What Should the Catholic Patient Expect from the Church?
And What Will the Church Deliver?
Catholic Patient Expectations

“I Thirst”

“After this Jesus, knowing that all was now finished, said (to fulfil the Scripture), “I Thirst.”” (John 19:28)
Catholic Patient Expectations: “I Thirst”

- To follow Christ bearing his Cross means opening ourselves with him to every thirst that afflicts humanity today. Christ is nourishment itself, the answer to every hunger and thirst.
- He invited his disciples to be aware of God’s action in places and people they were inclined to avoid.
- The world’s many “poverties” represent thirsts.
- Human beings thirst at many levels. [humanity] needs food, shelter, love, relationship, truth, meaning, promise and hope. belonging

Patient Thirsts (Needs and Hopes)


- *Provision of Spiritual Care to Patients with Advanced Cancer*, Journal of Clinical Oncology, 2010, Vol 28:3: Results: More hospice care; Reduced aggressive care

- *Predicting Patients’ Expectations of Hospital Chaplains*, Mayo Clinic, 2010, PMCID: PMC2966363: Results: Patient desires to be reminded of God’s care and presence

- *Unmet Spiritual Care Needs Impact Emotional and Spiritual Well Being*, Duke Univ, Supportive Care in Cancer, Oct, 2012, Vol 20: Results: Patients who received less spiritual care were at greater risk for depression and reduced sense of spiritual meaning and peace.

- *An investigation into the spiritual needs of neuro-oncology patients from a nurse perspective*, BMC Nursing, 2013, Vol 12:2: Results: The need exists for healthcare professionals to provide spiritual care.

- *Patients’ and caregivers’ needs . . . across nine continents*, Palliative Medicine, 2018 Vol 32:1: Results: Participants reported wide-ranging spiritual concerns . . . where spiritual care was lacking.

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Who is the Catholic Patient?

Pew Research 2014

Age distribution by religious group

<table>
<thead>
<tr>
<th>Religious Tradition</th>
<th>18-29</th>
<th>30-49</th>
<th>50-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buddhist</td>
<td>34%</td>
<td></td>
<td>100%</td>
<td>23%</td>
</tr>
<tr>
<td>Catholic</td>
<td>17%</td>
<td>13%</td>
<td>20%</td>
<td>6%</td>
</tr>
<tr>
<td>Evangelical Protestant</td>
<td>17%</td>
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<td>20%</td>
<td>6%</td>
</tr>
<tr>
<td>Hindu</td>
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<td>8%</td>
</tr>
<tr>
<td>Historically Black Protestant</td>
<td>20%</td>
<td></td>
<td>60%</td>
<td>24%</td>
</tr>
<tr>
<td>Jehovah’s Witness</td>
<td>15%</td>
<td>26%</td>
<td>28%</td>
<td>10%</td>
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<tr>
<td>Jewish</td>
<td>22%</td>
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<td>25%</td>
<td>23%</td>
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<tr>
<td>Mainline Protestant</td>
<td>16%</td>
<td>40%</td>
<td>25%</td>
<td>26%</td>
</tr>
<tr>
<td>Mormon</td>
<td>22%</td>
<td>44%</td>
<td>23%</td>
<td>16%</td>
</tr>
<tr>
<td>Muslim</td>
<td>26%</td>
<td>48%</td>
<td>37%</td>
<td>14%</td>
</tr>
<tr>
<td>Orthodox Christian</td>
<td>26%</td>
<td>46%</td>
<td>37%</td>
<td>14%</td>
</tr>
<tr>
<td>Unaffiliated (religious &quot;nones&quot;)</td>
<td>35%</td>
<td>52%</td>
<td>97%</td>
<td>1%</td>
</tr>
</tbody>
</table>
What is the Thirst of the Catholic Patient?

• 65+ y/o (20% of the Catholic population)
  ➢ High expectation of priestly presence, i.e., sacramental need
  ➢ Low expectation of interpersonal discourse

• 50–64 y/o (29% of the Catholic population)
  ➢ Medium request for sacraments
  ➢ Medium to high hope/request for spiritual support in the context of the disease state

• 30-49 y/o (33% of Catholic population)
  ➢ Low request for sacraments
  ➢ Medium request for spiritual support, without regard to who provides the support

• 18-29 y/o (17% of the Catholic population)
  ➢ Low expectation of Catholic support and understanding
  ➢ Appreciation for unanticipated spiritual support; little prejudice regarding who provides that support
The Response from the Catholic Church to the Catholic Thirst

• Vowed Religious
  - Number of Catholic hospitals has grown 22% since 2001 (MergerWatch 2016)
  - One in seven patients is cared for in a Catholic hospital (CHA)
  - Catholic hospitals include a Mission for the healing ministry of Jesus Christ
  - Vision apparent

• Dioceses, Deanery, Parish
  - Wide variety of approaches to respond to sacramental needs
  - Vision often lacking in the midst of declining numbers of priests

• USCCB
  - ERDs in support of healthcare communities

• Catholic Medical Association (The Linacre Quarterly, 2016, Vol 83:4, PMC5375597)
  - Access to healthcare, a basic necessity, is a human right (distributive justice)
### Alignment of Need to Response

<table>
<thead>
<tr>
<th>Need of Patient</th>
<th>Response by Church</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sacraments (49%)</td>
<td>• Parish Priests in declining numbers</td>
</tr>
<tr>
<td>• Reminder of God’s Presence</td>
<td>• Mission of Catholic hospitals; priests, deacons, EVs (lay ministers); hospital Catholic chaplains (numbers also in decline)</td>
</tr>
<tr>
<td>• Identified influence on outcomes</td>
<td>• Little understanding by diocese</td>
</tr>
<tr>
<td>• Medical Ethical needs</td>
<td>• USCCB; Catholic chaplains</td>
</tr>
<tr>
<td>• Changing healthcare dynamics; Hospital transition from I/P-&gt;O/P</td>
<td>• Catholic chaplains; little understanding by diocese</td>
</tr>
<tr>
<td>• Board Certified Chaplains; A Bridge (Lay Ministers with advanced training)</td>
<td>• Unequal diocesan response; parishes; NACC</td>
</tr>
<tr>
<td>• Truth, meaning, promise, hope . . . belonging</td>
<td>• Parish (minimally); Catholic chaplain</td>
</tr>
<tr>
<td>• When the patient does not ask for support (51%)</td>
<td>• Catholic chaplain, possibly</td>
</tr>
</tbody>
</table>
The Changing Environment of Healthcare

• **Transition from Inpatient to Outpatient Setting**
  - Medicare paid for 200 million outpatient services vs 10 million inpatient (Becker Report, 2015)

• **Revenue source:** 49% outpatient; 51% inpatient (Projected 2017)
  - Reimbursements based on Outcomes measurements (Becker Report 2015)
  - Cost of Capital/bond ratings based on Population Health measurements (Becker Report 2015)

• **Shifting realities** (Modern Healthcare 2015)
  - Median age of hospitals is rising, new construction has dropped sharply
  - Capital shift to outpatient spending, physician hiring, information technology and mobile health apps, telehealth
  - Complex care
  - Inpatient beds shifting to outpatient services
What Can the Church Deliver?

- What solution can be reasonably architected to interface the need of the Catholic patient need with Church delivery?

- How can a “bridge” be constructed between expectation, delivery and helplessness?

- What does a “bridge” look like?
What Can the Church Deliver?

• What Catholic population will be served?
  ➢ Led by the Parish
  ➢ Led by the Diocese
  ➢ Led by the Hospital community
  ➢ Led by the Vowed religious community
  ➢ Partnership of concerned healthcare community

• How will the Catholic population be defined?
  ➢ By geographic location
  ➢ By type of service, i.e., hospital, residential (older adult), homebound . . .
  ➢ Inpatient and/or outpatient (clinic, doctors’ offices . . .)
## Catholic-hierarchy.org Statistics

<table>
<thead>
<tr>
<th>Year</th>
<th>Catholics</th>
<th>Total Population</th>
<th>Percent Catholic</th>
<th>Diocesan Priests</th>
<th>Religious Priests</th>
<th>Total Priests</th>
<th>Catholics Per Priest</th>
<th>Permanent Deacons</th>
<th>Male Religious</th>
<th>Female Religious</th>
<th>Parishes</th>
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<td>95</td>
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<td>114</td>
<td>370</td>
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<td>109</td>
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<td>292</td>
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<td>117</td>
<td>115</td>
<td>322</td>
<td>145</td>
<td>ap2018</td>
</tr>
</tbody>
</table>

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Discovering the Catholic Population to be Served

- [http://www.catholic-hierarchy.org/country/dus2.html](http://www.catholic-hierarchy.org/country/dus2.html)
  - Diocese self-report their Catholic population
  - Select city
  - Scroll down to “Statistics” section
  - “Current” year reported will likely be 2017
  - (For a bit of humor, check out the Latin name given your city!)

- [https://www.ahd.com/state_statistics.html](https://www.ahd.com/state_statistics.html)
  - American Hospital Directory (Inpatient)
  - Select state
  - Select hospital

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Discovering the Catholic Population to be Served

The Formula

\[
\text{Number of Staffed Beds} \times \text{Percentage of Catholics} = \text{Total Catholic Population per Day}
\]

Example: Swedish Cherry Hill

210 staffed beds

\[
\times 15.3\% \quad \text{Catholic Population}
\]

= 32 Catholic Patients per Day
## Daily Number of Catholic Inpatients Among Deanery Hospitals

Based on Staffed Beds

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Number of Catholics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virginia Mason</td>
<td>35 Catholics</td>
</tr>
<tr>
<td>Swedish – First Hill</td>
<td>100 Catholics</td>
</tr>
<tr>
<td>Swedish – Cherry Hill</td>
<td>32 Catholics</td>
</tr>
<tr>
<td>Harborview</td>
<td>64 Catholics</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>231 Catholics</strong></td>
</tr>
</tbody>
</table>

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Architecting a Solution -- Sample

• What will be included in the pastoral care service area?
  ➢ Sample: Four geographically aligned hospitals
  ➢ Considerations:
    ▪ Hospital Systems
    ▪ Outpatient areas
    ▪ Older adult residential settings
    ▪ Partnerships
• Who will sponsor depends on scope of service area
  ➢ Sample: Deanery (Parishes practically); Archdiocese (Ideally)
  ➢ Considerations:
    ▪ Sponsor should be from the leadership in the sponsoring body
      o CEO of hospital; Mission Leader of hospital or system; Vowed religious leadership; Diocesan leadership
      o Outpatient/Clinic designated lead (VP of Outpatient Services)
      o Older adult residential settings Administrator, Mission Leader, System VP for Community Services
      o Partnerships. Co-leads for Partnerships is particularly powerful, e.g., Bishop + Hospital System VP for Mission; Director of Clinic + Lead Physician in Group Practice
Architecting a Solution – Sample (Continued)

• Who will lead depends on scope (work effort)?
  ➢ Sample: Director of Pastoral Care, hired by Diocese
  ➢ Considerations:
    ▪ If you have defined the work effort and you desire to be the lead, you should do it.
    ▪ Leader should have excellent communication skills
    ▪ Leader should have current or developing relationships with the sponsors
    ▪ Ideally, the Leader should have project management skills
Architecting a Solution – Sample (Continued)

• **Who will participate depends on scope?**
  - **Sample:** Director of Pastoral Care, hired by Diocese; designated lead from partner hospital or systems, recruited personnel/volunteers
    - Develop a team consisting of representatives from each entity that will be involved.
    - Use leadership at those entities to designate the participants from their organizations.
    - Consider carefully the skills that each is bringing to the endeavor.
      - Will each contribute to the balance of the team?
      - Don’t be afraid to ask to substitute a person from a business entity.
Architecting a Solution – Sample (Continued)

• Who will partner?
  ➢ Sample: Leadership from each of the four hospitals.
    ▪ Enthusiasm breeds partnerships!
    ▪ Participating organizations
    ▪ Multiple leaders within an organization, e.g., Director of Oncology Services, Lead Physician for Cardiology Group, Director of Outpatient Clinical Services
    ▪ Community advocates not current participants, but likely future participants, e.g., other Catholic parishes, non-Catholic churches hoping to learn from your experience
• Who will communicate?  Who will educate?
   Sample:  Director of Spiritual Care, hired by diocese.
   Communicators are the leaders of the endeavor.
    o Communicate progress often to the Sponsors.  Preferably in person and in writing.
    o Do not be afraid to communicate failures.  They are learning exercises.
   Educators are of two types:
    o Educating the sponsors and educating all who will be touched by the endeavor.
    o After a certain size, you may need trainers for the education of volunteers and clinical staff.
• What does success look like?
  • Entities outside of the original scope begin to ask you to include them, e.g., cardiology outpatient clinic, not part of the project, approaches you for inclusion
  • Non-participating Catholic parishes ask for inclusion
  • Non-Catholic churches approach you regarding your model
  • Your project is offered a source of funds for continuance
  • You have more volunteers than you can readily train

• What does failure look like?
  • Leader Sponsorship does not materialize.
  • Leader Sponsorship withdraws. Reasons: lack of communication, not sufficiently solid in the organization to absorb a failure, was not high enough in the organization to be a significant influencer/communicator to the larger entity.
  • Volunteers leave in significant numbers.
  • Team fails to coalesce.
Architecting a Solution – Sample (Continued)

• Be Real
  ➢ What will be the timeline?
    ▪ Depends on scope of effort and number of resources deployed.
      o Although the team may be you (Parish) and the Director of Spiritual Care (hospital), there is still much to do before launch day. What resources must be acquired, especially volunteer ministers, and over what period? What training and training materials will be necessary? Who should receive communication in the receiving ministry entity?  
      o Plot everything to be done carefully, assigning dates. Then add more time (people have unexpected events in their lives!).
  ➢ What will be measured?
    ▪ Everything that you consider a success, e.g., effort began when you said it would, recruitment of volunteers meets/exceeds expectations, every milestone of success and/or expansion
Building the Structured Solution

• Be Bold!
  ➢ Three guarantors of success:
    ▪ Effective and frequent Communication
      o To sponsors
      o To participants
      o To team
      o To partners
      o You cannot overcommunicate.
    ▪ Attentiveness to timeline
    ▪ Accepting failures; re-design and re-scope; move on
  ➢ Threats to success:
    o The endeavor loses its Sponsor
    o Someone other than you reports a failure to a Sponsor
    o The endeavor loses its internal leadership
    o Lack of sensitivity to the operational resources and environment of the receiving ministry.

• Share Your Success with Others. It may surprise you how many people are interested!
• Celebrate! You and the team deserve it!
Building the Structured Solution (Continued)

• Be Bold! (Continued)

➢ Threats to success:
  o The endeavor loses its Sponsor
  o Someone other than you reports a failure to a Sponsor
  o The endeavor loses its internal leadership
  o Lack of sensitivity to the operational resources and environment of the receiving ministry.

• Share Your Success with Others. It may surprise you how many people are interested! And countless Catholic patients will have their thirst slaked because of you and a team dedicated to the ministry of Jesus Christ.

• Celebrate! You and the team deserve it!
Volunteer Sourcing Sites

- VolunteerMatch.org
- Idealist.org
- HandsOnNetwork
- Also check:
  - wiredimpact.com
  - networkforgood.org
Additional Reference Sites

• U.S. National Library of Medicine at NIH
  ➢ https://www.ncbi.nlm.nih.gov/pmc/

• Sperling’s Best Places to Live
  ➢ www.bestplaces.net

• Pew Research Center
  ➢ www.pewforum.org/religious-landscape-study

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Thank You!

In gratefulness for your kindness and attentiveness.

Questions and comments are welcomed . . .

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