

# Spiritual/Pastoral Care Issues in JCAHO's 2002 CAMH

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The following are notes and abstracts from JCAHO's *Comprehensive Accreditation Manual for Hospitals: The Official Handbook* (CAMH:TOH), updated as of November 2002, which relate explicitly to spiritual, religious, and pastoral care issues. Each pertinent standard is written in bold type, and select notes or abstracts are identified thereunder (with INTENT and SCORING being of particular importance). Throughout, certain key words (e.g., *spiritual*, *beliefs*, *religion*, *pastoral*, *chaplain*, and *clergy*) have been underlined here for emphasis. Manual page numbers appear in brackets and are distinguished from the designation of standards by the use of a dash rather than a point.

- RI **PATIENT RIGHTS AND ORGANIZATIONAL ETHICS**  
OVERVIEW - "Patients have a fundamental right to considerate care that safeguards their personal dignity and respects their cultural, psychosocial, and spiritual values. These values often influence patients' perception of care and illness. Understanding and respecting these values guide the provider in meeting the patients' care needs and preferences." [p. RI-1] Note: In a flowchart illustration, *Patient Rights* branches out into *Access*, *Treatment*, and *Respect*; with Spiritual listed under *Treatment*. [p. RI-2]
- RI.1 **The hospital addresses ethical issues in providing patient care.**  
INTENT - "The hospital establishes and maintains structures which support patient rights...including...the patient's right to care that is considerate and respectful of his or her personal values and beliefs." [p. RI-6]
- RI.1.2 **Patients are involved in all aspects of their care.**  
INTENT - "Patients' psychosocial, spiritual, and cultural values affect how they respond to their care. The hospital allows patients and their families to express their spiritual beliefs and cultural practices, as long as these do not harm others or interfere with treatment." [p. RI-8]
- RI.1.2.8 **The hospital addresses care at the end of life.**  
INTENT - "The hospital's framework for addressing issues related to care at the end of life provide for...respecting the patient's values, religion, and philosophy; [and] ...responding to the psychological, social, emotional, spiritual, and cultural concerns of the patient and the family." [p. RI-13; also explicitly mentioned under SCORING, p. RI-21]
- RI.1.2.9 **Patients have the right to appropriate assessment and management of pain.**  
INTENT - "...The health care organization plans, supports, and coordinates activities and resources to assure the pain of all patients is recognized and addressed appropriately. This includes: ...after taking into account personal, cultural, spiritual and/or ethnic beliefs, communicating to families that pain management is an important part of care." [p. RI-14; also explicitly mentioned under SCORING, p. RI-21]
- RI.1.3.5 **[The hospital demonstrates respect for patient needs for] pastoral care and other spiritual services:**  
INTENT - "For many patients, pastoral care and other spiritual services are an integral part of health care and daily life. The hospital is able to provide pastoral care and other spiritual services for patients who request them." [p. RI-15; also explicitly mentioned under SCORING, p. RI-22: "Are pastoral and spiritual services available to patients?"]  
EXAMPLE - the following examples are given:  
"Hospitals respect and provide for each patient's right to pastoral counseling. It is recognized that services for patients' spiritual needs may be provided by clergy or certified chaplains as well as individuals who are not ordained or certified. Therefore, services are provided or are available in a variety of ways."  
"For example, a small community hospital may maintain a list of clergy who have consented to be available to the hospital's patients in addition to visiting their own parishioners. A larger hospital, such as an academic health center or a Veterans Administration Medical Center, may have a department of clinical pastoral counseling. The larger hospitals may employ qualify clinical chaplains who have graduated from an accredited Master of Divinity degree program. These departments may or may not provide services that are considered part of the patient care process. When pastoral counseling services are included in the patient care service provision, the right to provide documentation of pastoral or spiritual services in the patient's medical record is determined by the hospital."

“The position description for the director of a clinical pastoral counseling department may specify that an individual is currently a competent Certified Clinical Chaplain and meets any current legal requirements for licensure, registration, or certification stated in the position description. Clinical chaplains assess and treat patients using individual and group interventions to restore or rehabilitate spiritual well-being. Clinical chaplains counsel individuals who are experiencing spiritual distress, as well as their families, caregivers, and other service providers, about their spiritual dysfunction or the management of spiritual care.” [p. RI-16]

ADDITIONAL EXAMPLE - To address patient needs for pastoral care and other spiritual services, a hospital approved the following principles for implementation:

- The pastoral services department has sufficient staff to meet and implement the goals and objectives of the pastoral services department.
- Pastoral services has identified comprehensive resources available for pastoral counseling, spiritual direction, and other specific spiritual care services.
- A formal arrangement is documented when operational needs require pastoral personnel from outside of the facility.
- Recognition of the spiritual needs and rights of the person is reflected in policies, procedures and the administration’s ability to articulate these needs and rights.
- The director of pastoral care services is certified by a national professional chaplaincy organization and has a graduate theological degree or four units of CPE.
- Members of the pastoral care services staff are professionally trained and maintain or upgrade their skills consistent with other health care professionals.
- Staff demonstrates ability to minister with persons of diverse cultural and religious backgrounds.
- The spiritual services staff document their interventions in the record of the patient. [p. RI-29]

RI.2 **The hospital implements policies and procedures, developed with the medical staff’s participation, for the procuring and donation of organs and other tissues.**

INTENT - “Policies and procedures...for organ and tissue procurement and donation include the following: ...The hospital’s staff exercises discretion and sensitivity to the circumstances, beliefs, and desires of the families of potential donors....” [p. RI-16a and b; also explicitly mentioned under SCORING, p. RI-23]

PE  
PE.1 & 1.1 **ASSESSMENT OF PATIENTS**

**Each patient’s physical, psychosocial, and social status are assessed. The scope and intensity of any further assessment are based on the patient’s diagnosis, the care setting, the patient’s desire for care, and the patient’s response to any previous care.**

INTENT - “A patient’s cultural and family contexts and individual background are important factors in his or her response to illness and treatment...” “...For dying patients, an assessment is made of the social, spiritual, and cultural variables that influence the perceptions and expressions of grief by the individual, family members or significant other(s).” [p. PE-6]

ADDITIONAL EXAMPLE - list of assessment items for an example of a patient receiving treatment for alcoholism includes “the social and cultural influences on the patient, particularly on the patient’s values, beliefs, and spiritual orientation.... [p. PE-37]

PE.6 **The special needs of patients who are receiving treatment for emotional or behavioral disorders are addressed by the assessment process.**

INTENT - list of basic assessment items includes religion [p. PE-32]

PE.7 **The special needs of patients who are receiving treatment for alcoholism or other drug dependencies are addressed by the assessment process.**

INTENT - list of basic assessment items includes “the patient’s religion and spiritual orientation” [p. PE-33; also explicitly mentioned under SCORING, p. PE-36]

HR  
HR.6.2 **HUMAN RESOURCES**

**Policies and procedures specify those aspects of patient care that might conflict with staff members’ cultural values or religious beliefs.**

INTENT - “The hospital respects its staff members’ cultural values, ethics, and religious beliefs and the impact these may have on patient care. The hospital’s process considers whether conflicting cultural values, ethics, or religious beliefs are sufficient grounds for granting requests not to participate in care.” ...“Policy and procedures governing requests not to participate in an aspect of care, including treatment, address at least the following: How staff may request to be excused from participating in an aspect of

patient care on grounds of conflicting cultural values, ethics, or religious beliefs; and [h]ow the hospital ensures that granting such a request will not negatively affect a patient's care and treatment. [p. HR-21]

EXAMPLE - example is given of a prospective employee who is informed of a hospital policy on "the withholding of nutrients from terminally brain-dead infants, which the employee believes to be in conflict with personal cultural values or religious beliefs" [p. HR-21]

EXAMPLE - example is given of a conflict around "cultural values and religious beliefs" in a hospice program [p. HR-21 and 22]

EXAMPLE - example is given of the elements of a policy by which employees may give advance notification to supervisors of their desire "not to participate in an aspect of care because of cultural values, ethics, or religious beliefs" [p. HR-22]

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NOTE: *Not* included here are the many references to psychological, psychosocial, or emotional issues which may indirectly involve spiritual dynamics or pastoral care.

## APPENDIX

### Changes from JCAHO's (Originally Issued) 2000 CAMH:TOH

(compared with *updates* of the 2000 CAMH:TOH)

RI.1.2.3 (resolving dilemmas about care decisions): the following EXAMPLE has been *deleted*:

EXAMPLE - "Hospital policy directs clinicians to refer family members to appropriate clergy or other organization spiritual advisor for consultation when the issue of withholding resuscitative services arises."

RI.1.2.9 (regarding the right to appropriate assessment and management of pain): spiritual issues have been *added* to the SCORING section.

PE.6 (regarding assessment of patients who are receiving treatment for emotional or behavioral disorders): spiritual issues, which have been mentioned in the INTENT are now *additionally* mentioned in the SCORING section

CC.1 (under the Continuum of Care standard regarding patients' access to the appropriate type of care): the following EXAMPLE has been *deleted*:

EXAMPLE - Bereavement is listed as a type of care which the hospital may provide--either by providing such care directly or by providing for the availability of such care.

### Changes from JCAHO's 1998 CAMH:TOH

(compared with the 2000 CAMH:TOH)

Under RI.1.2.8 (regarding pain management), there has been *added* the following under INTENT:

"...The health care organization plans, supports, and coordinates activities and resources to assure the pain of all patients is recognized and addressed appropriately. This includes: ...after taking into account personal, cultural, spiritual and/or ethnic beliefs, communicating to families that pain management is an important part of care."

RI.1.3.5 (focusing on regarding pastoral care services) *no longer* refers to "pastoral counseling" in the STANDARD itself or under the INTENT but instead *now uses* the phrase "pastoral care and other spiritual services."

Also, under RI.1.3.5, there has now been *added* the following ADDITIONAL EXAMPLE:

To address patient needs for pastoral care and other spiritual services, a hospital approved the following principles for implementation:

- The pastoral services department has sufficient staff to meet and implement the goals and objectives of the pastoral services department.
- Pastoral services has identified comprehensive resources available for pastoral counseling, spiritual direction, and other specific spiritual care services.
- A formal arrangement is documented when operational needs require pastoral personnel from outside of the facility.
- Recognition of the spiritual needs and rights of the person is reflected in policies, procedures and the administration's ability to articulate these needs and rights.
- The director of pastoral care services is certified by a national professional chaplaincy organization and has a graduate theological degree or four units of CPE.
- Members of the pastoral care services staff are professionally trained and maintain or upgrade their skills consistent with other health care professionals.
- Staff demonstrates ability to minister with persons of diverse cultural and religious backgrounds.
- The spiritual services staff document their interventions in the record of the patient.

Under PE.7 (i.e., The special needs of patients who are receiving treatment for alcoholism or other drug dependencies are addressed by the assessment process), the following ADDITIONAL EXAMPLE has been *omitted*:

"A private hospital has an assessment tool that identifies any spiritual orientation and the methods used to identify patient activities. Many self-help groups available to the patient following treatment endorse a program in which a spiritual orientation is incorporated into the individual's day-to-day activities. The patient's spiritual orientation may affect the success of this approach and the choice of post-treatment settings."

PF.1.1 (regarding the patient education assessment) *no longer* makes any specific reference to "religious practices" and "beliefs" as it once did as follows:

The [patient education] assessment considers the [cultural and religious practices, emotional barriers, desire and motivation to learn, physical and cognitive limitations, language barriers, and the financial implications of care choice.

INTENT - "In assessing the patient's needs, abilities, and readiness for education, a staff member takes into account such variables as...the patient's and family's beliefs...."