HMA Chaplaincy Guidebook
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INTRODUCTION
Greetings I am Rev. Larry Pope. Call me Larry! Some call me “the Pope.” Since my Dad is a Senior and I am a Junior, you could call me Pope, Larry II :> Okay, I guess I have to be serious… I gave been a pastor of three churches: in Birmingham, Alabama (Roll Tide!) and in Englewood, Fl and in Port Charlotte, Florida (Go, Gators!) for a total of 16 years. I have been a hospital chaplain since 1996 and have served 13 years at the Charlotte Regional Medical Center in Punta Gorda, FL. I have been the HMA Director of Chaplaincy since 2008. Yes, it’s hard to believe I am only 39! I told my wife I have the body of a 39-year-old. She told me, “You had better give it back to him, you’re getting it all wrinkled!!!” That’s not very nice!

I am a graduate of Toccoa Falls College (B.A. in Missions 1980) in Toccoa Falls, GA. and a graduate of the Alliance Theological Seminary (MDiv in Pastoral Studies 1987) in Nyack, NY and working on a PhD in Christian Counseling from the Colorado Theological Seminary. I am non-denominational -- ordained in the Christian and Missionary Alliance, which has always been an inter-denominational fellowship of Christians – hence the name “Alliance”.

I am happily married to Sarah. We have been happily married for 30 years – actual we have been married for 32 years – but happy for 30! Ha! We have three wonderful children – actually we have four children – three are wonderful and one’s a stinker! Yes, the real world.

Alright I’ll try to be serious – again!

I approached HMA corporate in April of 2008 about my concern that HMA had so few chaplains. I offered my services to help remedy that problem and here we are.

Please look at my position as a mentor, encourager, trainer, coach, guide, fellow-worker, and friend. Not a boss.

HMA GUIDEBOOK
This HMA Guidebook is not a manual that must be followed exactly by all HMA hospitals. Rather it is a guide or a check list so that nothing is forgotten. It is also a place where each hospital’s chaplain can add their ideas and thoughts. You can disagree with me – my wife does all the time! We always need to be teachable and to learn from each other. 2 Timothy 2:2 says it well, “You then, my son, be strong in the grace that is in Christ Jesus. And the things you have heard me say in the presence of many witnesses entrust to reliable men who will also be qualified to teach others.”

There is a four generational teaching involved in those verses – Paul to Timothy, Timothy to someone reliable, who will then take that teaching to another. Actually this discipleship never ends. I encourage you to “Entrust [this information and all you know] to reliable men [and women]”. So use this information to teach your hospital staff, your hospital volunteer chaplains, your local ministers, and the lay people in each church. You possess a wealth of information that others need from you. Don’t hide your light!
The Outline above is for your reference. The brief summary of each item below will point you to the files, forms and tools that are available through the HMA Director of Chaplaincy. These files are digitally stored and can easily be copied and edited for usage. This guidebook is a work in progress, meaning I can’t read it without changing it. I am sure there are flaws and I will change my mind as I am enlightened.

Also see our HMA Chaplains WEB Site: http://HMAblogs.HMA.com/hmachaplains
There is a wealth of information there concerning Hospital Chaplains, Joint Commission, Office Setup, Training and Resources for Hospital Chaplains.

Again these files, forms and tools are not a strict template but are resources so that we are not reinventing the wheel. Tweak the information to fit your needs. Please e-mail me any information that you feel would be helpful to others.

QUALITIES OF A CHAPLAIN
I was asked by an HMA corporate executive: “What are the good qualities you look for in a chaplain?” I loved the question. I gave him three that I have now expanded to five qualities: spiritual, mature, compassionate, non-denominational, and able to listen and read people.

I would say foremost that a chaplain should be SPIRITUAL. To some that can mean pharisaical, monastic, stuff-shirt, and holier-than-thou. But I look at spiritual as being: honest, ethical, and full of integrity. Spiritual is also having faith and morals. Anyone can quote Scripture and Theology, but being spiritual is not for sissies – it’s hard, but fulfilling work. Next, I would say MATURE. Maturity is the ability to let go of control, to be content, grateful, optimistic, peaceful, serene, to have hope and joy, to give up people pleasing, to move beyond hurt feelings, to forgive, to admit wrong, to ask for help, to say “I love you”, to be happy when others succeed, and to pray for our enemies. Next, I would say COMPASSIONATE is a good quality for a chaplain. We chaplains, above all others, should care for people and be empathetic with their hurts and pains. Next I would say NON-DENOMINATIONAL is the goal of each chaplain. We should believe passionately the tenets of our own particular faith or denomination that ordained us and continues to credential us. But we should be gracious enough to allow others to think, express, grow, and be who they are. The goal may be able “to agree to disagree.” I am cautious of the word “tolerance,” because it has a connotation of weakness and watered-down opinions. We can be accepting, forbearing, broadminded, open-minded, and lenient and still be assured of our faith, beliefs, and opinions. Next, we chaplain, should be ABLE TO LISTEN and LEARN TO READ PEOPLE. It was not a mistake that God gave us two ears and one mouth. There isn’t a class on listening unless you are studying counseling. But even many counselors are quick to butt in and give their jewel of an answer. Learning to read people can change your patient visitation, management style, staff counseling, and your marriage!!! Learn to pick up on the unwritten, unspoken, and subtle hints. More on all these later – see PROSELYTIZING AND SOLICITATION.

So, I have a ways to go in being spiritual, mature, compassionate, non-denominational, and able to listen and able to read people. Maybe you can identify with that self-evaluation. Be contagious – rub off your good qualities on someone!

THE ROLE OF A CHAPLAIN
Allow me for a moment to encourage you and give you a perspective of who I believe you already are and who I wish you to become. You, as a hospital chaplain, are a spiritual professional! You are well-trained – Masters Degree and CPE. Most of you are hospital managers and directors – if not, you should be. You should not act like a clerk or a secretary. Whatever you are doing what someone else can learn to do – teach them and let them. Learn to delegate and learn to look like, act like, walk like, and talk like an administrator. Then they will treat you like one. I like what one Christian who was a Corporation CEO called himself. He said, “I am the CSO – the Chief Spiritual Officer of my corporation.” That’s it! We should be the CSO’s of our hospital and disciple others to become Spiritual Officers also.

You are the spiritual leader of your whole community. The hospital chaplain is the hub that brings all ministers together non-denominationally. You are the glue that holds them together. You are the
community educator on how spiritual care relates to health care. You need to be in touch within your hospital and within your community.

**You are the pastor of the largest congregation in town!** Your congregation is the sum total of your whole hospital staff, all administrators, all hospital volunteers, all physicians, the patients and their families and friends. That’s a big job! But let me add one more group to that huge list. These are the loneliest people in your community. No, not the indigent – but you can add them also. I am speaking about the local ministers. If you have ever been one, you will know what I mean. They are lonely, frustrated, bruised and bleeding. They can’t talk to their members about it, because that’s who bruised them. They cannot talk to their superior about it because that’s who cut them. So, you become their friend and confidant. Some of you just had a M.I. over my burdensome job description and others started smiling at the possibilities. It’s all in the calling and perspective.

So, your job description just got overwhelming. You are going to need some help. Later we will discuss recruiting volunteer chaplains to help you. Again think about being a leader not a follower or a one man show. Back to the need for help – you can’t do this job without God’s help!!! Begin each day asking for help, asking the Lord to guide your day, asking for Him to orchestrate the problems, needs, traumas, and crises. Yes, He likes doing that! Many of us are all stressed up and no where to go. We don’t need to be stressed. My motto is -- “I’m too Blessed to be Stressed!” But to be honest, I used to be too stressed to be blessed.

**CHAPLAIN’S JOB DESCRIPTION**

So, exactly what does a chaplain do? Well, how much time do you have for a full answer! If you ask Administration or the chaplain’s supervisor, they will not have a clue. And if you ask a chaplain, the waters may be just as muddy. For sure, a few things stand out: requests to see a chaplain, requests to call a patient’s church or place of worship, trauma, crisis, end-of-life discussions, death, Advance Directive discussions, staff counseling, and community involvement. The OUTLINE above will show that the chaplain does multiple tasks. In other words, a chaplain’s job is never done. There will always be something in your in-basket when you go home each day.

**HOURS and ON-CALL**

Here is a good place to talk about hours and on-call. Many good-hearted, compassionate, codependent, and enabling chaplains falter here. I will help get your job description changed if it is too overwhelming. Some job descriptions read “24 hours a day, 7 days a week, 365 days a year” or at least that’s the way you interpreted it. That is impossible to do, unhealthy for you and your family, and no other hospital employee would stand for it. We could talk for hours about boundaries, self-respect, and limits to what is loving and spiritual. Remember: Jesus took a vacation! Someone told me, “Larry, you are not the Messiah and you are not Holy Spirit, Jr.”

On the other hand, there are a few who think chaplaincy is a cushy job and you hang out in your office a catch up on your reading. No, I don’t have closed circuit TV. For those few, look at all the opportunities you are missing! Think about those that need you!

Balance is bliss. Some of us, including me, took a long time in ministry to find balance. Look for the balance in work and play, duty and calling, task and people, fast and slow, loud and quiet, involved and alone, and compassion and tough-love. When you arrive at this, then come teach me!!! We are all still in process aren’t we?

**DRESS CODE**

A chaplain should look professional. Chaplains are not asked to wear lab coats or scrubs – you are not clinical. You are more administrative. So follow the lead of administration is dress. Shirt and tie for men – coat (if desired at a special meeting) but try not to look overly dressed. For the ladies – dresses or skirts or
dress suits. Your hospital already has a dress code for shoes and stockings, nails, perfume and costume jewelry. Some chaplains are part of a certain faith that wears collars or crosses. Again, we must be careful not to promote or push our faith. To one patient your choice with your clericals would be offensive or not welcomed. To another patient it would be offensive or improper not to have the collar. True, we can’t make them all happy. There will be not an HMA mandate on this – just be sensitive. I used to wear Christian ties, crosses and shirts with logos. I do that very seldom now. I don’t want to offend. However – a sermon to myself – in wanting not to offend one in a million, I refrain from supporting and encouraging a thousand. You be the sensitive judge for the population in our area. What is appropriate in Key West will not fly in Lancaster, PA.

HMA LOGOS
You may be asking, “Why did HMA have a fish [ichthus] on our logo?” HMA’s present owners purchased hospitals with the HMA name and logo from a Christian hospital management group in the 70’s and we kept the logo.” The present leaders of HMA have changed to logo to include a Cross in the word “Management”. Yes, you have to look very close to see it. No, we are not a faith-based hospital management group. You may say to others, “We had the fish on our logo and now we have a cross on our logo because we follow Christian principles.”

Each of the following topics have extra files, forms, polices and WEB sites addresses on a CD Disc for your perusal. Please ask for this if you do not already have it. Please email me any other ideas, files, forms, policies and WEB site addresses for good information.

ADVANCE DIRECTIVES
Most hospital chaplains are involved with Advance Directives. We must be careful not to become an Advance Directive clerk so that we are overwhelmed with clerical details. Some chaplains are afraid to let this go, fearing that it is “job security”. They believe the busier they appear then they will always have a job. Release the grip from the front line of Advance Directives (i.e.: helping all patient document Advance Directives) – a well-trained clerk (i.e.: admitting, or admitting nurses) can do this. There is no way a chaplain can help every patient document every Advance Directive and not let some fall between the cracks. Then embrace and utilize your great talents on the other end of Advance Directives (i.e.: End-of-Life discussion: DNRs, Hospice, and Withdrawal of Life Support). This is where you and only you, the chaplain, can shine. When nurses and administrators discuss Advance Directives it is assumed that the motive is money. When a chaplain discusses Advance Directives it is assumed that the spiritual leader has the patient’s best interest in mind.

ARTICLES – “NECESSITY OF A CHAPLAIN”
There are hundreds of articles that seek to “prove” the worth of a chaplain financially, medically, emotionally and spiritually. As you come across any article or WEB site please forward that to me so we all can gloat together!

ASSESSMENT, SPIRITUAL (and see Charting)
Joint Commission, as of 2004, required a spiritual assessment on each patient. It is not etched in stone what Joint Commission will mandate. See the http://HMAbolgs.HMA.com/HMAchaplains WEB Site for the lastest updates.

BROCHURES AND HANDOUTS
As a for-profit, non-faith-based hospital, you must portray a non-denominational appearance. If you distribute your favorite denominational material, then you are pushing your options on others. Some have tried to display ALL material of ALL faiths. That is hard to keep up with. I have even tried displaying the scriptures of the top 12 religions. They just got stolen by a seeker or destroyed by an antagonist. So, just display non-denominational material publicly (i.e.: in the chapel). Know your religious culture in your area and meet the need of the majority. You should keep materials particular to certain other faiths in your office – just in case (i.e.: Catholic Rosaries, prayer cards, Jewish prayers, Islamic prayers, Torah, Koran, etc.). I have made a brochure from the chaplain office with prayers from the top four religions: Christian, Catholic, Jewish and Islamic. Some HMA hospitals have recently been acquired from faith-based hospital agencies and have special privileges for a certain contracted amount of time.

CHAPEL
A chapel is not a right but a privilege. A hospital is not required to have one, but it only makes sense to provide a place for patients, their families and staff to worship, pray, to have a quiet place to meditate. It is tempting for a hospital that is short on space to covet your perfect location. Don’t be demanding of your space but do assert your hopes to provide for your community’s spiritual needs. I have had my chapel moved, stolen, and used as a closet more times than I can count. We realize that administration sees the chapel used very seldom, but when that time comes – it is very important to that person or family. We can lose a tremendous amount of public relations with the words “we don’t have a chapel right now.” Actually the name “chaplain” means “keeper of the chapel”. So make the chapel your duty to gently protect.

CHAPLAIN – PROFESSIONAL
The role of a profession chaplain has more to do with your self-esteem (or what I like to call “God-esteem”) or self-worth (or what I call “God-worth”) than your title, degrees or certifications. When a chaplain understands that he or she can do things that a doctor or nurse cannot do or never will do for the patient, then they grasp a different perspective on how valuable they are to the patient’s recovery. There are numerous articles on the value of chaplains. Please send me any you find.

CHAPLAIN’S INFORMATION
The internet and other sources are full of helpful information on chaplaincy. See any HMA hospital computer for the Healthnet.edu site for many educational classes on spiritual, social, ethical, cultural and psychological topics. Search YouTube videos for any “chaplain” related topics for some great videos.

CHARTING – JOINT COMMISSION – SPIRITUAL CARE ASSESSMENT
The Joint Commission in 2004 has mandated that hospitals assess the spiritual needs of the patient. Why? Because Joint Commission has been lobbied and groomed by the Association of Clinical Pastoral Education to promote that Spiritual Care affects Health Care. So if Spiritual Care helps the patient heal more quickly, then Joint Commission supports it. In 2004 Joint Commission started with assessing the spiritual needs and hopefully soon they will progress to necessity of spiritual care by way of a chaplain. Will that mean Joint Commission will require that hospitals have a chaplain? Yes, if ACPE has anything to say about it. But that still remains to be seen.

As for now Joint Commission says this,
Since Jan. 2004 Joint Commission has required Spiritual Care Assessment:
“Spiritual assessment should, at a minimum, determine the patient’s denomination, beliefs, and what spiritual practices are important to the patient. This information would assist in determining the impact of
spirituality, if any, on the care/services being provided and will identify if any further assessment is needed. The standards require organization's to define the content and scope of spiritual and other assessments and the qualifications of the individual(s) performing the assessment."

http://www.jointcommission.org/AccreditationPrograms/HomeCare/Standards/FAQs/Provision+of+Care/Assessment/Spiritual_Assessment.htm

Here are the highlights:

(1) “Spiritual Assessment”: at a minimum [but may be more], determine the patient’s denomination, beliefs, and what spiritual practices are important to the patient”. All HMA facilities ask the patient in admitting their denomination. We are refining this HMA-wide so that we are ready for Joint Commission. At present you may see gaps or blanks if you were to print out a patient religious census and look at the religion column. This means that the clerk in admitting did not ask the question properly or else there would be some choice in the blank field even if it is “No preference”, Non-denominational”, “no clergy visit”, or and “no able to answer”. Joint Commission might see this as neglect.

(2) “Define the content and scope of the assessment” – in doing so you will devise a form and an assessment tool. As Joint Commission says, “If it is not documented it did not happen”. I have some samples. Make if fit your facility. Just document somehow, someway. Warning: documentation means busy work that will rarely be read by anyone, but is important now and then, like in a Joint Commission survey. If you have electronic charting and if the chaplain can easily get to a chart to document, then your task is simpler. Don’t devise a new separate chaplain’s spiritual care form and write a novel of information that only you will care about. Joint commission just wants to know you were there and you fulfilled the patient’s needs. If you have plenty of staff or volunteers in the chaplain’s department and can see every new patient, then great. But most hospitals need another way not to miss a few. I love simple – and to keep it simple -- you could add a section to the admitting nursing “Support Services Assessment” [the form on which the admitting nurse evaluates: nutrition, skin and wound care, infection control, cardiac rehab, functional assessment, etc.]. Then add Spiritual Assessment to this Support Services Form.” It could be as simple as: (1) “wishes to see a hospital chaplain,” (2) “call place of worship _______________ city _______________” (3) “How can we further assist you in your spiritual needs _______________”.

(3) “Qualifications of the individuals performing the assessment” If you are a staff chaplain, then are you to be qualified and certified according to Joint Commission? ACPE says, you need a Masters Degree and Board Certification through ACPE or another credentialing body. At the time of this printing, Joint Commission has not set the standard but ACPE (the Association of Clinical Pastoral Education and the Jewish and Catholic certifying bodies of CPE have been lobbying and grooming Joint Commission to set the standard. These CPE bodies met together in the Winter of 2008 to set one standard for all. The standard was merged into one body called the Spiritual Care Collaborative. Now Joint Commission will be able to survey the hospitals and ask about their hospital chaplains credentials. This will be news to many hospitals and Joint Commission will most likely forewarn and give a certain amount of time to correct the new requirements. We have no idea when or how strongly Joint Commission will promote this. Nonetheless, we can get ready by fulfilling the above 2004 requirements.

If your spiritual care request is a doctor’s order, then you need to note that fulfillment in the Progress Notes, so the doctor can see that it is completed. Some chaplains choose to place a short note on the Support Services Assessment Form and longer notes that many staff members need to see in the Progress Notes. See your Risk Manager and Quality Manager before you start charting in the Progress Notes to be sure you are trained in how to chart and that they approve this method of charting.

Sample forms are offered for your comparison. Tweak it to fit your needs.

CHRISTMAS CAROLING
You may offer Christmas Caroling as long as your community would like it. You can encourage staff to carol or churches to come in and carol. See files for handouts. Send me your handouts.

CHURCH, COMMUNITY AND CIVIC MEETINGS
As was mentioned earlier, I believe the chaplain is the hub of the spiritual community in which you live. Yes, it may be self-appointed, but there isn’t any other minister in your community that has the neutral place, the ability to feed them a meal (a hospital breakfast or luncheon for ministers) and the non-denominational pull to lead the spiritual community toward fellowship, education and camaraderie. We need to get out of the hospital some [keep it in balance here]. From time to time, a few hours each week, attend some community functions. Each time you go and wear your hospital badge you will do marketing for the hospital – hopefully positively. I have dispelled more rumors, explain more project goals, solved more delicate issues at a civic function than at the bedside. Another reason what a chaplain should be a hospital manager and be up on the issues.

**CODE BLUE and OTHER CODES**
The chaplain should respond to all code blues as is possible (when on duty). The chaplain in this case would be there for the family and friends and the staff would take care of the patient. I have attached a form for how to do the “routine” code blue (but of course no code is ever quiet “routine”). However there are some basics of getting the family a quiet place, a chair, something to drink, a phone, tissues, and a hug and a prayer. The goal is not to say the “right” thing – just show up and be there for them.

If the chaplain is a manager/director or if your hospital specifies, the chaplain can respond to all codes.

**CODEPENDENCY**
This is as good a place as any to talk about codependency, enabling and needing to be needed. The calling to fix something is in our blood. Chaplains, by nature, want to help. We care. We want to make it better. But sometimes we can’t fix something with words or a cup of coffee. If you are hyper like me, you have a hard time setting and not doing something, then this could seem frustrating. But we are DOING something, something very necessary, something very rewarding, and something that is much appreciated. They tell us, “Thank you for BEING here!” Just BEING, not DOING! Chaplains call it “the ministry of presence”. Then again, I am not saying we must sit there for hours and hours. You need to know their needs, your needs, and your limits. Now and then read some books on Boundaries, Enabling and Codependency to be sure you are not falling into the trap.

**CONGREGATIONAL HEALTH NETWORK**
The Congregational Health Network is taken from the model of five Methodists Hospitals in Memphis, Tennessee. In summary, the Congregational Health Network is an involved, yet simple, system of serving the church parishioner (member, congregant) who is sickly and needs to be triaged with a phone call from a church person to the hospital to get the member prompt medical assistance. On the other end, the case manager calls the church liaison upon discharge to have the pre-trained liaison get the patient’s home ready for arrival, get the patient’s medications from the pharmacy, stock the refrigerator, and get them to the next doctor’s appointment. The minister and congregation is educated and marketed by a spiritually-minded public relations nurse, who trains church people in early detection of common diseases. This plan promises to keep the newly discharged patient out of the ED for 72 hours, which is the timeframe in which hospitals lose reimbursement.

**COUNSELING AND COACHING**
The chaplain may not have formal training in counseling and does not necessarily need it. However, counseling or what may better be termed “coaching” is part of the chaplain’s everyday job description. Where counseling has the connotation of a formal one hour session, coaching may best be explained as prodding, coaxing, mentoring, pacing, encouraging, challenging, etc. This could take four minutes, or fourteen minutes or an hour. The chaplain does this or should be free to do this at every visit and every staff encounter. It can be so subtle that the patient or employee will not know they are being coached. Then again, each patient and staff encounter need not be all serious, educational or parental. It is of course okay to be a little silly, whimsical, funny, joking, or playful – all in good taste and only when it will be received well. I wish I had an hour to talk about this! This interaction promises to help staff become more productive.
and efficient. Did you know that all large corporations and many small ones have chaplains on staff to do this very ministry. Hospitals get this at no extra charge, which will enhance the E.A.P. (Employee Assistance Program).

CPE (CLINICAL PASTORAL EDUCATION):
ACPE is the largest board certifying agency and is accredited.
See WEB Sites
http://www.professionalchaplains.org/  Multi -Faith
http://www.acpe.edu/  Diverse Cultures and Faiths
http://www.nacc.org/  Catholic
http://www.najc.org/  Jewish
http://muslimchaplains.org/  Muslim

We don’t know for sure when Joint Commission will be requiring Board Certification of all Chaplains. So be aware. Get all four units or 1,600 hours of CPE as soon as you can. Yes, there are other agencies, however one knows for sure which ones Joint commission will recognize.

FINANCIAL ASSISTANCE FUND
Some HMA facilities call this the PAC (Political Action Committee) fund or the E.C.H.O. (Employees Can Help Others) fund. It is self funded by the employees who contribute by choosing to have deducted from their pay $1, $2, or $5 every pay-period. This is set aside in an earmarked fund by the hospital to only be used for employee assistance. The fund is only for emergencies or crises. A committee of employees meets to review applications. These applications should be received by one certain person (i.e.: chaplain), who blots out the name of the applicant and gives it to a committee. The committee does not know the applicant’s name and thus has no emotional ties to the decision. The committee can agree to pay for budget counseling if needed, whether or not they decide to help financially. Some applications are denied. Policies and forms are available.

ENCOURAGING EMPLOYEES
The chaplain has an unwritten role as that of a ‘morale officer’. You can set the tone for the day. As you travel from one department to another. Your smile, words of comfort, polite teasing (my favorite), handshakes / hugs / high-fives, and naming a specific quality you see in them or pointing out a specific positive act they just did CAN CHANGE THEIR LIFE! You might think that was way over stated but I don’t. You see, they respect you and look up to you and your words carry a lot of power and clout. Do you recall that person in your life that made one little positive comment that gave you a boost? You be that person – daily. Don’t forget the S.T.A.R. notes or any system your hospital uses to encourage employees.

ETHICS
Most chaplains are asked to be on the ethics committee and rightfully so. He or she is probably the key player on that team to sit with families to discuss end-of-life issues. I am not trying to purport that ethics should only deal with end-of-life issues, however that is what hospital ethics committees tend to deal with most often. Some chaplains have become the chairperson of the ethics committee. Other chaplains have gasped at this job description and protested that this is not a spiritual task. It maybe that not all chaplains understand this task or not all chaplains have the same gifts. Anyhow, all chaplains should be ethical at the least.

EVALUATIONS
Every chaplain will be evaluated by their own supervisor each year and each volunteer chaplain should also. The volunteer’s evaluation is not for a raise, of course, but for sharpening skills and getting feedback. I like to first give the volunteers a self-evaluation (see the digital files for the Volunteer chaplains Self-evaluation). Then after the volunteer chaplain has evaluated themselves you can review that with them or
establish your own evaluations tool. It is difficult to really know what the volunteers say and do in any
given visit since you would have to follow them around or do a random survey with a patient or staff after
they visit. It appears that Joint Commission checks volunteer’s files from time to time, so have something
on file.

FUNERAL HOMES
In dealing with a death, the family of a patient may not know the area and may not have a funeral home in
mind. It would not be ethical to promote any one funeral home, so you might need a list of them all. This
could be an educational tool about funeral homes and could also include referrals for bereavement
counseling. You could include your name and number for further assistance.

HCAHPS
Hospital – Consumer Assessment of Healthcare Providers and Systems is a national standardize phone
survey system that calls patients to survey their appraisal of your hospital that reports quarterly the
outcomes from their survey. All hospitals are compared by this tool. Spiritual care plays an important role
in patient satisfaction and thus changing these scores.

HIPAA
HIPAA is the much dreaded word especially among local ministers who think they are hampered by it. If
the truth were told, I think local ministers are the biggest violators of this rule. As a pastor I know how we
violated this rule. When we get back to the church we tell the secretary, who puts the news on a bulletin
board, who puts it on the recorded prayer chain, who tells it to everyone they see. That is all well and good
IF – the patient consented to all that. All the minister has to do is ASK. This is all built on the need to
know. The faith community believes they need to know all the specifics so that they can PRAY BETTER!
Sounds so spiritual doesn’t it? Well, I have some news that just came in on the telegraph --- God already
knows it! HIPAA was developed because hospitals also went too far with sharing too much information
with those who were not on the case. As in all government legislation, HIPAA was a good rule for a bad
crime – that then went TOO FAR. Well, we are not going to complain it way. It is here to stay. As an
employee or a volunteer chaplain that WEARS THE HOSPITAL BADGE – we are under the rule -- don’t
listen to or share information when you or the other person does not have a direct need to know in order to
treat the patient. Many interdisciplinary meetings just become gossips sessions about issues that have
nothing to do with patient care.

JOINT COMMISSION
ACPE has been marketing and lobbying for Joint Commission to make Spiritual Care an interdisciplinary
item in hospital medical protocol. Joint Commission is compiling one set of board certifying chaplain groups. Spiritual care is soon to be a billable item for government (Medicare, Medicaid and VA) benefits. Then hospitals will be forced to hire board certified chaplains, like
they must have board certified dieticians or speech pathologist, when needed.

LITIGATION
One would never think that a chaplain would be in any way involved with litigation. Most hospitals leave
this to Risk Managers and their attorneys. But I am not talking about the court cases, I am talking about
preventing litigation. Chaplains can do this so much better that Risk managers, attorneys, nurses,
administration, or Patient Representatives / Advocates, because patients and their families believe we are
telling the truth and have no ulterior motive. Secondly, chaplains are less defensive, protective and
argumentative. The key is that a chaplain can sit down, hands off hips, arms unfolded, smile on face,
attentive and listen. Yes, anyone can do this – but most do not. When they know you care they will tell
their story. Then most patients and families say, “I just wanted to vent, I just wanted someone to care and
someone to say they are sorry for me. We just wanted someone to LISTEN.” Every chaplain can tell you
cases where they saved the hospital lots of money.
MINISTERS VISITING HOSPITAL
A local minister does not have the same privileges as a hospital chaplain. HIPAA does not allow them to see the whole patient census nor visit any patient they wish. The distinction would be if that patient wants to see them or not. If a minister’s friend or neighbor would want the minister to visit them, then all is well. If not, then they are overstepping their boundaries as a minister trying to use that title. Ministers may do any rituals or talk about any subjects that would be appropriate for that patient's needs and desires. Any rite or ritual may be performed that would not violate hospital safety and other patient’s privacy. All ministers (including chaplains) need to be respectful of staff (i.e.: physicians, nurses, PT, RT, etc.) that must perform their tasks for the good of the patient. Both staff and the ministers need to be polite as they express their need to see the patient. When staff comes in, offer to finish quickly or excuse yourself and come back in when they are done. Many duties of the staff are time-sensitive (i.e.: medicines, vitals, procedures, tests, surgeries). It is not because they are anti-spiritual.

MORGUE / VIEWING THE BODY
When families want to see a patient in the morgue, the chaplain needs to know the protocol for viewing. Pay attention to infection control if the patient was contagious with a disease – then they still are. Wherever the body may be viewed (i.e.: ED, in-patient room, morgue) the family can be allow to be with the body as necessary. There may be time limits with you, the chaplain, or other staff that would make this limited visitation. There are times in a car accident or fire that it would not be a good idea for family to view the body. If they persist, warn them of what they will see and use your better judgment.

NEEDY REFERRAL SYSTEM
Every community has their own referral system for the needy. Most community have the 211 service, not 911, but 211. Try it! Then make a list of all the helping agencies in your area to distribute when needed.

NURSING UNIT INFORMATION
As the head chaplain, you can make up a grid of all nursing units with the names of their leaders, code numbers for doors, and room numbers, etc. This greatly helps the newcomer get to know the units. Take the newcomers to all units and introduce them.

ON CALL LIST OF MINISTERS
No chaplain can fulfill all on-call requests, unless you have a huge staff or large group of available volunteer chaplains. So you might need to have a list of local ministers to be on call for you. Call some local ministers to see if they would be available on a “rare bases” when a patient is of their denomination and would like them to come in. You will need a pager or cell number to expedite this urgent need. Then give this list to the nursing supervisors when the need arises.

ORGAN DONATION
I know “you’ve already given your piano to Goodwill, so now they want my organ too?” Okay. Bad joke! And the Persistent Vegetative State is not New Jersey; that’s the Garden State!!! Organ Donation is no laughing matter. There are 108,000 organ recipients on the waiting list for an organ. So don’t take your organs to heaven, heaven knows we need them here! Oh, by the way, do you know the death rate in your county is ONE PER PERSON! Someone stop me!!!

PASTORAL CARE WEEK
Each February there is a National Pastoral Care Week http://www.pastoralcareweek.org/
Then there is Pastor Appreciation Month http://www.christianitytoday.com/holidays/clergy/
http://www.pastor-appreciation.net/focus-on-the-family.html
This is a prefect opportunity to let the local clergy know you and your hospital values their ministry.
Some hospitals do appreciation banquets or a breakfast. Most pastors are up to their ears in meetings. Some ministers might say, “If you want to appreciate me, then DON’T INVITE ME TO ANOTHER MEETING!” You could give a 50%-75% off a massage or gift shop purchase.

PEER GROUPS
The chaplain can be the friendliest guy on campus and still be lonely. To be friendly does not always mean you feel like you have a friend when you are in trouble. The problem may be that you are not able to go for help or ask for help when you are in need. This can be pride, independence, shame, competition, or some notion that chaplains (ministers) should be above problems or should not show a weakness. Whatever the reason, chaplains need a chaplain, ministers need a minister, pastors need a pastor and a counselor needs another counselor at times. So, find yourself a group that you can open up with, and take off the phony mask and be real, transparent, a sinner in need. Our area has a chaplains group that gets together monthly. All the chaplains are invited in a four county-wide invitation. It is mainly composed of hospital and hospice chaplain. Prison, military, police chaplains are a different breed and might not relate to what we do. If there is not group in your area, start one.

PROSELYTIZING AND SOLICITATION
There is probably no other topic that is so misunderstood in chaplaincy. It is as if we are hiding behind a rule that does not exist. The “separation of church and state” banner. But the chaplain is not the church and the hospital is not the state. There is an unwritten code somewhere out there in chaplaincy-land that says “you can’t talk about any topic that would cause a patient to move from one spiritual belief to another”. Maybe it should be stated “don’t talk about anything that the patient does not want to talk about.” Because that is really the issue. If you are of a certain faith and the patient is asking questions about that faith or showing clear signs that the want to hear more – then that is not proselytizing or solicitation. SO, the real goal is to “READ” the patient. Most of us, especially us men do not “read” people well. We are not as intuitive as our female counterparts. That is not to say we can’t learn the secret or the skills. There is no class on listening skills outside the profession of counseling and maybe touched on in sales, although there are a lot of classes on public speaking. We should ask why God make us with two ears and only one mouth.

Here are some tips one “reading” and listening. Watch for the signs when a patient is losing interest:
1) they cross their arms or legs
2) they look at the TV
3) they look at their watch or the clock
4) they stop looking you in the eye
5) they frown or twitch
6) they make noises
7) they move their torso (front of body) away from yours
8) they start to say something
9) then some actually tell you they disagree

The list above goes basically from the most subtle to the most obvious. Some personalities do not catch on even with the most obvious. When I train a new chaplain we go on a visit together and I kindly point out afterwards how the patient wanted to end that topic or the visit sooner than they did. Or I point out how the patient looked at the TV or the clock three times, or how the patient tried to bring the visit to a close before the volunteer chaplain wanted to.

These tips can help anyone in business, administrative meetings, counseling, interviews, and even MARRIAGE!

However, some people (patients) are very polite and are harder to read – like the poker face.
Match that with some chaplains do not read people well.
So BE VERY, VERY CAREFUL WHEN YOU TALK ABOUT MAKING A SPIRITUAL DECISION OR CHANGES IN FAITH, RELIGION, POINTS OF VIEW, ETC.
Please note that this should be a life-long learning goal.

But let me make this very, very clear it is never my goal or motive or mission when I visit to promote me, my faith, my ideals, my beliefs or my philosophies. If I wanted to do that I should become a university professor, a traveling evangelist, or motivational speaker. My favorite motto is “It’s not about me!” The bigger reason we as chaplains should not push a certain faith is because it is confusing to the patient. If chaplain Bob-Baptist comes in on Monday, and Cathy-Catholic on Tuesday, and the Jeff-Jewish on Wednesday, Mel the Methodist comes in on Thursday, and Nelly the New Age comes in on Friday, etc and each prescribes a different spiritual solution to their life’s problem. That is confusing! If the hospital were owned by the Baptist, or Catholic and Seventh Day Adventist, then that would be different. But HMA hospitals are a community hospital and should not have a certain religious slant from the chaplain. Nonetheless the chaplain can still have a rewarding ministry as we help those who want help in their journey back to God and faith. Just be sure they want your help!!!

This is not to say that we don’t offer some much needed direct guidance. I believe there is a vital part of chaplaincy that is brave and gutsy when we delve into scary topics concerning life and death, anger, resentment, unforgiveness, suicide, love, hope, and determination to go on. However, instead of TELLING them what to do, we can word it in such a way that they believe THEY can up with the conclusion, which then will most likely be followed. NOTE: Jesus asked a lot of questions and did not give a lot of answers.

PRAYER – PRIVATE
I believe the chaplain’s most powerful tool is prayer. The surgeon can stitch a wound, place a bone back where it should be, prescribe a medicine, but God does the healing. If this is true then why don’t we pray more? It is my feeling that most chaplains do not really believe in prayer, but they believe in the ritual of prayer that helps the patient feel good.

Many years ago Harvard Medical School heard that some believed that prayer helps patients heal sooner, so Harvard Medical School did a study on prayer. To make sure that it was not a placebo effect or psychosomatic, they asked a prayer group to pray for open-heart patients but did not tell the patient, the nurse or the doctor they were praying for them – so it was a “double-blind study”. Each time they did this study the results proved that prayer works – there were less infections, they left the hospital sooner and they returned with less often. So then many other medical universities (Yale, Duke, Emery, etc.) did their own studies with the same results.

NOTE: If you go to these university WEB sites today you will call me a liar, because today the WEB sites say that prayer does not work and that it actually makes the patients worse. Well, (as Paul Harvey says) what is the story behind the story. Yes, 15 years ago the study proved prayer worked. But a billionaire by the name of John Templeton did not believe in prayer and gave these institutions large sums of money if he could restudy this with an alternative form of prayer. His studies “proved” that prayer does not work and makes the patient sicker. WELL, all it really proved was that alternative prayer -- from a group that does not pray to God and does not acknowledge God – does not work! You be the judge!

So if prayer works so well why don’t chaplains do it more?
Make it a priority each day to begin with prayer for administration, physicians, staff, and the patients.

Is it a coincidence the HMA’s three top 100 Healthgrade winning hospital’s in Florida all have a chaplain and the other 14 HMA non-Healthgrade award winner hospitals in Florida do not have a chaplain?
Thus I believe strongly that prayer makes a hospital better and more financially sound.
Consider the analysis of DRGs (Diagnosis Related Groups). Hospitals get paid by Medicare, Medicaid, VA and Private Insurance by DRGs. For example if a patient has open heart bypass surgery the hospital will get paid for four days. If the patients stays five days, the hospitals “eats” the fifth day or more days. But if the
patient (by prayer) leaves the hospital in three days, the hospital benefits because they still get paid for four days! Right? If this is really understood by CEOs and CFOs they should be standing at the front door welcoming in the ministers with a red carpet! If it is really understood, then hospitals would see that the chaplain’s salary is self-funded! Don’t get me started!!!

PRAYER – PUBLIC
The hospital chaplain will have multiple requests for public prayer (Holiday Parties, Awards Banquets, Opening of a new Wing, Day of Prayer, 9/11 Prayer Remembrances, etc.) In all these occasions the chaplain is to meet as many spiritual needs in one prayer. It should not be too long. It should never be preachy. There will be many believers that might think it should be more spiritual and some who might think it was too Christian. Get to know the mood of your facility and community. The closing of the prayer is the most controversial. The Christian Chaplain might want to pray in the name of Jesus. The Jewish chaplain might want to pray in the name of Abraham, Isaac and Jacob, the Islamic chaplain might want to pray in the name of Allah, and the Unitarian might want to pray in the name of our Mother God or God of the Sun. Find your comfortable ending that fits your group and try to make it interfaith. I usually pray “in the name of our Lord.” I have never been chastised for that.

PRAYER WITH PATIENTS
When praying with patients, pray the way they would prefer. If you think it might offend, ask to be sure or avoid offensive wording. If you, the chaplain, are asked to pray in a name that you do not feel comfortable with, you need to get their minister in for them. For some chaplains, it is hard for them -- they feel they are renouncing their faith. I think I can hold onto my faith and be there for the patient. I place my denominational hat at the front door each day I enter the hospital.

PUBLIC RELATIONS
To me, every word I say and everything I do, and everywhere I go (on or off duty) is public relations. You “wear that badge” 24/7, 365 days a year. As a chaplain you will rub shoulders with people the CEO and the Marketing Director will never meet. Get involved in your community – not to the point of forsaking your job in the hospital, but don’t forsake the community either. Join multiple groups: the ministerial association, Hospice, Habitat, Homeless shelter, Red Cross, YMCA, etc. Be careful about special interests groups that would shine on the hospital (like political groups). Then let your supervisor know how you are marketing for your hospital. This is a question that Joint Commission asks when the survey – “How are you serving your community?” So let your CEO, CNO, and Quality Manager know how you are connected to your community.

REFERRALS – DAILY LOG
You will receive referrals via FAX, email, phone calls, in passing and through physician orders. You need to have some tool to log these requests and fulfillments. No one likes busy work and reports, but there is no other way to define the need for a chaplain if you don’t make a monthly report, which comes from your daily reports. It could be as simple as (1) chaplain request and fulfilled, and (2) church contacted for patient and fulfilled. One day your department will be called into question – “so how many patients request a visit?” If you can’t answer that, your job could be eliminated. But if you can say – the department (chaplain and volunteers) made “xxx” visits last month and last year, you might be able to prove your worth.

REPORTS
The monthly report to your supervisor should also include meetings you attended, groups you led, weddings, funerals, education, times you where called-in, etc. If you are salaried and swipe the clock once a day, you might need to verify your time someday. That could be through a survey sent to all departments of your responsiveness, availability and effectiveness.

ROUTINE VISITS
Chaplain will begin the shift by seeing all requested visits. Then the chaplain may go room-to-room, in waiting room, cafeteria, hallways, lobby, anywhere to help people – patients, families, friends, staff, physicians, administrators, everyone. The “Self-Evaluation” handout is a good resource to let you know how to do a visit and the “Good Conversation Starters” and the How to do a Routine Visit”.

SCORES
Chaplains affect hospital scores. We know it, we believe it, but can you prove it. I had lunch with a Joint Commission surveyor in July of 2008. I showed him the goals I have for HMA hospitals and ten the benefits of spiritual care. I was shocked when he asked me, “So have you proven this to the CEOs? I said, well, I know it to be true but it is hard to PROVE.” He said, No it’s not hard to prove and he gave me ways to track it. He said his former career was with statistics and he learned you can track anything. This was his methodology.

THESE ARE THE TEN BENEFITS OF SPIRITUAL CARE THAT I HAVE GIVEN TO EACH CEO
(1) To prove that “spiritual care (prayer) works” – note the patients that your department or a local minister has seen, then look at those same patient’s length of stay, infection rates and returns to the hospitals. Compare that with those you have not seen.
(2) To prove “Increases Productive by counseling staff” – do a survey with staff and ask “have you ever had a discussion with a chaplain that caused you to be better focused on your job?”
(3) To prove that chaplains “Boost staff morale through daily encouragement” -- do a survey that asks employees “Have you ever felt like giving up -- but when a chaplain encouraged you – you felt like you could go on?”
(4) To prove that a chaplain “Retains staff via an emergency fund – ask the recipients of the emergency fund what would have happen if they did not receive those funds.
(5) To prove that a chaplain “Expands public relations: Community relations Patient relations” – do a survey with the community you touch and the patients you serve to see if the chaplain changed anything for the better.
(6) To prove that a chaplain advocates for patient rights and honors advance directives” – survey the case managers on how the chaplain is effective at end-of-life discussions
(7) To prove that a chaplain “Raises Scores -- Gallup, HCAHPS, Healthgrades” Some may say this is hard to prove that there was direct cause and effect with patient contact that changes a score. Well, I strongly disagree. I have a file in my office that PROVES this beyond a doubt. I have a file of every note and letter that a patient of family has mailed to me. The file is about 120 letters of thanks and gratitude. Wow, ask your patient representative and CEO’s secretary how many letters come to the hospital that gives kudos to a specific employee.
(8) To prove that chaplains frees up staff by chaplain listening to patients” – survey the nurses. Ask if they have ever asked a chaplain to come in because they, the nurse, were not have time to sit with the patient
(9) To prove that hospitals and churches work better together just ask the Methodist Hospital Group in Memphis TN if it works and if it has brought them financial success.
(10) To prove that a chaplain will avoid costly litigation just ask the Risk manager who has asked a chaplain to come in when all else as not working. Ask Denise Barnett the HMA Corporate Risk Manager – who is the one responsible for urging me to go to HMA to help them with this chaplain’s project.

VOLUNTEER CHAPLAINS
Your volunteer chaplains will be your right hand and your means to get to all the patients. Many staff, board certified chaplains are afraid of volunteer chaplains. They believe they will take their job away when administrations sees that they can do it with unpaid staff. Not true. The volunteers cannot do it without the staff person to guide them, orchestra the system, answer their questions, motivate them, discipline them, train them, encourage them, listen to them, etc. My 16 volunteers tell me that “if you go, I go!” Some professional chaplains are also fearful of allowing the volunteer to use the term “chaplain.” It is probably the same contention among firefighters and volunteer firefighters. I tell the professional (staff and board certified) chaplains, you don’t own the word “chaplain”. There are chaplains of the motorcycle club,
chaplains of the civic group, chaplains of the Shiners’, chaplain of the American Legion, chaplains of the police department, and chaplains at the race track. They are all volunteers but we don’t add “volunteer” to that title. I say to these perplexed professional chaplains, “You already have Reverend, Rabbi, or Father in front of your name. You have MDiv or PhD after your name. How many more titles do you need?” I place on the volunteer chaplain badge “Volunteer Chaplain.” But when they introduce themselves to a patient, I believe “volunteer” confuses a patient and maybe diminishes the power of a visit.

It is not like the term “nurse” or “doctor”. That is only for the licensed. If the professional chaplain wants to distinguish themselves they need to add “certified or board certified chaplain, staff chaplain, or professional chaplain.”

I really don’t like titles. I want everyone to call me “Larry.” I don’t call my friend “plumber Bill” or “mechanic Tom”. Ordination has placed us on too many pedestals as it is.

All right I’ll get off my soap box!

Back to volunteer chaplains.

A good way I have use to recruit volunteer chaplains is to get the local ministers together at a breakfast or luncheon and ask them to bring two or three good lay persons or retired ministers with them. I entice the minister to bring their best lay leader by saying that “I will train them to do hospital visitation for you, so you don’t have to leave your counseling, sermon preparation, and your administration.” At that recruiting and training meeting, I try to give them three years of schooling, 1,600 HOURS of CPE – HOSPITAL clinical training, and 12 years of experience -- ALL IN TWO HOURS. I know, that’s not possible. There lies the real dissention between the volunteer and the professional board certified chaplain – TRAINING AND EXPERIENCE.

WITHDRAWAL OF LIFE SUPPORT
This will most likely be the most difficult task for the chaplain. You will actually be helping the family chose the day and or time in which their loved one with go into eternity and no longer be with them. That is so [excuse the power of the word] “final.” I have used an explanation of the removal of life support hat has served me well. So often we think of the withdrawal of life support as “playing God.” However, I look at life support itself as “playing God”, because before we had life support (40 years ago) this patient would not have survived. Since we now have life support we are in essence “keeping them alive artificially”. Society is all for life-support when the patient is improving, but troubled by life-support when there is not reasonable recovery. So since we have been “playing God” during Life-support, I look at removal of life-support as a decision to “STOP PLAYING GOD”! Most of your mission during this visit is to just “be there.”

CONCLUSION
Remember I am not talking to you as an HMA corporate boss, but a friend, confidant, encourager and coach.
If you were in this position you would give a different GUIDEBOOK I am sure. I have tried to share my heart not my head.

Please email me your thoughts to help other chaplains.
Peace and Blessings
Larry