POLICY TITLE: Spiritual Care Services

DEPARTMENT: Mission & Ministry ORIGINATION DATE: 04/13/2012
CATEGORY: Chaplain Services EFFECTIVE DATE: 06/20/2012

SCOPE
This policy applies to all Centura Health operating entities, physician practices, and services ("Centura") and all Centura associates.

PURPOSE
To set forth the scope of spiritual care services provided by all Centura Health operating entities.

STATEMENT OF POLICY
The Spiritual Care Department will provide spiritual, religious, and emotional support for patients, families and associates during daily patient care and emergency situations. The purpose of Spiritual Care is to facilitate healing using one’s spiritual resources. A chaplain’s ministry is primarily one of empathic listening and rapport building, assessing the individual's spiritual and emotional needs, helping them connect to spiritual resources, and identifying and documenting focused spiritual outcomes in a compassionate, safe and timely manner.

The Spiritual Care Department will work closely with other department personnel to meet the spiritual needs of the patients and families within the hospital and those identified within the community. Chaplains initiate contact with patients in all areas and consult with patients, families, significant others and hospital staff as referred and requested.

Spiritual care, comfort, encouragement and counsel are available to all persons in a Centura Health facility and other service areas regardless of religious or non-religious beliefs.

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All official Centura Health policies are maintained electronically and are subject to change. No printed policy should be taken as the official policy except to the extent it is consistent with the current policy that is electronically maintained.
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c. Distribution of Religious Articles and Literature

PROCEDURE

Care of Patients and Families

1. Spiritual and Emotional Care Provided: Spiritual and emotional care, comfort, encouragement and counsel are available to all persons in Centura Health’s entities and service areas; regardless of religious or non-religious beliefs, regardless of the nature of their health problem, regardless of their social or economic status, regardless of race, color, disability, sexual orientation, gender identity, or source of payment.

a. This spiritual and emotional care will be provided in a way which is consistent and supportive of Centura Health’s mission, vision and core values; is delivered in a compassionate, understanding, respectful, honest and confidential manner, while providing for and promoting the inherent dignity of each human person.

b. Spiritual and emotional care will be offered in a manner that provides reasonable consideration to the patient, family and their loved ones background, culture, religion and heritage.

c. Chaplains will initiate contact and consult with patients, their families and significant others in all areas of a facility, and as referred and requested; working closely with other department personnel in an effort to meet spiritual and emotional needs. Chaplains will also act as a liaison between the patient, family, medical and hospital staff.

d. The Spiritual Care Department will be notified when a patient is about to, or does receive significant news regarding diagnosis, treatment decisions or other situations where the presence of a chaplain may be helpful.

e. Full-time, (24/7/365), spiritual care will be provided by either chaplain being on-site and within the facility, or being on-call and available within thirty minutes. Vacations and times when the chaplain must be away will be planned in advance and approved by their supervisor. Coverage must remain in place with the ability to respond in a timely manner to any requests.

2. Outcome Orientated Spiritual Care:

a. Each member of the Spiritual Care Department will be proficient at providing Outcome Oriented Spiritual Care, which is Centura Health’s Model for the delivery of spiritual and religious care. This model of Outcome Oriented Spiritual Care (OOSC) contains five distinct phases of a spiritual care encounter; rapport building, spiritual assessment, development of a spiritual care plan, intervention and outcome/evaluation. This process may be accomplished in as little as 3-5 minutes or take much more time.

b. Ongoing training, support and evaluation will be provided by the Mission & Ministry Department to ensure excellence in providing spiritual care based upon this model.
3. Documentation of Care: All patient visits will be documented upon in Meditech’s Spiritual Assessment, using the OOSC model and Centura’s Guidelines for Spiritual Care Documentation. Advance Directives, introductory visit, deaths attended, volunteer visits and visits by Eucharistic Ministers are considered spiritual care visits and will be documented. Periodic chart audits will be performed to ensure ongoing excellence and to establish documentation best practices.

4. Referrals to Spiritual Care: Regular visitation by chaplains is carried out daily with an emphasis on specific patient referrals. Chaplains will respond to all patient, associate, nursing and physician referrals, including Advance Directive referrals, as soon as possible and within not more than six hours, when in the facility. These referrals will come through direct request, pager/cell phone, or patient rounds. On call chaplains will be available after normal work hours and on weekends. In the case of sacramental emergencies, the department director should be contacted and Catholic sacramental services provided.

5. Referrals from Spiritual Care: Will be provided, as appropriate, to patients for support, care and services upon leaving the facility.

6. End of Life Care: Chaplains will be proficient at providing short-term support, grief and loss counseling for patient, family and loved ones; both prior to and after death of the patient. This may include informing the patient and family of inevitable death, or informing the family of the death of their loved one, extending an understanding and listening presence, bringing a genuine attitude of empathy rather than sympathy, assisting the nurses and physicians by being a channel of communication between them and the family and bringing appropriate spiritual and emotional support to the situation. To facilitate this process, the Spiritual Care Department is to be notified of all deaths or impending deaths.
   a. Upon the death of a patient. The Chaplain will provide help in how best to inform other family members of the death, accompany the family if they wish to view the body, assist in the transfer of the patient’s property to the family, provide the family with information and help in regard to funeral information and other arrangements, which may include Donor Alliance, conversation with the coroner, etc. When the family is ready to leave, the chaplain may accompany them to the front door of the facility and inform the nurse when the family has left the building so the body may be taken to the morgue.
   b. Autopsy procedures. If appropriate, the Chaplain will obtain or assist the staff in obtaining permission for autopsy.
   c. Organ and tissue donation procedures. If requested, the Chaplain will obtain or assist the staff in obtaining permission for organ/tissue donation.

7. Advance Directives: Spiritual Care Department is responsible for responding to all referrals for Advance Directives information and to document, update or change the information as appropriate.

8. Emergency Situations: Chaplains will be able and willing to respond to all Code Blue, Stemis, Trauma Alerts and other medical crises within their facility. In responding they will assess the situation and attend to the spiritual and emotional needs of the patient and/or their family and loved ones. They will also assess the needs of the medical and hospital staff and attend to their spiritual and emotional needs as appropriate.

9. Ethics Consultation: Chaplains may be involved in an ethics consult as a convener, patient/family advocate, or facilitator.

10. Palliative Care: Chaplains in each operating entity will have at least a basic understanding of Palliative Care and be able to provide spiritual care services when requested by a physician or the Palliative Care team.

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11. Religious Rituals. The Spiritual Care Department will make available specific religious rites to patients and families, when requested and if possible.
   a. Most notably, the Eucharist will be made available to all Catholic inpatients on a daily basis. Notification of a patient’s desire to receive the sacraments is made by staff, family or other person to the Spiritual Care Department. This request is made with the consent of the patient, and if not possible, consent from the patient’s family.
   b. Religious rituals involving infant baptism and/or blessing; either the Spiritual Care Department will provide these services as appropriate, or reasonable effort will be made to contact a priest/minister/rabbi from the patient’s church or synagogue to perform these rituals.
   c. In the event a patient or their family requests other religious rituals, a reasonable effort will be made to contact a priest/minister/rabbi/leader from the patient’s church, synagogue, temple or faith community to perform the requested ritual.

12. Patient Care Conferences: At the request of the patient, their family, loved one/MDPOA, the physician or nursing staff, the chaplain may convene, attend or facilitate the patient care conference to discuss treatment decisions, and spiritual or ethical issues and concerns.

13. Confidentiality: Chaplains will maintain all necessary information in a confidential manner and in accordance with HIPPA requirements.

14. Patient Rights: The patient and their family are entitled to all the rights outlined in Centura Health’s Patient Bill of Rights, available and posted within each facility. These rights must be protected. However, in the event a patient chooses care which falls outside the Ethical and Religious Directives for Catholic Health Care Services, arrangements will be made to transfer the patient to a facility capable of providing the appropriate care and services.

15. Religious Services: The Spiritual Care Departments will identify and determine religious services for specific Holy Days and events as appropriate for the specific facility.

Care of Associates and Physicians
1. Spiritual and Emotional Support for Associates. The chaplain will make every effort to provide spiritual and emotional support to associates. This may involve informal one-on-one care, or group support and care. On occasion a chaplain may be asked to provide formal or informal conflict resolution and consultation regarding specific types of employee issues and concerns.

2. Contribute Constructively to Teamwork and Collaboration. The chaplain is a vital part of the care team and will bring a strong collaborative approach to all interactions with associates, regardless of their role.

3. Associate Financial Assistance Program is the responsibility of the Mission and Ministry Department. (see policy)

4. Critical Incident Stress Management. Each operating entity group (Mountain North Denver Operating Group, South Denver Operating Group, South State Operating Group and Mercy Regional Medical Center) will have a team of Chaplains trained in Critical Incident Stress Management (CISM) and will offer crisis intervention for staff affected by a facility-wide, department-specific or individual traumatic incident.

5. Orientation of Staff. The Mission and Ministry participates in the general orientation of all new facility employees, acquainting them with the spiritual and emotional services provided by the Spiritual Care department and how these services fit into the mission and vision of Centura. This orientation presentation will also include information on how associates can access spiritual care for patients, patient’s families and for Centura associates.
Inter-Departmental Coordination of Care

1. Consult and Collaborate: Chaplains and the nursing staff will work closely together to identify and address the spiritual and emotional needs of patients. It is the expectation that all full-time chaplains, and when possible all PRN/CPE chaplains will be regularly and actively involved in Interdisciplinary Team Rounds. When visiting units, chaplains will collaborate with nursing staff to provide the best spiritual and emotional care. Nursing will also contact chaplains to request a family care conference.

2. Respond to Physician Referrals: Every effort will be made to cultivate physician referrals for patient and family spiritual care and emotional support. When possible, all direct physician referrals will be responded to within 60 minutes.

Other

1. Chapel and its Use: The chapel is available 24 hours a day and is for the use of patients, their families, and associates for prayer and quiet reflection. Special services such as prayer services, ritual and blessings services may also be offered. Services in the Chapel are limited to those sponsored by or approved by the Spiritual Care Department. The care and maintenance of chapel materials used for worship is the responsibility of the Spiritual Care Department.

2. Visiting Clergy/Faith Community Leaders: We encourage and facilitate spiritual care of our patients provided by their clergy and designated lay visitors, while protecting the confidentiality of our patients under HIPAA guidelines. Each Spiritual Care department will maintain a collaborative relationship with local clergy and faith community leaders. When requested, Chaplains will inform a patient’s spiritual leader of their presence in the facility and make every effort to accommodate the patient’s request for a visit by their spiritual leader. Visiting clergy will be required to wear an identification badge / nametag at all times while in the facility. However, clergy and church visitors will be allowed to visit patients only of their own denomination. Any form of proselytizing is strictly prohibited.

3. Distribution of Religious Articles and Literature: Distribution of religious literature is only permitted by religious leaders to their own parishioners.

DEFINITIONS

N/A

REFERENCES AND SOURCES OF EVIDENCE

Footnotes:

1 Defined as the chaplain’s willingness to walk with another person from their needs-based problems to their resource-based outcomes, all within a spiritual and theological context.

2 The World Health Organization defines palliative care as: an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual (2012).

3 This service will be provided by Eucharistic Ministers. See Attachment A for specific requirements of performing as a Eucharistic Minister.

POLICY VIOLATION

Any Centura associate who fails to abide by this policy may be subject to disciplinary action, up to and including termination.

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**ATTACHMENT A**

**REQUIREMENTS OF PERFORMING AS A EUCHARISTIC MINISTER**

Eucharistic Ministers will:

1. Volunteer their time and services.
2. Be required to participate in a training program.
3. Make a commitment to a minimum of three months for the purpose of stabilizing their relationship to the facility, specific departments, and patients.
4. Have the appropriate endorsement(s).
5. Wear appropriate facility identification tags and sign the confidentiality statement.
6. Be considered a part of the facility’s Volunteer Department.
7. Be supervised by the Director of Mission Leader of the facility’s Spiritual Care Department or his/her designee.