

2008 SPIRITUAL CARE SERVICES QUESTIONNAIRE

Exceptional Spiritual Care – Passing the Torch

Workshop Handout
CHAC Annual Conference
April 25, 2009

In the spirit of the founding congregations of Sisters, we reveal God's love through our compassionate care of the individuals and communities we serve, especially the poor and vulnerable. As Catholic health care providers our mission is rooted in the healing mission of Jesus. The spiritual care of patients, families and staff is a cornerstone of our Catholic identity, mission, vision and values. Care of the whole person, body, mind and spirit, is the responsibility of the whole organization, from the boardroom to the bedside.

Catholic health care upholds a long tradition of exceptional spiritual care as a hallmark of its organizations. The *Catholic Health Ethics Guide* (CHAC) states, 'Our distinctive vocation in Christian health care is not so much to heal better or more efficiently than anyone else, it is to bring comfort to people by giving them an experience that will 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)

To truly demonstrate our commitment to exceptional spiritual care, we must engage in a regular and on-going process of education, reflection, evaluation and accountability, and succession planning. This is especially important in the face of complex challenges, including the inflow of a new generation of organizational leaders who will not benefit from the wise example and mentoring from the Sisters.

During this workshop you will be introduced to the **2008 Spiritual Care Services Questionnaire** and a process of reflection intended to foster meaningful conversation around the implementation of Catholic vision and values, thereby raising awareness among current and new organizational leaders, promoting organizational accountability and continuous quality improvement in the area of spiritual care. To date, this tool has effectively strengthened Catholic communities of compassionate health care in Alberta and Ontario.

This process is based upon *Standards of Spiritual and Religious Care for Health Services in Canada*, published in 2000 by CHAC and CAPPE, the Canadian Association for Pastoral Practice and Education. The *Standards* document is available on the member-only section of the CHAC website at the following link: <http://www.chac.ca/members/online/online-chacpublications.php>. CHAC will soon make the Questionnaire and process tool available on the website for all Catholic health care organizations in Canada.

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GOVERNANCE AND ADMINISTRATION	?	1	2	3	HIGH 4	REMARKS
1. Spiritual Care goals and objectives are reviewed annually. (#222)*						
2. Spiritual Care has written policies, procedures, ethics guidelines, reviewed every three years. (#223)						
3. Our Spiritual Care is advised by an Advisory Council comprised of community representatives from faith groups, services organizations, public health agencies, former clients, administrators. (#225)						
* Refers to an article number in the <i>Standards of Spiritual and Religious Care for Health Services in Canada</i> .						
HUMAN AND MATERIAL RESOURCES	?	1	2	3	HIGH 4	REMARKS
1. The budget provides for continuing education, development and maintenance of professional spiritual care credentials. (#316)						
2. We have sufficient staff and volunteers to implement our spiritual care goals and objectives. (#321)						
3. Spiritual Care provides for keeping confidential records. (#338)						
4. Support personnel provide administrative assistance which meet the needs of the spiritual care services. (#323)						
QUALIFICATIONS AND RESPONSIBILITIES OF SPIRITUAL CARE PROVIDERS	?	1	2	3	HIGH 4	REMARKS
1. Spiritual Care staff maintain good standing with their religious faith community. Endorsement by the faith community is documented. (#413)						

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2. Staff are sensitive to diverse expressions of faith and spirituality and function well in a multifaith and multicultural context. (#411) 3. Spiritual Care staff are well integrated in our multidisciplinary team work through networking and referrals. (#414) 4. Staff maintain or upgrade their professional and technical skills consistent with their certifying agency. (#415)							
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THE CARE PROCESS	?	1	2	3	HIGH 4	REMARKS
1. Spiritual Care offers continuing education for staff and the community on issues related to spiritual health and wellness, (#512-3)						
2. We encourage and support various faith communities to care for their members. (# 544)						
3. We facilitate ethical decision-making processes that include the care recipient, health team and, at times, the community. (#546)						
4. Spiritual Care is involved in continuous quality improvement activities in our organization. (#611)						

ACCOUNTABILITY AND EVALUATION	?	1	2	3	HIGH 4	REMARKS
1. Spiritual Care Staff are evaluated annually. (#615)						
2. We have a workload measurement system that records basic activities. (#622)						
3. An annual Spiritual Care Services Report is presented to Senior Management and the Board.						

PROGRAMS	YES	NO	SOMETIMES	REMARKS
1. We celebrate World Day of the Sick				
Founders Day				
Long Term Service				

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Lent – Easter				
Advent – Christmas				
Mission Award				
Memorial Services				
Remembrance Day Religious and Spiritual Care Awareness Week Multifaith Holy Days, please specify Other, please specify				

CURRENT ASSESSMENT

1. List the strengths of your current spiritual care ministry.
2. Describe your current efforts regarding succession planning for spiritual care ministry.
3. Describe the perceived needs and future concerns regarding spiritual care services.
4. Detail your ‘go-forward’ action plan for addressing current needs and future concerns.
5. The standards document suggests spiritual care goals and objectives be reviewed annually. Will you undertake an annual organizational review of selected spiritual care standards?

Date / Participants’ names / titles. (Ideally, the process involves the CEO, Senior Management, Spiritual Care and as many departments as possible.)