TRINITY HEALTH SPIRITUAL CARE
A COMPASSIONATE PRESENCE
IN THE HEALING PROCESS
Trinity Health views spiritual care as an integral and important dimension of our ministry. Each entity within the system strives to be a community of healing and compassion rooted in the mission and ministry of Jesus. Spiritual care is a tangible expression of our mission and a vital resource which provides wholistic care that attends to mind, body and spirit. The dignity and value of each person, especially when compromised by illness or imminent death, is a cornerstone of all Trinity Health spiritual care.

Chaplains are professionally trained individuals, uniquely prepared to provide spiritual care in our ministries. As members of the interdisciplinary team, chaplains are called upon to provide spiritual care to patients and their families.

Chaplains also support colleagues’ spiritual needs and help build a culture that supports spiritually centered, wholistic care. Working collaboratively with staff, volunteers and local clergy, chaplains ensure the spiritual needs of the organization are met.
Role of Professional Chaplains

A. The Leadership of Spiritual Care

- Organizes spiritual care initiatives and manages the budget
- Provides orientation to new colleagues including the Ethical and Religious Directives (ERDs) and Catholic Social Teachings (CSTs)
- Offers opportunities for continuing education for colleagues and coaches them to develop their potential and increase their knowledge
- Assures that there is a clearly articulated Scope of Services of Spiritual Care
- Strives for excellence measured by national professional standards and assures continuous quality improvement in the provision of spiritual care.
- Prioritizes resources to meet critical needs
- Represents spiritual care in the organization: in budget discussions, on committees, management team and planning
- Attempts to recruit colleagues who are ecumenically and ethnically representative of the patients served by the local ministry
- Provides chaplain coverage for all health care settings as available and needed
- Works closely with the director of clinical pastoral education (CPE)
- Collaborates as a member of the ethics resource service in the local ministry.
- Participates in values-based decisions in the organization
- Serves as spiritual leader of the workplace community, conducting rituals and celebrations for patients, their loved ones and our colleagues
- Collaborates in planning and provision of Spirituality in the Workplace for colleagues
- Serves as key contact for leaders of faith-communities in the area

B. Chaplains

- Aspire to the national standards of practice for certified chaplains
- Demonstrate excellence and proficiency in providing spiritual care according to national chaplains’ associations’ standards: spiritual assessment of patients, planning, intervention and evaluation in clinical settings
- Prioritize needs of emergency patients, pre-procedure patients, dying patients and their loved ones, visit requested and long-stay patients
- Provide for sacramental needs of patients
- Document needs, interventions and outcomes in medical record
- Recognize diverse religions and cultures and ethics that prevail
- Recognize moral distress of colleagues and offer them spiritual support
- Intentionally build peer relationships and collaborate in a spirit of excellence
- Participate in celebrations and on committees as assigned
- Listen attentively while others express their concerns and discover their own strength and internal spiritual resources
- Elucidate for patients, their loved ones and our colleagues, Catholic Social Teachings and the application of the Ethical and Religious Directives (ERDs)
- Allay fears of those facing life-altering treatments/events
- Advocate for those who are alone or whose wishes are not known/followed
- Understand and respect the Roman Catholic tradition while providing care for all patients regardless of faith traditions
- Understand the current spiritual issues that confront chaplains
- Participate in ethics discussions regarding care and treatment
- Practice spiritual self-care and develop proficiency in action-reflection process
- Develop and manage the budget
- Provides orientation to new colleagues including the Ethical and Religious Directives (ERDs) and Catholic Social Teachings (CSTs)
- Offers opportunities for continuing education for colleagues and coaches them to develop their potential and increase their knowledge
- Assures that there is a clearly articulated Scope of Services of Spiritual Care
- Strives for excellence measured by national professional standards and assures continuous quality improvement in the provision of spiritual care.
- Prioritizes resources to meet critical needs
- Represents spiritual care in the organization: in budget discussions, on committees, management team and planning
- Attempts to recruit colleagues who are ecumenically and ethnically representative of the patients served by the local ministry
- Provides chaplain coverage for all health care settings as available and needed
- Works closely with the director of clinical pastoral education (CPE)
- Collaborates as a member of the ethics resource service in the local ministry.
- Participates in values-based decisions in the organization
- Serves as spiritual leader of the workplace community, conducting rituals and celebrations for patients, their loved ones and our colleagues
- Collaborates in planning and provision of Spirituality in the Workplace for colleagues
- Serves as key contact for leaders of faith-communities in the area

A. The Leadership of Spiritual Care

- Organizes spiritual care initiatives and manages the budget
- Provides orientation to new colleagues including the Ethical and Religious Directives (ERDs) and Catholic Social Teachings (CSTs)
- Offers opportunities for continuing education for colleagues and coaches them to develop their potential and increase their knowledge
- Assures that there is a clearly articulated Scope of Services of Spiritual Care
- Strives for excellence measured by national professional standards and assures continuous quality improvement in the provision of spiritual care.
- Prioritizes resources to meet critical needs
- Represents spiritual care in the organization: in budget discussions, on committees, management team and planning
- Attempts to recruit colleagues who are ecumenically and ethnically representative of the patients served by the local ministry
- Provides chaplain coverage for all health care settings as available and needed
- Works closely with the director of clinical pastoral education (CPE)
- Collaborates as a member of the ethics resource service in the local ministry.
- Participates in values-based decisions in the organization
- Serves as spiritual leader of the workplace community, conducting rituals and celebrations for patients, their loved ones and our colleagues
- Collaborates in planning and provision of Spirituality in the Workplace for colleagues
- Serves as key contact for leaders of faith-communities in the area
Spiritual Care Services: Wholistic Care/Healing Presence

COMMUNITY SERVICE/OUTREACH
- Diocesan relationship
- Social Service alliances
- Interdenominational networks
- Parish volunteer training
- Ministry formation
- Educational resources
- Community service projects

SUPPORT GROUPS
- Bereavement
- Pre- and post-transplant
- Chronic illness
- Perinatal and neonatal
- Specialty areas (oncology, cardiac, pulmonary, etc.)
- Mental health
- Care for caregivers

PATIENT/RESIDENT/FAMILY MINISTRY
- Spiritual and emotional support
- Spiritual/religious/cultural assessment
- Patient advocacy
- Facilitation of ethical decision-making
- Crisis ministry/management
- Bereavement care
- Prayer/rituals/memorial services

INTERDISCIPLINARY TEAMS
- Patient care conferences
- Patient rounds
- Ethics conferences
- Advance directives
- Palliative care teams

EMPLOYEE SUPPORT
- New colleague orientation
- Pastoral counseling
- Critical incident Stress Management (CISM) group support

INTERDISCIPLINARY TEAMS
- Patient care conferences
- Patient rounds
- Ethics conferences
- Advance directives
- Palliative care teams

LEADERSHIP
- Strategic initiatives/planning
- Leadership teams/department meetings
- Clinical Pastoral Education
- Mission integration
- Workplace spirituality
- Boards/education/formation
- Documentation of assessments/interventions/care plans

VOLUNTEER PROGRAMS
- Spiritual care volunteers
- Eucharistic ministers
- “No One Dies Alone” program
- Other programs

COMMITTEES
- Ethics
- Palliative care
- Critical care
- Perinatal loss
- Trauma care
- Bereavement
- Institutional review boards
Every chaplain in Trinity Health is encouraged to seek initial certification by successfully completing a minimum of four units of Clinical Pastoral Education (CPE) accredited by the National Association of Catholic Chaplains (NACC), the Association for Clinical Pastoral Education (ACPE), the Canadian Association for Pastoral Practice and Education (CAPPE/ACPEP) or National Association of Jewish Chaplains (NAJC). All chaplains are required to have the following:

- Current endorsement in accordance with the requirements of his/her own faith tradition
- An undergraduate degree from a college, university or theological school accredited by a member of the Council for Higher Education Accreditation required; master’s degree in theology, pastoral care, spirituality or related discipline preferred
- Documentation of thirty (30) hours of continuing education annually

Board-certified chaplains are required to have:

- Four units of Clinical Pastoral Education (CPE) – 1600 hours of training in an approved health care facility under the supervision of an approved CPE supervisor
- Minimum of a four-year college degree from an accredited school
- Master of Theology, Divinity or Pastoral Counseling degree from an accredited school
- Ecclesiastical endorsement from their religious community
- Successful approval from a professional certification board review team

For renewal of board certification status—chaplains must earn fifty (50) continuing education units every year for five years before undergoing a peer review.

Professional research studies are ongoing to measure the importance of spiritual care. Some of the results include:

- Physicians have come to value chaplaincy in the acute care setting and are now realizing the value of having chaplains in the outpatient and/or primary care setting—especially when working with an elderly population. December 30, 2011. Journal of Primary Care & Community Health. (Outpatient Chaplaincy — An Underdeveloped Resource)
- 86 percent of patients in Mayo Clinic study reported that chaplain visits were important to them. They felt that the chaplain reminded them of God's love and presence. February 2008. Mayo Clinic Proceedings. (Patient's expectations of hospital chaplains)
- Study shows that patient's spiritual/religious needs and emotional needs are met by Chaplain visits. Circa 2009. HealthCare Chaplaincy (The Correlates of Chaplains’ Effectiveness)
- Studies indicate that as many as 70 percent of patients are aware of one or more spiritual needs related to their illness (Fitchett. Burton, Sivan, 1997; Moadel. Morgan, Fatone, Grennan, Carter, Laruffa, Skummy & Dutcher, 1999)
- Between one third and two thirds of patients want to receive spiritual care (Carey. 1985; Fitchett, Meyer & Burton, 2000)
- Chaplains help patients “get better faster” and enhance their readiness to return home
As a Catholic health care system, ministry to the whole person, body, mind and spirit, is what we are called to do. Spiritual care provided by dedicated professional chaplains is a prominent cornerstone of Trinity Health’s Mission, Vision and Core Values. Chaplains are truly a unique “healing presence” and an integral part of the wholistic healing process.

**Conclusion**

We are to do for one another what Jesus did: comfort others by inspiring in them hope and confidence in life. Our distinctive vocation in Christian health care is not so much to heal better or more efficiently than anyone else; it is to strengthen their confidence in life. The ultimate goal of our care is to give those who are ill, through our care, a reason to hope.

— Joseph Cardinal Bernadin