TRINITY HEALTH
STANDARDS OF EXCELLENCE IN SPIRITUAL CARE
MISSION
We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

CORE VALUES

REVERENCE
We honor the sacredness and dignity of every person.

COMMITMENT TO THOSE WHO ARE POOR
We stand with and serve those who are poor, especially those most vulnerable.

JUSTICE
We foster right relationships to promote the common good, including sustainability of Earth.

STEWARDSHIP
We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

INTEGRITY
We are faithful to who we say we are.

VISION
As a mission-driven, innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be the most trusted health partner for life.
CONTENTS

INTRODUCTION: Vision of Spiritual Care Excellence 3

STANDARD ONE: Organizational Plan 4

STANDARD TWO: Spiritual Care Givers 6

STANDARD THREE: Collaboration and Relationships 9

STANDARD FOUR: Spiritual Care Services and Patient Rights 10

STANDARD FIVE: Performance Improvement and Accountability 12

GLOSSARY 13

APPENDIX A: Clinical Pastoral Education 15

APPENDIX B: Volunteer Selection and Training 17
Vision for Spiritual Care in Trinity Health

Trinity Health considers spiritual care to be an integral part of its mission and Catholic identity. A wholistic approach to care is a core component of Trinity Health with emphasis placed on multifaceted care of body, mind and spirit.

The following Standards of Excellence in Spiritual Care emanate from the Trinity Health Mission Statement and are designed to assure that quality spiritual care is provided for all people. These Standards represent Trinity Health’s ongoing commitment to excellence in the delivery of wholistic health service.

The Standards which follow assure that spiritual care is provided as an integral part of the health delivery system and therefore Regional Health Ministries (RHMs) provide for spiritual care services in present and future acquisitions and partnerships. The spirit behind this document is characterized by a commitment to collaborate with all who work to extend God’s healing presence through the ministry of health services. Caring for the human spirit is the responsibility of everyone on the healthcare team; chaplains are recognized as the lead resources for the spiritual component of care.

These Standards have been developed by certified and professionally prepared chaplains. Specific attention is given to the provision of spiritual care in a variety of healthcare settings along a seamless continuum of services.

Trinity Health recognizes that the needs, resources and culture of RHMs may inhibit the full implementation of some Standards. The System Office expects that variances are discussed, negotiated and documented. Documentation is retained at the local level and copied to the System.

“Since a Catholic health care institution is a community of healing and compassion, the care offered is not limited to the treatment of a disease or bodily ailment but embraces the physical, psychological, social, and spiritual dimensions of the human person ...’Without health of the spirit, high technology focused strictly on the body offers limited hope for healing the whole person.’”

Ethical and Religious Directives for Catholic Healthcare Services, Fifth ed., p. 11
United States Conference of Catholic Bishops, ©2009, Washington, DC
Each Trinity Health RHM has a written plan for the provision of spiritual care.

INDICATORS

A. The plan articulates how the RHM provides a healing environment, structure and methodology to promote the well-being of colleagues and those whom the RHM serves.

B. The RHM includes the provision of spiritual care services in its organizational chart. Lines of communication and responsibility within the RHM are clearly established. Primary responsibility for these services usually lies with a Spiritual Care Department, which is comprised of professionally trained spiritual care providers (See Glossary).

In situations where a spiritual care provider position is budgeted within a separate service such as hospice or a retirement facility, the professional relationship between that provider and the Spiritual Care Department is well defined and clearly communicated by the Regional Mission Executive.

C. The strategic plan, goals and objectives of the Spiritual Care Department are aligned with and supported by the Trinity Health System Office Mission Services Department and the RHM/ Joint Operating Agreement’s strategic plans. The plan will guide the allocation of sufficient resources (budget, chaplains, support personnel, space, computers, etc.) and will be reviewed annually with the organization’s leadership to fulfill its Mission.

D. Spiritual care services are integrated throughout the RHM delivery system. Settings served and supported by the Department may include but are not limited to:

• Acute care centers; rest homes; retirement, intermediate and skilled nursing facilities, specialty units such as rehabilitation units, substance abuse centers and health clinics
• Hospice care of the dying and home health services
• Palliative care programs
• Physician offices and outpatient services
• PACE/LIFE Programs
• Wellness centers
• Day care centers (adult and children)
• Faith community nurse programs
• Contractual partners
E. The Spiritual Care Department provides direction to colleagues regarding:
   • How to recognize a spiritual need and provide spiritual care appropriate to their roles
   • When/how to make a referral to a professional chaplain

F. Clinical training programs for Spiritual Care, e.g. CPE/Ongoing Formation, will be strategically located within select RHMs in order to:
   • Promote professionalism within Chaplaincy
   • Support the ongoing development of current chaplains
   • Contribute to research and education in Chaplaincy
   • Serve the surrounding community’s pastoral training needs
   • Facilitate succession planning for Trinity Health’s Spiritual Care Departments

G. The organization has a written document for policies and procedures in Spiritual Care.¹ These policies and procedures are:
   • Developed by members of the Spiritual Care Department in consultation with other health service professionals within the RHM and are approved by the appropriate management representative(s)
   • Based on latest research and best practices in the field
   • Available to colleagues of the RHM and, upon written request, to patients, clients and residents
   • Promptly developed and/or updated and approved by the appropriate interdisciplinary management body for new developments in the delivery of health services
   • Reviewed regularly

H. A compensation policy for department personnel is established and annually reviewed in conjunction with the RHM program for performance and salary review. Salaries are appropriately determined through regular market survey reviews.

¹Policies and procedures may include but are not limited to:
   • Admission information
   • Dress code
   • Critical Incident Stress Management
   • Volunteers
   • Confidentiality
   • Log book
   • Referrals to Spiritual Care Department
   • Sacramental ministry
   • Worship services
   • Care of persons who are dying
   • Spiritual care provision during staffing shortages
   • Staff meetings
   • Referral to faith community
   • Supervision
   • Continuing education
   • Safety policy
   • Initial spiritual screenings
   • Documentation
   • Multidisciplinary meetings
   • Response to codes
   • Worship services
   • Community clergy
   • Infection Control
STANDARD TWO:
Spiritual Care Department

Each Spiritual Care Department is staffed by professionally educated chaplains and volunteers who assist in this ministry.

INDICATORS

A. SPIRITUAL CARE TEAM

1. The composition of the Spiritual Care team reflects an appreciation of diversity in gifts, gender, culture, educational backgrounds and religious traditions. Certified Chaplains share responsibility along with other members of the department and volunteers to ensure excellence in the delivery of spiritual care services.

2. All chaplains demonstrate the competencies set forth by professional chaplaincy organizations and their performance is evaluated annually.²

3. The Department promotes personal and professional growth through various activities including:
   • Regularly scheduled team meetings
   • A regular peer review process
   • In services for sharing conference information, professional articles and case studies, etc.
   • An annual retreat to foster team building and to evaluate the Department’s strengths, limits and areas for development

B. LEADERSHIP

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

2. Trinity Health System Office Mission Services is consulted in the hiring process of spiritual care leaders in the RHM.

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

²For Certified Chaplains: the National Association of Catholic Chaplains (NACC), the Association of Professional Chaplains (APC), or The National Association of Jewish Chaplains (NAJC); for other chaplains: At least one unit of Level 1 Clinical Pastoral Education at an accredited Association for Clinical Pastoral Education (ACPE) center.
C. CERTIFIED CHAPLAINS
1. Each Spiritual Care Department hires certified chaplains for full time positions whenever possible.
2. Chaplains demonstrate the ability to articulate and support the Ethical and Religious Directives for Catholic Health Care Services.
3. Funding is budgeted within the RHM’s departmental budget to assist chaplains in attending professional continuing education in support of the Mission and certification requirements.
4. Research and publishing relevant to spiritual care and its role in the healing process is supported by members of the spiritual care team.

D. CERTIFIED PASTORAL EDUCATION SUPERVISORS
1. Where the Spiritual Care Department includes a Clinical Pastoral Education (CPE) program, the CPE program is fully integrated into the Department’s organizational plan. (See appendix.)
2. The CPE supervisors report to the designated department leadership.
3. The CPE supervisors and students are aware of and accountable for departmental goals, objectives, policies and procedures.
4. The CPE supervisors, along with the CPE Consultation Committee and the Department Director, operate the CPE program in accordance with the Standards of Excellence in Spiritual Care of Trinity Health as well as with current Association of Clinical Pastoral Education Standards.
5. Spiritual Care Department members are aware of, support and collaborate with the CPE educational program.
6. The CPE supervisors are responsible for the clinical supervision of students and for communication with respective clinical directors, administrators, and site mentors where students provide ministry.

E. NON-CERTIFIED CHAPLAINS (LEVELS I & II)
1. A well planned program is in place and operative for the formal on-going education of non-certified chaplains.
2. Where reasonable, non-certified chaplains who support the mission of the Department are encouraged and supported to complete the requirements for certification.
3. Mechanisms are developed through which non-certified chaplains participate in ongoing mentoring by certified chaplains on the spiritual care team.
F. VOLUNTEERS**

When there is a volunteer program within the Spiritual Care Department, specific indicators apply to assist the volunteers in contributing successfully to the Mission, Core Values and Vision of the RHM.

Trained to assist Chaplains in screening and providing specific services to patients/residents, volunteer visitors function as an extension of the Spiritual Care Department. Through a ministry of presence, a volunteer visitor will provide comfort and support to those in need. For patients/residents who are in spiritual distress, the volunteer will refer them to a Chaplain.

The volunteer program is conducted in collaboration with the RHM volunteer program and in compliance with Standards of the RHM accrediting organization (e.g. The Joint Commission, Community Health Accreditation Program, etc.).

**See Appendix B for Volunteer selection process and training program indicators.
STANDARD THREE: Collaboration and Relationships

Each Spiritual Care Department demonstrates a shared vision and team approach in collaboration with other health care providers.

INDICATORS

A. HEALTH SERVICES TEAM

1. Members of the Spiritual Care Department participate in the RHM’s interdisciplinary health services team.

2. At new employee orientation, Spiritual Care is presented as integral to the healing process.

3. Chaplains participate in care team planning processes for those whom the RHM serves.

4. A member of the Spiritual Care Department, preferably a certified chaplain, serves on the clinical ethics committee.

B. THE COMMUNITY

1. Educational opportunities regarding spiritual health and well-being are sponsored for clergy, parish ministers, pastoral visitors of diverse faith traditions and the public in accordance with Mission and Community Benefit goals.

2. Ongoing communication with local faith communities supports partnerships in ministry.

3. Advocacy with insurance providers, governments, church officials and administrators of ACOs is maintained within the RHM to support the right of patients, participants, residents and clients to receive spiritual care as part of wholistic treatment.

C. DIVERSITY

1. The Spiritual Care Department collaborates with appropriate departments in providing education, resources and tools to staff about cultural diversity present in the workplace and seeks to foster sensitivity and awareness to ensure respect for personal, cultural, and spiritual beliefs of those whom the RHM serves and their families.³

2. The Spiritual Care Department consults with community representatives when addressing cultural diversity which presents barriers to communication and effective care giving.

³Diversity includes attention to respect for differences in approaches to health care, healing and end of life perspectives and care, based on factors related to a person’s age, gender, sexual orientation, disability, family constellation, ethnic and cultural expression including language, diet, religious beliefs/practices and shared group or community identity.
STANDARD FOUR: Spiritual Care Services

Each Spiritual Care Department provides effective spiritual care ministry to those whom the RHM serves, their families/loved ones and colleagues whatever their stage of life within the continuum of care.

INDICATORS

A. Core services which are the focus of the Spiritual Care Department’s health and healing ministry include:
   • Spiritual Assessments, including interventions
   • Provision of sacraments, prayer and healing rituals
   • Bereavement ministry with the dying and their loved ones
   • Reconciliation ministry
   • Coordination of care plan with other health service professionals, documented in medical record
   • Addressing spiritual distress in those whom the RHM serves
   • Educating staff to recognize spiritual distress in those whom the RHM serves, and referring to a chaplain for follow up
   • Coordination of care with external faith communities, as requested by those whom the RHM serves
   • Involvement in ethical consultations for those whom the RHM serves and their families or surrogates
   • Provision of Spiritual Care 24/7

B. During initial encounters, spiritual care information materials are made available to those whom the RHM serves notifying them of spiritual care services.

C. In addition to the core services provided, spiritual care services for colleagues and staff of RHM include:
   • Providing educational programs in spirituality and wholistic healing for leadership and colleagues

These consultations may include and are not limited to:
   • Patient rights and responsibilities
   • Do not resuscitate orders (DNR)
   • Withholding and withdrawing of life support
   • Advance directives
   • Dilemmas of pregnancy and newborns
   • Postpartum care of mothers
   • Nutrition and hydration
   • Pain and symptom management
   • Organ/tissue procurement
   • Complementary therapies
• Assisting caregivers in fulfilling their involvement as a wholistic health care team with the roles they play in spiritual care of those whom the RHM serves and their families

• Facilitating rituals/communal worship to commemorate special feasts and significant events in the lives of colleagues and the organization

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

• Provision of spiritual services within home health, hospice, clinics, rehabilitation, faith community nursing programs, and older adult services and programs

• Facilitation of support groups within the local community

• Collaboration with local worshiping communities for follow up ministry for patients, residents and clients upon return to their communities

• Continuing education on issues related to spiritual health, wellness and prevention within the local community
STANDARD FIVE:
Performance Improvement and Accountability

Each Spiritual Care Department has a performance improvement process that is incorporated into the RHM’s performance improvement plan and demonstrates ongoing accountability for its services.

INDICATORS

A. Each Spiritual Care department has a written performance improvement plan based on Trinity Health’s and the RHM’s performance improvement plan and the Standards of Excellence in Spiritual Care.

B. The Spiritual Care Department’s improvement goals are regularly reviewed in light of satisfaction surveys from those whom the RHM serves and other outcome measurements and are included as part of the RHM’s improvement plan and measurements.

C. The Department’s performance improvement monitors are reviewed regularly and revised as necessary to ensure that quality is improved in the provision of spiritual care.

D. Performance reviews for spiritual care providers are consistent with human resource policies of the RHM and regulatory standards.

E. Assessment of the Spiritual Care Department via the Standards of Excellence in Spiritual Care is conducted in collaboration with Trinity Health and its RHMs on a regular basis as part of the Mission Assessment process.

F. Spiritual care services and interventions are documented in medical records and other appropriate documents of those whom the RHM serves.

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

H. Ethical decisions in Trinity Health facilities are guided by the Ethical and Religious Directives for Catholic Health Care Services and the Codes of Conduct of professional Spiritual Care organizations.
Glossary

SPIRITUAL CARE DEPARTMENT
(May also be called Pastoral Care Dept. or Chaplain Services within a particular RHM structure)
An integral component of the RHM health delivery system that is responsible for making spiritual care services available to persons served by and serving in the RHM.

CHAPLAIN (LEVEL I)
Those persons who are beginning the process of chaplaincy – Bachelor’s degree required. 1 CPE unit required. They support the mission of the Spiritual Care Department as on call and contingent chaplains, sacramental ministers, ordained ministers, and sisters and priests who enhance the Catholic identity and ministry of the organization.

CHAPLAIN (LEVEL II)
Those persons who are in the process of becoming certified – Master’s Degree in Theology or related field required; 2 CPE units required, 4 units preferred.

CERTIFIED CHAPLAIN (LEVEL III)
Those persons who have been clinically trained, formally reviewed and certified by their respective professional certifying bodies (e.g., National Association of Catholic Chaplains (NACC), Association of Professional Chaplains (APC), or the National Association of Jewish Chaplains (NAJC)) to provide spiritual care.

ADVANCE PRACTICE CHAPLAIN (LEVEL IV)
A certified chaplain who completes further education and receives additional certification in a specialized ministry (e.g. palliative care chaplain, thanatology bereavement specialist, Resolve through Sharing perinatal bereavement chaplain, etc.). The education and certification should be from nationally accredited center(s) and provide value to the organization. Chaplains are encouraged to consult their manager before pursuing any specialized ministry.

CLINICAL PASTORAL EDUCATION SUPERVISORS
Those persons who have been clinically trained, completed formal theological education, and have been formally reviewed and certified by their respective professional certifying bodies (i.e., Association for Clinical Pastoral Education and/or National Association of Catholic Chaplains) to supervise chaplains/ministers in their clinical education, theological integration, and reflection.
Glossary (cont’d)

**MANAGER/DIRECTOR OF SPIRITUAL CARE**
Those persons who are preferably certified by an accredited organization and entrusted with the management of the Spiritual Care Department within a designated facility/service.

**REGIONAL DIRECTOR OF SPIRITUAL CARE**
Those persons who are certified by an accredited organization and entrusted with the management of Spiritual Care Services for several facilities/services.

**VOLUNTEERS**
Those persons who have participated in non-academic programs for pastoral development and who are prepared to extend and/or complement designated spiritual care services (i.e., eucharistic ministers, pastoral visitation).

**SPIRITUAL CARE**
Extending compassion and care to persons in order to support them in their relationships with God/Higher Power, others and self. Wholistic care is multifaceted and includes attention to body, mind and spirit dimensions of the human person. This approach is essential to an integrated understanding of healing and wellness in the Catholic tradition.
Clinical Pastoral Education (CPE) is an experience in process education which has been shaped by history and yet remains responsive to the present day cultural developments which affect pastoral formation. The heart of CPE is ministry with people and learning about oneself as a minister through an action-reflection-action process which includes reflection, discussion, and evaluation with other students and a certified ACPE (The Association for Clinical Pastoral Education) supervisor/clinical educator. With the guidance of the supervisor, the student develops learning goals unique to his/her personal and professional development.

CPE training is for clergy, theology students, members of religious orders and lay people. The need for such education is acute, especially now that medical science is beginning to verify what Spiritual Caregivers have long held to be true: that the capacity to heal is directly linked to spiritual well-being. In one form or another, Clinical Pastoral Education has actually been a part of theological education for more than half a century. It is integrative, clinically supervised, and experiential training in which students learn, among other things:

- To become aware of oneself as a minister and the ways one’s ministry affects persons
- To develop the skills to provide intensive and extensive pastoral care and counseling to persons in their crises and situations
- To understand and utilize the clinical method of learning (action-reflection-action process)
- To accept and utilize the support, confrontation and clarification of the peer group for the integration of personal attributes and pastoral functioning
- To utilize individual and group supervision for personal and professional growth and for developing the capacity to evaluate one’s ministry
- To develop the ability to make effective use of one’s religious/spiritual heritage, theological understanding, and knowledge of the behavioral sciences in pastoral ministry to persons and groups
- To become aware of how one’s attitudes, values, assumptions, strengths and weaknesses affect one’s pastoral care ministry
- To become aware of the pastoral role in interdisciplinary relationships and to work effectively as a pastoral member of an interdisciplinary team
• To become aware of how persons, social conditions, systems and structures affect the lives of self and others and to address effectively these issues in ministry

• To develop the capacity to utilize one’s pastoral and prophetic perspectives in a variety of functions such as: preaching, teaching, leadership, management, pastoral care, and, as appropriate, pastoral counseling

• To develop (in select CPE programs) a pastoral specialty via:
  – Familiarity with the theories and methods for the ministry specialty
  – One’s own philosophy and methodology for the ministry specialty
  – Pastoral competence in the practice of the specialty
APPENDIX B:
Volunteer Selection and Training

Indicators for Selection/Position Descriptions of Volunteers

A. Position descriptions clearly identify the spiritual care volunteer’s role, scope of service(s)/ limitations, and areas of service. The descriptions clearly distinguish volunteers from other professional spiritual care providers. Descriptions also distinguish the roles for those serving as pastoral outreach volunteers in their faith community from those serving in a variety of health care settings. Position descriptions include the volunteers’ scope of services:

1. Volunteers contact patients/residents as assigned by staff Chaplain on duty/Coordinator of Spiritual Care Volunteer.

2. Volunteers seek information:
   • To verify accuracy of information acquired from registration as to religion and church affiliation
   • To ascertain from Catholic patients/residents their desire for a visit by a priest chaplain and for any of the Sacraments (Eucharist, Reconciliation, Sacrament of the Sick)

3. Volunteers refer patients for follow up by a Chaplain if a patient, clinical staff person or family member requests a referral or if volunteers believe a referral is needed.

4. Volunteers document in the Spiritual Care Department:
   • Any corrections of religion or church affiliation
   • Any contacts that require a Chaplain visit and/or follow up for sacraments

5. Volunteers provide each patient/resident with the Spiritual Care material, contact information and range of services.

6. Volunteers pray with patients/residents as appropriate and provide religious material when requested (prayer book, Bible, rosary, Sabbath candles, Koran, etc.).

B. Persons feeling called to service in the Spiritual Care Department receive a thorough introduction to this ministry, either as a one-to-one experience or through a group session.

C. Volunteers are assigned to areas determined by the Chaplains/Coordinator of Spiritual Care Volunteers, based on need.
D. There is a clear and articulated selection process for volunteer visitors.

1. Potential volunteers complete an application form which provides a snapshot of their sense of call to spiritual care, volunteer experience and references. The application is accompanied by a letter from his/her Religious leader affirming good standing in a respective faith community and endorsing the person’s capability for spiritual care ministry.

2. An initial interview provides an opportunity for the applicant to expand on the information in the application form, and for the interviewer to gauge the applicant’s capacity to effectively participate in spiritual care training. A second interview is best scheduled following training, and provides the opportunity for the applicant to demonstrate his/her learning. It is following this interview that a decision is made regarding the appropriateness of the person for the role.

3. The minimal duration of service is two (2) hours at any given period, according to the time standards set by each RH M.

E. Volunteer visitors receive training specific to their ministerial role in the spiritual care department.

1. A Certified Chaplain/Coordinator of Spiritual Care Volunteers provides an initial session which invites the volunteers to reflect on spiritual care as a call to ministry and helps the potential volunteer to reflect on his/her own spiritual life and comfort level with various illnesses.

2. Spiritual care volunteers also participate in the regular Orientation Process provided for all volunteers.

3. Additional training sessions may include:
   • Spirituality of life stages
   • Communication/listening skills
   • Emotional and spiritual aspects of illness and aging
   • The volunteer role
   • Pastoral visiting in various settings
   • Cultural/religious diversity
   • Prayer styles
   • Resources and referral processes
4. A Certified Chaplain/Coordinator of Spiritual Care Volunteers observes the volunteers for several visits at the beginning of their service.

5. The Spiritual Care Department provides days/evenings of reflection at least twice a year (Lent and Advent) as spiritual enrichment for volunteers. At this time (or on another occasion), the department provides opportunities for short educational components and opportunities for community among the volunteers.

F. Spiritual Care volunteers report to the Director or a certified chaplain on the team.

G. Volunteer visitors receive regular supervision for their services.
   1. Volunteers meet one on one with an experienced Chaplain/Coordinator of Spiritual Care.
   2. Volunteers (weekly or monthly depending on frequency of service) discuss their experiences of visiting patients/residents via verbal or written reflection.
   3. Volunteers attend and participate in meetings as required.
   4. The experienced Chaplain/Coordinator of Spiritual Care Volunteers and the volunteer mutually raise issues of concern and seek assistance as needed.

H. Volunteer visitors are evaluated for their services.
   1. Volunteers are evaluated on a yearly basis.
   2. The evaluation process covers all basic topics (safety, communication, confidentiality) as well as matters relative to the volunteer’s assigned area of service.
   3. Volunteers attend a bi-annual education session for updates on policies and performance indicators. These sessions may need to be more frequent if significant changes are occurring in the organization or the volunteer’s area of service.
   4. Volunteers are required to complete all organizational requirements.
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