Standards of Spiritual and Religious Care for Health Services in Canada

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CONTENTS

INTRODUCTION 4

MISSION 6
- Objectives 6
- Settings 7

GOVERNANCE AND ADMINISTRATION 8
- Structure 9

HUMAN AND MATERIAL RESOURCES 10
- Budget 10
- Personnel 10
- Physical Space 11

QUALIFICATIONS AND RESPONSIBILITIES OF PERSONNEL 13
- Professional Staff 13
- Coordinator or Team Leader 14
- Support Staff 15
- Other Spiritual and Religious Care Providers 15

THE CARE PROCESS 16
- Preparing for Care Treatment 16
- Assessment 16
- Care and Treatment Planning 16
- Implementation and Evaluation of Care and Treatment 17
- Discharge and Followup 17

ACCOUNTABILITY AND EVALUATION 18

GLOSSARY 20

ACKNOWLEDGMENTS 24

INTRODUCTION

These standards are based on the conviction that spiritual and religious care is essential to sustain and restore the health of individuals and communities. The purpose of this document is to guide health care organizations in the maintenance and development of their spiritual and religious care services within the continuum of care. These standards provide a necessary first step toward the goal of giving such care a visible and integral place in the accreditation processes of the Canadian Council for Health Services Accreditation.

The standards are primarily a development and evaluation tool which sets the norms for spiritual and religious care in health services. Because health services are provided in a wide variety of cultural settings and managed through diverse organizational structures with varying financial resources, those applying these standards will of necessity adapt them to particular contexts. Sincere attempts to achieve the values embedded in the standards in a way that meets the needs and resources of each setting are more desirable than literal compliance with each standard.

The standards are designed to meet the particular challenges posed for Spiritual and Religious Care Services by the program management models prevalent in contemporary health care. Frequently, organization-wide responsibilities combined with limited resources present obstacles for providers of spiritual and religious care as they attempt to function within this organizational model. These standards recognize the responsibilities providers of spiritual and religious care have for services which extend across programs by identifying standards for structure, budget, personnel, and physical space. They also promote the value of spiritual and religious care providers for program teams by identifying standards for their contribution to the care process.

These standards of care pertain to the organization and delivery of spiritual and religious care in health care settings. They complement

professional standards of practice. Combined with the latter, these standards ensure spiritual and religious care that has credibility and integrity.

Traditionally, within the Judeo-Christian tradition spiritual and religious care services in health organizations have been identified as "Pastoral Care". In this document *"spiritual and religious care"* is utilized as an inclusive term that fits the Canadian multicultural and multifaith context. It is intended to embrace the best of the pastoral care tradition and to allow it new expressions.

This document is the product of the combined efforts of the Catholic Health Association of Canada (CHAC) and the Canadian Association for Pastoral Practice and Education (CAPPE). The CHAC Board of Directors approved this text in December 1999; the CAPPE Board of Directors approved this text in January 2000. These standards are based upon the research of existing standards and consultation with the members of both organizations. This is a working document ready for testing through use. The planned date of review is 2002. In the interval CHAC and CAPPE welcome feedback from those using these standards.

✧ MISSION ✧

100 **The mission of Spiritual and Religious Care is to improve the community's health status by promoting the care and treatment of the whole person (spiritual, physical, psychological, mental, social). In collaboration with others, the providers of Spiritual and Religious Care integrate the spiritual and religious aspects of care in the delivery of services within the continuum of care.**

Objectives

111 The primary objectives of the Spiritual and Religious Care Service's health and healing ministry are:

112 to be available and accessible to care recipients and care providers (staff, family and friends) within the continuum of care, especially those experiencing spiritual distress;

113 to assess the spiritual and religious needs of the care recipient within the continuum of care;

114 to develop and implement a spiritual and religious care plan to meet the care recipient's needs;

115 to empower individuals to understand the relationship between spiritual, religious, physical, psychological, and mental well-being;

116 to provide appropriate opportunities for worship, prayer, sacraments, and other rituals;

117 to facilitate experiences of supportive community;

118 to encourage follow-up that meets ongoing spiritual and religious needs.

Settings

121 The settings of the continuum of care may include but are not limited to the following: hospitals, nursing homes, long-term care centres, hospice/palliative care programs, health clinics, counselling centres, wellness promotion centres, children and youth agencies, substance abuse programs, home care, adult day care, drop-in centres.

✧ GOVERNANCE AND ADMINISTRATION ✧

200 **Care for the spiritual and religious dimension of the care recipients and care providers (staff, family and friends) is supported in the mission, budget and operation of the organization.**

211 The organization documents a component for the spiritual and religious care of all persons, as integral to a comprehensive approach to care.

212 Access to spiritual and religious care services, freedom from religious discrimination, and protection from proselytization are deemed rights, not privileges. Such rights may be indicated by, but not limited to, the following:

- respect for individual expression of spiritual or religious needs;
- support for participation in the rites, traditions and ceremonies of one's faith group;
- facilitation of spiritual and religious care by a representative of one's faith group in time of sickness, dying and death;
- privacy for personal spiritual development;
- identification of conditions limiting or restricting the above rights, assessed individual needs, and faith group practice.

213 All persons in care will be informed of the right to spiritual and religious care and services for themselves and their families.

214 Opportunities are made available for spiritual development, integration into faith communities, the practice of traditional rites, customs and disciplines of one's faith group consistent with the individual's preferences, experiences, abilities and goals.

215 Recognition of the spiritual needs and rights of the person is reflected in policies and procedures.

216 There is a budget item to meet operational, programmatic, and capital needs of the Spiritual and Religious Care Service.

Structure

221 The Spiritual and Religious Care Service is clearly identified on the organization's structural chart.

222 The Spiritual and Religious Care Service has goals and objectives, to be reviewed annually.

223 The Spiritual and Religious Care Service has written policies and procedures, which include ethics guidelines, reviewed every three years.

224 The Spiritual and Religious Care Service is represented on appropriate organizational committees and boards which impact and interface with its services (such as, ethics, planning, mission, education, Employee Assistance Programs).

225 The Spiritual and Religious Care Service is advised by a Council comprised of community representatives. (This Council may include representatives of faith groups, social service organizations, public health agencies, the sponsoring community, former clients, and administrators of the facilities served). The Council has advisory or consultative powers.

226 The coordinator or team leader is a member of middle or upper management levels.

✧ HUMAN AND MATERIAL RESOURCES ✧

300 **The health care organization demonstrates its commitment to provide for the spiritual needs of the care recipients and providers by ensuring Spiritual and Religious Care Services with appropriate human and material resources.**

Budget

311 The budget provides the necessary funding to support operational, capital and programmatic needs.

312 Within the contexts of the organization and the profession, the salaries and benefits of the Spiritual and Religious Care Service personnel are consistent with education, experience and responsibilities.

313 The budget includes funding, which is consistent with other professions, for 24 hour on-call services.

314 The budget provides compensation of faith group leaders when their services are requested by the Spiritual and Religious Care Service. This compensation is determined by the coordinator or team leader.

315 The budget provides faith group, student and volunteer spiritual and religious care service providers with formal recognition for their spiritual and religious service to the organization.

316 The budget provides opportunities for staff's continuing professional education, development and maintenance of professional credentials.

Personnel

321 The Spiritual and Religious Care Service has sufficient staff and volunteers to meet and implement its goals and objectives. The number and ratio of professional spiritual

and religious caregivers is determined by the needs and goals of the organization and range and volume of services offered through the continuum of care.

322 Staff and volunteer availability is suitable to the care recipient's schedule in order to best serve his or her needs.

323 The Spiritual and Religious Care Service has support personnel that provides administrative assistance which meets the needs of the service.

324 The Spiritual and Religious Care Service has identified staff and volunteers available to address the diverse spiritual and religious needs of care recipients and providers in ways that are linguistically and culturally appropriate.

325 A formal arrangement is documented when operational needs require spiritual and religious care personnel from outside the organization.

Physical Space

331 The Spiritual and Religious Care Service areas are well-identified, easily accessible, and barrier free.

332 Appropriate space is available for private, confidential, and professional consultation. It is situated near the point of care where care recipients are located.

333 Each staff member has an individual work area.

334 The Spiritual and Religious Care Service coordinator and team leader has a private office.

335 Space is available for visiting spiritual and religious care providers.

336 Space is available for the Spiritual and Religious Care Service team meetings.

337 The organization provides worship space which is sensitive to a broad range of spiritual and religious traditions.

338 The Spiritual and Religious Care Service provides for keeping confidential records and for storage of electronic documentation.

339 Space is available for a Spiritual and Religious Care Service library.

✧ QUALIFICATIONS AND RESPONSIBILITIES OF PERSONNEL ✧

400 **The Spiritual and Religious Care Service program includes personnel who are qualified to perform their assigned duties.**

Professional Staff

411 The Spiritual and Religious Care Service staff are certified, spiritual and religious caregivers who are sensitive to diverse expressions of faith and spirituality. They are able to function in a multifaith and multicultural context. They work in cooperation with community faith group leaders, lay faith group caregivers and the multidisciplinary health care team.

412 The professional staff is certified for spiritual and religious care by an appropriate national credentialing agency recognized by the Canadian Association for Pastoral Practice and Education (CAPPE), the Catholic Health Association of Canada (CHAC), and other equivalent organizations.

413 The Spiritual and Religious Care Service staff maintains good standing with their religious/faith communities. Endorsement by their religious body is documented.

414 The staff functions as team members integrated in the organization, networking with other professionals through referrals and multidisciplinary teamwork.

415 Members of the Spiritual and Religious Care Service staff maintain or upgrade their professional and technical skills consistent with the standards of practice of their certifying agency.

416 Members of the Spiritual and Religious Care Service staff are responsible for ongoing personal growth and integration.

417 Each staff member adheres to the professional Code of Ethics and Standards of Practice of their credentialing association (e.g., the Canadian Association for Pastoral Practice and Education), their endorsing religious body, and the organization in which they work.

Coordinator or Team Leader

421 The coordinator or team leader is responsible for the provision of spiritual and religious care as delineated in accordance with administrative policy.

422 The coordinator or team leader meets all of the criteria expected of the other multidisciplinary professional staff within the organization.

423 The coordinator or team leader, in collaboration with the organization's staff, clearly articulates to the organization and the community the role and outcomes of offering spiritual and religious care within the context of an individual's health and illness.

424 The coordinator or team leader encourages reflection on human and religious values within the organization and community.

425 The coordinator or team leader is responsible for ensuring that management functions are carried out, such as planning, budget preparation, coordination and evaluation of staff.

426 The coordinator or team leader has management education and experience required by the organization for management positions.

427 The coordinator or team leader administers the selection, deployment, education, development, and spiritual and religious care of volunteers.

Support Staff

431 The support staff exhibits an understanding of and commitment to the goals and objectives of the Spiritual and Religious Care Service.

Other Spiritual and Religious Care Providers

441 All contract, on-call, student and volunteer providers are screened and educated by the Spiritual and Religious Care Service, and adhere to a clear plan of supervision and responsibility.

442 All contract, on-call, faith group, student and volunteer spiritual and religious care service providers are recognized by the organization and are accountable, either directly or indirectly, to the coordinator or team leader.

✧ THE CARE PROCESS ✧

500 **The Spiritual and Religious Care Service provides a comprehensive program for care recipients[1] according to patient care principles and criteria.**

Preparing for Care and Treatment

511 The Service participates in ongoing in-service programming for staff with particular emphasis given to direct service providers.

512 The Service offers continuing education and enhancement programs for the community on issues related to spiritual health and well-being.

513 The Service takes initiative to assist businesses, schools, community organizations, and faith communities to address wellness needs.

514 Information regarding the availability of the Service is included in orientation programs for new employees, professional staff, volunteers and board members.

Assessment

521 The Service participates in the assessment of the care recipient and in the development of treatment goals.

522 The Service completes a spiritual assessment of the care recipient.

Care and Treatment Planning

531 The Service contributes to the preparation of the care plan.

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1. Care recipients frequently include family and friends, and sometimes staff and administrative personnel.

Implementation and Evaluation of Care and Treatment

541 The Service provides comprehensive resources for spiritual and religious counselling, spiritual direction and other specific spiritual and religious care.

542 The Service supports the care recipients and their families during times of crisis, including the facilitation of dialogue between them and the health care team.

543 The Service facilitates communication with the care recipient's faith community as authorized by the care recipient.

544 The Service encourages and supports faith communities to care for their members.

545 The Service offers worship, prayer, sacraments, and other rituals in response to the identified needs of care recipients.

546 The Service facilitates ethical decision-making processes that include the care recipient, and health care team and, at times, the organization and community.

547 The Service contributes to care review conferences.

Discharge and Followup

551 The Service contributes to the discharge planning process and facilitates the continuity of spiritual and religious care.

552 At the time of the care recipient's transition from one setting to another, the Service offers support through referrals and other appropriate action.

✧ ACCOUNTABILITY AND EVALUATION ✧

600 **The Spiritual and Religious Care Service has a system of accountability which measures both the quantitative and qualitative aspects of its service.**

611 The Service is involved in continuous quality improvement activities in the organization.

612 Processes for monitoring and improving the quality and quantity of spiritual and religious care and services are developed and implemented by the Service in consultation with the Advisory Council, health care team(s) and care recipients.

613 In the evaluation of spiritual and religious care services, priorities are identified considering the needs and expectations of the care recipients, and the current effectiveness of the service.

614 Activities are undertaken to improve the identified priorities.

615 Service staff are evaluated annually.

616 Organizations offering Supervised Pastoral Education (SPE) maintain their accreditation with the Canadian Association for Pastoral Practice and Education (CAPPE).

617 Spiritual and Religious Care Service meetings are held on a regular basis.

618 Minutes of the Service staff meetings are reported, filed and made available to administration.

619 Meetings of the Spiritual and Religious Care Service Advisory Council are held at least quarterly.

620 The Service functions within budgetary directives.

621 The Service staff document their assessments, plans, interventions and outcomes in the record of the care

recipient according to the established guidelines of the organization.

622 The Service maintains a workload measurement system that records it's activities.

623 There are position descriptions for all staff.

624 Scheduling of staff hours is consistent with care recipient and staff needs.

GLOSSARY

Care
The assistive, supportive or facilitative acts on the part of service providers and caregivers to meet an expectation or a need which is identified. Care is a process which responds to changing expectations and needs. (Adapted from *Palliative Care: Towards a Consensus in Standardized Principles of Practice*, p. 31.)

Care provider
A qualified person who is theologically and clinically educated and endorsed by his or her faith group to provide religious and spiritual care. (Adapted from *Guidelines for the Provision of Religious and Spiritual Care in Health Care Facilities*, p. 1.)

Care recipient
A person who receives spiritual and/or religious care from the care provider. This may include staff, family and friends.

Certification
Documentation confirming attainment of a certain level of proficiency. (Adapted from *Standards for Acute Care Organizations: A Client-centred Approach, 1995*, p. 4.)

Community
A group of people most often defined by a geographic boundary within which other groups with specific interests exist, such as enrollees in a health plan, a faith group, or special populations with particular needs, such as the gay community, or a given cultural community. (Adapted from *Spiritual Care in a Community or Network Setting*, p. 3.)

Credentialling
The process which includes competencies, knowledge and skills to be certified; assessment of each individual to determine compliance with requirements, issuance of a document to attest to the individual's possession of the requisites; and, periodic recertification

to ensure that the individual continues to possess the requisites for credentialling or meets new requisites made necessary by advances in the field. (Adapted from *Standards for Acute Care Organizations: A Client-centred Approach*, p. 6.)

Faith group

People adhering to a certain set of religious and spiritual beliefs and practices. (Adapted from *Guidelines for the Provision of Religious and Spiritual Care in Health Care Facilities*, p. 4.)

Faith community

A group of local people who belong to a particular faith and are organized as a congregation, parish or around a synagogue or temple. (Adapted from *Guidelines for the Provision of Religious and Spiritual Care in Health Care Facilities*, p. 4.)

Lay faith group caregivers

Persons who are not the designated leaders of a faith group, but are appointed to provide the religious and spiritual needs of patients of their faith in health care facilities. (Adapted from *Guidelines for the Provision of Religious and spiritual Care in Health Care Facilities*, p. 4.)

Multifaith

The recognition that society is composed of people of many religious and cultural traditions. This does not imply a blending of the various faiths to form a generic faith, but is rather a term which recognizes the uniqueness of each spiritual and religious tradition. (Adapted from *Spiritual and Religious Care Policy Manual*, p. 235.)

Professional Staff

Those who have a college or university level of education, and who may require licensure, registration or certification from a provincial/territorial authority in order to practice; and/or those who exercise independent judgement in decisions affecting the care and treatment of clients/patients. (Adapted from *Standards for Acute Care Organizations: A Client-centred Approach*, p. 18.)

Program
An organized system of services or an inter-related series of activities designed to address the health care needs of clients/patients. The approach to care is interdisciplinary and there is an individual accountable for the administration of the program. The term may also be used to describe a plan of therapy for clients/patients. The plan may be individualized or organized for a group of clients/patients with similar needs. (Adapted from *Standards for Acute Care Organizations: A Client-centred Approach*, p. 18.)

Quality improvement
The organizational philosophy that seeks to meet clients' needs and exceed their expectation by utilizing a structured process that selectively identifies and improves all aspects of care and treatment, and service. (Adapted from *Standards for Acute Care Organizations: A Client-centred Approach*, p. 19.)

Religion
The expression of spirituality through traditions, rites and practices usually within the context of an organized faith. (Adapted from *Guidelines for the Provision of Religious and Spiritual Care in Health Care Facilities,* p. 4.)

Spiritual and Religious Care
The activity used by chaplains, community clergy, faith leaders and laity to help persons to discover and to deepen their spirituality and give expression to their religion. (Adapted from *Guidelines for the Provision of Religious and Spiritual Care in Health Care Facilities*, p. 1.)

Spirituality
Those matters concerned with the transcendental, inspirational and existential way to live one's life, and in a fundamental and profound sense, those matters concerned with the person as a human being. Organized religion may be a part of an individual's spirituality. (Adapted from *Palliative Care: Towards a Consensus in Standardized Principles of Practice,* p. 33.)

Spirituality is the universal human capacity and need for meaning-making by which the individual achieves a dynamic integration between the self, the various communities or reference points, and their ultimate concerns. (Adapted from *Vocation and Dialogue: The Profession of the Chaplain*, p. 5.)

Standard

The desired and achievable level of performance against which actual performance can be compared. (Adapted from *Standards for Acute Care Organizations: A Client-centred Approach*, p. 21.)

Standards of Care

The specified care and treatment of the client/patient that is valued by the organization. Standards of care should be consistent with and evolve from the professional standards of practice, the values of the organization and the needs of the client/patient population served. They describe the minimum, competent level of care and treatment that can be expected by every client/patient and identify the expected results (outcomes) of care and treatment. (Adapted from *Standards for Acute Care Organizations: A Client-centred Approach*, p. 21.)

Standards of Practice

Authoritative statements that describe the level of care and treatment, or performance common to all members of a profession. These statements focus on the professional behaviour of the care provider, and provide the direction to address the legal and professional basis of practice. (Adapted from *Standards for Acute Care Organizations: A Client-centred Approach*, p. 21.)

Team

A small number of people with complementary skills whose functions are interdependent. They work together for a common purpose or result (outcome) on a short-term or permanent basis. (Adapted from *Standards for Acute Care Organizations: A Client-centred Approach*, p. 22.)

ACKNOWLEDGEMENTS

The following documents have been used in the development of these standards:

Guidelines for the Provision of Religious and Spiritual Care in Health Care Facilities, OHA Task Force on Spiritual and Religious Services, Ontario Hospital Association, 1991.

Palliative Care: Towards a Consensus in Standardized Principles of Practice, The Canadian Palliative Care Association, 1995.

Spiritual and Religious Care Policy Manual, Ontario Chaplaincy Services, 1993.

Spiritual Care in a Community or Network Setting, Catholic Health Association of the United States, 1998.

Standards for Accrediting Pastoral Services, COMISS/JCAPS,1997.

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