

# **PASTORAL CARE FOR THE SICK AND DYING IN MONROE COUNTY**

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**Final Recommendations to Bishop Matthew Clark**

**March 20, 2000**

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Chair**

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## **BACKGROUND**

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In early 1999, Bishop Clark appointed a team to review diocesan policy regarding the pastoral care of the sick in health care institutions in Monroe County. Ms. Betty Mullin-DiProsa, CEO of St. Ann's Community, accepted Bishop Clark's invitation to chair this team. The team members represented health care institutions in Monroe County, parishes, and pastoral care ministers as well as diocesan administrators concerned with this issue. Team members are listed in Appendix A.

## **CHARGE TO THE TEAM**

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The Bishop charged the team to make recommendations to him with regard to diocesan policy on the pastoral care of Catholics in Monroe County hospitals, long term care facilities, and in-patient treatment centers for the next five years. These recommendations were to take into account the number of priests likely to be available for service in these health care settings over the next five years.

The team used a process that clarified the current situation, identified best practices, projected the future situation, and made recommendations that responded to the most significant issues.

## **SCOPE**

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The Health Care Team was charged to look at issues in Monroe County. This is only one of the 12 counties in the Diocese of Rochester. Pastoral care for the sick and dying takes place throughout the Diocese, not just in Monroe County. Because of the concentration of hospitals and long-term care facilities in Monroe County, however, the demand for pastoral care is not naturally distributed among all parishes within a service area as tends to be the case in other areas of the Diocese. The focus on Monroe County is not meant to make any less important pastoral care in other areas but to provide some immediate solutions to pressing problems in Monroe County.

The team limited its research to hospitals and skilled nursing facilities but recognizes the need for Diocesan policy in the other elements of the health and long term care systems.

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## SURVEY RESULTS

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The team conducted surveys of all Monroe County parishes, hospitals, nursing homes, and individual health care ministers. The results of this survey are available on the Health Team web page:  
<http://www.dor.org/health.htm>

## ISSUES

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Based on an analysis of these survey results, the team identified the following seven critical issues.

<b>Education</b>	Lack of information and misinformation create expectations that are increasingly difficult to meet.
<b>Volunteers</b>	There is a need to coordinate, support, train, and recruit pastoral volunteers.
<b>Policy</b>	There is not a clear and consistent diocesan policy on pastoral care for those in <ul style="list-style-type: none"><li>• Senior Living Centers</li><li>• Assisted Living Centers</li><li>• Skilled Nursing Facilities</li><li>• Hospitals</li><li>• Hospice</li><li>• In-patient Treatment Centers</li><li>• Out-patient Programs</li></ul>
<b>Spiritual Care</b>	There is a need for spiritual care in addition to meeting sacramental needs
<b>Finance</b>	There is declining financial support for hospital-based pastoral care and inadequate financial support for nursing home-based pastoral care.
<b>Communication of Information</b>	Parishes do not always know when Catholics have been admitted to nursing homes, hospice, and hospitals, especially through the emergency department. Parishes rarely know when parishioners have been discharged from health care institutions.
<b>End of Life Support</b>	There is a need for support for staff, families and patients/residents dealing with "end of life issues" broadly construed.

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Additional information on these issues can be found in Appendix B.

## **PRINCIPLES**

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1. Our model and inspiration for the care of the sick and dying has always been and will continue to be Jesus Christ. The journey that he took reminds us again that Jesus went where people were. Listening, praying, and healing characterized his ministry. It is this model that the Diocese of Rochester seeks to follow as we proceed during this time of transition with the downsizing of hospitals and the declining number of priests. His followers have often gotten lost during their journeys, but church has called them back to the model of the compassionate Jesus.
2. All active Monroe County priests will participate in a planned process of availability for pastoral and sacramental ministry for those in Monroe County health care facilities.
3. All Monroe County parishes need to insure the availability of pastoral care for Catholics who are not registered in a Monroe County parish (either registered in a non-Monroe County parish or not registered anywhere.)
4. Since a parish is responsible for the pastoral care of sick and dying parishioners, each Monroe County parish and/or planning group will have a ministry of pastoral care for the sick and dying. A staff person or a trained volunteer will coordinate this ministry. Trained volunteers from the parish will provide pastoral care appropriate to their skill and training. This is similar to the transition that has taken place in religious education and youth ministry. In these ministries, pastoral staffs are responsible for the recruitment, training, and support of volunteers who provide the direct service.
5. For the next five years there will be three full time priests assigned to hospital chaplaincies in Monroe County and a full time priest assigned to St. Ann's Community. The Diocese will work collaboratively with area institutions to assure adequate funding.
6. As it does with other ministries, the Diocese has the responsibility for the coordination of and appropriate support for a parish-based pastoral ministry for those in health care facilities in Monroe County. Because of the wide and rapid changes in the health care system, it is important for the Diocese to have a special concern for this ministry and to be especially alert to the need for an equitable distribution of responsibility. Given the aging of the regional population, there is an expanding need for this ministry. .

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## RECOMMENDATIONS

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The following recommendations are the result of the work of the Health Care Team as well as consultation with those directly involved in health care ministry in Monroe County and with the Priests Council. These recommendations are addressed to the Diocese, Monroe County parishes, hospitals, and long-term care facilities.

### Diocese

1. The Diocese will appoint a Health Care Ministry Coordinator. This person would be accountable for the implementation of the recommendations that follow. This will be full time, paid position.
2. Training and formation: In order to provide volunteers and staff prepared to provide pastoral care for those in Monroe County health facilities, the Diocese will insure the availability of five types of training and formation:
  - a. Friendly visitor training for volunteers
  - b. Pastoral visitor training for volunteers
  - c. Training in pastoral care of sick and infirm for parish staffs
  - d. CPE training or comparable alternatives for professional health care pastoral staff
  - e. On-going pastoral formation focused on pastoral care for the sick.
3. The Diocese will create, support and implement a system to ensure that each facility has access to and knows how to use sacramental and spiritual services for Catholics, including those unaffiliated with a parish, with a fair distribution of responsibility among clusters of local or regional parishes. The Health Care Ministry Coordinator will coordinate this system.
4. The Bishop will publish a pastoral letter addressing the issues in health care ministry. Such a letter could be the beginning of the implementation of these recommendations. It would focus the attention of Catholics on the several issues identified by the study team and present the responses to those issues that the Bishop accepts for implementation. Although not the purview of this report, the recent change in Catholic health care in Monroe County due to the closing of St. Mary's Hospital argues for a pastoral that addresses Catholic health care broadly construed.
5. The Diocese will support parishes in their efforts to address end of life issues with parishioners as well as speaking directly to the diocesan Church, the wider community, and the health care community about end of life issues.
6. The Diocese will develop communications materials to provide information on pastoral care, sacraments during illness and at end of life and how to access these sacraments, example: "A Guide for Catholics entering a Long Term

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Care Facility (Nursing Home, Assisted Living). The Diocese will coordinate training and training in pastoral care issues for staff of health care institutions and health service agencies.

- a. Health facility staff
- b. Parish staff and volunteers
- c. Patients/residents
- d. Family members

7. The Diocesan Director of Human Resources or a Diocesan Health Care Ministry Coordinator will designate a person or a Monroe County parish or planning group that will have coordinating responsibility for each facility. The coordinator for each facility will have the following responsibilities:
  - a. Overall liaison with the staff of the facility concerning pastoral care for Catholics
  - b. Arrange regular pastoral care and sacramental ministry utilizing specified parish communities as well as all priests of that area of Monroe County for sacramental ministry
  - c. Operation of an effective system for informing specified parishes of need for pastoral care and for identifying the needs of parishes in providing that care
  - d. Operation of an effective system for obtaining sacramental ministry
  - e. Education of facility staff regarding standards and expectations of pastoral care
8. Diocesan budget should identify sufficient resources to support pastoral care for the sick and dying.
9. There will be a Health Ministry Team for Monroe County composed of pastors, parish staff, volunteers, and health care ministers. The recommended Diocesan Health Care Ministry Coordinator will chair the team. The team will have the following responsibilities:
  - a. Regularly review of the state of pastoral ministry to those in health-related facilities in Monroe County
  - b. Recommend to the Bishop regarding policy in this area
  - c. Coordinate training programs for staff and volunteers
  - d. Assess of the effectiveness of facility coordination approach described in Recommendation 7 above.
  - e. Set standards for pastoral ministry, chaplains/pastoral caregivers, and professional ethics.
  - f. Investigate new models for providing pastoral care services in the changing health care setting and explore local initiatives where applicable (example, community-based chaplaincy, hospital outreach chaplains, parish pastoral caregivers, parish nurses, etc.) to pro-actively ensure quality spiritual care for Catholics in Health Care Facilities.
  - g. Provide pastoral support for Catholics working in the health care system and encouragement for them to advocate for adequate pastoral care for Catholic patients and residents.

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- h. Investigate the possibility for the training and designation of lay people who would bring Viaticum to dying. While this is already possible and is often done, training and designation will improve the quality and the acceptance of this ministry.

## **Parishes**

1. Parish budgets will identify sufficient resources for pastoral care for the sick and will include at least part of the salary of a pastoral minister, the creation and distribution of information booklets, prayer aides, and training for parish volunteers.
2. Each parish will respond to a "minimum" standard of a parish's care for the sick as a basis for ministry planning and development on both a parish and planning group level.
3. Staff and volunteers will regularly participate in training and development activities regarding pastoral care of the sick and this participation should become part of an individual's record of on-going formation.
4. Parishes will offer support to members facing "end of life" issues through preaching, providing information on Catholic community resources in the form of support groups and social service agencies, individual pastoral counseling, promotion and sponsoring of regional educational programs.

## **Hospitals**

Hospitals will provide concrete evidence of their commitment to the pastoral care of Catholic patients through the following:

- a. Hiring certified pastoral ministers
- b. Developing and maintaining effective referral processes
- c. Welcoming parish staff and trained volunteers as part of the overall care team

## **Nursing Homes**

Long term care facilities will provide concrete evidence of their commitment to the pastoral care of Catholic residents by

- a. Developing and maintaining effective referral processes
- b. Welcoming parish staffs and trained volunteers as part of the overall care team

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## APPENDIX A

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### Members of the Monroe County Health Team

Ms. Betty Mullin-DiProsa, Chair	President & CEO	St. Ann's Community
Deacon Bill Coffey	Parish Deacon	St. Mary's Church
Rev. Donald J. Curtiss	Former Chaplain	Strong Hospital
Ms. Sandy Grocki	Clergy Services Coordinator	Diocese of Rochester
Rev. Daniel F. Holland	Pastor	St. Theodore Church
Sr. Betsy MacKinnon	Director, Pastoral Care	Unity Health System
Rev. George Norton	Director, Pastoral Care	Genesee Hospital
Mr. William Olsen	Director, Human Resources	Diocese of Rochester
Ms. Sue Shady	Chaplain	Monroe Community Hospital
Ms. Barbara Swiecki	Pastoral Associate	Church of the Transfiguration
Mr. William Pickett	Director of Pastoral Planning	Diocese of Rochester
Staff Support		

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## APPENDIX B

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### Monroe County Health Team Major Issues From Parishes, Hospitals, and Nursing Homes

#### Education

Lack of information and misinformation create expectations that are increasingly difficult to meet.

There is a lack of information and misinformation on the part of family members, facility staff, parish staff, and priests regarding the Last Rites (sacrament of the sick (anointing), penance, Eucharist (Viaticum), prayers for the dying, and apostolic blessing) and sacraments at the time of illness. Many people still believe that the Last Rites are only the anointing and therefore need to be done by a priest. They do not have full information about the pastoral care for the dying and the sick. In addition, many people believe and desire that the anointing should take place as close to death as possible. As a result, families, nursing home and hospital staffs are often looking for a priest to anoint someone who was anointed within the past week. This is an especially important issue for the unchurched as well as for alienated and disenfranchised Catholics.

#### Volunteers

There is a need to coordinate, support, train, and recruit pastoral volunteers.

Providing spiritual care to those who reside in a long-term care facility or who are patients in a hospital or hospice is a ministry within the Church. Because of the continuing reduction in the length of hospital stays, there is an increasing need for spiritual care for parishioners and unaffiliated Catholics after they have been discharged from health care facilities. Pastoral volunteers can enhance a well-defined spiritual care program for these people. In order for volunteers to be effective in this ministry, however, they must be appropriately recruited, trained and supported. Institutions and parishes may need to have a coordinator to take on these necessary responsibilities in order to use volunteers to enhance the spiritual well being of the ill and dying.

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## Policy

There is not a clear and consistent diocesan policy on pastoral care for those in

- Senior Living Centers
- Assisted Living Centers
- Skilled Nursing Facilities
- Hospitals
- Hospice
- In-patient Treatment Centers
- Out-patient Programs

There is not clear and consistent diocesan policy on the pastoral care of the elderly, disabled, sick, and dying, that takes into account the wide variety of settings in which care is now provided: senior living centers, assisted living facilities, skilled nursing, hospital/hospice settings, in-patient treatment centers, and out-patient treatment programs. This policy should include clear guidelines and expectations for the ways in which parishes and parish regional groups will provide ministry to the sick, elderly, and dying within the parish boundaries. This policy should include clear guidelines for on-going and emergency sacramental care for hospital patients. This policy should take into account the regional nature of some hospitals, which results in sizeable proportion of Catholic from parishes outside Monroe County. This policy should take into account the special status and needs of Catholic health care institutions.

## Spiritual Care

There is a need for spiritual care in addition to meeting sacramental needs.

Not all nursing homes have spiritual/pastoral care departments. In fact, our survey showed that the majority of them do not have pastoral care programs. Those that do, vary as to the program. Nursing administrators frequently lack information about what is an effective spiritual care program. Many hospitals are reducing pastoral care programs because of budget shortfalls. Spiritual care is more than just reception of the sacraments. It involves things such as pastoral visitation and care, bible study, rosary, prayer services, and even something as simple as having spiritual reading material on hand. Often times, nursing home staffs do not know whom to contact to obtain accurate information and services for the residents regarding pastoral/spiritual care. Providing care for others allows staff members to become intimately involved with their patients, their families and their loved ones. Difficulties, losses, change in the well being of patients impact staff and to some degree their ability to provide quality service to others. Spiritual care for staff members can be a source of strength as it allows a person the opportunity to talk with another and to discover God's presence.

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## **Finance**

There is declining financial support for hospital-based pastoral care and inadequate financial support for nursing home-based pastoral care.

Monroe County hospitals, in general, are downsizing pastoral care departments in response to budget shortfalls. There is diminishing financial support for the continuing need for certified Catholic chaplains in Monroe County hospitals. Most nursing homes do not have formal pastoral care programs indicating a current lack of financial support or capacity. Any change in pastoral care that involves more activity at the parish level will have financial implications.

## **Communication of Information**

Parishes do not always know when Catholics have been admitted to nursing homes, hospice, and hospitals, especially through the emergency department.

Parishes do not always know when parishioners have been admitted and do not always know when Catholics have been admitted or have taken up residence in facilities within the boundaries of the parish. There is a lack of record keeping of anointings by both health care institutions and parishes.

## **End of Life Support**

There is a need for support for staff, families and patients/residents dealing with "end of life issues" broadly construed.

Providing care for family members and loved ones as they approach the end of their life can be difficult. Serious situations and questions arise that leave caregivers confused, frustrated, anxious and often with no where to turn. Spiritual care is an important source of support, guidance and strength that can alleviate negative feelings and perceptions of aloneness when making difficult decisions regarding the care of loved ones. Often family members do not know how to access the support that is available. This is an especially important issue for the unchurched as well as for alienated and disenfranchised Catholics.