I welcome the opportunity to introduce you to chaplaincy services here at NAME OF YOUR INSTITUTION. This short video highlights the role of professional chaplains in today's complex healthcare world. It was produced by the nonprofit HealthCare Chaplaincy organization in New York."

A second tool has been created to distribute after the video is shown: it's a one-page Word document that explains spiritual distress, summarizes how and why the chaplain helps patients in spiritual distress, urges referrals to the chaplain, and provides contact information. Chaplains can customize it for their institution, print and hand it out at the orientation session. It can be found at: http://ce.healthcarechaplaincy.org/CT00035509MTIxMAAA.HTML?D=2013-07-15

When the chaplain distributes this document to new hospital employees, he or she may wish to say a few words about spiritual distress, about how he, she and chaplain colleagues can help a patient in spiritual distress, encourage the audience to refer them to the chaplaincy services department, tell them how that is done in their organization, and that this should be a protocol that becomes second nature for those in their care.

Chaplains who show the video and distribute the Word document, in three minutes or fewer, have presented information that will get chaplaincy services on the radar screen of more hospital staff and help their institution provide truly patient-centered care to more people.

This easy-to-do recommendation recently was published in HealthCare Chaplaincy's online professional journal *PlainViews*® and on LinkedIn chaplains' discussion groups.

If you find this three-minute orientation package useful, please email your comments to comm@healthcarechaplaincy.org.

Elaine Chan, a member of the NACC's Editorial Advisory Panel, is chaplain at New York Hospital Queens in Flushing, NY. She works as a hospital chaplain through a contract with HealthCare Chaplaincy.

Technology indispensable, social media helpful in promoting chaplaincy work

by Elaine Chan, BCC, MDiv, MSW

About 30 years ago I got my first desktop computer. I would like to tell you that I opened it immediately like an excited child on Christmas Eve. Instead I felt a bit intimidated and waited for a colleague to help me set it up. Since then a computer has proven indispensable including communicating with others through email and looking things up on the Internet! I have used technology and social media to support and promote my work as a chaplain in various ways.

A while back I was visiting some patients when I noticed that a public relations consultant was doing some videotaping to promote programs in the hospital. I mentioned to her that I would be visiting with a 104-year-old patient. Before I knew it, she asked to videotape the patient and me. This is how I ended up in a video presentation that played in the lobby a month or so later. In addition to this short clip of the patient and me, there was also a slideshow in the lobby with information on how to contact a chaplain. The video and slideshow are some of the ways that I sought to promote the pastoral care department in the last hospital I worked at.

A little more than two months ago I contacted the public relations department in my new workplace to inform them that a Bishop Molloy High School student, who serves as an Extraordinary Minister of Holy Communion in the hospital, was elected valedictorian of her class. She was recently featured in the hospital's bimonthly newsletter, noting her work in both the radiology and pastoral care departments. The newsletter helps staff learn about what is happening in various departments.

I work in a hospital with about 200 Roman Catholic patients spread over more than a dozen units. I make rounds on the various units, and Extraordinary Ministers of Holy Communion regularly visit patients and make referrals to me. I also rely on colleagues to make referrals but these can be few and far between.

Earlier this summer my chaplain colleagues and I made a presentation to the palliative care team and geriatric fellows. I noted that chaplains are usually called when a patient is dying and a request is made for the "last rites." I explained that chaplains can be called for various situations other than impending death. Whenever possible it is best to have a conversation with the patient and family before we get to that moment.

I spoke about when and how to make a referral to a chaplain. I distributed a handout titled, "10 Good Reasons to Contact a Chaplain," including identifying patients who seem to be having a difficult time coping with the stress of illness and hospitalization, need support in coping with a difficult diagnosis or prognosis, are hospitalized and therefore have to miss an important event – a wedding, funeral, birthday or anniversary celebration, have questions about end-of-life issues. I noted that it is beneficial for chaplains to work with family and friends who need emotional or spiritual support during a code, a long hospitalization, a difficult situation, etc. The presentation was well received. In the future, I hope to set up a slideshow presentation.

Another potential resource for chaplains is an online group that relates specifically to chaplaincy. Several years ago I attended a NACC annual conference that was held in collaboration with other chaplaincy organizations including The Association for Clinical Pastoral Education, Inc. and the National Association of Jewish Chaplains. One of the affinity groups that I attended was for one-chaplain departments. Through this group I learned about a Yahoo group for one-person chaplain departments or small chaplain departments.

The one-chaplain group connects me to chaplains across the United States and beyond. I learn about chaplains in different settings and their challenges in ministering to families and loved ones in a natural disaster, death due to violence, a car accident, etc. The group can be a support to chaplains who are alone and may be dealing with difficult situations either professionally or personally. I have appreciated the prayers, Scripture and reflections that have been shared by other chaplains. The group also shares information about different volunteer opportunities for responding to natural disasters. The moderator, Rev. Tim Brooks, is retired and can be reached at theveryrev@gmail.com

I have a LinkedIn account, a social networking website for people in professional occupations. My social media network includes several chaplains as well as other colleagues, friends and family. LinkedIn helps me keep abreast of colleagues and developments in the healthcare field.

Keeping up with all the latest technology and information one gets can be daunting. The challenge is to evaluate what is useful and set boundaries on the time spent going through some of these resources. Just as I relied on a colleague to help me set up my first computer, I rely on others to help me make the best use of technology and social media. I pray that it becomes a valuable resource for you as well!

Elaine Chan, a member of the NACC's Editorial Advisory Panel, is chaplain at New York Hospital Queens in Flushing, NY.

In-house media access system brings prayer, music, relaxation to patients

by Carey Landry, BCC

At St. Vincent-Carmel Hospital in Carmel, IN, where I have been chaplain for 17 years, we have used various forms of media in our ministry — relaxation CDs for those about to have surgery or who are experiencing restlessness, comforting music in the mother-baby unit, the sounds of a few measures of Brahms Lullaby announcing the birth of a newborn, prayer over the intercom system every morning (to name a few), but nothing can compare to the success we have had with the Skylight Care Navigator (originally called Skylight Access).

The Skylight Care Navigator's primary focus is to deliver a patient engagement platform that addresses the entire continuum of a patient's journey of care. This includes planned events, unplanned events requiring hospitalization, disease and condition management along with wellness opportunities. It is designed to partner with patients and their families at the hospital bedside, physician's office, clinic, outpatient center, or directly at home.

In this report I will concentrate only on using the Skylight Care Navigator (SCN) in the hospital, with specific emphasis on its pastoral care dimension. SCN reaches out to patients at the bedside. Through engaging messages and content, direct connection with service departments, real-time feedback, and alert notifications, it engages patients to be active participants in their own care. With interactive, evidence-based health education, SCN is a medium of learning and interaction between the patient and the hospital.

I have provided slides of the SCN system (Slide 1) as it applies to pastoral care. If you are able to reprint those slides (three pages - see www.nacc.org/media/landry-pp.pdf), you will find it easier to follow my further description of each slide, which I will now provide.

Note: to view the slideshow or PowerPoint, see the online version of this article at www.nacc.org/vision/2013-sep-oct/In-house-media-access-system-by-Carey-Landry.aspx

- Slide 2…**Main Menu:** As you can see the Main Menu provides all the possibilities for access. The pastoral care menu items that are most relevant are Relaxation Videos, Inspirational Videos and Prayers, and the "Request Services."
- Slide 3…**Inspirational / Prayers:** When a patient clicks on this link, he/she is given four possibilities for access.
- Slide 4…**Video Prayers:** These video prayers are short, one-minute, spoken prayers with scenic views in the background.
- Slide 5…**Inspirational / Prayers:** The second choice a patient is given is for Inspirational Music.
- Slide 6…**Inspirational Music:** I am pleased to say that three of my own songs are part of this format --- the "Be Still and Know" Music / Meditation from the O HEALING LIGHT OF CHRIST cd (OCP), "Come and See" from the COME HOME cd (OCP), and "Isaiah 49: I Will Never Forget You" from our newest collection, ALL IS WELL WITH MY SOUL (OCP).
- Slide 7…**Inspirational / Prayers:** The third choice is for Pastoral Care Information.
- Slide 8…**Pastoral Care:** This particular slide is for our smaller hospital, St. Vincent-Carmel Hospital, which does not have a chaplain in-house 24/7. That is why we use the phrase, "*If you would like a Bible or to speak with a Chaplain, please ask your nurse.*" The nurse will either page me during the day shift or call the Chaplain-on-Duty after hours. We rely on Chaplains-on-Duty for Pastoral Care support during evening hours and on weekends. I take my turn, along with other chaplains in our system, in providing that on-call duty. You also notice the "*Mass on Wednesday*" invitation to family members on this slide. We do not have Mass on the weekend. Our priest-chaplains are based at the Main Hospital in Indianapolis and one of them comes for Mass every Wednesday at our Carmel Hospital. They celebrate Masses on the weekend at the Main Hospital. Patients have access to the Mass on their television by way of a channel that televises the Sunday Mass celebrated at the Main Hospital. Patients' families can attend a Sunday liturgy at a nearby local parish.
- Slide 9…**Internet – Bible on Line:** This allows a patient or family member to access any passage from Scripture, and to search for a passage related to any need they have. If a patient requests a paperback Bible, we provide them with one. Due to Infection Control issues, we are no longer allowed to keep a Bible in the patient's room. Upon discharge, the patient keeps the Bible that was given to him/her.
- Slide 10…**Service Requests:** *This slide and Slides 11. 12. and 13 pertain to the Main St. Vincent Hospital in Indianapolis, which has 24/7 Chaplains-on-Duty*. As you can see on the slide, patients may request a Bible or chaplain directly, without having to go through a nurse. As explained on the slide, patients select a service option, and an ALERT is immediately sent to the COD (Chaplain-on-Duty) pager, which includes the request and the room/bed number.
- Slide 11…**Alerts used…:** Patient may click on either of these.
- Slide 12…**Bible Request:** Sufficient time is given for the COD to respond to this request for a Bible.
- Slide 13…**Requesting a Member of the PC Dept.:** Again the patient is given options and this request is sent directly to the COD's pager.
- Slide 14…**Notification Screen:** This screen shows the information the COD receives on his/her pager when the patient's request is sent in.
- Slide 15…**Relaxation Videos:** The slide is self-explanatory and these are very helpful, especially for pain management.
- Slide 16…**Health Education:** This final slide takes a patient beyond the pastoral care framework and shows the wide access patients have to various forms of health education.

None of the other media forms that we have available to patients and their families compares with the SCN. We are able to track the number of times a patient accesses the Inspirational Videos and Prayers, etc., that are part of the pastoral care dimension, and the numbers are consistently in the 400 to 500 range per month. We feel this is remarkable in our small 125-bed hospital.

We see this as a part of our total pastoral care service to our patients and their families, and I consistently encourage patients to make use of the system. If you would like more information concerning the Skylight Care Navigator system, please feel free to e-mail me at jclandry@stvincent.org If I am unable to answer your question, I will refer you to the SCN representative who will likely be able to do so. May God's peace lead and guide your ministry always.

Carey Landry is a chaplain at St. Vincent-Carmel Hospital in Carmel, IN. He and his wife, Carol Klinghorn-Landry, are composers of Catholic liturgical music.

Book offers parents of seriously ill children practical tips, inspirational material

by Laura Richter, MDiv

A Different Dream for My Child: Meditations for Parents of Critically or Chronically Ill Children. By Jolene Philo, Discovery House Publishers, Grand Rapids, MI, 2009. Paperback, 266 pp. $5.99.

Jolene Philo's book, *A Different Dream for My Child*, thoughtfully weaves together personal narratives to create a meaningful resource for parents struggling with pediatric illness. Ms. Philo's experience with illness as her newborn son battled a life-threatening condition gave her incredible insight, which is sprinkled throughout this work. Stories from other couples experiencing chronic and life-threatening diseases with their children are also included, providing a rich experience base on which the book rests. This resource provides practical coping tips as well as inspirational material, making it a great resource for any parent struggling with the illness of a child.

The book is divided into six overarching themes, each of which centers on a different aspect of pediatric illness. The sections explore moments in the disease process including diagnosis, hospital life, juggling two worlds (hospital and home) and long-term health conditions as well as the themes of losing a child and raising a survivor. Chapters are constructed similarly, beginning with a bible quote, which is followed by a short personal narrative. Each chapter closes with a prayer to God and reflection moment, providing thoughtful questions for the reader to ponder. Each chapter is short (three to four pages) and could serve as a thought-a-day reflection or longer term read.

Ms. Philo covers the range of emotions and experiences that grieving parents may encounter after a serious medical diagnosis for their child. She explores handling the diagnosis, feelings experienced as the child progresses through stages of disease, life at the hospital, juggling competing demands once the child has returned home, the realization that a condition is chronic, the depression that can follow the loss of a child, and the unending hope a parent must nurture when dealing with a seriously ill child. Each chapter provides practical information about hospital stays, helpful advice for struggling parents and creative ideas for making it through difficult times. A strong spiritual undercurrent runs through each chapter, reminding the reader that God is present in all situations and moments, difficult or joyful.

Ms. Philo has thoughtfully woven together experience, advice and prayer, creating a meaningful resource for parents struggling with pediatric illness. Though much has changed since Ms. Philo's experience in 1982 and support groups are more prominent, parents are often left to piece together resources as they move between the healthcare environment and home. Parents who struggle with the difficult diagnosis of a child may experience a host of intense feelings, including frustration, doubt, despair, grief and hopelessness. Ms. Philo reminds the reader that we have endless resources available to us and that God will never abandon us. God walks beside us during the most challenging of moments, working tirelessly to provide the support we need through the outstretched hand of a friend, an offer from a family member, and moments of peace during difficult times.

Readers will find a host of possible resources and inspirational themes to buoy them on the rough seas of critical or chronic pediatric illness. This book will be a great resource for the parent struggling with a recent diagnosis, as well as the parent well into the journey of chronic illness. The short chapters make the book easy to pick up – whether you have five minutes or an hour. Ms. Philo's sharing of her own experience, as well as that of others, provides an important resource that can be useful to parents at any point on the pediatric illness journey.

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