

APPALACHIAN REGIONAL HEALTHCARE CHAPLAINCY SERVICES

Welcome!

In the Appalachian Regional Healthcare System, the service which concerns itself with the religious and spiritual needs of patients and patients' families is designated as "Chaplaincy Services." Area clergy and designated spiritual providers are trained by ARH to serve as volunteer members of the healthcare team.

The mission of ARH Chaplaincy Services is work in partnership with the faith communities in our service area to use help patients and their families to apply religious and spiritual principles of their personal faith so as to improve their well being.

It is the intent of ARH Chaplaincy Services to provide religious and spiritual care to patients, family members and ARH personnel. Chaplaincy services are provided through volunteers who rotate serving as on-duty as Chaplain-of-the-Week. The Chaplain-of-the-Week visits with those who request a visit, those who are referred to him/her by hospital personnel, and those who are undergoing a major medical crisis. Also, the Chaplain-of-the-Week is available on an on-call emergency basis. At the patient's request, Chaplaincy Services works closely with the patient's priest/rabbi/pastor and the patient's faith community. Religious and spiritual services are provided without regard to race, culture, sex, religion, creed or financial status.

This Manual is intended both as a tool for effective management of Chaplaincy Services and as a guide for action. The policies and procedures will allow Chaplaincy Services personnel to know what is expected of them and provide directives for successful completion of their role in providing patient services. The Manual will also provide those in other departments with an understanding as to what religious and spiritual services they may expect from our ARH chaplains.

Sam Stacy, Director
ARH Chaplaincy Services

**APPALACHIAN REGIONAL HEALTHCARE
CHAPLAINCY SERVICES MANUAL
TABLE OF CONTENTS**

INTRODUCTION TO APPALACHIAN REGIONAL HEALTHCARE

- Preface from Chaplaincy Services Director.....Page 01
- ARH Mission, Vision and Values.....Page 03
- About ARH.....Page 04
- Accreditation.....Page 05
- ARH Foundation.....Page 06

SECTION 1 ARH POLICIES, MANDATORY TRAINING, & IN-SERVICES

- ARH Principles of Care.....Page 07
- G-VIII-04 Chaplaincy Dress Code and ID Badge.....Page 10
- ARH “CARES” Standards.....Page 11
- Infection Control.....Page 12
- Fire Safety.....Page 13
- General Hazard Prevention.....Page 16
- Cultural Competence.....Page 17
- Ethical Behavioral Expectations.....Page 21
- Patient Safety.....Page 22
- Emergency Codes.....Page 24
- G-VIII-01 Chaplaincy Services – General.....Page 25
- G-VIII-60 Relationship of Chaplains to ARH System.....Page 28
- G-VIII-58 Solicitation and Distribution of Literature.....Page 29
- G-VIII-05 Patient Information.....Page 30
- G-VIII-03 Patients Rights and Responsibilities.....Page 32
- Joint Commission Standard: Patients Rights & Organization Ethics.....Page 35

SECTION 2 PATIENTS RIGHTS AND CONFIDENTIALITY & ARH CODES

- G-VIII-06 Patient PrivacyPage 37
- G-VIII-51 Access to Protected Health InformationPage 39
- The Health Insurance Privacy and Portability Act In Service.....Page 40
- Patient Rights and the Pastor.....Page 53
- ARH Chaplaincy Services HIPPA Examination.....Page 54

Confidentiality Agreement.....	Page 56
Color ARH Code Sheet.....	Page 57
Blank.....	Page 58
G-VIII – 07 Code Blue: Medical Emergency.....	Page 59
G-VIII – 08 Code Red: Fire Emergency or Drill.....	Page 60
G-VIII – 09 Code Green: Security Situation.....	Page 62
G-VIII – 10 Code Adam (Pink): Infant/Child Abduction.....	Page 63
G-VIII – 12 Code White: Patient Elopement.....	Page 64
G-VIII – 13 Code Yellow: Internal or External Disaster.....	Page 65
G-VIII – 11 Code Ten: Hostage Situation / Weapon.....	Page 66
G-VIII- 14 Code Black: Bomb/Bomb Threat.....	Page 67
G-VIII – 16 Code Orange: Hazardous Material Spill / Release.....	Page 68

SECTION 3 ARH SYSTEM CHAPLAINCY SERVICES

ARH Chaplaincy Services Mission.....	Page 69
ARH Chaplaincy Services Vision and Values	Page 70
ARH Chaplaincy Services Annual Goals.....	Page 71
G-VIII - 01 Chaplaincy Services	Page 72
G-VIII –17 Eligibility for Chaplaincy Services.....	Page 75
G-VIII – 59 Eligibility of Stephen Ministers for Chaplaincy Services.....	Page 76
G-VIII – 18 Applying for Membership.....	Page 78
• ARH Chaplaincy Services Profile.....	Page 79
• G-VIII-53 Background Investigation.....	Page 81
• Chaplaincy Services Disclosure Form.....	Page 83
• Kroll Background Check Form.....	Page 84
G-VIII – 19 Orientation for Chaplaincy Applicants.....	Page 85
G-VIII – 20 Chaplaincy Services Membership Categories.....	Page 86
G-VIII – 02 Orientation of On-Duty Chaplain.....	Page 88
G-VIII - 21 Departmental Relationships.....	Page 89

SECTION 4 SERVING AS THEON-DUTY CHAPLAIN-OF-THE-WEEK

G-VIII – 22 On-Call Duty.....	Page 91
G-VIII – 04 Patient Information.....	Page 93
G-VIII – 50 Prayer Request Box.....	Page 94
G-VIII – 23 Referral for Chaplaincy Services.....	Page 95
• Request for Consultation Form E-I-8 (Rev.11/96).....	Page 97
G-VIII – 25 Visitation of In-House Patients.....	Page 98
G-VIII - 26 Chaplain Identification Badge.....	Page 99
G-VIII – 46 Chaplaincy Ethics.....	Page 100
• Chaplain Ethics Agreement Form.....	Page 102
G-VIII - 06 Patient Privacy.....	Page 103
G-VIII - 04 Dress Code and Identification Badge.....	Page 105

G-VIII – 30	Frequency & Duration of Visits.....	Page 106
G-VIII – 34	Positioning of Chaplain.....	Page 107
G-VIII – 29	Praying with Patients.....	Page 108
G-VIII – 35	Pastoral Listening.....	Page 109
G-VIII – 36	Topics of Discussion.....	Page 110
G-VIII – 37	Chaplaincy Services to the Bereaved.....	Page 111
G-VIII – 38	Chaplaincy Services to the Dying Patient.....	Page 112
G-VIII – 32	Advance Directives and End of Life Decisions.....	Page 113
G-VIII – 33	Ethics Committee.....	Page 114
G-VIII – 39	Chaplaincy Services to the Family at a Time of Death.....	Page 115
G-VIII – 40	Chaplaincy Services to Depressed Patients	Page 116
G-VIII – 41	Chaplaincy Services to Suicidal Patients.....	Page 117
G-VIII – 27	Chaplaincy Services to Patients in Isolation.....	Page 119
G-VIII – 28	Chaplaincy Services to Special Care Units.....	Page 120
G-VIII – 42	Distribution of Religious Literature and Tracts.....	Page 122
G-VIII – 43	Counseling Patients.....	Page 124
G-VIII – 44	Chaplaincy Services to Discharged Patients.....	Page 125
G-VIII – 45	Chaplaincy Services to ARH Employees.....	Page 126
G-VIII – 24	Hospital Chapel and Its Use.....	Page 127
G-VIII – 31	Spiritual Assessment.....	Page 128
	• Spiritual Assessment Form E-XIV-2 (12/04).....	Page 129
G-VIII – 57	Documentation of Chaplaincy Services.....	Page 131
	• Chaplaincy Services Daily Log.....	Page 132
G-VIII – 59	Conduct Unbecoming a Chaplain.....	Page 134
G-VIII – 55	Chaplain Grievances.....	Page 137
G-VIII – 56	Progressive Discipline.....	Page 140
G-VIII – 47	Annual Chaplains’ Retreat.....	Page 144
G-VIII – 48	Administrator’s & Chaplains’ Fall Tour / Winter Conference.....	Page 146
G-VIII – 49	Checklist for Orientation.....	Page 147.
	• Orientation Checklist.....	Page 148

SECTION 5

RESOURCES

100 Years of Hospital Chaplaincy: Suggestions for Visitation.....	Page 150
Reflections of a Patient.....	Page 153
I Am This Organization.....	Page 154
Medical Terminology.....	Page 155
Psychiatric Glossary.....	Page 159

Supplemental Materials

- Local ARH Chaplaincy Services Bi-Laws
- Guidelines for Chaplain-of-the-Week
- Suggestions for On-Duty Service
- Current Local Chaplaincy Roster
- Current Local On Duty Chaplain-of-the-Week Schedule



ARH MISSION, VISION AND VALUES

ARH Mission

To improve health and promote well-being of all the people in Central Appalachia in partnership with our communities.

ARH Vision

To earn the confidence and trust of the diverse communities we serve by offering healthcare excellence, delivered with compassion in a timely manner.

ARH Values

Excellence, Compassion, Safety, Teamwork, Inclusion, Professionalism



Appalachian Regional Healthcare

About ARH



John L. Lewis
President of the UMWA

In 1956, the United Mine Workers of America (UMWA) and thousands of citizens in the coal communities dedicated the Miners Memorial Hospital Association's (MMHA) facilities. The system's hospitals were located in Harlan, Hazard, McDowell, Middlesboro, Whitesburg, Pikeville and South Williamson, Kentucky; Man and Beckley, West Virginia; and Wise, Virginia. By the early 1960s, MMHA announced its intention to close some of the hospitals and soon after the Board of National Missions formed a new and independent not-for-profit health system Appalachian Regional Hospitals (ARH)--that purchased the Miners Memorial Hospitals. The health system changed its name in 1986 to Appalachian Regional Healthcare to more accurately describe its far-ranging activities.

Today, we operate hospitals in Harlan, Hazard, McDowell, Middlesboro, Morgan County, South Williamson and Whitesburg, Kentucky, and Beckley and Summers County, West Virginia. ARH has always responded to the changing demands of rural healthcare. Over the years, we have built and acquired new facilities as well as invested in new technology and medical capabilities.



Beckley ARH Hospital



Accreditation

Appalachian Regional Healthcare is accredited by Joint Commission. Joint Commission standards are "evidence based" on a national level to ensure our patients receive the highest level of safety and quality of care we can deliver.



As of January 1, 2006, the survey process has been "unannounced" to all healthcare facilities. The purpose of these surveys are to evaluate our organization's compliance and assess our ability to continuously give patients the quality of care they deserve.

If you have any recommendations for better patient care, you are encouraged to contact your local Hospital Administration Department for discussion. Any input you have to help us improve the safety and quality of care for our patients is appreciated.

If we are unable to resolve or implement your recommendations, you are welcome to contact The Joint Commission at (630) 792-5636 or visit their website at <http://www.arh.org/LinkOut/o.php?out=http://www.jointcommission.org>.



From our early beginnings over 50 years ago as the Miners' Memorial Hospitals, and now as a private, not-for-profit healthcare system, Appalachian Regional Healthcare (ARH) has always had one thing at heart - our patients. ARH often calls upon the support of members of the communities we serve to help offset some of the expense associated with the amount of charity care we provide and the cost of major projects at our hospitals. In the Foundation section of our site you will find a list of exciting new projects currently underway in our organization. We face many challenges as a not-for-profit system, but stand strong in our commitment to not only improve the health of those living in our service areas, but the quality of life in our communities as well. Whether it is providing quality medical care to the people of Central Appalachia regardless of their ability to pay, adding services and making improvements at our facilities, or being a vital partner in the community by supporting local schools, community events or local governmental projects, ARH is proud of the role we have played in Central Appalachia for the past 50+ years.

Ways To Give

- A simple contribution of cash, check or credit card through a one-time donation, pledge, annual gift or a matching gift.
- Gifts of Honor are a good way to remember someone by giving back. Gifts can be made in memory of someone special. You can also make a tribute to an individual for a special occasion such as his or her recovery from an illness, a birthday or anniversary.
- The Foundation has identified capital campaign opportunities across the system to assist with specific needs in our communities. Each one ultimately serves our patients in a variety of ways through providing equipment, technology, uncompensated care and new facilities. Please explore this web site for further information about our current campaigns and to see how one of these exciting projects could meet your giving needs.
- You can also choose to contribute gifts of long-term investments through immediate giving or estate planning such as common stock, life insurance, real estate or personal property.
- The ARH Foundation is pleased to offer the opportunity to establish scholarship endowments or funds through donations. Scholarship requirements can be tailored to meet the donor's request.

Appalachian Regional Healthcare will also benefit from the gifts of individuals who include ARH in their financial and estate planning. The estate tax benefits available to many gifts given through an estate plan often allow the donor to benefit ARH in a more extensive way than the donor might have thought possible.

Contact the ARH Foundation Office at (859) 226-2512, for a confidential discussion of your proposed gift, or your own financial or legal advisor can give you more information about how a particular gift method will apply to you. At your request, your advisor can contact the ARH Foundation Office to discuss these options.

Gifts can be mailed to:

ARH Foundation for Healthier Communities
Appalachian Regional Healthcare
Att: Margie Spaulding
P.O. Box 8086
Lexington, KY 40533

Phone: (859) 226-2512
Fax: (859) 226-2602

ARH PRINCIPLES OF CARE

CREDO

The health and welfare of every patient is the primary and overriding concern of each and every person in ARH.

Principles

1. Every patient will be treated as a unique, irreplaceable individual who deserves respect and consideration.
2. Privacy and confidentiality will be maintained for every patient.
3. Every patient will have an individualized plan of care and treatment and will participate in its development.
4. Every patient (or responsible party) will be informed about his or her care at every stage of diagnosis and treatment.
5. Every patient's care will be overseen by a responsible attending member of the medical staff.
6. The patient's needs and concerns will supersede educational or research activities and organizational routine.
7. Employees' personal issues will never compromise the care of patients.
8. Patient's and other customers deserve professional, dignified behavior oriented toward service.

1. Every patient will be treated as a unique, irreplaceable individual who deserves respect and consideration.

- Each patient, as well as family and visitors, will be treated in a considerate, respectful manner.
- Staff will identify themselves in all encounters and explain the purpose for the visit or treatment.
- Each patient deserves staff's respect for privacy and personal needs.

2. Privacy and confidentiality will be maintained for every patient.

- Each patient deserves physical privacy – both sight and sound – during interviews and examinations.
- Staff will conduct patient consultations discreetly and confidentially. Staff will never discuss patients or their treatment in public areas.
- A patient's records are available only to authorized staff treating the patient or monitoring the quality of care.

- Information can only be released through the patient's written consent, or that of the patient's legally designated representative and then only to those parties or agencies designated by the patient.

3. Every patient will have an individualized plan of care and treatment, and will participate in its development.

- Staff will respect a patient's concerns (questions, requests, fears, and complaints) and respond to them promptly.
- Staff should educate patients about their treatment needs (rather than dictate), bearing in mind each patient's preferences, abilities, emotional state, and the environment to which the patient will be discharged.
- All ARH representatives will offer personal interaction, and environmental stimulation, to patients who may have special needs for companionship or activity (arising from such situations as isolation, mental disability or impairment, or disfigurement).
- Staff will be aware of living wills, health care surrogates, and similar patients directives, and will extend full patient consideration to a patient's legal surrogate.
- Appropriate staff will follow designated procedures to determine the family's wishes regarding organ donation and disposition of a patient's body.

4. Every patient (or responsible party) will be informed about his or her care at every stage of diagnosis and treatment.

- Staff who supervise or coordinate specific unity activities will see that relevant information is available to the patient.

5. Every patient's care will be overseen by a responsible attending member of the medical staff.

6. The patient's needs and concerns will supersede educational or research activities, and organizational routine.

- Staff must assure that organizational routine is flexible enough to never supersede the patient's desires, comfort, or rest.
- Staff will make every effort to accommodate the specific religious or spiritual needs of patients and their families.
- Staff will never neglect a patient, or subject a patient to unnecessary treatment or anxiety.

7. Employee's personal issues will never compromise the care of patients.

- Staff will never participate in patient care activities (nor will supervisors allow participation) while influenced by situations or substances that impair their ability or judgment or that undermine patient confidence.
- Staff must report to their immediate supervisor any condition that might interfere with performing their patient care responsibilities safely and competently.

8. Patients and other customers deserve professional, dignified behavior oriented toward service.

- Staff will always maintain neat and clean personal grooming, and will dress in an appropriate fashion for their clinical assignments (following uniform standards when applicable).
- Staff will follow standard safety procedures in order to protect patients against injury or infection.
- Individual staff are responsible for the actions and judgments they apply to patient care.
- Staff who observe or know of incompetent, unethical, or illegal conduct will report it through established channels. The responsible staff person who receives such a report is obligated to follow up in constructive fashion.
- Staff must never argue in the presence of – or with – patients, family or visitors.
- Disruptive behavior or fighting, by any party, will not be tolerated on ARH property.
- When patients, families, or visitors have complaints about individuals or services, staff should receive them as an opportunity for improvement, and promptly refer them to the appropriate person.
- Individual staff members will adhere to their own professional code of ethics, if one exists for their particular profession.
- Staff will absolutely avoid inappropriate intimacy with patients (including, but not exclusive to, sexual contact).

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: DRESS CODE & ID BADGE
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-04

<p>SCOPE: All ARH chaplains.</p>
<p>PURPOSE: To ensure that the On Duty Chaplain-of-the-Week meets dress and appearance standards of ARH or his/her own faith community and that he/she can be readily identifiable as an ARH approved volunteer/employee.</p>
<p>POLICY: It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that Chaplains dress in suitable and acceptable attire.</p>
<p>PROCEDURE:</p> <p>I. Dress Code</p> <p>The On Duty Chaplain-of-the-Week may dress according to the discipline of his/her own faith community and the ARH Employee Dress Code. See Part C, Chapter IV, Section 05, ARH System Policies and Procedures. A copy of which will be provided to Chaplains during their initial orientation.</p> <p>II. Identification Badges</p> <p>Hospital identification badges are to be worn by ARH Chaplains when on duty in the hospital.</p>



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

Did a co-worker or caregiver go above or beyond? ¹¹



ARH CARES Standards

Did a co-worker or caregiver demonstrate the qualities listed in the **ARH CARES Standards**? You have the opportunity to show your appreciation by nominating them for the ARH CARES Awards and Recognition program.

ARH employees, you can pick up a nomination form from your local Human Resources department or fill out a form on the ARH Intranet. Patients of ARH can submit nominations online at www.arh.org. Look for the CARES button.



COMMUNICATION

Team member effectively and appropriately communicates with patients, team and other customers.

ATTENTIVE

Team member exhibits attention to the needs of patients, team members and the other customers.

RESPECTFUL

Team member demonstrates courtesy and respect to patients, team members and other customers.

ENVIRONMENT

Team member attends to personal appearance, facilities and equipment to make patients and other customers feel comfortable, safe and secure.

SPECIAL

Team member makes each patient, team and other customers feel special.



INFECTION CONTROL

Many different types of infections are present in the hospital environment. Most of the people with infections have them before they are admitted, but a few infections are caught afterward. It is the responsibility of the hospital staff as well as everyone else who may be in the hospital not to give patients, visitors, or our fellow workers any infection.

THE MOST IMPORTANT THING YOU CAN DO TO PREVENT THE SPREAD OF INFECTION IS TO WASH YOUR HANDS WELL. Using soap and water, vigorously scrub for 10-15 seconds, rinse thoroughly and turn faucets off using a paper towel. Wash your hands before and after patient contact, eating, beginning work, using the restroom, coughing, sneezing, and blowing your nose. When in doubt wash your hands!

Another step that you can take to prevent the spread of infection is to **have good personal hygiene.** This means to bathe or shower daily, keep your hair clean, and to keep your fingernails trimmed and clean.

There are a few patients who are placed in isolation to either protect the person coming in contact with him/her or to protect the patient from others. Isolation is indicated by the presence of a sign on the door to the room and a yellow cart outside the door which contains supplies needed for precautionary measures. **Do not enter isolation rooms without first asking the nurse in charge.**

If you have contact with patients you need to take extra precautions so that you will not contract or pass on any infections. **All body secretions are considered infectious,** so you must not touch any of these without proper barriers. You must wear gloves if you touch skin that is broken, cut or draining, or if you touch any blood, urine or someone's eyes, nose, or mouth. Gloves come in sizes small, medium, and large. You must also remember to wash your hands thoroughly after removing the gloves.

If you are in a situation where there is the possibility of being splashed with secretions we have waterproof gowns, masks, and goggles that you can wear to prevent anything from coming into contact with your body, eyes, nose or mouth.

It is possible to contract HIV, Hepatitis B and Hepatitis C from blood and/or body secretions. The virus can enter your body if your skin is cut, or your eyes, nose or mouth are splashed with blood or body secretions. **If you are exposed to blood or body fluids that may have entered your body, please notify the department supervisor in the area, wash the exposed area, and go to the Emergency Department.** They will order and obtain the necessary blood tests and give you instructions for follow up.

If you are around a patient who may have Tuberculosis you will be asked to wear one of our TB masks. The nurses will instruct you on how to properly fit and wear the mask and how to dispose of it.

All of these personal protective devices (gloves, gowns, masks, goggles, and TB masks) are readily available when the need for their use is identified. **Please do not hesitate to ask someone to assist you in selecting, fitting, and disposing of the proper devices.**

If you follow the guidelines listed above you should not contract or transmit any infections while you are in the hospital environment.

FIRE SAFETY

The Hospital maintains a fire plan and periodically conducts drills to maintain preparedness for fire emergencies. In order to insure the safety of your patient and yourself it is essential that you familiarize yourself with the hospital floor plan, locations of exits, fire alarms and extinguishers. This information is posted in strategic locations on each floor of the hospital.

The following steps are to be followed by any person who sees smoke, fire, or smells smoke. Remember the acronym RACE.

1. Rescue patients, visitors, and staff from immediate danger. If trapped in a room, hang a white sheet out the window to alert the fire department.
2. Activate the fire alarm system-Sound the fire alarm by breaking the glass covering the alarm and or/pulling the handle. If possible, have someone contact the hospital operator by dialing "0" to provide information on the exact location and nature of the fire.
3. Contain the fire. Close doors and secure windows.
4. Extinguish the fire with the closest fire extinguisher. If the fire is too large, wait for help. Evacuate only when necessary or when instructed to do so.

In the event that an actual fire situation is occurring in the hospital fire alarms will sound and the smoke doors will close. The switchboard operator will announce "**Code Red**" and the location. Hospital staff has specifically assigned duties and will carry them out.

Depending on the extent and location of the fire, you may be asked to assist with the evacuation of patients from the floor or building. The hospital fire chief or his/her designee will advise you as to what action you are to take if this is necessary. If evacuation is not necessary you will need to remain in the room with the doors closed or in the smoke compartment and follow the direction of the staff present until the situation is declared "all clear".

Fire drills are conducted several times a quarter on each shift. Alarms will sound and fire doors will close as in the actual fire situation is

IN THE EVENT OF A FIRE:

- R RESCUE those in immediate danger-
Remove them from the area where the
fire/smoke is occurring
- A ALARM. Pull the fire alarm to alert
others in the building and the fire
department that a fire emergency exists
- C CONTAIN the fire and smoke by closing
all doors
- E EXTINGUISH the fire, if it is safe to do
So
- R RELOCATE only if advised to do so by
The hospital fire chief or the fire
department. Evacuate horizontally first,
then vertically if necessary



TO USE A FIRE EXTINGUISHER:

- P **PULL** the pin located on the handle
- A **AIM** the hose at the base of the fire
- S **SQUEEZE** the handle
- S **SWEEP** back and forth at the base of the fire

GENERAL HAZARD PREVENTION

Safety is everyone's responsibility in the hospital. You can help prevent hazardous situations in the hospital such as fire and electrical hazards, slips, trips, and falls by taking accident prevention and hazard identification responsibilities seriously.

The following safety guidelines will help ensure a safe place for all:

Fire and Electrical Safety



- Report defective electrical devices and outlets to maintenance so they can be replaced
- Use only equipment with three prong, grounded plugs and unfrayed wires.
- Keep your work area clean and free of debris
- Smoke only in designated areas outside the building
- Know where fire alarms and extinguishers are located and how to use them
- Know the fire evacuation plan
-



Slips, Trips and Falls

- Common workplace accidents such as slips, trips, and falls can be avoided when you keep your work area neat and organized with a proper place for everything.
- Maintain adequate lighting
- Close file and desk drawers
- Hold the railing on the stairs
- Keep one hand free for support to stop a fall
- Clean up or report spills and obstructions
- Use caution when floors are wet
- Report loose or worn flooring or torn carpet
- Use a safe ladder, not a makeshift arrangement
-



Good Housekeeping

Good housekeeping can help prevent accidents and makes the environment more pleasant
Remember:

- Make daily housekeeping a priority in your area
- Use common sense
- Watch for and report potential safety hazards immediately



General Safety Tips

In general always:

- Be attentive
- Don't daydream or take shortcuts, no matter how many times you've done a job.
- Handle hazardous and contaminated materials safely
- Place waste in appropriate receptacles
- Never reach inside refuse containers-they may contain broken glass or needles



CULTURAL COMPETENCE-

Why do we need to learn about and practice cultural competence?

Health care and social service systems in this country are based on Euro-American or western values. The majority of people in Kentucky and West Virginia are of European American descent, however we also have a diverse population of individuals who have come to our area to take advantage of educational and employment opportunities. There has been a dramatic increase in the ethnic and racial minority population in the United States in recent decades. With these and other demographic changes, being a culturally competent healthcare provider has become increasingly important if we are to uphold both the basic patients' rights as well as provide quality care.

The Joint Commission on Accreditation of Healthcare Organizations requires us to evaluate cultural issues during patient assessments, when planning for care of patient and family, when providing end of life care and when addressing dietary issues such as food preference. The task before us is to understand the issue of culture facing our daily encounters with patients, physicians, families, visitors and co-workers.

What is culture?

Most people understand culture in its broadest sense and interpret it as something that characterizes distinct groups. This interpretation uses race and language as the primary recognizable markers of group membership and results in the use of categories such as those used by the census bureau. They have also come to recognize the diversity within these broad definitions. There is a tendency to view groups, for example African Americans, Hispanics, Asians, older patients and people with special needs as all having the same beliefs and to focus on the limitations rather than on the strengths of their culture and their community. General characterizations may not apply to all minorities or all people from a minority group. Published statistics and information on minority communities may not be accurate.

Here are examples of differences between cultures on a few points:

Traditional "American" Values

Personal Control over Environment
Change and Variety
Competition
Individualism
Future Orientation
Informality
Time Importance
Duration of Life
Nuclear Family

"Other" Cultures Values

Fate, Destiny, "God's Will"
Tradition
Cooperation
Group Welfare
Past Orientation
Formality
Human Interaction Importance
Quality of Life
Extended family

No doubt you may know persons who grew up the "traditional American" culture who hold more values in the other culture list. What do you think caused(es) this difference?

What is Cultural Competence?

Many definitions of cultural competence are being written, yet no standard has been accepted as the best. The term “cultural competence” means the knowledge, attitudes, skills, and processes that allow an individual or system to provide services across cultural lines in the best manner possible. It allows us to respond with respect and compassion to people of all cultures, classes, races, religions and ethnic backgrounds in a way that recognizes, affirms and values the worth of individuals, families and communities.

Some terms which may be helpful in understanding the concepts are:

Biculturalism-identification with two cultures simultaneously

Cross-cultural- Interaction between individuals from different cultures

Culture-the shared values, norms, traditions, customs, arts, history, folklore, and institutions of a group of people.

Cultural Diversity- differences in race, ethnicity, language, nationality, or religion

Ethnicity-belonging to a common group with shared heritage, often linked by race, nationality and language

Race-a socially defined population that is derived from distinguishable physical characteristics that are genetically determined.

Becoming aware of the issues of language, culture, and ethnicity in the background of the community we serve will aid the development of key attitudes, skills, and knowledge to improve communication. Cultures vary in their belief of the cause, prevention, and treatment of illness. These beliefs dictate the practices used to maintain health.

Cultural Impact on the Provision and Delivery of Health Care:

Cultures vary in their belief of the cause, prevention, and treatment of illness. These beliefs dictate the practices used to maintain health. Health care is generally provided to individuals where other characteristics in addition to race language and ethnicity contribute to a person’s sense of self in relation to others. These may be more specific or more general cultural subcategories based on shared attributes (such as gender or sexual orientation), or shared life experiences (such as survival of violence and/or trauma, education, occupation, or homelessness.) The convergence of multiple memberships in various cultural and sub- cultural groups that contribute to the individual’s personal identity and sense of their own “culture”. Understanding how these factors influence how a person seeks and uses medical care, as well as their own culture group’s historical relationship to the medical establishment is an integral part of providing culturally competent care.

An example:

“When South Cove providers advise parents to give cough syrup to their children, they must remember that Chinese “teaspoons” are generally much larger than American ones. Without this information, many children would be dangerously overmedicated”. –South Cove Community Health Center, Boston, MA

What is Culturally Competent Care?

- Culturally competent care involves incorporating every person's values and beliefs into the provision health and social services. Learning to find the individual within their cultural framework leads to quality service.
- Cultural competency permits individuals to respond with respect and empathy to people of all cultures, classes, races, religions and ethnic backgrounds in a manner that recognizes, affirms, and values the worth of the individual's families, and communities.
- Culturally competent care contributes to better health outcomes and more satisfied patients and is cost efficient. It allows the provider to obtain more specific and complete information to make a more appropriate diagnosis. It facilitates the development of treatment plans that are followed by the patient and supported by the family.
- It reduces the delays in seeking care and allows for more use of health services.
- It enhances overall communication and the clinical interaction between provider and patient.
- It enhances the compatibility between Western health practices and traditional cultural practices.

Culturally Competent Care Values Clients' Cultural Beliefs

Cultures vary in their belief of the cause, prevention, and treatment of illness. These beliefs dictate the practices used to maintain health. Frequently we interpret the behavior of others as negative because we don't understand the underlying values of the culture. It is a natural tendency is to assume that our own values and customs are more sensible and right. Competence is demonstrated by the extent to which caregivers are able to learn about and value its target community's knowledge, attitudes and beliefs about health care. It is also reflected in the extent to which it is applied to program areas to improve access and quality of care while respecting cultural health beliefs and practices.

Recognize Complexity in Communication and Language Interpretation

I say I have sugar
You say I have diabetes
I say I have low blood
You say I am anemic
I say I have a brain tumor
You say I have a malignant glioplastoma

Being able to speak a client's language is essential but does not always guarantee effective communication between the client and the provider. Communication is more than simply shared language; it must also include shared understanding, and a shared context as well. In order to effectively communicate with clients, providers need to understand how to talk about sensitive issues such as sexuality, drug use, and personal violence, among others. Just as importantly, the provider must learn how not to react negatively when client responses differ from one's own personal belief system.

Language Interpretation

At times an interpreter might be necessary to make communication of information possible. When assessing the need for an interpreter one must first consider what language the patient prefers. The level of fluency in the language and understanding of medical terms must also be explored. Using family or friends must be done with caution as there are multiple layers of issues relating to confidentiality and there may be cultural norms which do not allow members to speak of body parts/functions with members of the opposite sex. If possible arrangements for an interpreter should be made in advance. We have a contract with the

SpectraCorp to provide language interpretation for those patients and/or families who do not speak English. When a non-English speaking person is encountered the nursing units have a brochure which can be shown to the patient with instructions in 86 different languages. Once the language of the individual is identified there are instructions on how to proceed to contact the interpreter.

Starting Points for Cultural Competency:

Being able to provide culturally competent care has been described as a five-step process:

1. Understand one's own cultural background
2. Acknowledging the patient's different culture, value systems, beliefs and behaviors
3. Recognizing that cultural difference is not synonymous with cultural inferiority
4. Learning about the patient's culture
5. Adapting optimal health care delivery to an acceptable cultural framework.

10 Tips for Delivering Culturally Competent Care . (Minority Health Today. Jan-Feb 2000)

1. Know where your patient was born and what the implications of birthplace have on patient care.
2. Know what language your patient speaks at home (actual vs. assumed).
3. Know whether your patient has specific dietary patterns based on his/her culture.
4. Know your patient's religion, the level of faith and spirituality and what treatments may be prohibited as a result of its teaching.
5. Know the level of independence the patient had prior to the visit to the hospital. Know whether that independence is a problem for the patient or a welcome asset to the quality of the patient's life.
6. Know the support systems and what cultural issues exist in those support systems.
7. Have the patient describe how the illness is handled at home.
8. Understand the importance of treating each person as an individual.
9. Assess the emotional state of the patient and try to determine the cultural dimensions that support it.
10. Allow the patient to assist you in learning words that describe his or her illness

To be culturally competent does not mean you are an authority in the values and beliefs of every culture. It means that you hold a respect for cultural differences, are eager to learn and are willing to accept differences. For more information on the skills and benefits of cultural competency contact the following resources:

- Center for Cross Cultural Health 1-612-379-3573 ccch@crosshealth.com; www.crosshealth.com
- Office of Minority Health Resource Center 1-800-444-6472; 1-301-230-7199 (TDD) info@omhrc.gov; www.omhrc.gov
- <http://www.nursingceu.com/RCEU/courses/diversity>
3.5 Nursing CEU's available

ETHICAL BEHAVIORAL EXPECTATIONS

Appalachian Regional Healthcare places the highest trust in the fundamental honesty and integrity of each employee/volunteer in his/her daily relationships with patients, volunteers, the public and fellow workers. The community perceives contractual employees/volunteers to be part of our facilities and so therefore ARH expects anyone associated with this facility in a contractual capacity to uphold our standards and maintain public trust. The following actions are considered proper causes for disciplinary action, however these acts are not all the reasons the hospital may take disciplinary action.

1. Falsifying employment records or other company records
2. Violating ARH policies regarding discrimination or harassment
3. Soliciting or accepting gratuities from vendors or patients
4. Excessive absenteeism or chronic tardiness
5. Sleeping while on duty
6. Unnecessary or unauthorized use of supplies, including but not limited to personal use of supplies
7. Reporting to work intoxicated or under the influence of alcohol or non-prescribed drugs, or the illegal manufacture, possession, use, sale, distribution or transportation of drugs or alcohol
8. Engaging in fighting on ARH premises or injuring another employee, business partner, visitor or patient through either intentional or reckless conduct
9. Using profane, foul, obscene, insulting, abusive or crude language, inappropriate jokes, racial slurs, sexual comments even if spoken in non-standard English/foreign language
10. Theft of property from ARH , its business partners, patients or employees
11. Possession of firearms on ARH premises or while on ARH business
12. Disregard of safety or security rules
13. Insubordination
14. Unauthorized disclosure of confidential information about ARH, its business partners, patients or employees
15. Acceptance of improper gratuities for ARH work
16. Misuse of ARH funds
17. Conviction of a felony, a high misdemeanor or crime involving moral turpitude, or the commission of acts of moral turpitude, either at or outside the workplace
18. Damaging or destroying ARH equipment or property, whether intentionally or carelessly
19. Failure to perform satisfactorily in critical incidents, including but not limited to incidents regarding patient care
20. Failure to perform assignments satisfactorily
21. Improper use of sick leave or other benefits
22. Gambling on duty
23. Disregard of or refusal to comply with ARH Corporate Bylaws, ARH Board of Trustee Policies and Procedures, ARH System Policies and Procedures, ARH Facility Policies and Procedures, ARH Chaplaincy Policy and Procedures, practices proper orders and instructions from duly authorized management employees
24. Engaging in other employment which conflicts with ARH interests without first obtaining company approval
25. Unexcused absences or leaving work without authorization
26. Excessive use of company telephones for personal matters

Each person should always bear in mind the effect that his/her actions have on patient care. Every action reflects not only upon the individual, but on their employer/school/company they represent, as well.

Patient Safety

Creating a Culture of Safety

It has been reported in the medical literature that as many as 180,000 deaths occur in the United States each year due to error in medical care, many of which are preventable. In order to take actions that will improve this situation, it is necessary to have a clear picture as to what is actually happening so that appropriate steps can be taken that will prevent such occurrences. All patients have the right to receive care in a safe environment.

Due to the public's heightened awareness of medical errors and patient mishaps, the Joint Commission on Accreditation of Healthcare Organizations has

strengthened its commitment to patient safety. In July 2001, new standards on patient safety were put into effect. We must, as an organization, make patient safety a visible, organization-wide priority. Hazard ARH Medical Center's approach to patient safety will be accomplished by:

- Creating an environment that encourages responsible reporting of

process variations and mistakes in order to fix systems that inhibit patient safety

- Establishing priorities that direct resources to
- the implementation of patient safety improvement initiatives
- Identifying, sharing, and implementing safe practices that are known to reduce adverse patient events
- Encouraging patients to be aware of their role in maintaining a safe environment
- Providing regular patient safety training and education for individuals and groups
- Implementing meaningful evaluation of critical activities that affect patient safety

Five Essential Principles of a Culture of Safety

- Concern for the safety of patients should be embedded in the healthcare organization as a whole. Every staff member needs to assume this responsibility.
- There must be awareness and understanding of patient safety and an appropriate means of managing issues relating to safety at all levels of healthcare services.
- Human fallibility is an inescapable reality. Thus, a mindset of constant vigilance is crucial.
- Fear is the enemy of patient safety. An open and non-punitive environment in which it is safe to admit and report unintended process variations, especially errors, is fundamental.
- Unintended process variations and adverse events offer an opportunity to learn and to make changes for the better, not an occasion to punish and blame.

A healthcare organization's culture significantly affects the safety of patients. "Culture" refers to the attitudes of senior leaders that shape staff behavior. The safety culture of an organization is the product of several factors: individual and group values, attitudes, perceptions, competencies and patterns of behavior.

Staff Involvement is Key

This inservice will give staff members education and training about patient safety hazards associated with different job responsibilities. Staff members need guidance in what patient safety comprises and why improvements are desirable. A keystone of patient safety is an environment that acknowledges the unintentional nature of human error and seeks to learn from mistakes. Employees have the responsibility to report medical conditions that they have or that a co-worker may have that would comprise patient care or safety. Patient safety improvements cannot be achieved when an organization acts only on what is learned from yesterday's mistakes. Again, we cannot wait for an undesirable incident to start redesigning patient care processes. Proactive patient safety initiatives are needed to stay ahead of accidents.

Key Issues in Patient Safety

All employees have the responsibility for keeping their environment safe, not only for patients and visitors, but for themselves and other co-workers as well. Some measures that need to be addressed are specific to the patient environment as well as the work environment. Basic principles of safety are taught to all employees through

Some key issues to keep in mind are:

- Scan your environment and look for possible hazards that could cause injury to patients. This is particularly important with behavioral health patients. Look for broken glass, blocked hallways, and other hazards. Keep all chemicals or poisonous substances out of reach. Always be aware of and monitor housekeeping, medicine and other work related equipment and keep it secure.
- Keep in mind what you are taught on an annual basis concerning safety issues with Life Safety, Infection Control and Hazardous Materials.
- Don't leave small or sharp objects, tools, and map markers within reach of patients, especially infants and children.
- Warn patients and visitors of hazards of wet floors, use of wires around electricity and other general safety issues.
- Look for other infection control issues, for instance, sharps disposed boxes that are too full, visible blood or body fluids on surface areas and contaminated products in inappropriate places.
- Always report problems and patient safety issues to your

General Orientation and should be addressed specifically in their respective departments. Age-related issues are of major concern when working with a specific patient population like pediatrics. Employees need to be concerned with keeping their environment safe while performing job duties.

These are but a number of issues that should be observed on a daily basis to ensure a safe patient environment. Because employees are on the frontline, they are usually in the best position to identify issues and solutions. This is really at the core of what we mean by building a *culture of safety*. This kind of cultural change does not happen over night. It can only happen as a result of effort on

everyones part to take a different approach to the way we look at things. We must constantly question if we can do things in a better, more efficient, and safer manner. We must never let 'good enough' be good enough. We must be relentless in our pursuit of finding ways to improve patient safety. **We don't believe people come to work to do a bad job or make an error, but given the right set of circumstances, any of us can make a mistake.** We must force ourselves to look past the easy answer that it was someone else's fault – to answer the tougher question as to why errors occur. It is seldom a single reason. Through understanding the real underlying causes, we can better position ourselves to prevent future occurrences.

Emergency Codes

CODE BLUE	Medical Emergency
CODE RED	Fire Emergency or Drill
CODE GREEN	Security Situation
CODE ADAM	Infant/Child Abduction
CODE WHITE	Patient Elopement
CODE YELLOW	Disaster (Internal / External)
CODE TEN	Hostage Situation / Weapon
CODE BLACK	Bomb/Bomb Threat
CODE ORANGE	Hazardous Material Spill/Release

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: CHAPLAINCY SERVICES-GENERAL
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 3	REFERENCE NUMBER: G-VIII-01

SCOPE:

All ARH hospitals, clinics, units and departments.

PURPOSE:

To provide a general framework for the delivery of religious and spiritual services to ARH patients.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) to provide religious and spiritual care for its patients and their families through a volunteer chaplaincy program, ARH Chaplaincy Services. ARH provides a Chaplaincy Services Director who creates a team of local community clergy and qualified religious/spiritual care providers who offer continuing volunteer chaplaincy services to ARH so as to accommodate the religious and spiritual needs of patients, their families, and staff. In certain situations, specific rituals or religious rites may be requested by a patient or his/her legal guardian that must be addressed in certain specific, timely ways. This policy provides general guidelines to help safeguard the patient/family dignity by respecting their cultural, psychosocial and spiritual values.

PROCEDURE:

- I. Patients Needing a Visit From Their Own Spiritual Care Provider may make a request through the Nursing Department.
- II. Patients Needing A Visit From A Volunteer Hospital Chaplain may make their request known by:
 - A. Completing the "*Chaplain Request*" form (CCR114 1098 provided to each patient) which will be placed in the Chaplain Request Card File at each Nursing station or placed at another location determined by the local Hospital;
 - B. Informing his/her nurse who will notify Chaplaincy Services of the request, or
 - C. Informing a hospital staff member, who, in turn, will complete the "*Chaplain Request*" form for the patient and place it as described above. As the On-Duty Chaplain-of-the-Week arrives at the hospital, he/she will pick up the forms from the designated places and visit the patients who have requested a chaplain.
- III. The Presence of A Volunteer Chaplain will be announced through the Hospital's paging system when he/she arrives at the Hospital so that patients can take advantage of the Chaplain's presence as needed.
- IV. Volunteer Chaplains must wear Identification Badges when on duty in the Hospital.
- V. Request for Specific Religious/Spiritual Services by a patient or his/her legal guardian (when the patient cannot communicate his/her own wishes directly) should be honored, where possible and appropriate. Responding to and referral of such requests and safeguards is the responsibility of all staff. Examples of requests may include the following:
 - A. Administration of Holy Communion/Eucharist/Lord's Supper

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: CHAPLAINCY SERVICES-GENERAL
APPROVED: 09-01-06	RETIRED:
PAGE 2 OF 3	REFERENCE NUMBER: G-VIII-01

- B. Baptism of an infant or adult near death
- C. Hearing a patient's confession
- D. Anointing with oil/sacrament of the sick
- E. Prayer of commendation and blessing at the time of death or following a death
- F. Prayer before a surgical procedure
- G. Specific foods or foods prepared in a specific way
- H. Visitation by a hospital chaplain
- I. Respect for religious objects
- J. Religious ceremony
- K. Visitation by a patient and/or family's own faith practitioner

VI. Determining Bona fide Requests

- A. In most situations where competent patients can communicate for themselves, a request for a religious ritual or procedure must be made directly and in a clearly understood fashion. *This is especially true in situations where baptism is requested, due to its irrevocable nature and the responsibilities attached to it by many faith traditions.*
- B. When the patient cannot communicate for himself/herself, by virtue of age, medical condition or level of competency, then a parent, spouse or other healthcare surrogate, with clear authority to decide matters on behalf of the patient, may initiate the request. When there is ambiguity, as to the exact nature of the request or the authority to make it, the On Duty Chaplain-of-the-Week is consulted. The Community Chief Regulatory Affairs Officer (CCRAO) should also be consulted when questions arise regarding authority to consent on behalf of a patient.

VII. Religious Requests of an Emergency Nature

When death of the patient appears imminent, religious procedures such as baptism, reception of Eucharist/Holy Communion, special prayers and/or anointing may be a very meaningful spiritual and therapeutic action. Such services are time-sensitive. Prayers following the death of a loved one or special blessings said for a stillborn child may greatly assist in coping with grief. In any of these situations, the On Duty Chaplain-of-the-Week should be consulted or approval by the family to contact their pastor, priest or rabbi is obtained. When making a referral, the assessment, intervention and planned outcome is recorded in the patient's medical record by hospital staff.

In all situations where there is absence of clear consent, no religious ritual or activity

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: CHAPLAINCY SERVICES-GENERAL
APPROVED: 09-01-06	RETIRED:
PAGE 3 OF 3	REFERENCE NUMBER: G-VIII-01

should be administered based on presumptions, such as appearance or surname.

VIII. Qualifications for Appalachian Regional Healthcare, Inc. Volunteer Chaplains

The ARH Chaplaincy Services Director will conduct interviews of local clergy and qualified spiritual care providers who are ordained, licensed, or commissioned by their faith community to provide spiritual care for their church, synagogue, and mosque or faith community. The ARH Chaplaincy Services Director will provide an orientation for each chaplain before he/she performs chaplaincy service duties.

IX. Continued Education

The Director arranges with ARH staff for appropriate in-service education for volunteers. The Director provides for an in-service training program periodically throughout each year and organizes an annual educational program that is presented in the Hospital. The Director also organizes a three-day Annual Retreat that encompasses spiritual care activities in the healthcare environment.

X. Roster

A Roster of Chaplains and a Weekly On-Call Schedule is posted throughout the Hospital. These rosters are maintained by the ARH Chaplaincy Services Director.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: RELATIONSHIP OF CHAPLAINS TO ARH SYSTEMS
APPROVED:	RETIRED:
REPLACES POLICY DATED:	REFERENCE NUMBER: G-VIII-60
PAGE 1 OF 1	

SCOPE:

All ARH Chaplains

PURPOSE:

To clarify the status of a volunteer chaplain throughout the ARH System.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc. (ARH) to recognize throughout the System any volunteer chaplain who has been duly approved by any individual ARH Hospital.

PROCEDURE:

- I. A duly approved volunteer chaplain who is wearing his/her identification badge will have use of local chaplaincy services facilities and resources.
- II. A duly approved volunteer chaplain who is wearing his/her identification badge may use the parking area(s) designated for "Chaplains" or "Clergy." Parking designated as "Chaplain On-Call" is exclusively reserved for the local on-call chaplain at all times.
- III. Courtesy discounts in the cafeteria are reserved only for chaplains serving as an on-call chaplain or in the capacity of "Chaplain-of-the-Week."
- IV. At the discretion of ARH personnel, a visiting volunteer chaplain from another hospital may be asked to perform chaplaincy services for the hospital in which he/she is visiting.

Adopted November 30, 2006



Jerry Haynes
 President & CEO
 APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: SOLICITATION AND DISTRIBUTION OF LITERATURE
APPROVED:	RETIRED:
REPLACES POLICY DATED:	REFERENCE NUMBER: G-VIII-58
PAGE 1 OF 1	

<p>SCOPE: All ARH Chaplains.</p>
<p>PURPOSE: To maintain a proper business environment, to prevent interference with work and inconvenience to employees, and to prevent the appearance of proselytizing or favoritism.</p>
<p>POLICY: It is the policy of Appalachian Regional Healthcare, Inc. (ARH) not to permit chaplains to distribute literature or printed materials of any kind other than devotional literature that has been approved by ARH Chaplaincy Services, sell merchandise, solicit financial contributions, or solicit for any other cause while serving in the capacity of an ARH volunteer chaplain except as provided in this policy.</p>
<p>PROCEDURE:</p> <ol style="list-style-type: none"> I. Devotional literature that has been duly approved by both Chaplaincy Services and ARH may be distributed to patients by the on-duty chaplain or to patients who have been referred to the on-duty chaplain by ARH staff. II. Such approved devotional literature is distributed at the chaplains' discretion.

Adopted November 30, 2006



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: PATIENT INFORMATION
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-05

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To ensure that proper patient information is made available to area clergy to facilitate visitation by those clergy with his/her own parishioners and to encourage communication between clergy, their parishioners and ARH staff in order to enhance patient spiritual care.

POLICY:

It is the policy of the Appalachian Regional Healthcare, Inc., (ARH) to provide area clergy with the names and room numbers of their faith community members, provided that the patient has explicitly authorized release of this information for inclusion in the Facility Directory and that affiliation with the specific faith community was declared by the patient at time of admission.

PROCEDURE:

I. Patient's Faith Preference

The Admissions Department will provide information regarding the patient's faith community preference available to area clergy through the Facility Director, provided the patient has explicitly authorized release of this information for inclusion in the Facility Directory and that affiliation with the specific faith community was declared by the patient at time of admission.

II. Protected Health Information

Such information is maintained by the Admissions Department and will be made available for use by area clergy in accordance with HIPAA guidelines. See HIPAA, Part D, Chapter VIII, Section 01, ARH System Policies and Procedures. Upon discharge, the patient's religious information is removed from the database.

III. Proselytizing

Visiting clergy are only permitted to meet with members of their own parish or spiritual community and never attempt activity that could be perceived as proselytizing.

IV. Disruptive Clergy

Any clergy person creating problems by disturbing patients physically or emotionally will be asked to leave the facility.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: PATIENT BILL OF RIGHTS
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-03

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To ensure the Patients' Bill of Rights is honored by ARH Chaplains with the expectation that observance of these rights contributes to more effective patient care and greater satisfaction for the patient, his/her physician and ARH.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that ARH chaplains will affirm and adhere to the Patients' Bill of Rights as established and adopted by Appalachian Regional Healthcare, Inc.

PROCEDURE:

Each ARH Chaplaincy Services Volunteer Chaplain will be acquainted with the Patients' Bill of Rights and will function within its guidelines.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

Patient Rights and Responsibilities

Our hospital's main purpose is to provide you with quality medical care. We try to offer this care in a compassionate and cost-effective manner that reflects our tradition of warm, personalized caring. In keeping with this goal, we intend to conduct all hospital activities with concern for your rights and for your individual needs. You can help by becoming familiar with your rights and responsibilities.

Patient Rights

- You have the right to seek and receive necessary healthcare regardless of race, creed, religion, sex, national origin, or source of payment.
- You have the right to considerate and respectful care with dignity and comfort, which includes consideration of your personal time, values, and beliefs.
- You have the right to be informed about your health status, treatment, and results of care, including unanticipated outcomes, and what you can expect with your illness in terms you can understand.
- You have the right to participate in your treatment decisions.
- You have the right to privacy concerning your medical treatment. All communication and records pertaining to your care, including the source of payment for treatment, will be treated as confidential.
- You have the right to be free from verbal or physical abuse, negligence or harassment while hospitalized.
- You have the right to expect that, within its capacity, the hospital will make a reasonable response to your request for services. The hospital must provide evaluation, service and/or referral as indicated by the urgency of the case. When medically permissible, you may be transferred after you have received complete information and explanation concerning the need to transfer.
- You have the right to know about any relationships between Appalachian Regional Healthcare and other healthcare and education institutions as it affects the care provided. You also have the right to be told of any professional relationships among individuals who are treating you.
- You have the right to wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment.
- You have the right to file complaints and grievances about your care, or any aspect of your rights, without the fear of retaliation. You may file a complaint with the state agency directly, in addition to or instead of using the hospital's process. Should you wish to contact the State agency directly, the Nursing Supervisor on duty will provide a phone number and address to you.
- You have the right to know the identity and professional status of people providing care, including the doctor responsible for your care and treatment.
- You have the right to receive from your physician information necessary to make treatment decisions. Except in emergencies, such information should include, but not be limited to, the specific procedure and/or treatment, associated risks, and the medically significant alternatives for care.
- You have the right to accept, refuse, or stop/withdraw treatment to the extent permitted by law, and to be informed of the medical consequences of your action.
- You have the right to formulate an Advance Directive, which expresses your wishes concerning treatment in the event you become incapacitated. Advance Directives may include a living will, a durable power of attorney, or similar documents conveying your preferences. Such Advance Directives will be honored to the extent permitted by law. Should you desire additional information concerning Advance Directives, contact the nursing staff member on duty.
- You have the right to participate in the consideration of any ethical issues, which might arise in your care. Should you identify an ethical issue, contact the Nursing Supervisor on duty.
- You have the right to examine and receive an explanation of your bill, regardless of the payment source(s).
- You have the right to request transfer to another room if another patient and/or visitor are disturbing you.
- You have the right to expect reasonable safety in as far as the hospital practices and environment are concerned.

- You have the right to, at your own request and expense, seek a second opinion.
- You have the right to know the hospital's rules and regulations which apply to your conduct as a patient.
- You have the right to pastoral counseling when requested. Should you desire pastoral counseling, contact the nursing staff member on duty.
- You have the right to personal privacy during personal hygiene activities, during medical or nursing treatments and when requested as appropriate.
- You have the right to access protective services, which can include protective privacy, guardianship and advocacy services, conservatorship, and child or adult protective services. Should you or your family desire additional information, or require assistance in determining the need for these services, contact the nursing staff member on duty.
- You have the right to be interviewed and examined in private. You also have the right to have a member of the same sex present during a physical examination.
- You have the right to participate in the development and implementation of your plan of care, and to make decisions regarding that care.
- You have the right to inspect and obtain a copy of the information contained in your clinical record as permitted by law. We will actively seek to meet your request as quickly as possible.
- You have the right to be free from the use of seclusion and restraints as a means of coercion, convenience, or retaliation by staff. If restraints are used, they will be used only if clinically required and in accordance with your plan of care. Restraints may be used only as a last resort and in the least restrictive manner possible to protect you and others from harm.
- You have the right to expect a quick response to your reports of pain. We ask that you notify your nurse immediately when pain first begins; help your doctor and nurse assess your pain; and tell your doctor or nurse if your pain is, or is not, relieved.
- You have the right to expect reasonable continuity of care upon discharge. We will assist with follow-up appointments and/or referrals as necessary.
- You have the right to have visitors, as well as written or verbal communication with people outside the hospital.
- You have the right to refuse to talk with or see anyone not officially connected with the hospital or not directly involved in your care.
- You have the right to have a family member or representative of your choice or your own physician notified promptly of your admission to the hospital. Please tell your nurse if you wish someone to be notified of your admission.
- You have the right to leave the hospital against medical advice. Please note that leaving against medical advice may pose health risks and may result in denial of reimbursement by third-party payors, making you responsible for the entire hospital bill.
- Should you be unable to participate in your care and treatment, your rights are to be exercised by your designated representative.

Patient Responsibilities

- You are responsible for reporting perceived risks in your care and any unexpected changes in your condition to your nurse and/or physician.
- You are responsible for following the treatment plan recommended by your physician and nurse.
- You are responsible for your actions if you refuse treatment or do not follow the physician's instructions.
- You are responsible for ensuring the financial obligations of your healthcare are fulfilled as promptly as possible.
- You are responsible for following hospital rules and regulations affecting your care and conduct.
- You are responsible for being considerate of the rights of other patients and hospital personnel, and for assisting in the control of noise and number of visitors.
- You and your family are responsible for asking questions when you do not understand what you have been told about your care or what you are expected to do.
- You and your family are responsible for providing, to the best of your knowledge, accurate and complete information about present health problems, past illnesses, hospitalization, medications, and other matters relating to your health.

Medical and Behavioral Health Advance Directives

As a patient, you have the right to make decisions regarding your present and future healthcare. An advance directive is a legal document that helps guide your family and doctor should you become terminally ill and/or unable to communicate your wishes about your treatment. There are several different kinds of advance directives you can use if you wish, such as a medical or behavioral health living will, medical power of attorney or healthcare surrogate.

Anyone over 18 years of age and of sound mind can have an advance directive. Your healthcare provider or practitioner, ARH staff or your attorney can provide you with more information or assistance.

Your Hospital Bill

Be sure that you have your insurance identification cards, policy numbers and any other information necessary for payment processing. A hospital representative will discuss arrangements for payment of your hospital bill with you. You will be asked to show your insurance identification card. Any hospital charges that are not being covered by your insurance will be noted and payment arrangements will be completed.

Page printed from:
<http://www.arh.org/PatientVisitor/PatientRights.php>

APPALACHIAN REGIONAL HEALTHCARE**SPIRITUAL / RELIGIOUS PREFERENCES OF PATIENTS AND FAMILIES****JCAHO Standard R1.1.3.5
“Patients’ Rights and Organizational Ethics”**

- Purpose:** To ensure that respect is extended to all patients ~~and family members~~ in relation to their preferences of religious rituals or spiritual activities.
- General Discussion:** It is the responsibility of this Hospital to demonstrate respect for a patient’s desire for pastoral care and other religious/spiritual services, and to provide necessary access to such services. Hospital staff confers dignity to the patient and family by addressing religious and/or spiritual needs throughout the hospital stay. In certain situations, specific rituals or activities may be requested by a patient or his/her legal guardian that must be addressed in certain specific, timely ways. This policy provides general guidelines to help safeguard the patient/family dignity by respecting their cultural, psychosocial and spiritual values. Responding to such requests and safeguards is the responsibility of all staff.
- Policy:** Request for specific religious/spiritual services by a patient or his/her legal guardian (when the patient cannot communicate his/her own wishes directly) should be honored, where possible and appropriate. Examples of requests may include the following:
- administration of holy communion/eucharist
 - baptism of an infant or adult near death
 - hearing a patient’s confession
 - anointing with oil/sacrament of the sick
 - prayer of commendation and blessing at the time of death or following a death
 - prayer before a surgical procedure
 - specific foods or foods prepared in a specific way
 - to be visited by a hospital chaplain
 - respect for religious objects
 - native American sage and pipe ceremony
 - to be visited by a patient and/or family’s own faith practitioner

Procedural Guidelines and Safeguards for Honoring a Religious/Spiritual Preference Request:

- a. Determining a bonafide requests. In most adult situations where competent patients can communicate for themselves, they must make their request for a religious procedure directly, and in a clearly understood fashion. ***This is especially true in situations where baptism is requested, due to its irrevocable nature and the responsibilities attached to it by many faith traditions.*** When the patient cannot communicate for himself/herself, by virtue of age, medical condition or level of competency, then a parent, spouse or other, with clear authority to decide matters on behalf of the patient, may initiate the request. When there is ambiguity, as to the exact nature of the request or the authority to make it, do not hesitate to consult with a hospital chaplain, social worker or unit-nursing supervisor.
- b. Routine requests. Whenever a request is made to a hospital staff person, the request shall be charted in the patient's medical record and the chaplain on duty shall be notified of the request. It shall be the responsibility of the chaplain to assure appropriate follow-up of the religious request and to chart the outcome.
- c. Religious requests of an emergent nature. When death of the patient appears imminent, religious procedures such as baptism, reception of Holy Communion, special prayers and/or anointing may be a very meaningful spiritual and therapeutic action, not to mention time-sensitive. In other situations where death has just occurred the same may be true. Prayers following the death of a loved one or special blessings said for a stillborn child may greatly assist in coping with grief. In any of these situations, do not hesitate to request consultation from the chaplain, social worker, nursing supervisor, family or with the family's permission their pastor, priest or rabbi. Finally, when making a necessary referral, the assessment, intervention and planned outcome shall be recorded in the patient's medical record by hospital staff.
- d. ***In all situations where there is absence of clear consent, no religious ritual or activity should be administered based on presumptions, such as appearance or surname.***

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: PATIENT PRIVACY
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 2	REFERENCE NUMBER: G-VIII-06

SCOPE:

All ARH chaplains.

PURPOSE:

To ensure compliance with provisions of the Health Insurance Portability and Accountability Act (HIPAA).

POLICY:

It is the policy of ARH, Inc. that all chaplains comply with the Health Insurance Portability and Accountability Act (HIPAA).

PROCEDURE:

I. Communications

- A. Chaplains must respect patients' right to privacy in regard to all paper, electronic, and oral communications.
- B. Prior to copying or forwarding paper, electronic or oral patient information, chaplains will secure authorization from the patient to indicate to whom the information is to be released, for what purpose, and an expiration date for such authorization.
- C. The chaplain will keep all written and electronic patient information in a secure place out of public view.
- D. The chaplain does not call out the patient's name in public. The chaplain will address the patient face to face in a conversational tone of voice.
- E. The chaplain always safeguards patient privacy by lowering his/her voice when discussing patient information at a nursing station, over the telephone, or in any public area of the hospital.
- F. The chaplain does not verbalize the patient's name when viewing an electronic screen, a paper document, or when in public unless such conversation is in regard to one of the patient's healthcare providers.

II. Consent

The chaplain secures written authorization from the patient to use patient information in educational settings, clinical pastoral training, or Chaplaincy supervision. Such authorization states to whom the information is to be disclosed, for what purpose, and specifies an expiration date.

III. Orientation

At Orientation, the prospective chaplain completes HIPAA training, signs a "Confidentiality Agreement," and successfully tests out. A copy of the test and agreement are placed in the chaplain's file.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: PATIENT PRIVACY
APPROVED: 09-01-06	RETIRED:
PAGE 2 OF 2	REFERENCE NUMBER: G-VIII-06



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: ACCESS TO PROTECTED HEALTH INFORMATION (PHI)
APPROVED: 09-26-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-51

SCOPE:

All ARH Chaplains.

PURPOSE:

For ARH Chaplains to comply with the "need to know" and "minimum necessary" Health Insurance Portability and Accountability Act (HIPAA) standards in accessing Protected Health Information in the performance of assigned duties.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that ARH Chaplaincy Services comply with the Health Insurance Portability and Accountability Act (HIPAA).

PROCEDURE:

I. Protected Health Information

- A. The name, the room number, and the religious affiliation of patients are made available daily, in printed or electronic form, to ARH Chaplains.
- B. All patient Protected Health Information is kept secure. ARH personnel will properly dispose of printed information.
- C. Patient Protected Health Information is not made available to area clergy.

II. Director of ARH Chaplaincy Services

- A. In specific cases, the Director of ARH Chaplaincy Services, or other direct patient care providers, may determine that access to additional patient Protected Health Information is necessary in order for ARH Chaplains to provide religious or spiritual care to the patient as so directed.
- B. The ARH Chaplaincy Services Director coordinates provision of protected patient information required for ARH Chaplains to provide religious and spiritual services to the patient.

III. Training

All ARH Chaplains will be oriented to ARH policies and procedures regarding compliance with HIPAA in the same manner as ARH employees are trained.

REFERENCES:

HIPAA, Part D, Chapter VIII, Section 01, ARH System Policies and Procedures.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

ARH Chaplaincy Services
HIPAA
Morgan Peterson, Director

HIPAA

Training for Chaplains

OBJECTIVES OF THIS SESSION

- ❖ Introduce HIPAA
- ❖ Define key terms
- ❖ Reduce risk of breaches of confidentiality and/or security
- ❖ Apply HIPAA to ARH Chaplaincy Service

HIPAA Training Requirements

- ❖ All ARH facilities and programs must comply with HIPAA Privacy and Security Rules
- ❖ All ARH Employees and Volunteers are affected to some degree
- ❖ Each ARH Employee and Volunteer must be training in the essentials of privacy and security
- ❖ HIPAA establishes training requirements for *all* workforce members

Levels of Training

- ❖ Training is geared to the individual's level of contact with patients protected health information
- ❖ This is the basic training level for Chaplains and others who have limited contact with protected health information

What is HIPAA?

- ❖ HIPAA is an acronym for the *Health Insurance Portability and Accountability Act of 1996*
- ❖ HIPAA protects patient's right to privacy
- ❖ HIPAA protects patient's rights to security regarding use of confidential information

KEY TERMS

- ❖ PHI
- ❖ TPO
- ❖ Facility Directory
- ❖ Physical Secure
- ❖ Minimum Necessary
- ❖ Need to know



PHI Protected Health Information

- ❖ PHI – Protected Health Information is any information that can be used to identify a patient
- ❖ Any information that can be used to reveal their identity is *Confidential*

PHI Protected Health Information 1

- ❖ Name
- ❖ Age
- ❖ Address
- ❖ Social Security
- ❖ Room Number
- ❖ Driver's License
- ❖ Diagnosis
- ❖ Physician
- ❖ Spouses' Name
- ❖ Religious Affiliation
- ❖ Medical Record
- ❖ Military Record

PHI
Protected Health Information 2

- ❖ Written Information
- ❖ Electronic Information
- ❖ Oral Information

PHI
Protected Health Information 3

- ❖ Written Information
 - Medical Record
 - Surgery Schedule
 - Census
 - Admissions List
 - Religious Preference Census

PHI
Protected Health Information 4

- ❖ Electronic Information
 - Medical Record
 - Referral Notes
 - X-ray, Lab, MRI, Tests & Evaluations
 - Insurance
 - Consultation Notes

PHI
Protected Health Information 5

❖ Oral Information

- Conversations at Nurses Stations
- Conversations in Corridors
- Conversations Among Providers
- *Any* spoken information about the patient

PHYSICAL SECURITY

❖ Physical Access to PHI must be controlled against violations of privacy and security

- Physical workstations and other work areas must be monitored for compliance
- Computers must be electronically and physically secure
- Patient information may never be left in the open or in public places

TPO: Treatment Payment Operations

❖ Persons involved in the treatment of patients, payment (billing & collections), or operations of the health care facility do not have to have permission to access patient information

TPO: Treatment, Payment, Operations 1

- ❖ *Operations* – Public Health Information
- ❖ *Payment* – Coding, Billing, and Collection of Patient Accounts
- ❖ *Treatment* – Physicians, Nurses, Technicians, Allied Health Services

TPO Access to PHI Protected Health Information 2

- ❖ Minimal Necessary
 - Access is limited to the *minimal necessary* amount of information to provide this service
- ❖ Need to Know
 - Access is limited to the information *needed to know* to provide this service

FACILITY DIRECTORY

- ❖ May be known as a “Hospital Directory”
- ❖ A patient may choose **not** to have name printed in the “Facility Directory”
- ❖ If patient consents, four entries about the patient may be included in the “Directory”

FACILITY DIRECTORY INFORMATION 1

- ❖ Name
- ❖ Room Number
- ❖ Religious Affiliation
- ❖ Health Condition
 - Stated in non-medical terms, for example, "Good", "Fair", or "Poor"

FACILITY DIRECTORY ACCESS 2

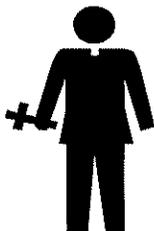
- ❖ Must ask for the patient by name
- ❖ General public may access Directory only by citing a patient name
- ❖ Information may be obtained by telephone
- ❖ Directory may not be printed or distributed outside TPO use

FACILITY DIRECTORY SYMBOL LEGEND 3

- ❖ @ Family members only
- ❖ + Isolation
- ❖ \$ No information to press
- ❖ ^ No information
- ❖ % No visitors
- ❖ ! Prisoner
- ❖ * Okay to release information

KEY TERMS FOR CHAPLAINS

- ❖ Chaplains
- ❖ TPO
- ❖ PHI
- ❖ Minimal Necessary
- ❖ Need to Know
- ❖ Facility Directory
- ❖ Physical Secure



BOARD CERTIFIED CHAPLAINS

- ❖ Board Certified Chaplains are generally regarded as "Allied Health Professionals"
 - Approved by their religious community
 - Certified by a recognized nationally accrediting body, viz. Professional Chaplains Association
- ❖ Chaplains may gain access to PHI under the "Treatment" provision of TPO

TPO – ARH CHAPLAINCY

- ❖ JCAHO
 - "Patient Rights: Spiritual and Religious Care"
- ❖ ARH
 - Systems/Individual Policies for Offering Spiritual and Religious Care of Patients



ARH CHAPLAINCY SERVICE

- ❖ Offers spiritual and religious care to patients upon their request
- ❖ Offers spiritual and religious care to patients referred from ARH staff

PHI for ARH Chaplains

- ❖ *Minimal necessary* information we need to know
 - Patient Name and Room Number
 - Obtained from Patient Directory
 - Entire Directory Available only to ARH Chaplains

What If An ARH Chaplain Has No Access to the Facility Directory

- ❖ Staff Referrals
- ❖ Emergencies
- ❖ Patient Requests
- ❖ Inquires at Nursing Stations

Use of PHI

- ❖ As an ARH Chaplain, you are an agent of the Hospital
- ❖ You will have access to PHI that clergy in general cannot access
- ❖ PHI is for use by ARH Chaplains only

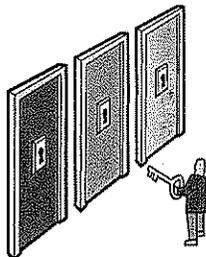
Physical Security of PHI

- ❖ Keep in a place away from public areas
- ❖ Place a cover on PHI
- ❖ Shred or dispose of PHI daily
- ❖ PHI is strictly for your use as a Chaplain
- ❖ Keep PHI secured
- ❖ Do not remove PHI from Hospital

Spiritual Care Upon Request

- ❖ "Request for Chaplain" Form CCR114 1098
- ❖ Patient Request at Time of Admission
- ❖ Referral from Physician, Nurse, Staff
- ❖ Emergency Call from Hospital

Door to Door Visitation

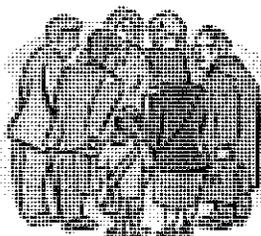


- ❖ The key to the patient's room is the Facility Directory
- ❖ There may be no door to door visitation without the patient's consent

Procedure

- ❖ Check Patient Directory for PHI directives
- ❖ Knock at door
- ❖ Do not call out the patient's name at door
- ❖ Wait for reply
- ❖ Introduce self by name, role and function

Requests from Persons Other Than the Patient



- ❖ Inform person that the patient's presence is PHI
- ❖ Inform person that the patient will need to o.k. the visit
- ❖ Consult the Facility Directory

Reporting HIPAA Violations

- You are a part of the ARH Team
- Please report any violations to the Charge Nurse
- Please help ARH with 100% compliance
- ARH Hospitals have a Privacy Official to enforce HIPAA

What Can I Do?



- ❖ Inform congregation of HIPAA
- ❖ Request congregation to notify you of any expected hospitalization if they wish to be visited
- ❖ Ask if they will permit listing name in bulletin

Two Basic Questions



- ❖ What is the minimal necessary information that I need to know to do my job?
- ❖ Has the patient consented to my visit?

Where to Get More Information

- ❖ Workbook Training Series
- ❖ Policy and Procedure Document
- ❖ ARH Intranet Web Page
- ❖ CHITs (Community HIPAA Implementation Teams)
- ❖ Rick King – ARH Legal Affairs
- ❖ Lloyd Smith – ARH Compliance Officer

ARH Chaplaincy Privacy and Confidentiality Statement

❖ **Our Chaplaincy Service “Confidentiality Statement” has been revised to reflect HIPAA regulations**

❖ **Please sign and return the statement**

Chaplaincy Service HIPAA Test



- ❖ This test is part of our learning process
- ❖ Your test will be placed in your file

“Patient Rights and The Pastor”

The Federal Privacy Rule that went into effect on April 14, 2004, has caused much confusion for patients, families, and clergy or other religious representatives. It is commonly thought that hospitals are no longer allowed to give out patient’s room numbers to visitors, including religious representatives. This is not correct. The Privacy Rule allows hospitals to give out patient’s room number to regular visitors and clergy or other religious representatives, if the patient does not object.

Hospitals are allowed to keep a directory of patients with the following information.

1. Name
2. Location in the hospital (For example, hospital room number, emergency department)
3. Condition (For example, good or fair)
4. Religious affiliation (For example, name of church, synagogue, denomination, etc.)

Sometimes, patients wish to keep their hospital admission private. For this reason, the cooperation of family, friends and religious representatives in respecting a patient’s wishes is very important.

During registration, patients at area hospitals are asked the following types of questions:

1. Do you want visitors?
2. If someone from your religious affiliation asks about you, may we tell them that you are here?
3. Do you want to be listed in the hospital directory?

Patients may answer “Yes” or “No” to each question. So, they can say, “Yes” to visitors and their religious affiliation knowing that they are here, but “No” to being in the hospital directory. If a patient does not want to be listed in the directory, flowers and mail will not be delivered. In addition, members of the media and others who are not family or religious representatives will be told that there is no one listed by that name. If a patient answers “No” to the religious affiliation question, they name will not be provided to clergy or other religious representatives.

If the answer is “Yes” to the directory question, then if someone asks for a patient by name, the hospital is permitted to give out the patient’s location. Only members of the clergy or other religious representatives are given information about religious affiliation, unless a patient has restricted this disclosure.

There are several things parishioners can do if they wish to be visited by religious representatives.

1. Notify the pastor and inform him/her of the room number and telephone number.
2. Notify your faith community and provide your room number and telephone number.
3. When being admitted, say “Yes” when asked about visitors, including those from his/her faith community, and when asked about publishing his/her name in the hospital directory.



Appalachian Regional Healthcare

CHAPLAIN NAME: _____

DATE: _____

ARH CHAPLAINCY SERVICES HIPAA FINAL EXAM

1. *You are walking through the Emergency Department and you see that your neighbor has just arrived in labor. She's only six months pregnant. Her husband does not know that she has been admitted. What should you do?*
 - A. Contact the neighbor's husband and tell him about his wife
 - B. Say nothing and pretend you don't recognize your neighbor
 - C. Tell an emergency department nurse that you know how to reach the patient's husband
 - D. Call the patient's pastor and inform him/her of the situation in confidence

2. *When are you allowed to repeat private health information that you hear while in the Hospital?*
 - A. After you no longer are on duty as a Chaplain
 - B. After the patient dies
 - C. Only when the patient authorizes release of information
 - D. If you are certain that it will be kept in strictest confidence

3. *Your sister's friend is having surgery at the Hospital but she is not sure what day. She wants to include her friend in the church's prayer chain and asks that you find out if her friend is having surgery today. What should you do?*
 - A. Tell your sister that you are not allowed to but that she can call the Information Desk and ask whether her friend is staying there
 - B. Ask the Chaplaincy Service Secretary to search for the friend's name in the patient database and telephone your sister's friend
 - C. While you are at the Hospital, find a list of patients having surgery and look for the friend's name
 - D. Ask a nurses in surgery if they have seen your sister's friend

4. *You are walking through the Hospital and see papers in a box. You can see names, addresses and numbers on the paper. What should you do?*
 - A. Nothing
 - B. Report it to the Nursing Supervisor in case the data is private patient information
 - C. Ask a nurse on the unit to identify information on the paper for you
 - D. Carry the box to the Chapel where it will be safe

5. *What question should you ask yourself before looking at patient information?*
 - A. Would the patient mind if I looked at this?
 - B. Do I need to know this to my job?
 - C. Can anyone see what I'm doing?
 - D. Is this patient information really confidential?

6. *A Chaplain can go to jail for selling patient information.*

True or False

7. *Doctors are permitted to see all information about every patient.*

True or False

8. *Patient information should never be thrown away in an unlocked bin unless it has been shredded or destroyed.*

True or False

9. *ARH Chaplains may invoke the right of "pastoral confidentiality" and share protected health information with the patient's pastor.*

True or False

10. *ARH has a staff privacy official whose duty it is to enforce HIPAA rules.*

True or False



CONFIDENTIALITY AGREEMENT

As a volunteer chaplain of Appalachian Regional Healthcare, Inc., I understand that I may have access to confidential information including patient, financial or business information obtained through my association with ARH. I understand that one purpose of this agreement is to help me understand my personal obligation regarding confidential information.

Confidential information regardless of media is valuable and sensitive and is protected by law and by strict Company policies. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Commonwealth of Kentucky state law and other Federal Regulatory laws requires protection of confidential information contained within a health care information system. Inappropriate disclosure of patient data may result in the imposition of fines up to \$250,000 and ten years imprisonment per incident.

Accordingly, as a condition of and in consideration of my access to confidential information, I promise the following:

- ❖ I will not access confidential information for which I have no legitimate need to know to perform my job/function and for which I am not an authorized user.
- ❖ I will not in any way divulge, copy, release, sell, loan, review, gossip or speak in idle talk, alter or destroy any confidential information unless expressly permitted by existing policy except as properly approved in writing by an authorized officer of ARH within the scope of my association with ARH.
- ❖ *I will not utilize another user's password in order to access any system.*
- ❖ If I observe or have knowledge of unauthorized access or divulgence of confidential information I will report it immediately either to my supervisor, the Privacy Officer or the Compliance Hotline.
- ❖ I will not seek personal benefit or permit others to benefit personally by any confidential information that I may access.
- ❖ I will not discuss any information regarding patients in common areas such as elevators and cafeterias, snack bars or smoking areas.
- ❖ *I will respect the ownership of proprietary software and not operate any non-licensed software on any ARH computer.*
- ❖ I agree to abide by all ARH rules and regulations applicable to confidential patient information.
- ❖ I understand that my failure to comply with this Agreement may result in disciplinary action, which might include, but is not limited to, termination of my volunteer staff status with ARH and/or loss of my privileges to provide services outside the scope of my faith community in ARH facilities.

By signing this ARH Agreement, I acknowledge that I have read or have had read to me and understand that ARH has an active on-going program to review records and transactions for inappropriate access and disclosure and I understand that inappropriate access or disclosure of information can result in penalties up to and including termination of visitation rights outside the sphere of my local parish responsibilities, fines, and/or legal action.

SIGNATURE

DATE

PRINTED NAME

Emergency Codes

CODE BLUE	Medical Emergency
CODE RED	Fire Emergency or Drill
CODE GREEN	Security Situation
CODE ADAM	Infant/Child Abduction
CODE WHITE	Patient Elopement
CODE YELLOW	Disaster (Internal / External)
CODE TEN	Hostage Situation / Weapon
CODE BLACK	Bomb/Bomb Threat
CODE ORANGE	Hazardous Material Spill/Release

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: CODE BLUE-PATIENT EMERGENCY
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-07

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To ensure ARH Chaplaincy Services responds appropriately to a Code Blue and offers religious and spiritual support as needed to the patient, the patient's family and ARH personnel involved in a Code Blue.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that a *Code Blue* be considered an emergency situation and the On Duty Chaplain-of-the-Week should take appropriate action.

PROCEDURE:

I. Responding to Code Blue

A. After a Code Blue is announced, the On Duty Chaplain-of-the-Week will wait five (5) minutes to allow medical staff access to the patient area.

B. The On Duty Chaplain-of-the-Week will then determine:

1. If the patient's pastor, priest, imam, or rabbi is present,
2. If he/she has been notified,
3. If the patient or family requests a chaplain, or if a staff member has directed that the chaplain be called.
4. If indicated, the Chaplain makes certain that the patient's pastor, priest, or rabbi is notified.
5. The chaplain may decide to remain with the family until their pastor, priest, or rabbi arrives. Upon arrival of clergy, the chaplain politely excuses him/herself,
6. If requested to do so, the On Duty Chaplain will offer religious and spiritual support to the patient, the patient's family, and hospital personnel involved in a *Code Blue*.

C. The Chaplain will also act as a liaison between the hospital staff and the patient's family.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: CODE RED-FIRE
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 2	REFERENCE NUMBER: G-VIII-08

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To assist hospital staff and to offer spiritual and religious support to patients and their families.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that Chaplains respond appropriately to Code Red when made.

PROCEDURE:

I. Responding to Code Red

- A. The On-Duty Chaplain-of-the-Week responds to a Code Red when notified.
- B. The Chaplain does not use elevators or telephones.
- C. The Chaplain is familiar with the Hospital floor plan on which he/she is ministering.
- D. The Chaplain responds to smoke or fire acts according to the acronym, RACER.

Rescues patients, visitors and staff from immediate danger

Activates the fire alarm system

Contains the fire

Extinguishes the flame with a fire extinguisher

Re-locates only when necessary or instructed to do so

- E. Chaplains use the fire extinguisher according to the acronym PASS.

Pull the alarm

Aim the nozzle at the base of the fire

Squeeze the handle

Sweep back and forth

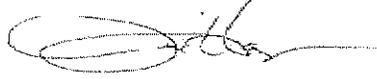
II. Casualties

- A. In the event of casualties, the priorities of the Chaplain will be as follows:
 - 1. To provide spiritual comfort to casualties and their families in the area specified by the Hospital;
 - 2. Serve as a liaison between the Hospital staff and casualties;
 - 3. Notify the Director of Chaplaincy Services;
 - 4. Staff with ARH Chaplains as deemed necessary.

III. Fire and Safety Disaster Plan

- A. The Chaplain will follow protocol outlined in the Fire and Safety Disaster Plan.
- B. Each ARH Chaplain will complete an annual Fire and Safety Training session. Record of such training will be maintained in the Chaplain's file.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: CODE RED-FIRE
APPROVED: 09-01-06	RETIRED:
PAGE 2 OF 2	REFERENCE NUMBER: G-VIII-08



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: CODE GREEN- EMERGENCY SITUATION Security Situation
APPROVED: 09-26-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-09

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To ensure the On-Duty Chaplain-of-the-Week assists ARH staff in responding to a *Code Green emergency situation*.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that the On Duty Chaplain-of-the-Week will respond appropriately to a *Code Green* emergency situation.

PROCEDURE:

- I. Upon the announcement of a Code Green, the Chaplain will report immediately to the Charge Nurse and inquire if he/she may be of assistance. The Chaplain will notify facility Administration that he/she is available to assist in the *Code Green*.

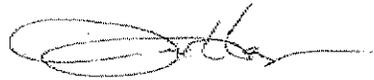


Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

CODE ADAM

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: CODE PINK-CHILD ABDUCTION
APPROVED: 09-26-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-10

<p>SCOPE: All ARH hospitals, units and departments.</p>
<p>PURPOSE: To ensure the On-Duty Chaplain-of-the-Week assists ARH staff in a Code Pink emergency situation.</p>
<p>POLICY: It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that the On-Duty Chaplain-of-the-Week will respond appropriately to a <i>Code Pink emergency situation</i>.</p>
<p>PROCEDURE:</p> <ol style="list-style-type: none"> I. The Chaplain will report immediately any and all information he/she may have pertaining to an abducted infant or child to the first available staff member. The Chaplain will report to the site of the Child Abduction and offer his/her services to the parent(s) of an abducted child.

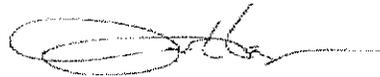


Jerry Haynes
 President & CEO
 APPALACHIAN REGIONAL HEALTHCARE, INC.

CODE WHITE

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: CODE YELLOW-PATIENT ELOPEMENT
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-12

SCOPE: All ARH hospitals, units and departments.
PURPOSE: To ensure that the On-Duty Chaplain-of-the-Week assists ARH staff in a Code Yellow emergency situation.
POLICY: It is the policy of the Appalachian Regional Healthcare, Inc., (ARH) that the On Duty Chaplain-of-the-Week responds to a <i>Code Yellow</i> emergency situation.
PROCEDURE: I. The Chaplain immediately reports any and all information pertaining to an eloped patient to the first available staff member. The Chaplain reports to the <i>Code Yellow</i> site and offers his/her assistance.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: CODE RED ALERT-DISASTER
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-13

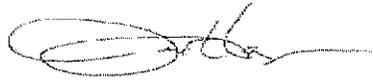
<p>SCOPE: All ARH hospitals, units and departments.</p>
<p>PURPOSE: To ensure the On-Duty Chaplain-of-the-Weeks responds to the <i>Code Red Alert</i>.</p>
<p>POLICY: It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that the On Duty Chaplain-of-the-Week responds to a <i>Code Red Alert</i>.</p>
<p>PROCEDURE:</p> <p>I. Reporting during times of disaster</p> <p>The Chaplain reports immediately to the area where family members are situated. The Chaplain reports to Hospital Personnel for further instructions. The Chaplain follows protocol outlined in the Emergency and Disaster Plan.</p> <p>II. Disaster Coordinator</p> <p>The On Duty Chaplain-of-the-Week serves as the disaster coordinator for religious and spiritual services.</p> <p>III. Priorities</p> <p>A. The priorities of the On Duty Chaplain will be:</p> <ol style="list-style-type: none"> 1. Assess the need for additional chaplains, 2. Arrange for chaplains to be contacted, 3. Arrange for the Director of ARH Chaplaincy Services to be contacted 4. Give spiritual comfort to the casualties and their families. Families of the casualties will be directed to a specific area as deemed appropriate by hospital personnel 5. Upon request of patients and/or their families, facilitate visitation by their pastor, priest, rabbi, imam, or other spiritual care provider, and 6. Serve as liaison between the medical and hospital staff and the families of the casualties. <p>B. The chaplain does not divulge any medical information.</p>



Jerry Haynes
 President & CEO
 APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: CODE BLACK-HOSTAGE SITUATION
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-11

SCOPE: All ARH hospitals, units and departments.
PURPOSE: To ensure the On-Duty Chaplain-of-the-Week assists ARH staff in responding to a <i>Code Black</i> emergency situation.
POLICY: It is the policy of the Appalachian Regional Healthcare, Inc., (ARH) that the On Duty Chaplain-of-the-Week responds appropriately to a Code Black Emergency situation.
PROCEDURE: I. The On Duty Chaplain-of-the-Week will report immediately to the Charge Nurse and inquire if he/she may be of assistance. The Chaplain will notify Hospital Administration that he/she is available to assist in the Code Black. The Chaplain may offer religious and spiritual support to families of those held hostage.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: CODE ORANGE-CHEMICAL SPILL
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-16

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To ensure the safety and well being of Chaplains, patients, visitors, and personnel of ARH facilities.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that Chaplains respond appropriately to a Code Orange emergency.

PROCEDURE:

- I. Upon announcement of a Code Orange, Chaplains vacate the area of a chemical spill and/or assist the staff in any manner as may be requested. Chaplains follow facility protocol for chemical spills.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.



Appalachian Regional Healthcare

ARH CHAPLAINCY SERVICES

MISSION

**THE MISSION OF
ARH CHAPLAINCY SERVICES
IS TO IMPROVE AND PROMOTE THE RELIGIOUS
AND SPIRITUAL WELL-BEING
OF PATIENTS SERVED BY ARH
IN PARTNERSHIP WITH
OUR FAITH COMMUNITIES.**

ARH CHAPLAINCY SERVICES VISION

ARH Chaplaincy Services is comprised of chaplains who are representatives of faith communities served by ARH who assist the individuals we serve to draw from religious and spiritual resources so as to find acceptance, comfort, guidance, sustaining, forgiveness, reconciliation, peace and healing.

ARH CHAPLAINCY SERVICES VALUES

The following values and beliefs guide ARH Chaplaincy Services:

- Respecting the faith, religious beliefs, and spiritual values of all those we serve
- Providing a relationship of trust in which listening is primary and in which responding with compassion is the standard
- Treating people with attention, respect, and courtesy
- Making a sincere effort to meet each individual's particular religious and spiritual needs
- Demonstrating regard for the worth and rights of others, recognizing each person as a special, unique child of God
- Placing a high priority on the compassionate management of concerns and crises
- Demonstrating integrity in all that we do
- Responding immediately to requests for services
- Exhibiting ethical behavior
- Contributing a clear moral voice
- Illustrating clinical competence by maintaining a high level of theoretical knowledge and clinical skills
- Delivering pastoral and spiritual care services so as to reinforce our communities' trust in ARH
- Enhancing the quality of spiritual life of the community and the individuals we serve
- Communicating effective and appropriate communication

ARH CHAPLAINCY SERVICES GOALS

The mission of ARH Chaplaincy Services will be achieved by the following goals:

- enable patients, their families, ARH staff, and the communities we serve to appropriate their spiritual awareness as a means of effectively managing crises brought about by illness, disease, death or other crises associated with health concerns
- offer a compassionate, accepting, and non-judgmental pastoral relationship of trust in which persons may discuss spiritual and other personal matters free from ministerial proselytizing, coercion or condemnation
- provide the qualified personnel to realistically evaluate, diagnose and provide a treatment plan for the spiritual needs of patients, their families and ARH personnel
- maintain integrity in the delivery of pastoral and spiritual care
- integrate the spiritual dimension of human life into the assessment, diagnostic, treatment, educational and training programs of ARH Hospitals and services
- provide regular and systematic training opportunities for volunteer chaplains, chaplaincy program volunteers and area clergy
- enable the ARH Chaplaincy Services Director to participate in an ongoing program of education and spiritual enrichment
- generate cooperation among faith communities and ARH in delivery of spiritual and religious care to persons and communities served by ARH
- cooperate with and provide services to agencies that improve the spiritual and religious welfare of the communities we serve
- provide all aspects of ARH Chaplaincy Services so as to comply with the Purpose, Mission, Values and Beliefs, and Strategic Plan statements of ARH
- appropriate standards of the Professional Chaplains Association (PCA), Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), and the Commission on Ministry of Specialized Settings (COMISS)

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: CHAPLAINCY SERVICES-GENERAL
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 3	REFERENCE NUMBER: G-VIII-01

SCOPE:

All ARH hospitals, clinics, units and departments.

PURPOSE:

To provide a general framework for the delivery of religious and spiritual services to ARH patients.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) to provide religious and spiritual care for its patients and their families through a volunteer chaplaincy program, ARH Chaplaincy Services. ARH provides a Chaplaincy Services Director who creates a team of local community clergy and qualified religious/spiritual care providers who offer continuing volunteer chaplaincy services to ARH so as to accommodate the religious and spiritual needs of patients, their families, and staff. In certain situations, specific rituals or religious rites may be requested by a patient or his/her legal guardian that must be addressed in certain specific, timely ways. This policy provides general guidelines to help safeguard the patient/family dignity by respecting their cultural, psychosocial and spiritual values.

PROCEDURE:

- I. Patients Needing a Visit From Their Own Spiritual Care Provider may make a request through the Nursing Department.
- II. Patients Needing A Visit From A Volunteer Hospital Chaplain may make their request known by:
 - A. Completing the "*Chaplain Request*" form (CCR114 1098 provided to each patient) which will be placed in the Chaplain Request Card File at each Nursing station or placed at another location determined by the local Hospital;
 - B. Informing his/her nurse who will notify Chaplaincy Services of the request, or
 - C. Informing a hospital staff member, who, in turn, will complete the "*Chaplain Request*" form for the patient and place it as described above. As the On-Duty Chaplain-of-the-Week arrives at the hospital, he/she will pick up the forms from the designated places and visit the patients who have requested a chaplain.
- III. The Presence of A Volunteer Chaplain will be announced through the Hospital's paging system when he/she arrives at the Hospital so that patients can take advantage of the Chaplain's presence as needed.
- IV. Volunteer Chaplains must wear Identification Badges when on duty in the Hospital.
- V. Request for Specific Religious/Spiritual Services by a patient or his/her legal guardian (when the patient cannot communicate his/her own wishes directly) should be honored, where possible and appropriate. Responding to and referral of such requests and safeguards is the responsibility of all staff. Examples of requests may include the following:
 - A. Administration of Holy Communion/Eucharist/Lord's Supper

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: CHAPLAINCY SERVICES-GENERAL
APPROVED: 09-01-06	RETIRED:
PAGE 2 OF 3	REFERENCE NUMBER: G-VIII-01

- B. Baptism of an infant or adult near death
- C. Hearing a patient's confession
- D. Anointing with oil/sacrament of the sick
- E. Prayer of commendation and blessing at the time of death or following a death
- F. Prayer before a surgical procedure
- G. Specific foods or foods prepared in a specific way
- H. Visitation by a hospital chaplain
- I. Respect for religious objects
- J. Religious ceremony
- K. Visitation by a patient and/or family's own faith practitioner

VI. Determining Bona fide Requests

- A. In most situations where competent patients can communicate for themselves, a request for a religious ritual or procedure must be made directly and in a clearly understood fashion. *This is especially true in situations where baptism is requested, due to its irrevocable nature and the responsibilities attached to it by many faith traditions.*
- B. When the patient cannot communicate for himself/herself, by virtue of age, medical condition or level of competency, then a parent, spouse or other healthcare surrogate, with clear authority to decide matters on behalf of the patient, may initiate the request. When there is ambiguity, as to the exact nature of the request or the authority to make it, the On Duty Chaplain-of-the-Week is consulted. The Community Chief Regulatory Affairs Officer (CCRAO) should also be consulted when questions arise regarding authority to consent on behalf of a patient.

VII. Religious Requests of an Emergency Nature

When death of the patient appears imminent, religious procedures such as baptism, reception of Eucharist/Holy Communion, special prayers and/or anointing may be a very meaningful spiritual and therapeutic action. Such services are time-sensitive. Prayers following the death of a loved one or special blessings said for a stillborn child may greatly assist in coping with grief. In any of these situations, the On Duty Chaplain-of-the-Week should be consulted or approval by the family to contact their pastor, priest or rabbi is obtained. When making a referral, the assessment, intervention and planned outcome is recorded in the patient's medical record by hospital staff.

In all situations where there is absence of clear consent, no religious ritual or activity

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: CHAPLAINCY SERVICES-GENERAL
APPROVED: 09-01-06	RETIRED:
PAGE 3 OF 3	REFERENCE NUMBER: G-VIII-01

should be administered based on presumptions, such as appearance or surname.

VIII. Qualifications for Appalachian Regional Healthcare, Inc. Volunteer Chaplains

The ARH Chaplaincy Services Director will conduct interviews of local clergy and qualified spiritual care providers who are ordained, licensed, or commissioned by their faith community to provide spiritual care for their church, synagogue, and mosque or faith community. The ARH Chaplaincy Services Director will provide an orientation for each chaplain before he/she performs chaplaincy service duties.

IX. Continued Education

The Director arranges with ARH staff for appropriate in-service education for volunteers. The Director provides for an in-service training program periodically throughout each year and organizes an annual educational program that is presented in the Hospital. The Director also organizes a three-day Annual Retreat that encompasses spiritual care activities in the healthcare environment.

X. Roster

A Roster of Chaplains and a Weekly On-Call Schedule is posted throughout the Hospital. These rosters are maintained by the ARH Chaplaincy Services Director.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: ELIGIBILITY
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-17

SCOPE:

All ARH chaplains.

PURPOSE:

To ensure pastoral, spiritual or religious care is provided to patients, their families and staff of ARH patients, their families and ARH personnel through qualified persons and those services are provided in a competent, compassionate and effective manner.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) to provide persons trained in pastoral care and/or experienced in spiritual and religious care to serve as volunteer chaplains.

PROCEDURE:

I. Eligibility

- A. Any clergy person duly called and/or ordained by his or her faith group, denomination or local church community is eligible for consideration as a volunteer chaplain in ARH Chaplaincy Services. Verification of ordination or current pastoral/priestly responsibilities is furnished upon application.
- B. Persons who are neither licensed nor ordained but who, upon official appointment by their local faith community, are providing religious or spiritual care, and who provide evidence of such designation with a letter signed by the pastor or official of the local faith community governing board or agency, along with the "Chaplain Profile" are eligible for consideration as a volunteer chaplain in ARH Chaplaincy Services.
- C. Healthcare providers who offer spiritual care and comfort in the line of duty as a part of their job description are eligible for consideration as a volunteer ARH Chaplaincy Services. Such persons must provide a copy of licensure as a health care provider and evidence of experience in spiritual or religious training and skills along with the "Chaplaincy Profile."

II. Criminal Background Check

Chaplains who will serve patients in an assisted living unit or a skilled nursing unit are required to complete a criminal background check prior to being assigned patient care responsibilities on those units.

III. Approval

Upon approval of the Local Chaplaincy Committee, the Director of ARH Chaplaincy Services makes the final decision in regard to the eligibility of all candidates.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: ELIGIBILITY OF STEPHEN MINISTERS FOR CHAPLAINCY SERVICES
APPROVED:	RETIRED:
PAGE 1 OF 2	REFERENCE NUMBER: G-VIII-59

SCOPE:

All ARH chaplains.

PURPOSE:

To ensure pastoral, spiritual or religious care is provided to patients, their families and staff of ARH patients, their families and ARH personnel through qualified persons and those services are provided in a competent, compassionate and effective manner.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) to provide persons trained in pastoral care and/or experienced in spiritual and religious care to serve as volunteer chaplains.

PROCEDURE:

I. Eligibility

- A. Any clergy person duly called and/or ordained by his or her faith group, denomination or local church community is eligible for consideration as a volunteer chaplain in ARH Chaplaincy Services. Verification of ordination or current pastoral/priestly responsibilities is furnished upon application.
- B. Persons who are neither licensed nor ordained but who, upon official appointment by their local faith community, are providing religious or spiritual care, and who provide evidence of such designation with a letter signed by the pastor or official of the local faith community governing board or agency, along with the "Chaplain Profile," are eligible for consideration as a volunteer chaplain in ARH Chaplaincy Services.
- C. Healthcare providers who offer spiritual care and comfort in the line of duty as a part of their job description are eligible for consideration as a volunteer chaplain in ARH Chaplaincy Services. Such persons must provide a copy of licensure as a healthcare provider and evidence of experience in spiritual or religious training and skills along with the "Chaplain Profile."
- D. Individuals who have completed 50 hours of training in the "Stephen Series" are eligible for consideration as a volunteer chaplain. Such persons must submit a copy of their certificate of training along with the "Chaplain Profile."

II. Background Investigation

Approval as a volunteer chaplain is contingent upon obtaining a signed authorization for procurement of an appropriate background investigation report (ARH Policy G-VIII-53 Chaplaincy Services - Background Investigation).

III. Approval

Upon approval of the Local Chaplaincy Committee, the Director of ARH Chaplaincy Services makes the final decision in regard to the approval of all candidates.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: ELIGIBILITY OF STEPHEN MINISTERS FOR CHAPLAINCY SERVICES
APPROVED:	RETIRED:
PAGE 2 OF 2	REFERENCE NUMBER: G-VIII-59



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: APPLICATION
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-18

SCOPE:

All ARH chaplains.

PURPOSE:

To ensure that those who participate in ARH Chaplaincy Services submit a written application for membership.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that applications for membership by pastors serving churches within the hospital service area or by persons designated by a faith community to provide religious and spiritual care be submitted in writing to the Director of the ARH Chaplaincy Services.

PROCEDURE:

I. Profile

Each applicant completes a Chaplaincy Profile.

II. Approval

A. The ARH Chaplaincy Services Director will interview the candidate, after which the Director and the Appalachian Regional Healthcare, Inc. Chaplaincy Committee will review the information and make an appropriate recommendation.

B. The ARH Chaplaincy Services Director makes the final decision regarding all applicants.

III. Agreement

Each candidate submits with the Chaplaincy Profile a signed documentation of agreement to abide by the By-Laws and Policies and Procedures of ARH Chaplaincy Services of the ARH facility through which his/her application is submitted.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.



CHAPLAIN PROFILE APPALACHIAN REGIONAL HEALTHCARE

Name: _____
(First) (Middle) (Last)

Date: _____

Preferred Mailing Address:

Street or P. O. Box Address: _____

City / State / Zip _____

Phone: (____) _____ (____) _____
(Home) (Church)

Cell Phone: (____) _____

E-mail Address: _____

Date of Birth: _____

Religious or Denominational Affiliation: _____

Current Pastoral or Professional Position: _____

Church Name or Professional Business Name and Address:

Name _____

Street or P.O. Box _____

City / State / Zip _____

Education Background: (Please list highest grade completed and degrees (if any) received, date and school):

Clinical Training: (Please list any clinical training or certification you have received, date(s) and place(s) :

(Over Please)

Denominational Reference: (Please list a denominational authority to whom you are accountable. If none, please list the name and address of the person within your faith community to whom you report or are accountable):

Name and Title: _____

Street or P.O. Box Address: _____

City / State / Zip: _____

Personal Reference: (Please list the name of someone who has known you for 10 years or longer)

Name: _____

Street or P. O. Box Address: _____

City / State / Zip: _____

ARH Chaplaincy Services Reference: (Please list the name of someone in ARH Chaplaincy Services who knows you personally or professionally)

Name: _____

Street or P.O. Box Address: _____

City / State / Zip: _____

Agreement:

I WILL ABIDE BY THE POLICY AND PROCEDURES OF ARH CHAPLAINCY SERVICES. I AGREE TO FOLLOW GUIDELINES AND INSTRUCTIONS IN THE ARH CHAPLAINCYS ERVICES MANUAL AND TO FAITHFULLY DISCHARGE MY RESPONSIBILITIES DURING THE SCHEDULED WEEK OF ON-CALL DUTY AS CHAPLAIN-OF-THE-WEEK.

(Date)

(Signature of Applicant)

Please Return Profile To:	Chaplain C. Morgan Peterson Hazard ARH System Center 100 Airport Gardens Road Hazard KY 41701	Phone: (606) 487-7781 Fax: (606)439-6682 E-mail: mpeterson@arh.org
----------------------------------	--------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------

Application: Approved: _____ Rejected: _____
(Date)

ARH Chaplaincy Director Signature: _____
(Date)

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: BACKGROUND INVESTIGATION
APPROVED:	RETIRED:
REPLACES POLICY DATED:	REFERENCE NUMBER: G-VIII-53
PAGE 1 OF 2	

<p>SCOPE: All ARH Chaplains</p>
<p>PURPOSE: To describe how the background investigation report will be used and interpreted in relation to applicants for Chaplaincy Services.</p>
<p>POLICY: It is the policy of Appalachian Regional Healthcare, Inc. (ARH) to provide volunteer chaplains for Chaplaincy Services whose character indicates that they will provide a professional pastoral relationship with our patients that is safe, confidential and trustworthy.</p>
<p>PROCEDURE:</p> <p>I. Notice of Investigation</p> <p>Applicants shall be provided with notice of the ARH policy and procedure of conducting background investigations before being approved as ARH Chaplains.</p> <p>A. Applicants must sign a hard copy of a disclosure/release/authorization form.</p> <p>B. Chaplains shall not be assigned patient duty until the completion of a background investigation and a satisfactory report.</p> <p>II. Contingent Approval</p> <p>A. New Chaplains</p> <p>A qualified applicant may be extended approval as an ARH volunteer chaplain contingent upon, at a minimum, the completion of a background investigation and a satisfactory report. New chaplains shall not be assigned patient duty until the completion of a background investigation and a satisfactory report.</p> <p>B. Previous ARH Volunteer Chaplains</p> <p>Chaplains who have previously served as an ARH Chaplain may be extended approval as an ARH volunteer chaplain contingent upon, at a minimum, the completion of a background investigation and a satisfactory report. Previous ARH chaplains shall not be assigned patient duty until the completion of a background investigation and a satisfactory report.</p> <p>III. Background Investigations</p> <p>Background investigations shall be conducted at level three as defined in ARH Human Resources Employment Policy, Background Investigations,” C-I-06.</p> <p>IV. Analysis of Background Investigation</p>

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: BACKGROUND INVESTIGATION
APPROVED:	RETIRED:
REPLACES POLICY DATED:	REFERENCE NUMBER: G-VIII-53
PAGE 2 OF 2	

A. Derogatory information of the following nature as the result of a background investigation may disqualify an applicant for the position of ARH Volunteer Chaplain:

1. Termination from a previous job or pastorate related to criminal conduct or sexual predatory behavior.
2. Inclusion on the list of Ineligible Persons
3. Providing a false statement on the "Chaplain Profile"

This list is not exclusive or exhaustive.

B. The presence of derogatory information does not always result in automatic disqualification.

C. The ARH Director of Chaplaincy Services shall consult together with the CCEO/HR in the analysis of background investigation.

Adopted November 30, 2006



Jerry Haynes
 President & CEO
 APPALACHIAN REGIONAL HEALTHCARE, INC.



Appalachian Regional Healthcare

APPALACHIAN REGIONAL HEALTHCARE CHAPLAIN DISCLOSURE FORM

Please complete this form, sign and date it, and return it with your Chaplain Profile. All information is strictly confidential and will be managed under federal statutes as mandated by the Health Information Portability and Accountability Act.

Have you ever been convicted of a felony? No Yes

Have you ever been convicted of a misdemeanor? No Yes

Have you ever been accused in writing of sexual misconduct or child abuse? No Yes

If you answered "yes" to any of these questions, please explain.

If you are required by this disclosure form to disclose any written accusations or convictions for felony, misdemeanor or any incident of sexual misconduct that you dispute or believe should be explained in any way, you have an opportunity at this time to include any additional information that you believe might be helpful or important regarding the disclosure. Any relevant information should be provided in a response statement attached to this form. You may write that information on this form or attach pages. If pages are attached, please indicate on the line below.

_____ Pages are attached

(Number of pages attached)

I hereby certify that the information provided on this form is true and accurate.

Please Print Name

Please Sign Name

—

Date

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: ORIENTATION FOR NEW CHAPLAINS
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-19

SCOPE:

All new ARH chaplains.

PURPOSE:

To ensure new Chaplains are provided sufficient orientation so as to enable them to function appropriately, properly, and effectively in the hospital environment.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) to provide newly approved chaplains with an orientation to Appalachian Regional Healthcare, Inc. and ARH Chaplaincy Services.

PROCEDURE:

I. Orientation

A. Following acceptance into ARH Chaplaincy Services, the ARH Chaplaincy Services Director provides new chaplains with a detailed orientation that enhances their adaptation into the ARH Hospital healthcare team and contributes to their effective functioning as a member of ARH Chaplaincy Services.

B. This orientation includes, but is not limited to:

1. Chaplaincy Services Policies and Procedures
2. Protocol for Fire & Disaster
3. Safety and Infection Control
4. Appalachian Regional Healthcare, Inc. Hospital Codes
5. HIPAA Training
6. Chaplaincy Code of Ethics
7. Guidelines for Chaplain-of-the-Week Duty
8. Continuing Education Requirements

C. Orientation Checklist

1. Each new chaplain is given an "Orientation Checklist" that itemizes topics presented at the Orientation. The new Chaplain checks off each topic to indicate both an understanding of the subject and compliance with the policy or procedure.
2. Both the new chaplain and the ARH Chaplaincy Services Director sign and date the "Orientation Checklist," after which it becomes a part of the Chaplain's file.

D. Identification Badge

Upon successful completion of Orientation, the new Chaplain is issued an ARH Photo ID Badge. ARH Photo Badges are issued only upon request of ARH Chaplaincy Services Director.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: MEMBERSHIP CATEGORIES
APPROVED: 09-26-06	RETIRED:
PAGE 1 OF 2	REFERENCE NUMBER: G-VIII-20

SCOPE:

All ARH chaplains.

PURPOSE:

To ensure Volunteer Chaplains are categorized appropriately as to the type of Chaplaincy service they will be able to provide.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that Volunteer Chaplains be classified according to categories of service which they are available to render.

PROCEDURE:

I. Categories

The following categories will be used by ARH Chaplaincy Services to identify availability of clergy for on-duty service.

A. Active

Chaplains who have met all the qualifications for the ARH Chaplaincy Services and who are available for rotation as On Duty Chaplain-of-the-Week.

B. Associate

Chaplains who have met all qualifications for ARH Chaplaincy Services and who are available for 2nd or 3rd call and/or who can serve regularly during evenings, holidays and/or weekends upon discretion of the Director.

C. Inactive

Chaplains who are ill, disabled, or for any other reason unavailable for the On Duty Chaplain-of-the-Week rotation but who wish to remain affiliated with the ARH Chaplaincy Services.

D. Candidates

Area clergy or spiritual care providers who are prospects for serving as an ARH Chaplain.

II. Roster

A. A Courtesy and Professional Roster of clergy and other key persons in each service area of ARH is updated regularly. These persons are kept informed of significant events pertaining to ARH Chaplaincy Services through periodic mailings.

B. The Chaplain Roster and the Courtesy and Professional Roster are updated quarterly by

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: MEMBERSHIP CATEGORIES
APPROVED: 09-26-06	RETIRED:
PAGE 2 OF 2	REFERENCE NUMBER: G-VIII-20

the Chaplaincy Services Secretary and approved by the Director of Chaplaincy Services. The Master Copy is kept in the office of the Director of Chaplaincy Services.

- C. Copies of the Chaplaincy Roster are provided to each ARH Chaplain at the Annual Administrators' and Chaplains' Fall Tour. Copies of the Chaplaincy Roster are also provided to each newly approved Chaplain upon successful completion of Orientation.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: ORIENTATION FOR CHAPLAINS
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-02

SCOPE:

All ARH chaplains accepted in the ARH chaplaincy program.

PURPOSE:

To ensure that all new chaplains are provided job specific orientation.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that all new chaplains be specifically oriented as to his/her duties in the role of chaplain.

PROCEDURE:

I. Orientation

A. Following acceptance of a candidate into the ARH Chaplaincy Services, the ARH Chaplaincy Services Director and, at the Directors discretion, the local Chaplaincy Services Committee Chairperson will provide a detailed orientation that enhances his/her adaptation into the Appalachian Regional Healthcare, Inc. team and contributes to the continued effective operation of ARH Chaplaincy Services. This orientation will include, but not be limited to:

1. Chaplaincy Policies and Procedures
2. Protocol Chaplaincy By-Laws
3. Fire Safety and Infection Control
4. Protocol for Hospital Codes
5. Protocol for Emergency Operations
6. Details of Chaplaincy Service Functions
7. Signature of Confidentiality Agreement
8. Guidelines for On Call Chaplain Duty
9. Patients Bill of Rights
10. Health Insurance Portability and Accountability Act (HIPAA)
11. Ministerial Ethics

B. The ARH Chaplaincy Services Director will verify the list of topics completed in the orientation by checklist. Both the Chaplain and the Director sign the checklist to indicate that the chaplain understands and agrees to abide by all materials presented during Orientation. The Checklist will then be placed in the Chaplain's permanent file.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: DEPARTMENTAL RELATIONSHIPS
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 2	REFERENCE NUMBER: G-VIII-21

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To ensure ARH Chaplaincy Services are integrated into the organization of Appalachian Regional Healthcare, Inc.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that ARH Chaplains work cooperatively with facility departments.

PROCEDURE:

I. Administration

Chaplaincy Services interacts with facility administration in matters relating to policy changes, budget items, corporate relations and release of information. The ARH Chaplaincy Services Director represents Chaplaincy Services at Hospital Meetings as needed and appropriate.

II. Admissions

- A. The Admissions Department provides the On Duty Chaplain-of-the-Week access to scheduled patient surgery procedures, dates of patients' admission, discharge and patient data in the Facility Directory as defined by the Health Information and Portability Act.
- B. The Admissions Department provides area clergy access to the facility directory.
- C. The Admissions Department distributes the Pastoral Care Brochure (Form CCR 751095) and "Chaplains Request" (Form CCR II41098) with the Patient Admission Packet.

III. Stores

All office supplies, etc., are requisitioned through the Stores Department, using ARH Form F-XI-10. Retain pink copy for office files following hospital procedures.

IV. Nursing Services

Nursing Services informs the On Duty Chaplain-of-the-Week of all requests for spiritual, religious, and/or pastoral services from families, physicians, and patients. Nursing forwards "Chaplain Request" (Form CCR 7511095) to the Chaplain Card File at each Nursing Station or to a location designated by the local ARH Hospital. Nursing Clerks are instructed on relaying requests for visitation by a chaplain.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: DEPARTMENTAL RELATIONSHIPS
APPROVED: 09-01-06	RETIRED:
PAGE 2 OF 2	REFERENCE NUMBER: G-VIII-21

V. Social Services

Chaplaincy Services works closely with the Director of Social Services in securing patient information and documentation in the Medical Record of Chaplaincy Services. Other than requests related to religious, spiritual, ethical or moral issues, Chaplaincy Services refers all requests regarding Advanced Directives to Social Services.

VI. Other Departments

Chaplaincy Services relate to other Departments in the Hospital as deemed appropriate in nature, time, place and circumstance.



Jerry Haynes
 President & CEO
 APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: ON-CALL DUTY
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 2	REFERENCE NUMBER: G-VIII-22

SCOPE:

All ARH chaplains.

PURPOSE:

To ensure spiritual and religious care is provided to the patients, their families, and staff of the Hospital.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that Chaplains provide services on a rotating basis as On-duty Chaplain-of-the-Week.

PROCEDURE:

I. Assignment of Call Duty

A. In consultation with each active Chaplain, the ARH Chaplaincy Services Secretary assigns service as On-duty Chaplain-of-the-Week and submits the schedule to the Director for approval. The Chaplain is informed no later than three weeks prior to his/her assigned week of on-duty. A Chaplain who cannot serve as assigned is responsible for notifying the Chaplaincy Services Secretary in order that a change can be made in the On-duty Schedule.

B. Roster

An On-duty Roster is sent to the following personnel at each ARH facility:

1. Administrative Secretary
2. Medical Staff Secretary
3. Switchboard Operator
4. Director of Nursing
5. ER Head Nurse
6. ICU Head Nurse
7. Director of Volunteer Services
8. Admissions Desk
9. Director of Social Services
10. Special patient care services such as Rehabilitation and Appalachian Heart Institute.

II. Substitutions

In the event that Chaplain-of-the-Week cannot cover for part of his/her on-duty, the Chaplain-of-the-Week is responsible for arranging for a substitute and notifying the Chaplaincy Services Secretary.

III. Duty

A. Report Time

On-duty call begins Monday morning at 8:00 A.M., unless otherwise designated by the respective ARH facility.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: ON-CALL DUTY
APPROVED: 09-01-06	RETIRED:
PAGE 2 OF 2	REFERENCE NUMBER: G-VIII-22

B. Pager

The Chaplain-of-the-Week picks up the Chaplaincy Pager in the Administrative Offices on Monday and is responsible for returning it prior to the following Monday unless otherwise stated by facility policy.

C. Responsibilities

The On-duty Chaplain-of-the-Week fulfills the following responsibilities:

1. Visits patients whose requests are in the Chaplain Card File and signs, dates, and files appropriate documentation upon completion of the visit
2. Prays daily for persons and records concerns in the Prayer Request Box
3. Lists prayer requests in the Chaplain's Daily Log Book as they are made known
4. Signs in and out of the Chaplaincy Daily Log Book
5. Makes notations, as necessary, in the Chaplaincy Log Book for the next week's On-duty Chaplain-of-the-Week
6. Responds promptly to all calls
7. Introduces himself/ herself by name, role and function at Nursing Stations and in all contact relationships with patients, families, and staff
8. Follows the "Chaplaincy Guidelines" in all matters



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: PATIENT INFORMATION
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-05

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To ensure that proper patient information is made available to area clergy to facilitate visitation by those clergy with his/her own parishioners and to encourage communication between clergy, their parishioners and ARH staff in order to enhance patient spiritual care.

POLICY:

It is the policy of the Appalachian Regional Healthcare, Inc., (ARH) to provide area clergy with the names and room numbers of their faith community members, provided that the patient has explicitly authorized release of this information for inclusion in the Facility Directory and that affiliation with the specific faith community was declared by the patient at time of admission.

PROCEDURE:

I. Patient's Faith Preference

The Admissions Department will provide information regarding the patient's faith community preference available to area clergy through the Facility Director, provided the patient has explicitly authorized release of this information for inclusion in the Facility Directory and that affiliation with the specific faith community was declared by the patient at time of admission.

II. Protected Health Information

Such information is maintained by the Admissions Department and will be made available for use by area clergy in accordance with HIPAA guidelines. See HIPAA, Part D, Chapter VIII, Section 01, ARH System Policies and Procedures. Upon discharge, the patient's religious information is removed from the database.

III. Proselytizing

Visiting clergy are only permitted to meet with members of their own parish or spiritual community and never attempt activity that could be perceived as proselytizing.

IV. Disruptive Clergy

Any clergy person creating problems by disturbing patients physically or emotionally will be asked to leave the facility.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: PRAYER REQUEST BOX
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-50

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To provide a means whereby patients and their families may place requests for prayer.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc. (ARH) to provide a secured box in the Chapel for prayer requests.

PROCEDURE:

I. Prayer Request Box

- A. A locked box is located in the Chapel of each ARH Hospital facility.
- B. Pen and paper are provided for patients and their families on which they may write their prayer requests.
- C. A key to the Prayer Request Box is issued to each On-Duty Chaplain-of-the-Week.
- D. The On-Duty Chaplain-of-the-Week offers daily prayer for each request.
- E. All prayer requests are confidential.
- F. At the end of the week, the On-Duty Chaplain-of-the-Week disposes of prayer requests in a safe area.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: PATIENT REFERRALS
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 2	REFERENCE NUMBER: G-VIII-23

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To provide comprehensive healthcare to patients regarding religious, spiritual, ethical, and moral needs affecting the health of a patient. To provide a "listening ear and a caring heart" to those who have fears, apprehension and other emotional pain that relates to ultimate concerns of meaning, purpose and value.

POLICY:

It is the policy of ARH Chaplaincy Services that referrals for chaplaincy service be received on behalf of any patient by the attending physician, member of Nursing Services, Social Services, or other staff person. Requests from family members to see a patient will be considered as a referral.

PROCEDURE:

I. On Duty Chaplain-of-the-Week

- A. The Hospital provides an On Duty Chaplain-of-the-Week for those patients who manifest the need for spiritual help and guidance.
- B. Efforts are made to contact the patient's family minister or other spiritual support person first. If not available, the On Duty Chaplain-of-the-Week ministers to the patient and family until such time as the patient's spiritual or religious care provider arrives.
- C. The On Duty Chaplain-of-the-Week is listed on the ARH Hospital devotional page, posted with the switchboard operator, the Nursing Administration Office, and at each Nursing Station.
- D. At the Summers County Critical Access Hospital, the On Duty Chaplain-of-the-Week copies the names of newly admitted patients onto the labels provided in the Chaplain's Notebook. The Chaplain initials and dates each visit on the appropriate label.

II. Patient Request

- A. Upon Admission, the patient is provided with the "*Pastoral Care Brochure*," Form #CCR75-1095 and the "*Chaplain Request*", Form #CCR1141098. When a patient completes the Chaplain Request Form, it is placed in the Chaplains Card File Box at the Nursing Station, unless another place has been designated by the local hospital. Upon completion of a pastoral visit, the chaplain initials the "Chaplain Request" Form and enters the date(s) on which the patient was visited. The form is then placed in the back of the Chaplain's Card File Box or at another place that may be designated by the local hospital.
- B. Upon completion of his/her visitation, the Chaplain places the labels in the Nursing box in the mailroom.

III. ARH Employee Referral

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: PATIENT REFERRALS
APPROVED: 09-01-06	RETIRED:
PAGE 2 OF 2	REFERENCE NUMBER: G-VIII-23

- A. Hospital Staff desiring to make a written referral may do so by using the ARH Form E-1-8 "*Consultation*". The person making the referral gives an indication of the patient's need to which the Chaplain may respond. The pink sheet is placed in the Chaplain's Box and the white sheet is placed in the patient's chart. The Chaplain enters the date and time that the patient was visited and other information pertinent to patient care. The E-1-8 form is given to the Nursing Unit Clerk.
- B. When the On Duty Chaplain makes rounds, the staff informs the chaplain of any patients who, in his/her judgment, would benefit from a visit, or wishes to talk with the chaplain.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: VISITATION OF IN-HOUSE PATIENTS
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: C-VIII-25

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To ensure patients and their families are provided short-term religious and spiritual care related to the patients' health, well-being, and/or any moral or ethical problems the patient may choose to discuss.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that chaplains visit in-house patients and their families on a referral basis. The visit may be requested by the patient and/or family, or referred by a physician, nurse or other staff persons providing patient care.

PROCEDURE:

Upon request or referral, the On Duty Chaplain-of-the-Week will provide spiritual care and religious services to those desiring such. Each On Duty Chaplain-of-the-Week will make an effort to be in the Hospital each day during the scheduled duty week.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: CHAPLAIN IDENTIFICATION
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-26

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

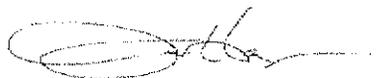
To ensure the patient's privacy rights are honored by the Chaplain.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that the On Duty Chaplain-of-the-Week always knocks on the door of the patient's room, identifies himself/herself and awaits a reply before entering a patient's room.

PROCEDURE:

The Chaplain should knock gently so the patient and/or his/her family are not startled or upset. The Chaplain will then request permission to enter the room, and will describe the nature and purpose of the visit. The Chaplain will wait for an affirmative reply from the patient, a nurse, or family member before entering. If the door is closed, or if there is no answer, the Chaplain will check at the nursing station to inquire as to the status of visitation with the patient.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: MINISTERIAL ETHICS
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 2	REFERENCE NUMBER: G-VIII-46

SCOPE:

All ARH Chaplains.

PURPOSE:

To ensure all ARH Chaplains promote positive relationships with area clergy

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that all Chaplains adhere to the Ministerial Ethics listed below.

PROCEDURE:

I. ARH Chaplains shall abide by the following ethical standards:

- A. Seek to conduct oneself consistently with one's calling and commitment as a servant of God.
- B. Consider a confidential statement made to oneself as a sacred trust not to be divulged without consent of the person making it, or as required by law.
- C. Assist hospital patients in recognizing, when necessary, that Chaplaincy services are provided without fees.
- D. Regard all patients to whom one ministers with equal love and concern and undertake to minister impartially to their needs.
- E. Refrain from performing services in the area of responsibility of another pastor or spiritual leader except upon his/her specific request and/or consent.
- F. To serve patients, their families and ARH staff so as encourage and nourish the patient's relationship with his/her local church or spiritual community.
- G. Sever pastoral relations with persons who are associated with a local church or faith community upon completion of on duty as Chaplain of the Week unless by request and/or consent of the patient's pastor, priest, or spiritual care provider.
- H. Cooperate with the personnel of Appalachian Regional Healthcare, Inc.
- I. Offer responsible criticism directly to ARH personnel in order that our common concern for the welfare of the patient might be more effective.
- J. Use one's influence to affirm and edify the mission of ARH in providing healthcare and promote well-being in cooperation with churches and spiritual communities.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: MINISTERIAL ETHICS
APPROVED: 09-01-06	RETIRED:
PAGE 2 OF 2	REFERENCE NUMBER: G-VIII-46



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.



Appalachian Regional Healthcare

**APPALACHIAN REGIONAL HEALTHCARE
CHAPLAINCY SERVICES**

CHAPLAINCY ETHICS AGREEMENT

I have read the *Chaplaincy Ethics Policy* and agree to abide by the described conduct. I understand that encouraging a positive relationship between patients at ARH Hospitals and their pastors or spiritual care providers is of primary importance in the care of those whom we serve.

(Name)

(Date)

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: PATIENT PRIVACY
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 2	REFERENCE NUMBER: G-VIII-06

SCOPE:

All ARH chaplains.

PURPOSE:

To ensure compliance with provisions of the Health Insurance Portability and Accountability Act (HIPAA).

POLICY:

It is the policy of ARH, Inc. that all chaplains comply with the Health Insurance Portability and Accountability Act (HIPAA).

PROCEDURE:

I. Communications

- A. Chaplains must respect patients' right to privacy in regard to all paper, electronic, and oral communications.
- B. Prior to copying or forwarding paper, electronic or oral patient information, chaplains will secure authorization from the patient to indicate to whom the information is to be released, for what purpose, and an expiration date for such authorization.
- C. The chaplain will keep all written and electronic patient information in a secure place out of public view.
- D. The chaplain does not call out the patient's name in public. The chaplain will address the patient face to face in a conversational tone of voice.
- E. The chaplain always safeguards patient privacy by lowering his/her voice when discussing patient information at a nursing station, over the telephone, or in any public area of the hospital.
- F. The chaplain does not verbalize the patient's name when viewing an electronic screen, a paper document, or when in public unless such conversation is in regard to one of the patient's healthcare providers.

II. Consent

The chaplain secures written authorization from the patient to use patient information in educational settings, clinical pastoral training, or Chaplaincy supervision. Such authorization states to whom the information is to be disclosed, for what purpose, and specifies an expiration date.

III. Orientation

At Orientation, the prospective chaplain completes HIPAA training, signs a "Confidentiality Agreement," and successfully tests out. A copy of the test and agreement are placed in the chaplain's file.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: PATIENT PRIVACY
APPROVED: 09-01-06	RETIRED:
PAGE 2 OF 2	REFERENCE NUMBER: G-VIII-06



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: DRESS CODE & ID BADGE
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-04

<p>SCOPE: All ARH chaplains.</p>
<p>PURPOSE: To ensure that the On Duty Chaplain-of-the-Week meets dress and appearance standards of ARH or his/her own faith community and that he/she can be readily identifiable as an ARH approved volunteer/employee.</p>
<p>POLICY: It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that Chaplains dress in suitable and acceptable attire.</p>
<p>PROCEDURE:</p> <p>I. Dress Code</p> <p>The On Duty Chaplain-of-the-Week may dress according to the discipline of his/her own faith community and the ARH Employee Dress Code. See Part C, Chapter IV, Section 05, ARH System Policies and Procedures. A copy of which will be provided to Chaplains during their initial orientation.</p> <p>II. Identification Badges</p> <p>Hospital identification badges are to be worn by ARH Chaplains when on duty in the hospital.</p>



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: FREQUENCY AND DURATION OF VISITS
APPROVED: 09-26-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-30

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To ensure Chaplains provide patients with appropriate visits that will contribute to their healing and total well-being, as well as enhance their self-worth.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that Chaplains make their visits brief; and, when appropriate, to return often.

PROCEDURE:

I. Frequency & Duration of Visits

- A. Length of the visits is determined by the patient's physical condition, his/her attitude, and specific requests.
- B. Visits should not exceed ten (10) minutes unless:
 - 1. The patient has asked for a religious rite;
 - 2. The On Duty Chaplain-of-the-Week and patient have developed a pastoral relationship, the patient has shown a need for a longer visit and the patient has the physical energy to engage in an extended visit.
- C. Frequent and consistent contact with a patient is usually more effective than extended visits for most patients.

II. Missed Appointments

The On Duty Chaplain-of-the-Week will make every effort to return if he/she advises the patient that he/she will do so. Otherwise, rapport with the patient may be jeopardized by what the patient may interpret as a "forgotten appointment."

III. Crucial Visits

In situations where timely visits are crucial to pastoral care, the On Duty Chaplain-of-the-Week will request the Charge Nurse to indicate on the chart in what situations the Chaplain wishes to be called and/or the situations the patient requests that the Chaplain be called.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: POSITIONING OF CHAPLAIN
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-34

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To ensure good, clear and concise communication between the On Duty Chaplain-of-the-Week and patient.

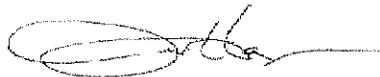
POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that the Chaplain, when in a patient room, position himself/herself so as to enable the patient to see and talk with the Chaplain easily and comfortably.

PROCEDURE:

I. Position of Chaplain

- A. Upon entering the room, the On Duty Chaplain-of-the-Week will quickly assess the patient's situation and attitude in order to make the best decision regarding how to approach the patient, causing as little inconvenience as possible to the patient.
- B. The On Duty Chaplain-of-the-Week, as a general rule, does not sit down unless requested to do so by the patient.
- C. The On Duty Chaplain-of-the-Week will stand in the patient's line of vision, but not where the patient might have to stare directly into a bright light or sunlight.
- D. When standing over the bed to talk softly with the patient, the On Duty Chaplain-of-the-Week does not stand close enough to make the patient uncomfortable.
- E. The On Duty Chaplain-of-the-Week will convey a relaxed demeanor in order to contribute to the patient's comfort and thereby facilitating communication and trust.
- F. The On Duty Chaplain-of-the-Week will speak in a normal tone so that the patient can hear, but does not talk loudly unless speaking to a hearing impaired patient.
- G. The On Duty Chaplain-of-the-Week should never whisper while talking with family or other guests, in the presence of the patient. If the Chaplain must whisper, he/she will do so in the hallway away from the patient's room.
- H. The On Duty Chaplain-of-the-Week should never touch, lean against or sit upon the patient's bed, lest the patient's physical discomfort be increased.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: PRAYING WITH PATIENTS
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-29

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To meet the prayer needs of patients and their families during the crisis of illness or other healthcare emergencies.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) to encourage, support, and foster the ministry of prayer with patients and families when appropriate or when requested.

PROCEDURE:

I. ARH Chaplains

Prayer is offered by the Chaplain with the patient's permission. Oral prayers will be appropriate both for the individual patient and the particular situation. Prayer will never intentionally cause the patient and/or family emotional or spiritual distress; neither will prayer raise unrealistic expectations.

II. Other Spiritual Care Providers

Any patient's spiritual care provider may pray with those entrusted to his/her care by the patient's spiritual community according to their religious customs and/or practices.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: PASTORAL LISTENING
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-35

<p>SCOPE: All ARH hospitals, units and departments.</p>
<p>PURPOSE: To ensure that the Chaplain "hears out" the patient in an accepting, empathetic, and compassionate manner which demonstrates the Chaplain's concern. This type listening may lay a foundation for a counseling relationship if the patient should desire spiritual guidance or religious support at a later date.</p>
<p>POLICY: It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that all Chaplains listen to the patient with interest, openness and acceptance.</p>
<p>PROCEDURE: The On-Duty Chaplain-of-the-Week will devote full attention to what the patient may be saying and, in some cases, not saying. The Chaplain avoids denying the patient's negative feelings such as anger and resentment, or making value judgments. The patient is made to feel he/she can be honest, without being judged or condemned.</p>



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: TOPICS OF DISCUSSION
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-36

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To ensure that the Chaplain provides and makes known to the patient an open, accepting, non-judgmental, and safe relationship in which the patient can share his/her feelings and/or faith in such a way as would contribute to the patient's own well-being.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that Chaplains focus on the patient's feelings and allow the patient to determine the topics of discussion without superimposing his/her own theology or church doctrines upon the patient or insisting that the patient engage in discussions pertaining to religion.

PROCEDURE:

The On-Duty Chaplain-of-the-Week should begin the conversation with an open-ended comment or question that allows the patient to respond with "small talk", or to open a discussion related to his/her own spiritual well-being or religious needs.

The On-Duty Chaplain-of-the-Week's conversation, response and behavior should demonstrate that his/her role, function, and purpose for being present is spiritual in nature, and includes ethical, moral, and religious concerns.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: MINISTRY TO THE BEREAVED
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-37

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To ensure spiritual and religious support is provided which will assist the person to cope with the loss.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) to provide appropriate services to those who are experiencing grief (patient, family member or personnel) if they so desire.

PROCEDURE:

I. Provision of Services

- A. Upon request, or by appropriate initiation by the On Duty Chaplain-of-the-Week, the Chaplain should be available to those who have experienced a meaningful loss or to those who may anticipate such a loss. The reality of loss must be handled compassionately. Tears, anger and denial are a part of the normal grief process. Families should be given freedom to express whatever feelings they may have at the time of grief.
- B. The On Duty Chaplain-of-the-Week is not responsible to tell the family of the death of a patient, but instead supports the person relaying that message; and then responds in a supportive fashion to those who grieve.
- C. Grief may include, but not be limited to:
 1. Death of a family member, friend, relative, or still-birth.
 2. Loss of body parts such as a limb, breast, or eye.
 3. Loss of self-image because of inability to function in the future as in the past, due to surgery, disfigurement or bodily dysfunction such as kidneys, bladder or bowels.
 4. Loss of ability to earn a living.
 5. Divorce
 6. Loss of employment



Jerry Haynes
 President & CEO
 APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: MINISTRY TO THE DYING
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-38

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To ensure chaplaincy services are provided to those who are dying, if requested, so that the dying person may find spiritual support, comfort, and peace.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) to provide chaplaincy services to the dying patient, upon request of the patient.

PROCEDURE:

I. Provision of Services

- A. When a patient death is imminent, the patient's religious and spiritual needs are a part of the patient care plan. The patient will be asked if he/she has a pastor, priest, or spiritual care provider they wish to be notified. If so, the attending nurse will request the unit clerk or hospital switchboard operator to notify the pastor, priest, or spiritual care provider of the patient's request.
- B. If the patient does not have a pastor, priest, or spiritual care provider, the patient is asked if he/she wishes to have the On-Duty Chaplain-of-the-Week to visit. If so, the attending nurse will request the unit clerk or hospital switchboard operator to notify the On-Duty Chaplain-of-the-Week of the patient's request.
- C. The On-Duty Chaplain-of-the-Week will ask the following questions of the patient or patient representative:
 1. Do you wish to have any scriptures, holy writings, or devotional material?
 2. Are there any religious devotional aids (prayer cloths, cross, rosary) you wish?
 3. Are there any religious acts or ceremonies (baptism, anointing, laying on of hands) you wish?
 4. Is there a pastor or priest you wish us to call?
 5. Do you wish to have another person in particular visit with you?



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: ADVANCE DIRECTIVES
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-32

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To ensure prompt and appropriate response to patient and/or family religious/spiritual concerns regarding Advance Directives and end of life decisions.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) to provide spiritual, religious, ethical and moral guidance to patient and/or family inquires regarding Advance Directives.

PROCEDURE:

I. Referral to Chaplaincy Services

Matters of a religious, spiritual, ethical or moral nature or issues involving such values regarding end of life decisions and/or Advance Directives are referred to Chaplaincy Services.

Chaplains seek to assist such patients/family members by helping them to make decisions based upon the beliefs and practices of their own personal faith. Chaplains do not direct the patient or family members with advice, or provide services based on the Chaplains' personal or denominational beliefs.

II. Ethics Committee

Chaplains inform patients and/or family members that ethical concerns may also be brought to the Ethics Committee. The Chaplain makes referrals to the Ethics Committee when requested to do so.

III. Social Services

The Chaplain refers all questions or concerns regarding Advance Directives that are not of a spiritual or religious nature, do not pertain to values, or to questions related to moral issues and ethics, to Social Services.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: ETHICS COMMITTEE
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-33

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To ensure observance of the patient's right to address ethical concerns related to patient care.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that ARH Chaplains discuss ethical issues regarding patient care with patients and/or families and refer concerns about patient care to the Appalachian Regional Healthcare, Inc. Ethics Committee, in accordance with ARH policies and procedure.

PROCEDURE:

I. Ethics Concerns

The On Duty Chaplain-of-the-Week will promptly respond to ethical concerns related to patient care. The Chaplain will discuss the spiritual and religious dimensions of ethical concerns with patients and/or family.

The On Duty Chaplain-of-the-Week will advise patients and family members that they may have their ethical concerns addressed by the ARH Hospital Ethics Committee.

The On Duty Chaplain-of-the-Week will refer ethical concerns related to patient care to the Ethics Committee upon request of patients, their family or staff.

II. Patient Complaints

Patient complaints unrelated to ethical issues should be brought to the attention of the Community Chief Regulatory Affairs Officer (CCRAO). See Patient Grievances, Part A, Chapter III, Section 06, ARH Board of Trustees Policies and Procedures.

REFERENCES:

ARH facility policies regarding Ethics Committees; Patient Grievances, Part A, Chapter III, Section 06, ARH Board of Trustees Policies and Procedures.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: MINISTRY TO FAMILY AT TIME OF DEATH
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-39

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To ensure pastoral and spiritual care are offered/provided to the patient's family, upon the death of the patient, to initiate the grief process and facilitate spiritual healing.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) to provide pastoral and spiritual care to patients' families at the time of death of the patient.

PROCEDURE:

Provision of Services

At the time of a patient's death, the attending nurse will request the family to identify a pastor or spiritual care provider that they wish to be called. If so, the nurse will request the Unit Clerk to notify the clergy person named by the patient's family.

If the patient's family has no pastor or spiritual care provider, the nurse will inquire if the family wishes to have the On-Duty Chaplain-of-the-Week visit with them. If so, the nurse will instruct the Switchboard Operator to notify the On-Duty Chaplain-of-the-Week.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: MINISTRY TO THE DEPRESSED
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-40

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To ensure Chaplains follow guidelines for identification and detection of early warning signs which may indicate possible patient depression and inform the charge nurse.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that Chaplains be alert to possible early warning signs that a patient may be depressed.

PROCEDURE:

I. Documentation

The On Duty Chaplain-of-the-Week will document on the Chaplaincy Services Spiritual Assessment form the following symptoms of possible depression of patients:

- A. Sleep disturbances
- B. Changes in appetite
- C. Decreased energy
- D. Loss of pleasure
- E. Loss of interest in self-care
- F. Feelings of worthlessness
- G. Problems with concentration
- H. Irritability and agitation
- I. Mood fluctuations
- J. Suicidal thoughts

II. Steps of Prevention

- A. The On Duty Chaplain-of-the-Week will provide the Chaplaincy Services Assessment form to the Charge Nurse and suggest that the staff may wish to notify the attending physician.
- B. The On Duty Chaplain-of-the-Week will continue pastoral support of the patient.
- C. The Chaplain does not make a diagnosis.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: MINISTRY TO SUICIDAL PATIENTS
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 2	REFERENCE NUMBER: G-VIII-41

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To ensure Chaplains follow guidelines for detection of suicidal tendencies in patients and inform Nursing and other ARH staff when warning signs are observed.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that Chaplains seek to be alert to signs that a patient may be potentially suicidal.

PROCEDURE:

I. Identification of Symptoms

A. The On-Duty Chaplain-of-the-Week will document on the Chaplaincy Services Spiritual Assessment form the following symptoms of potentially suicidal behavior and will deliver such written observations to the Charge Nurse:

1. A statement made by the patient that he/she wishes to end what he/she considers to be an intolerable existence or situation
2. Feelings of discouragement, hopelessness, or helplessness that may be indicated by apathy, withdrawal, or insomnia
3. A psychosocial history that includes a personal loss in the recent past (3-6 months)
4. Marked changes in social behavior or relationships (Example: sleepers become insomniacs or calm people become easily agitated)
5. A history of serious health problems, such as an extended chronic illness, mental health problems, previous suicidal gestures, drug or alcohol abuse

II. Intervention

The On-Duty Chaplain-of-the-Week should intervene as follows:

- A. The On-Duty Chaplain-of-the-Week will provide the Chaplaincy Services Assessment form to the Charge Nurse and suggest that the staff may wish to notify the attending physician.
- B. The On-Duty Chaplain-of-the-Week will continue pastoral support of the patient.
- C. Continue to provide pastoral care to the patient



DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: MINISTRY TO SUICIDAL PATIENTS
APPROVED: 09-01-06	RETIRED:
PAGE 2 OF 2	REFERENCE NUMBER: G-VIII-41

Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: PATIENTS IN ISOLATION
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-27

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To ensure ministerial services are provided to the special needs of patients who may experience feelings of abandonment or isolation.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that ARH Chaplains visit and minister to patients in isolation, as well as to permit visitation and ministry by the patient's own pastor, when appropriate.

PROCEDURE:

The On Duty Chaplain-of-the-Week, as well as visiting clergy, will follow hospital policies. No variance in this procedure is acceptable, whether by the On Duty Chaplain-of-the-Week, ARH Chaplain or visiting clergy, unless so authorized by nursing staff or a physician. The On Duty Chaplain-of-the-Week, as well as visiting clergy, will check at the Nursing Station prior to visitation. ARH staff will assist the chaplain with proper precautions or reverse precautions.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: PATIENTS IN SPECIAL CARE UNITS
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 2	REFERENCE NUMBER: G-VIII-28

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To provide religious and spiritual care to patients whose physical condition and/or emotional state warrant special consideration.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that the ARH Chaplains provide chaplaincy services, when appropriate, to those patients confined to the special care units when so requested by the patient, nurse and/or attending physician.

PROCEDURE:

I. Provision of Services

A. Patients

Upon request of the patient, the nurse, or other appropriate patient care provider, the On Duty Chaplain-of-the-Week will provide spiritual and religious care that meets the needs of those confined to special care units. Reliance upon the nursing staff to share the appropriate and pertinent information about the patients is considered essential to the Chaplain's functioning effectively on the unit.

B. Families

The On Duty Chaplain-of-the-Week will assist families in the use of their own personal spiritual and religious resources to cope with the reception of difficult news, death of a loved one, or other crisis. Reliance upon the medical and nursing staff to share the appropriate information is considered essential to the Chaplain's effective functioning in the unit.

II. Nursing Approval

The On Duty Chaplain-of-the-Week will seek clearance from Nursing Staff before entering Special Care Units so as to neither interfere with patient care nor create embarrassment to the patient and/or patient's family.

III. Unit Protocols

The On Duty Chaplain-of-the-Week will obtain, review and observe the Protocol of each particular special care unit.

IV. Protected Health Information

All Chaplains will be oriented to the requirements of HIPAA and will be expected to follow those requirements in regards to the protected health information of ARH patients. See HIPAA, Part D, Chapter VIII, Section 01, ARH System Policies and Procedures.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: PATIENTS IN SPECIAL CARE UNITS
APPROVED: 09-01-06	RETIRED:
PAGE 2 OF 2	REFERENCE NUMBER: G-VIII-28



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: DISTRIBUTION OF DEVOTIONAL MATERIALS
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 2	REFERENCE NUMBER: G-VIII-42

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To ensure the Chaplain provides hospital-specific devotional literature that will enhance the patient's and the patient's family hope and faith, and contribute to their emotional, physical and spiritual well-being.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that Chaplaincy Services make available appropriate devotional literature to patients and their families.

PROCEDURE:

I. Review of Materials

A. Director of Chaplaincy Services

All religious literature intended for general use, for distribution in an ARH Hospital, or for use by patients and their families, will be reviewed first by the ARH Chaplaincy Services Director.

B. Hospital Chaplaincy Services

The Director will submit the literature to each local Hospital Chaplaincy Services, which then makes the determination as to its suitability for use in the Hospital.

C. Materials Management

The Director of Chaplaincy Services will then submit the recommended devotional material to materials management pursuant to ARH Publications Policies and Procedures, Part D, Chapter V and Supply Chain Management Policies and Procedures, Part E, Chapter V.

II. Distribution of Materials

At the discretion of the On-Duty Chaplain-of-the-Week this devotional material will be made available for general distribution to patients, families, or hospital personnel.

III. Limitations

A. In order to provide equal and fair treatment for all religious faith groups, any material with a faith community's name or clergy person's name is deemed inappropriate for general distribution. Any such material will be discarded.

B. Clergy may provide leaflets, tracts, devotional literature or other spiritual/religious material to members of their own faith community according to their particular religious customs or practices, but should make it clear that ARH does not endorse any particular faith or religion.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: DISTRIBUTION OF DEVOTIONAL MATERIALS
APPROVED: 09-01-06	RETIRED:
PAGE 2 OF 2	REFERENCE NUMBER: G-VIII-42

C. Any denominational literature aimed at proselytizing is considered inappropriate for distribution.

REFERENCES:

ARH Publications Policies and Procedures, Part D, Chapter V; ARH Supply Chain Management Policies and Procedures, Part E, Chapter V.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: COUNSELING PATIENTS
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-43

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To ensure the Chaplain offers religious and spiritual counseling services, such as comfort, support, and encouragement, in the time of need in matters of spiritual, ethical, moral and religious matters.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that Chaplains may offer religious and spiritual counseling services to patients, as the need arises, upon request of the patient or patient representative.

PROCEDURE:

I. Formal Counseling Relationship

The On-Duty Chaplain-of-the-Week may enter into a formal counseling relationship with a patient in order to provide therapeutic intervention on specific concerns. Such counseling relationships are not to be construed as "Fee for Service" nor as "Pastoral Counseling" unless the On-Duty Chaplain-of-the-Week is so certified by either the Commonwealth of Kentucky or the State of West Virginia.

II. Insurance

The On-Duty Chaplain-of-the-Week is covered for liability under the terms of the Hospital's insurance coverage for volunteers, provided that the Chaplain is performing his/her duties within the scope of responsibilities during the assigned week of On-Duty Chaplain-of-the-Week. After his/her week of On-Duty Chaplain-of-the-Week, **Chaplains who continue a counseling relationship with a patient do so as independent agents - and in no way act as representatives of Appalachian Regional Healthcare, Inc.**



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: MINISTRY TO DISCHARGED PATIENTS
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-44

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To ensure patients and their families are provided with continuity of care and short-term religious and spiritual counseling in matters of theological, spiritual, religious, moral and ethical problems as these relate to the patient's health.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that ARH Chaplaincy Services may provide appropriate follow-up counseling, as the need arises, to patients following discharge. This shall be done within the limited time of five (5) weeks and/or five (5) sessions. All such counseling is done at the Chaplain's own risk. ARH will not be responsible for any action by ARH Chaplains outside the scope of their assigned week of on-call duty as Chaplain-of-the-Week.

PROCEDURE:

The On-Duty Chaplain-of-the-Week may, at their own risk, provide out-patient religious or spiritual counseling upon request or referral by the attending physician. This shall be done within the limited time of five (5) weeks and/or five (5) sessions.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: MINISTRY TO ARH EMPLOYEES
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-45

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To ensure the Chaplain offers ARH employees spiritual comfort and encouragement in their time of need and provides a listening ear and caring heart to those who may be disturbed or hurting.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that Chaplains may offer religious and spiritual counseling services to employees as the need arises and upon request by the employee.

PROCEDURE:

I. Provision of Services

A. Employee Break Time

Employees may utilize their daily break periods to discuss their needs with the On-Duty Chaplain-of-the-Week. If a session longer than the time allotted for break time is needed, an appointment for after working hours should be arranged.

B. Formal Counseling Relationship

The On-Duty Chaplain-of-the-Week may enter into a formal counseling relationship with an employee to provide therapeutic intervention on specific concerns. Such counseling relationships should not be construed as "Fee for Service" nor as "Pastoral Counseling" unless the Chaplain is so certified by the Commonwealth of Kentucky or the State of West Virginia.

After his/her week of service as On-Duty Chaplain-of-the-Week, Chaplains who continue a counseling relationship with an employee shall do so as independent agents and in no way act as representatives of Appalachian Regional Healthcare, Inc.

C. Scope of Services

The On-Duty Chaplain-of-the-Week is covered for liability under the terms of the Hospital's insurance coverage for volunteers, provided that the Chaplain is performing his/her duties within the scope of responsibilities during the assigned week of the On-Duty Chaplain-of-the-Week.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: USE OF HOSPITAL CHAPEL
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-24

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To ensure that an appropriate place for worship, meditation, and prayer is made available to ARH patients, their families, guests and the Hospital Community.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc. to provide a Chapel/Meditation Room for use by patients, their families, guests, and the Hospital Community.

PROCEDURE:

I. Use

- A. Clergy are encouraged to use the Chapel if they so desire when ministering to patients and/or their families or to Hospital personnel.
- B. Persons desiring to use the Chapel for appropriate purposes as stated above may do so at their own discretion, provided that it is not otherwise in use.
- C. Any patient wishing to use the Chapel informs his/her Nurse, who arranges for proper supervision.
- D. Persons entering the Chapel are asked to do so quietly so as not to disturb those who may already be there.
- E. Persons using the Chapel are asked to regard it as a sanctuary for the Holy.

II. Impermissible Use

- A. The Chapel is not intended as a place to hold a public meeting.
- B. The Chapel is not to be used as a waiting area, eating area, or for loitering. In order to respect the religious traditions of some of the faith communities we serve, eating, drinking, and smoking are not permitted.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: SPIRITUAL ASSESSMENT
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-31

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To ensure appropriate response to referrals for spiritual assessment of patients and to define a spiritual plan of care for patients to whom the Chaplain is ministering.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) to provide a Patient Spiritual Assessment upon request.

PROCEDURE:

Assessment Form

ARH Chaplaincy Services utilizes the "ARH Chaplaincy Services Spiritual Assessment," ARH Form E-XIV-2 (12/04). Spiritual Assessment Forms are currently distributed from the Chaplaincy Services Office in Hazard. Spiritual Assessment Forms will be kept in the Chaplain Log Book in each Hospital.

The "Assessment" combines an inventory with a spiritual plan of care. The Chaplain introduces the patient to the "Spiritual Assessment" with a brief description and an explanation that it is to be used to write a spiritual plan of care especially for him/her. Care is taken to make certain that the patient understands the meaning of each of the terms used. The completed assessment is given to the Charge Nurse or to the staff person who requested the assessment. A copy of the Spiritual Assessment is included in the Chaplaincy Services Daily Log.



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.



Appalachian Regional Healthcare

Chaplaincy Services Spiritual Care Assessment

PATIENT NAME _____ ROOM NO. _____

DATE/TIME OF FIRST VISIT _____

VISIT WITH Patient Family Other _____

RELIGION _____

Denomination/Branch/Tradition _____

Church/Synagogue/Mosque Name _____

Pastor/Rabbi/Priest/Imam Name _____

Requests a visit from his/her spiritual care giver Yes No

Requests we contact his/her spiritual caregiver Yes No

Telephone _____

Contact Made (Date & Time) _____

RELIGIOUS/SPIRITUAL CONCERNS

Strong in Faith in God	5	4	3	2	1	No Faith in God
Hope for Future	5	4	3	2	1	Hopelessness
Senses God's Presence	5	4	3	2	1	Alienated from God
Affirms Life	5	4	3	2	1	Fears Death

RELIGIOUS/SPIRITUAL NEEDS

- Anointing Beads Incense Rosary Penance
- Baptism (Sprinkle Pouring Immersion) Crystals
- Communion / Lord's Supper / Eucharist
- grape juice wine bread wafer intinction Prayer Shaw
- Sacrament of the Sick Devotional Material Icons
- Foot Washing
- Scripture (Bible Koran Book of Prayer Other)
- Scripture Reading (Favorite Verses/Passages) _____
- Prayer (when/frequency) _____
- Music (type/medium) _____

SPIRITUAL PLAN OF CARE

 _____ (Chaplain's Signature)

This document is to be placed in the patient record? Yes No

CHAPLAINCY SERVICES PROVIDED (Please Sign & Date)

(Chaplain)

(Date)

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: DOCUMENTATION OF CHAPLAINCY SERVICES
APPROVED:	RETIRED:
REPLACES POLICY DATED:	REFERENCE NUMBER: G-VIII-57
PAGE 1 OF 1	

SCOPE: All ARH Chaplains.
PURPOSE: To document services provided to patients, their families, and hospital staff by the On-Duty Chaplain-of-the-Week.
POLICY: It is the policy of ARH, Inc. that the On-Duty Chaplain-of-the-Week document services provided.
PROCEDURE: Each day, the On-Duty Chaplain-of-the-Week completes the "Daily Chaplain Log" (ARH Form E-XIV-1 12/04) prior to leaving the premises. The Director of Chaplaincy Services is responsible for compiling data from each ARH facility.

Adopted November 30, 2006



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.



Appalachian Regional Healthcare
Chaplaincy Services Daily Log

CHAPLAIN _____

DATE _____

VISITATION

Number of Patients Visited _____

Number of Families Visited _____

Number of Staff Visited _____

Number of Pastors Visited _____

SERVICES PROVIDED (Please check all boxes that apply)

- Responding to patient requests for visitation by a chaplain
- Responding to staff requests for visit by a chaplain
- Informing patients of available chaplaincy services
- Contacting patient's pastor, rabbi, priest, imam upon request
- Notifying patient's faith community (church, synagogue, mosque) on request
- Pastoral conversation
- Pastoral counseling
- Pastoral consultation with ARH staff
- Praying with patient and family
- Praying upon request prior to surgery
- Praying at time of crisis
- Praying for prayer requests in prayer box in chapel
- Providing patients with scripture
- Reading scripture to patients and/or family
- Reading scripture to visually impaired
- Giving patient/family devotional literature
- Giving patient/family devotional materials (incense/icons/art/prayer cloth)
- Anointing
- Baptism
- Foot washing
- Laying on of hands
- Lord's Supper/Eucharist/Communion
- Sacrament of Sick
- Officiating at devotional/worship service
- Officiating at religious rites or rituals
- Facilitating end of life religious/spiritual decisions
- Intervening in crisis
- Offering comfort and guidance at time of death and/or loss
- Ministering to patients/families/staff in disasters (Code Red Alert)
- Ministering to patients/families/staff in times of emergencies (Code Blue)
- Supplying chapel with Bibles and/or devotional literature
- Referring patients/families to staff
- Referring patients/families to Ethics Committee
- Referring patients/families/staff to other chaplains
- Other

(Please turn page to complete)

TIME GIVEN TO CHAPLAINCY SERVICES (Please include travel time to and from home or church) _____

ON A SCALE OF 1 TO 10, HOW WOULD YOU RATE THE OVERALL EFFECTIVENESS OF YOUR MINISTRY TODAY?

(Please circle the number you choose, with "1" being the least effective and "10" being the most effective.)

1 2 3 4 5 6 7 8 9 10

NOTES FOR NEXT CHAPLAIN

SUGGESTIONS FOR IMPROVEMENT FOR CHAPLAINCY SERVICES

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: CONDUCT UNBECOMING A CHAPLAIN
APPROVED:	RETIRED:
REPLACES POLICY DATED:	REFERENCE NUMBER: G-VIII-54
PAGE 1 OF 3	

SCOPE:

All ARH Chaplains

DEFINITIONS:

I. Conduct Unbecoming A Chaplain

Conduct unbecoming a chaplain is any behavior inconsistent with the beliefs, doctrines, scriptures, or theology of the chaplain's personally professed religion and/or is in conflict with "Ministerial Ethics" (See Chaplaincy Services Department Policy G-VIII-46).

II. Procedure

Procedure in this context does not include the features of the formal judicial proceedings employed by courts of law, such as public hearing, representation by counsel, cross-examination of witnesses, warning as to self-incrimination, and adherence to rules of evidence. Instead, emphasis is placed on a method of getting at the facts, assuring that those facts are reported accurately to the proper authority, and providing a decision based on the facts that is fair to all concerned.

III. Cooperation

All chaplains shall cooperate at all stages of the investigation of charges of conduct unbecoming to a chaplain. This cooperation shall include, but not be limited to, appearing to answer questions and presenting complete and truthful testimony.

PURPOSE:

To describe how the charges of conduct unbecoming to a chaplain will be managed.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc. (ARH) to respond in a prompt, fair and equitable manner to written charges of conduct unbecoming a chaplain.

PROCEDURE:

I. Stage 1

- A. A charge of conduct unbecoming a chaplain must be filed in written form.
- B. The written complaint is to be filed with the Director of Chaplaincy Services.
- C. The charge must be signed and dated.
- D. The charge must be filed within fourteen (14) days of the act(s) giving rise to the charge.

II. Stage 2

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: CONDUCT UNBECOMING A CHAPLAIN
APPROVED:	RETIRED:
REPLACES POLICY DATED:	REFERENCE NUMBER: G-VIII-54
PAGE 2 OF 3	

- A. Upon receipt of the charge, the Director of Chaplaincy Services will send written notification to the chaplain named of the charge filed against him/her.
- B. Within twenty-four (24) hours of receipt of the written charge, the Director of Chaplaincy Services will inform the Human Resources Department.
- C. The name of the chaplain against whom the charge has been filed is placed on the "Inactive Roster." The chaplain's name remains of the "Inactive Roster" until such time as the charge is resolved. Written notice is sent to the chaplain of the date of this action.
- D. While on the "Inactive Roster," the chaplain may not provide chaplaincy services to ARH patients or their families as a representative of ARH.
- E. Those ARH personnel to whom the "Active Roster" is routinely distributed will receive a revised copy of notice of the change.

III. Stage 3

- A. The Director of Chaplaincy Services shall respond in writing to the individual filing the charge within ten (10) working days of receipt of the charge.
- B. A copy of the letter will be sent to the chaplain against whom the charge was filed and to the Human Resources Department.
- C. During the investigation, the Chaplaincy Roster will not be circulated to ARH Chaplains.
- D. If charges are substantiated, the "Progressive Discipline" Policy will be implemented (See G-VIII-56).
- E. If charges are dismissed, the chaplain's name shall be placed on the "Active Roster" and a revised roster be distributed within twenty-four (24) hours to those ARH personnel to whom the "Active Roster" is routinely distributed. A revised copy of the Roster will also be sent to the chaplain against whom the charges have been dismissed.
- F. A copy of correspondence and Chaplaincy Roster will be sent to the Human Resources Department.

Adopted November 30, 2006

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: CONDUCT UNBECOMING A CHAPLAIN
APPROVED:	RETIRED:
REPLACES POLICY DATED:	REFERENCE NUMBER: G-VIII-54
PAGE 3 OF 3	



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: CHAPLAIN GRIEVANCES
APPROVED:	RETIRED:
REPLACES POLICY DATED:	REFERENCE NUMBER: G-VIII-55
PAGE 1 OF 3	

SCOPE:

All ARH Chaplains

DEFINITIONS:

1. Proceedings

The proceedings are informal in nature. Procedural due process in this context does not require the features of the formal judicial proceedings employed by courts of law, such as public hearing, representation by counsel, cross-examination of witnesses, warning as to self-incrimination, and adherence to rules of evidence. Instead, emphasis is placed on a method of getting at the facts, assuring that those facts are reported accurately to the proper authority, and providing a decision based on the facts that is fair to all concerned.

2. Cooperation

All chaplains shall cooperate at all stages of the investigation of a grievance. This cooperation shall include, but not be limited to, appearing to answer questions and presenting complete and truthful testimony.

3. Notice of Grievance

The grievant shall state the grievance within fourteen (14) days of the act(s) giving rise to the grievance.

4. Waiver

The failure of any party to state a grievance in a timely manner shall constitute a waiver of these provisions.

5. Grievable Issues

These grievance procedures may be used for the following:

- a. To address a complaint that a decision adversely affecting a chaplain's status as an ARH chaplain which was reached unfairly or improperly, including an allegation as follows:
 - i. the decision violates ARH policy and procedure
 - ii. ARH policies or procedures have been applied inconsistently, or
 - iii. the action taken against a chaplain violates state or federal discrimination statutes or ARH non-discriminatory policies

6. These grievance procedures may NOT be used for the following:

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: CHAPLAIN GRIEVANCES
APPROVED:	RETIRED:
REPLACES POLICY DATED:	REFERENCE NUMBER: G-VIII-55
PAGE 2 OF 3	

- a. to address a chaplains' dissatisfaction with an ARH policy, challenged on the grounds that the policy is unfair, inadvisable or inappropriate
- b. to appeal matters which ARH determines to be purely administrative discretion; or
- c. to address matters that:
 - i. arise from the actions of persons outside ARH
 - ii. arise over a situation over which ARH lacks authority to remedy; or
 - iii. arise out of dissatisfaction with the grievance policy or procedure or the actions of individuals participating in the grievance process.

PURPOSE:

To provide a method of dealing with the grievances with chaplains by staff, patients, and patients' families in a prompt and equitable manner.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc. (ARH) to provide chaplains with a grievance process.

PROCEDURE:

- I. Stage 1
 - A. The grievant shall provide in writing the nature of the grievance to the Director of Chaplaincy Services.
 - B. The Director shall respond in writing to the grievant within ten (10) days of receipt of a stage 1 grievance.
 - C. The complainant and any resolution shall be reported by the Director to the Human Resources office.
- II. Time for Appeal

Any decision which is not appealed by the grievant within the time allowance given at each stage of the procedure shall terminate the procedure.

Adopted November 30, 2006

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: CHAPLAIN GRIEVANCES
APPROVED:	RETIRED:
REPLACES POLICY DATED:	REFERENCE NUMBER: G-VIII-55
PAGE 3 OF 3	



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: PROGRESSIVE DISCIPLINE
APPROVED:	RETIRED:
REPLACES POLICY DATED:	REFERENCE NUMBER: G-VIII-56
PAGE 1 OF 4	

SCOPE:

All ARH Chaplains.

PURPOSE:

To provide a fair, consistent method of addressing unsatisfactory performance or inappropriate behavior.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc. (ARH) to administer, where appropriate, progressive discipline to address unsatisfactory performance or inappropriate behavior.

PROCEDURE:

I. Director of Chaplaincy Service

The Director of Chaplaincy Services is responsible for the on-duty conduct of volunteer chaplains. This includes responsibility for both the quality of their work and compliance with the standards of ARH employee conduct as set forth in part C, Chapter IV, the standards of ARH Chaplaincy Services as set forth in the Policy and procedure Manual, and other standards of conduct determined by ARH.

II. Progressive Discipline

Except for very serious offenses such as, but not limited to, endangering patient safety and/or abuse or neglect of a patient, judgmental statements about or condemnation of a patient's religious or spiritual beliefs, insubordination, theft, violence or threats of violence, the sale or possession of drugs or the use of alcohol or other illegal drugs on ARH premises, the Director of Chaplaincy Services should follow a system of progressive discipline of volunteer chaplains. Under such a policy, "the punishment should fit the crime." Minor performance problems should be met with a less severe punishment than more serious problems.

III. Steps

Progressive discipline may consist of four steps, as follows:

A. Step 1 – Oral Counseling

When the Director desires to counsel a chaplain in this manner, the Director must:

1. Inform his/her manager and the Human Resources Department of the situation.
2. Meet with the chaplain and discuss in detail the problems which are occurring, the need for improvement, and a reasonable time frame for improvement. The Director should state clearly that if substantial improvement is not shown by the end of that time

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: PROGRESSIVE DISCIPLINE
APPROVED:	RETIRED:
REPLACES POLICY DATED:	REFERENCE NUMBER: G-VIII-56
PAGE 2 OF 4	

- period, the next step will be a written warning.
3. Document the conduct which gave rise to the counseling, the meeting with the chaplain, and the chaplain's reaction to counseling. See Oral Counseling Form, Appendix A of Human Resources – Employee Conduct, Policy C-IV-24, "Progressive Discipline." This documentation should be filed in the personnel file of the chaplain and a copy forwarded to the chaplain and to the Human Resources Department.

B. Step 2 – Written Warning

After an oral counseling and sufficient time has gone by (normally 30-90 days, but possibly more or less depending on the nature of the problem), but the problem has not improved, the chaplain should be given a written warning. A written warning may also be appropriate as a first step in discipline process if the problem is too serious for an oral counseling.

If the Director believes that a written warning is warranted under the circumstances, the manager must:

1. Inform his/her manager and the Human Resources Department about the problem.
2. Complete the Written Warning Report Form. See Written Warning Form, Appendix B of Human Resources – Employee Conduct, Policy C-IV-24, "Progressive Discipline," and submit it to the Community Chief Executive Officer (CCEO) or appropriate Vice President and the Director, Human Resources or designee for review before giving it to the chaplain. The Office of Legal Affairs should be consulted, where appropriate.
3. Meet with the chaplain and discuss in detail the problems that are occurring, the need for improvement, and a reasonable time frame for improvement. State clearly that if substantial improvement is not shown by the end of that time period, then the next step will be removal from the "Active Roster" or discharge, as may be appropriate under the circumstances. Ask the chaplain to complete the "Chaplain Statement" of the Written Warning Report. If the chaplain refuses to sign the report, the Director should make a notation to that effect on the report. The chaplain should be given a copy of the form and original forwarded to the Human Resources Department for filing.

C. Step 3 – Suspension

If, after passage of an appropriate period of time, depending upon the

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: PROGRESSIVE DISCIPLINE
APPROVED:	RETIRED:
REPLACES POLICY DATED:	REFERENCE NUMBER: G-VIII-56
PAGE 3 OF 4	

circumstances, the problem which brought about the written warning is continuing or has reoccurred, then in some cases the chaplain may be suspended. A suspended chaplain is placed on the "Inactive Chaplaincy Roster" and is not eligible to deliver patient care. In other cases, a second warning may be appropriate. Suspension is sometimes the appropriate first step in the disciplinary process for serious infractions which would require dismissal if they recur.

If the Director desires to utilize suspension as a form of progressive discipline, he/she must:

1. Inform the CCEO or appropriate Vice President and the Director, Human Resources or designee. A recommendation about the length of the suspension, with specific reasons for the recommendation should also be provided. Given the seriousness of a suspension, the Director should meet with the CCEO or appropriate Vice President and the Director, Human Resources or designee before any action is taken. The Director, CCEO or appropriate Vice President must approve all suspensions.
2. If suspension of the chaplain is approved, the Director must schedule a meeting with the chaplain.
3. Arrange for the Director, Human Resources or designee to be present.
4. Inform the chaplain that he/she is being suspended, that he/she is not eligible to serve as a volunteer chaplain, and that his/her name will be placed on the "Inactive Chaplaincy Roster."
5. Inform the chaplain that if his/her performance does not improve immediately upon return from suspension, then the chaplain will be discharged.
6. Send a memorandum to the chaplain that describes the chaplain's unsatisfactory performance which led to the suspension, the consequences of his/her failure to improve, and the fact that a meeting occurred with the chaplain on a certain date in which all of these matters were discussed.
7. Send a copy of this memorandum to the Human Resources Department. Place a copy in the Chaplain's personnel file.
8. Ask the chaplain to sign the memorandum, acknowledging receipt of the memorandum. If the chaplain refuses, then write "Refused to sign" in the appropriate place, and initial this notation.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: PROGRESSIVE DISCIPLINE
APPROVED:	RETIRED:
REPLACES POLICY DATED:	REFERENCE NUMBER: G-VIII-56
PAGE 4 OF 4	

IV. Reservation of Rights

ARH reserves the right to determine appropriate disciplinary actions based on the severity, frequency or combination of infractions when circumstances warrant immediate action.

Adopted November 30, 2006



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: ANNUAL CHAPLAIN RETREAT
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 2	REFERENCE NUMBER: G-VIII-47

SCOPE:

All ARH Chaplains.

PURPOSE:

To ensure volunteer ARH Chaplains are provided an opportunity for intensive continuing education, worship, and community and to express gratitude to ARH Chaplains who serve the needs of ARH employees and patients.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc. (ARH) to provide an Annual Retreat and School for ARH Chaplains.

PROCEDURE:

I. Director of ARH Chaplaincy Services

- A. The Director of the ARH Chaplaincy Services, in cooperation with his/her Supervisor, will determine the dates for the Annual ARH Chaplains Retreat one year in advance.
- B. The time will be set as the first Monday, Tuesday, and Wednesday of May unless otherwise announced the prior year.
- C. The Director shall be responsible for all aspects of the Retreat, including planning staff to lead periods of worship, study, and fellowship.

II. Costs

ARH will provide a stipend for all Retreat Staff, with the exception of ARH employees. ARH will pay expenses of ARH Chaplains and their spouses. As space and situation permit, others may participate at a cost-for-service basis.

III. Retreat

- A. Annually, the Director will mail to Chaplains in January an announcement of the Retreat, descriptive information about the Retreat no later than March, and a pre-registration no later than twenty-one (21) days prior to the Registration date.
- B. The Chief Executive Officer (CEO) of ARH is given the courtesy of presenting a "State of ARH" address at the Opening Session following Worship. The Retreat accommodates any other presentations or agenda that may be deemed appropriate by the CEO. The Director of Chaplaincy Services should coordinate with the CEO prior to the Retreat to ensure the CEO has approved the agenda.
- C. The ARH Chaplaincy Services Director provides his/her supervisor with a complete report of the Retreat, including all charges and expenses, within seven (7) days after completion of the Retreat.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: ANNUAL CHAPLAIN RETREAT
APPROVED: 09-01-06	RETIRED:
PAGE 2 OF 2	REFERENCE NUMBER: G-VIII-47



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: CHAPLAIN FALL TOUR
APPROVED: 09-26-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-48

SCOPE:

All ARH hospitals, units and departments.

PURPOSE:

To ensure that ARH Community Chief Executive Officers are provided with the opportunity to meet with and inform Chaplains of the current state of ARH and solicit input from the communities they serve; and, to provide the Chaplains with two (2) hours of continuing education in clinical pastoral education, or other such education, as may be deemed appropriate.

POLICY:

It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that an annual fall meeting be conducted between each ARH Community Chief Executive Officer (CCEO), his/her staff, and ARH Chaplaincy Services.

PROCEDURE:

- I. Annual Tour
 - A. Annually, the Director of ARH Chaplaincy Services, in cooperation with the CCEO of each ARH facility, arranges a date and time during the period between August 1 and November 24 for the Annual Administrators and Chaplains Fall Tour.
 - B. Chaplains and their spouse are the guests of ARH for this event.
 - C. No less than sixty (60) days prior to the Administrators and Chaplains Fall Tour, the Director informs the membership of ARH Chaplaincy Services of the event. An announcement and a reminder are sent by mail to ARH Chaplains fourteen (14) days prior to the event.
 - D. Candidates for ARH Chaplaincy Services are invited to participate in the Fall Tour as guests of ARH.
 - E. The CCEO will be provided one (1) hour to address the Chaplains and to invite staff persons to participate, as he/she may deem appropriate.
 - F. The Director is responsible for providing in-service training in the field of clinical pastoral care and hospital ministry and/or other topics as may be appropriate.
 - G. ARH provides a luncheon for Chaplains and their spouse (or guest) as a part of the Fall Tour.



Jerry Haynes
 President & CEO
 APPALACHIAN REGIONAL HEALTHCARE, INC.

DEPARTMENT: CHAPLAINCY SERVICES	POLICY DESCRIPTION: CHECKLIST FOR ORIENTATION
APPROVED: 09-01-06	RETIRED:
PAGE 1 OF 1	REFERENCE NUMBER: G-VIII-49

<p>SCOPE: All ARH Chaplains.</p>
<p>PURPOSE: To ensure documentation of topics presented at the ARH Chaplaincy Services Orientation.</p>
<p>POLICY: It is the policy of Appalachian Regional Healthcare, Inc., (ARH) that the ARH Chaplaincy Services provide each Chaplaincy Services Orientation participant with a "Checklist" of topics.</p>
<p>PROCEDURE: During Orientation ARH Chaplains will check each topic to indicate his/her understanding and compliance. Upon completion of Orientation, both the Chaplain and the Director will sign the Checklist, whereupon it is placed in the Chaplain's permanent file.</p>



Jerry Haynes
President & CEO
APPALACHIAN REGIONAL HEALTHCARE, INC.

CHAPLAINCY SERVICES ORIENTATION CHECKLIST

(Please place a check mark in front of each item to indicate that the material was presented to you and that you understand the content)

SECTION 1 APPALACHIAN REGIONAL HEALTHCARE

- ARH History, Mission, Vision and Values
- Principles of Care
- ARH "CARES" Standards
- Infection Control
- Safety Rules, Ergonomics, OSHA "Right to Know"
- Cultural Compliance
- Distribution of Literature

SECTION 2 PATIENTS RIGHTS AND CONFIDENTIALITY / ARH CODES

- Patients' Bill of Rights
- Health Insurance Portability and Accountability Act (HIPAA)
- Patient Privacy
- Access to Protected Health Information
- HIPAA Self-Test
- Signature of Confidentiality Agreement
- Code Blue Patient Emergency
- Code Red: Fire in a Specified Area
- Code Green: Emergency Situation
- Code Pink: Child Abduction
- Code Black: Hostage Situation
- Code Yellow: Patient Elopement
- Code Red Alert: Internal or External Disaster
- Code 99: Systems Watch
- Code Orange: Chemical Spill

SECTION 3 CHAPLAINCY SERVICES

- Mission, Vision & Values
- ARH Chaplaincy Services (General Policy G-VIII-01)
- Eligibility for Chaplaincy Services
- Application Process
- Disclosure Form and Kroll Background Check Forms
- Membership Categories

SECTION 4 ON-DUTY CHAPLAIN-OF-THE-WEEK

- On-Call Duty
- Guidelines for Chaplain-of-the-Week
- Patient Information
- Prayer Request Box and Prayer Requests
- Visitation by Referral
- "Request for Visit by A Chaplain" Form
- Checking at Nurses Station
- Dress Code and Chaplain Identification Badge

- ___ Chaplaincy Ethics Policy
- ___ Signature of Agreement
- ___ Referrals to the ARH Ethics Committee
- ___ Chaplaincy Services at the Time of End-of-Life Decision Making
- ___ Chaplaincy Services to the Bereaved
- ___ Chaplaincy Services to the Dying Patient
- ___ Chaplaincy Services to the Family at a Time of Death

- ___ Chaplaincy Services to Patients in Isolation
- ___ Chaplaincy Services to Patients in Special Care Units (ICU, CCU, ED)

- ___ Chaplaincy Services to Suicidal Patients
- ___ Chaplaincy Services to Depressed Patients

- ___ Counseling Patients
- ___ Chaplaincy Services to Discharged Patients
- ___ Chaplaincy Services to Employees

- ___ Hospital Chapel and Its Use

- ___ Chaplaincy Services Daily Log Form
- ___ Chaplaincy Services Daily Log Form Notebook
- ___ Chaplaincy Services Spiritual Assessment of Patients
- ___ Spiritual Assessment Form

- ___ Conduct Unbecoming A Chaplain
- ___ Chaplain Grievances
- ___ Progressive Discipline

- ___ Annual Chaplains Retreat
- ___ Annual Administrator's and Chaplains' Fall Tour / Winter Conference

- ___ Resource Materials

Signature of Chaplain _____

Date: _____

Signature of Chaplaincy Services Director _____

Date: _____

**“100 YEARS OF HOSPITAL VISITATION”
ARH CHAPLAINCY SERVICES**

**Chaplain C. Morgan Peterson
Chaplain Thomas W. Schuler
Chaplain Charles Wilcox**

PRIOR TO VISITING:

- Prepare yourself with prayer before you make your calls on the sick.
- Wear your Chaplaincy ID Badge
- Check in at the nursing station, telling them your name and role (chaplain-on-call or pastor) and the persons whom you are there to visit.
- Inquire at the nurses' station if there are any particular patients who might need pastoral care at that time.
- Wash hands if possible before each visit
- Knock before entering. The patient's room is his/her home (away from home)
- Do not enter the patient's room if a light is on over the door. Check first at the nurse's station.
- Do not enter the patient's room if there are "Precaution", "Reverse Precautions" signs posted or if there are masks, gloves or IV gowns required. Check first at the nurses' station.
- "No visitors" includes the chaplain and/or pastor too. Check first at the nursing stations.
- If you are sick (cold, sore throat, fevered, etc.) please do not visit. Switch days with another chaplain.

THE FIRST THREE MINUTES:

- Smile! Let the patient know by your smile that you are not the bearer of bad news.
- Introduce yourself by name and role ("I am a hospital chaplain"). ("I am here to visit with you.")
- Inquire if they have a pastor, priest or rabbi that they wish to have called.
- Do not apologize for making a call upon patient.
- Take a position in line with the patient's vision.
- Stand where the patient can see you. Do not stand in front of a window where the patient is looking into bright light to see you.
- Avoid the "service" approach: ("What can I do for you?")
- Let the patient take the initiative in shaking hands.
- If the patient offers his/her hand, grasp the hand firmly but do not squeeze or grip tightly.
- Generally, it is better not to sit down until you have been invited.
- Do not jar or bump the bed.
- Even if invited to do so, do not sit on the patient's bed.
- Maintain eye contact.
- Do speak clearly and firmly. All elderly are not hard of hearing. A loud voice can be upsetting to a hospitalized patient.
- Do not give the impression you are in a hurry or on a "time schedule".
- Do not carry emotional or spiritual "germs" from one patient to another.

GUIDELINES FOR CHAPLAINS: THINGS TO AVIOD

- Asking the patient: “What is wrong with you? or “What is the nature of your illness?”
- Giving medical advice or repeat medical information about the patient
- Whispering or talk in low tones within sight or hearing of the patient
- Asking medical questions
- Defending hospital, doctors, and procedures
- Preaching little “sermonettes”
- Acting as though you thought church membership and attendance the ONLY goal
- Being so self-conscious of your role as chaplain that you lose sight of the patient
- Thinking of yourself as a “problem solver”
- Superimposing your religious belief. Help the patient find help in his/her own religious beliefs

PASTORAL CONVERSATION:

- Endeavor to be calm and relaxed. This expression of your personality is contagious.
- Give the person you are visiting your whole attention and interest.
- Make frequent eye contact.
- Be an active listener.
- Respond to the feeling that is being expressed by the patient.
- Watch your own feelings and guard against showing shock or surprise.
- When the patient says, “I’m just fine” remember that it probably is not a literal statement.
- Be cognizant that not every patient loves his/her family and not all patients’ love him/her.
- Just because patient is in the hospital does not mean that he/she is critically ill.
- Being in the hospital most always precipitates a crisis or raises questions of meaning.
- Stay present with conversation about the patient’s illness no matter how uncomfortable.
- Seek to learn the patient’s emotional and spiritual condition as well as physical condition.
- Looks can be deceiving: avoid telling patient he/she looks well or good.
- Recognize and affirm the patient’s feelings rather than telling patient what his/her feelings *should* or *ought* to be.
- Stay on the subject whenever patient talks of some subject filled with emotion, no matter how uncomfortable.
- Watch for exaggerated emotions or response.
- Accept the person: do not reprimand or “scold” the patient, either directly or by implication.
- Premature reassurances can backfire and undermine your credibility.
- Listening is your role in the conversation.
- Sometimes what is not said is as important as what is said.
- Telling a patient you have had the same operation, that there is nothing to it, or that the surgery is “minor” is neither helpful nor appropriate.
- Honor pauses and periods of quietness: do not be too quick to change the subject and talk.
- Respond to patient’s feelings when he/she has opened his heart to you.
- Do not agree with patient just to keep him/her quiet when you actually don’t agree.
- Reflect, don’t diagnose: affirm, don’t judge.
- Stay with the person even if you become so disturbed and frightened by the patient’s condition or behavior that you want to hurry out.

- In bereavement situations, stay in the present and do not jump too quickly into discussion of the future.
- “Wining the argument” sometimes means losing the patient.
- “Cheering up” the patient forcefully usually has momentary (if any) success.
- Proceed at the patient’s level of comfort: do not jump ahead of patient’s emotional need or level- not too quickly, not too slowly.
- Respond to the feelings underlying what the patient says as much as to what is said.
- Help the individual explore options: do not make decisions or give advice.
- *Guide*, don’t direct: *suggest*, don’t tell.
- Negative emotional reactions can be detected through your tone of voice, countenance or manner.
- Put the person at ease - help him/her relax.
- Be aware that the patient may be unhappy about the prospect of discharge and/or going home.
- Tell others who come in or interrupt that you will be finished in a few minutes.

+

CONCLUDING THE VISIT:

- Leave graciously if asked to do so or if services are not wanted.
- Generally ten minutes is sufficient time for a visit
- If a meal arrives, politely offer to say grace and excuse yourself.
- A few minutes before you are ready to end the visit, inform the patient that you will be leaving in just a few minutes and ask if there is anything else that they wish to talk about.
- Before leaving, ask if the patient wishes you to have prayer with him/her.
- You may always inquire what the patient wishes you to pray about.
- Extend the invitation to other patients in the room.
- In your prayer, mention what has happened between you and the patient.
- Affirm God’s presence and love for them in your prayer.
- Tell the patient when you will return to visit. *This is a sacred contract!* Do not promise to return if you are not certain that you can do so.
- Offer a silent prayer upon leaving the room if you have not prayed with the patient.
- Offer a blessing or a word of hope or comfort as your last words upon leaving.
- Visit briefly but frequently.

REFLECTIONS OF A PATIENT

Inside my body is a person - ME! Please listen to me, feel with me and for me. Even though I am sometimes helpless, treat me as an adult. Don't make me submit like a child to bewildering routines. Please preserve my now fragile dignity. Enable me to keep my self respect. Don't strip me of my identity when you strip me of my clothes. Don't make me beg for relief of pain. Don't act as if I'm unintelligent because I do not know about my body. Don't treat my body like a machine in a repair shop.

I beg you to remember that illness, pain and fear bring on overly emotional and sometimes seemingly unreasonable behavior. These unknown surroundings bewilder me. When you remain a stranger to me, my fears may cause me to behave in a manner even more unreasonable. Look at me when you speak to me. Listen to what I'm saying. Come and speak to me, even briefly, just so I know I am not forgotten. I cannot stand your total lack of concern. Give me tender loving care.

Make the things you must do to me more bearable. Call me by name. Tell me who you are. Tell me why you are here. Tell me what you are going to do - even though you have told me before. The sound of your voice, the feel of your touch reminds me that I am not alone. Let me know by your gentle, caring touch. Show me that you care enough to know about me. Show me, through your care, that I am a person.

Don't take away my privacy when you intrude in your helpful way to care for me. Everything is so open here, and I am a very private person. Knock on my door before you enter my room. Pull the curtains around my bed. Cover me when you bathe me. Keep my door closed if I request it.

I bring not only my sick body to you. I bring with me my total being. I am a suffering human being. Think not only of my body but also of my spirit. Offer me spiritual care. Pray with me or for me. Cry with me if you feel the need. You may be my closest friend at that moment. You will make my life bearable until my family or someone important to me arrives. I am weak, fragile, and vulnerable. Help me to be strong.

Respect me, even though my body is wrinkled with age or made unsightly by disease. Don't abandon me long to be included. Oh, how I need someone to laugh with, to share joy with. The constant paging who are those people? Carts clatter by my door. Between these are the seemingly never-ending clinking, clatter, bumps and rattles that no one explains. I am bombarded with noise when one of my greatest needs may be quiet.

Give me tender loving care so that I will not be so fearful. Then I know that you will make my suffering bearable and keep hope alive so that some joy may enter my life again. Knowing this will make my days brighter and my nights shorter.

Caroline M. Arnold, B.S.N., R.N.
Patricia M. Ismert, B.S.N., R.N.
St. Mary's Hospital
Kansas City, Missouri



“I AM THIS ORGANIZATION”

I am what people see when they arrive here. Mine are the eyes they look into when they're frightened and lonely. Mine is the voice people hear when they ride the elevators and when they try to sleep and when they try to forget their problems. I am what they hear on their way to appointments that could affect their destinies and what they hear after they leave those appointments. Mine are the comments people hear when I think they can't. Mine is the intelligence and caring that people hope they'll find here. If I'm noisy, so is the hospital. If I'm rude, so is the hospital. And if I'm wonderful, so is the hospital.

No visitors, no patients can ever know the real me. The me that I know is not there – unless I let them see it. All they can know is what they see and hear and experience.

And so I have a take in my attitude and in the collective attitudes of everyone who works at Appalachian Regional Healthcare. We are judged by “MY” performance. We are the care “I” give, the attention “I” pay, the courtesies “I” extend. “I” am capable of giving quality service – but it's up to “ME”.

MEDICAL TERMINOLOGY

As one looks at the world of the hospital, he finds a language in that world which is different from one's ordinary world. In order to help us become acquainted with that world, the following list may be helpful. These are the more common terms which we may see and use. It is not intended to be exhaustive.

I. Operative Suffixes:

A. -ectomy (excision or cutting out)

1. appendectomy - excision of the appendix
2. gastrectomy - excision of the stomach
3. tonsillectomy - excision of the tonsils
4. ostectomy - excision of a bone

B. -otomy (incision or cutting into)

1. gastrotomy - surgical incision into stomach
2. cholecystotomy - surgical incision into gallbladder

C. -ostomy (making a more or less permanent opening into)

1. gastrostomy - creating an opening into the stomach
2. tracheostomy - creating an opening into trachea through neck

D. -oscopy (visual examination or looking into an organ)

1. gastroscopy - inspection of interior of stomach
2. cystoscopy - inspection of urinary bladder

II. Respiratory System:

A. rhin (nose)

1. rhinitis - inflammation of nasal passage

B. plum (lung) - or pulmonary (pertaining to the lungs)

C. pneumo (air/lungs) - or pneumonia (inflammation of lungs)

1. lobar pneumonia - an acute fever disease with inflammation of one or more lung lobes
2. aspiration pneumonia - due to foreign matter such as food in lung
3. double pneumonia - affecting both lungs.

III. Digestive System:

- A. os, or, oral - pertaining to the mouth.
- B. gastro - stomach
 - 1. gastritis - inflammation of the stomach
- C. col - large intestine - colon
 - 1. colitis - inflammation of colon
 - 2. ulcerative colitis - erosion of mucosa leading to hemorrhage and perforation
- D. proct - rectum
 - 1. proctoscopy - inspection of the rectum
- E. hepat - liver
 - 1. hepatitis - inflammation of liver
 - 2. infectious hepatitis - caused by virus as seen in stools, duodenal content, and in the blood
 - 3. secum hepatitis - caused by virus B; transmitted by blood transfusions, contaminated needles.
- F. cholecyst - gallbladder
 - 1. cholecystectomy - surgical removal of the gallbladder
 - 2. cholecystitis - inflammation of the gallbladder.

IV. Circulatory System:

- A. Cardi - heart
 - 1. Cardiac - pertaining to the heart
 - 2. cardiovascular - pertaining to the heart and blood vessels
- B. arter - artery
 - 1. arterial - pertaining to the arteries
 - 2. arteriosclerosis - (sclerosis - hard) loss of elasticity, thickening and hardening of the arteries
- C. phleb - vein
 - 1. phlebitis - inflammation of a vein
 - 2. phlebothrombosis - presence of a clot in a vein
 - 3. phlebotomy - incision into a vein

4. thrombophlebitis - inflammation of a vein that has receded the formation

D. hem - blood

1. hematology - study of blood and blood forming tissues
2. homeostasis - checking the flow of blood
3. hemophilia - hereditary disease which causes difficulty in check hemorrhage.

E. - emia (blood)

1. leukemia - increase in number of white blood cells; a fatal disease
2. anemia - blood is deficient in either quality or quantity

V. Urinary System

A. neph - kidney

1. nephrectomy - excision of kidney
2. nephritis - inflammation of kidney

B. ren - renal pertaining to the kidney

C. cyst - bladder

1. cystoscopy - visual exam of the bladder
2. cystitis - inflammation of bladder

D. hyster - uterus

1. hysterectomy - excision of uterus
2. abdominal or vaginal - performed through the abdomen or vagina
3. complete hysterectomy - excision of uterus and cervix

VI. Skin and Breast:

A. cut - cutaneous - pertaining to skin

B. dermat - skin

1. dermatology - study of diagnosis and treatment of diseases of skin
2. dermatitis - inflammation of the skin

C. Mamm - breast; mammary - pertaining to the breast

1. mastectomy - excision of the breast
2. mastitis - inflammation of the breast

VII. Muscular System:

- A. Oste - of or pertaining to the bone
- B. arth - of or pertaining to the joint
- C. myo - of or pertaining to the muscle

A PSYCHIATRIC GLOSSARY

Addiction: Strong emotional and/or psychological dependence upon a substance, such as alcohol or a drug, which has progressed beyond voluntary control.

Adjustment: The relation between the individual, his inner self and his environment.

Affect: A person's emotional feeling tone. Affect and emotion are commonly used interchangeably.

Agitation: State of chronic restlessness; a major psycho-motor expression of emotional tension.

Alcoholism: The overuse of alcohol to the extent of habituation, dependence or addiction. Alcoholism is medically significant when it impairs or threatens physical or mental health, or when it hampers personal relationship and individual effectiveness.

Ambivalence: The co-existence of two opposing drives, desires, feelings or emotions toward the same person, object or goal. These may be conscious or partly conscious or one side of the feelings may be unconscious. Example: Love and hate toward the same person.

Anti-Depressant: Popular term for various groups of drugs used in treating depressions. Not to be confused with tranquilizers.

Anxiety: Apprehension, tension or uneasiness which stems from the anticipation of danger, the source of which is largely unknown or unrecognized. Primarily of intrapsychic origin, in distinction to fear, which is the emotional response to a consciously recognized and usually external threat or danger. Anxiety and fear are accompanied by similar physiologic changes. May be regarded as pathologic when present to such extent as to interfere with effectiveness in living, achievement of desired goals or satisfactions, or reasonable emotional comfort.

Brain Syndrome: An organic psychiatric disorder characterized by impairment of orientation, memory, intellectual functions and judgment, together with emotional instability. The disability may be due to such factors as injury, aging, toxins, infections or tumors. May be acute or chronic, reversible or irreversible.

Catharsis: (1) The healthful release of ideas through a "talking out" of conscious material accompanied by the appropriate emotional reaction. (2) The release into awareness of repressed (i.e. "forgotten") material from the unconscious. Catharsis and abreaction are sometimes incorrectly used interchangeably.

Character Disorder: A syndrome characterized by unhealthy patterns of behavior or emotional responses such as acting out which are to varying degrees socially unacceptable or disapproved. There is usually very little evidence of anxiety or symptoms as ordinarily seen in the neuroses. The symptoms are ego-syntonic. Approximates concept of character neurosis.

Compensation: (1) A defense mechanism, operating unconsciously, by which the individual attempts to make up for real or fancied deficiencies. (2) A conscious process in which the individual strives to make up for real or imagined defects in such areas as physique, performance, skills, or psychological attributes. The two types frequently merge.

Compulsive Personality: A personality characterized by excessive adherence to rigid standards. Typically, the individual is inflexible, overconscientious, overinhibited, unable to relax, and exhibits repetitive patterns of behavior.

Conversion: A mental mechanism, operating unconsciously, by which intrapsychic conflicts which would otherwise give rise to anxiety, are instead given symbolic external expression. The repressed ideas or impulses, plus the psychologic defenses against them are converted into a variety of somatic symptoms. Example: Psychogenic paralysis of a limb which prevents its use for aggressive purposes.

Delusion: A false belief out of keeping with the individual's level of knowledge and his cultural group. The belief results from unconscious needs and is maintained against logical argument and despite objective contradictory evidence. Common delusions include:

Delusions of grandeur - exaggerated ideas of one's importance or identity;

Delusion of persecution - ideas that one has been singled out for persecution;

Delusions of reference - incorrect assumption that certain casual or unrelated remarks or the behavior of others apply to oneself.

Depression: Psychiatrically, a morbid sadness, dejection, or melancholy; to be differentiated from grief, which is realistic and proportionate to what has been lost. A depression may be a symptom of any psychiatric disorder or may constitute its principal manifestation. Neurotic depressions are differentiated from psychotic depressions in that they do not involve loss of capacity for reality testing. The major psychotic depressions include agitated depression, involutional psychosis, and the depressed phase of manic-depressive psychosis.

Depressive Reaction: A general term covering various types of neurotic depressive reactions in which insight is impaired but not so severely as in a psychotic depression. A neurotic depression may progress to a psychotic depression.

Disorientation: Loss of awareness of the position of the self in relation to space, time, or other persons.

Emotion: A feeling such as fear, anger, grief, joy or love. As used in psychiatry, the patient may not always be conscious of the feeling.

Empathy: An objective and insightful awareness of the feelings, emotions and behavior of another person, their meaning and significance. To be distinguished from sympathy, which is usually nonobjective and noncritical.

Fantasy: An imagined sequence of events or mental images, e.g., day dreams. Serves to express unconscious conflicts or to gratify unconscious wishes.

Fear: Normal emotional response to consciously recognized and external sources of danger, to be distinguished from anxiety.

Grief: Normal, appropriate emotional response to an external and consciously recognized loss; self-limiting, and gradually subsiding within a reasonable time.

Group Psychotherapy: Application of psychotherapeutic techniques to a group including utilization of interactions of members of the group.

Hallucination: A false sensory perception in the absence of an actual external stimulus. May be induced by emotional and/or such other factors as drugs, alcohol, and stress. May occur in any of the senses.

Hysteria: An illness resulting from emotional conflict and generally characterized by immaturity, impulsiveness, attention-seeking, dependency, and the use of the defense mechanisms of conversion and dissociation. Classically manifested by dramatic physical symptoms involving the voluntary muscles or the organs of special senses.

Hysterical Personality: A personality type characterized by shifting emotional feelings, susceptibility to suggestion, impulsive behavior, attention-seeking, immaturity, and self-absorption; not necessarily disabling.

Identification: A defense mechanism, operating unconsciously, by which an individual endeavors to pattern himself after another. Identification plays a major role in the development of one's personality and specifically of one's super ego, including the conscience. To be differentiated from imitation as a conscious process.

Inhibition: Interference with or restriction of specific activities; the result of an unconscious defense against forbidden instinctual drives.

Insight: Self-understanding. A major goal of psychotherapy. The extent of the individual's understanding of the origin, nature, and mechanisms of his attitudes and behavior. More superficially, recognition by a patient that he is mentally ill.

Involitional Psychosis (Involitional Melancholia): A psychotic reaction occurring in the late middle life. Formerly thought to be related to the menopause in the female and the climacteric in the male. Characterized most commonly by depression and occasionally paranoid thinking. The course tends to be prolonged and the condition may be manifested by feelings of guilt, anxiety, agitation, severe insomnia, and somatic preoccupations, often of a delusional or nihilistic nature.

Mania: A suffix denoting a pathological preoccupation with some desire, idea or activity; a morbid compulsion. Some frequently encountered manias are:

Dipsomania - Compulsion to drink alcoholic beverages

Egomania - Pathological preoccupation with self.

Erotomania - Pathological preoccupation with erotic fantasies or activities.

Kleptomania - Compulsion to steal.

Megalomania - Pathological preoccupation with delusions of power or wealth.

Monomania - Pathological preoccupation with one subject.

Necromania - Pathological preoccupation with dead bodies.

Nymphomania - Abnormal and excessive need or desire for sexual intercourse in the female. Most nymphomaniacs, if not all, fail to achieve orgasm in the sexual act.

Pyromania - Morbid compulsion to set fires.

Trichotillomania - Compulsion to pull out one's hair.

Manic Depressive Reaction: A group of psychiatric disorders marked by conspicuous mood swings ranging from normal to elation or to depression or alternating. Tendency to remission and recurrence. Officially regarded as a psychosis but may also exist in milder form.

Mongolism: A variety of congenital mental retardation characterized by severe intellectual defect, abnormal body development and a fold of skin of the inner angles of the eyes giving a "Mongoloid" appearance. Also called Down's Syndrome. The condition results from the presence of the individual's cells of an extra small chromosome.

Narcissism (narcism): From Narcissus, figure in Greek mythology who fell in love with his own reflected image. Self love, as opposed to object-love (love of another person). In psychoanalytic theory, cathexis (investment) of the psychic representation of the self with libido (sexual interest and energy). Some degree of narcissism is considered healthy and normal, but an excess interferes with relations with others. To be distinguished from egotism, which carries the connotation of self-centeredness, selfishness, and conceit. Egotism is but one expression of narcissism.

Nervous Breakdown: A nonmedical, nonspecific term for emotional illness; primarily an euphemism for psychiatric illness or psychosis.

Obsession: Persistent, unwanted idea or impulse that cannot be eliminated by logic or reasoning.

Obsessive Personality: A type of character structure in which there is a pattern of several of the obsessive groups of personality traits or defenses, such as excessive self-imposed orderliness, worry over trifles, indecisiveness, and perfectionism. These may or may not be sufficiently marked to interfere with living or to limit normal satisfactions and social adjustment.

Organic Psychosis: Serious psychiatric disorder resulting from a demonstrable physical disturbance of brain function such as a tumor, infection or injury. Characterized by impaired memory, orientation, intelligence, judgment and mood.

Paranoid: An adjective derived from the noun paranoia. Characterized by over suspiciousness and used to describe any grandiose or persecutory delusions.

Paranoid State: Characterized by delusions of persecution which are not so logically systematized as in true paranoia. A paranoid state may be of short duration or chronic.

Passive Dependent Personality: Characterized by lack of self-confidence, indecisiveness, and emotional dependency. May be considered a form of character disorder.

Pastoral Counseling: The combined use of theological and psychological principles by clergymen in interviews with parishioners who seek help with emotional problems.

Phobia: An obsessive, persistent, unrealistic fear of an external object or situation. The fear is believed to arise through a process of displacing an internal (unconscious) conflict to an external object symbolically related to the conflict. Some of the common phobias are:

- Acrophobia** - Fear of heights.
- Agoraphobia** - Fear of open places.
- Ailurophobia** - Fear of cats.
- Algophobia** - Fear of pain.
- Claustrophobia** - Fear of closed spaces.
- Mysophobia** - Fear of dirt and germs.
- Panphobia** - Fear of everything.
- Xenophobia** - Fear of strangers.

Psychodynamics: The systematized knowledge and theory of human behavior and its motivation the study of which depends largely upon the functional significance of emotion. Psychodynamics recognizes the role of unconscious motivation in human behavior. It is predictive science, based on the assumption that a person's total make-up and probable reactions, at any give moment, are the product of past interactions between his specific genic endowment and the environment in which he has lived from conception onward.

Psychosis: A major mental disorder or organic and/or emotional origin in which there is a departure from normal patterns of thinking, feeling, and acting. Commonly characterized by loss of contact with reality, distortion of perception, regressive behavior and attitudes, diminished control of elementary impulses and desires, abnormal mental content including delusions and hallucinations. Chronic and generalized personality deterioration may occur. A majority of patients in public mental hospitals are psychotic.

Psychosomatic: Adjective to denote the constant and inseparable interaction of the psych (mind) and the soma (body). Most commonly used to refer to illnesses in which the manifestations are primarily physical with at least a partial emotional etiology.

Psychotherapy: The generic term for any type of treatment which is based primarily upon verbal or nonverbal communication with the patient in distinction to the use of drugs, surgery, or physical measures such as electro- or insulin shock, hydrotherapy, and other: Most physicians regard intensive psychotherapy as a medical responsibility.

Reactive Depression: A neurotic depressive reaction apparently precipitated by actual love of a love object.

Regression: The partial or symbolic return under conditions of relaxation or stress to more infantile patterns of reacting. Manifested in a wide variety of circumstances such as normal sleep, play, sever physical illness, and in may psychiatric disorders.

Repression: A defense mechanism, operating unconsciously, which banishes unacceptable ideas, affects, or impulses, from consciousness or which keeps out of consciousness what has never been conscious. Although not subject to voluntary recall, the repressed materials may emerge in disguised form. Sometimes used as a generic term for all defense mechanisms. Often confused with the conscious mechanism of suppression.

Schizophrenia: A severe emotional disorder of psychotic depth characteristically marked by a retreat from reality with delusion formation, hallucinations, emotional disharmony, and regressive behavior. Formerly called dementia praecox. Some types of schizophrenia are:

Catatonic type: Characterized by marked disturbances in activity, with either generalized inhibition or excessive activity.

Paranoid type: Characterized predominantly by delusions of persecution and/or megalomania.

Simple type: Characterized by withdrawal, apathy, indifference and impoverishment of human relationships, but rarely by conspicuous delusions or hallucinations. It is slowly and insidiously progressive and tends to be unresponsive to current treatments.

Secondary gain: The external gain which is derived from any illness (i.e., personal attention and service, or monetary gains such as disability benefits).

Senile Psychosis: A mental illness of old age characterized by personality deterioration, progressive loss of memory, eccentricity, and irritability. Sometimes called senile dementia.

Separation Anxiety: The fear and apprehension noted in infants when removed from their mothers (or surrogates) or in being approached by strangers. Most marked from 6th to 10th month. In later life, a similar reaction may result from removal of significant persons or familiar surroundings.

Sociopath: A recent term now in general use and essentially the same as psychopathic personality but also connoting a pathological attitude toward society.

Substitution: A defense mechanism, operating unconsciously, by which an unattainable goal, emotion, or object is replaced by one which is more attainable or acceptable.

Transference: The unconscious “transfer” to others of feelings and attitudes which were originally associated with important figures (parents, siblings, etc.) in one’s early life. The transference relationship follows roughly the pattern of its prototype. The psychiatrist utilizes this phenomenon as a therapeutic tool to help the patient understand his emotional problems and their origin. In the patient-physician relationship, the transference may be negative (hostile) or positive (affectionate).

Traumatic Neurosis: The term encompasses combat, occupational, and compensation neurosis. These are neurotic reactions which have been attributed to or which follow a situational traumatic event, or series of events. Usually the event has some specific and symbolic emotional significance for the patient, which may be reinforced by secondary gain.

Withdrawal: In psychiatry, a pathological retreat from people or the world of reality, often seen in schizophrenics.

Working Through: Active exploration of a problem by patients and therapist until a satisfactory solution has been found or until a symptom has been traced to its unconscious sources.

TAKEN FROM: A Psychiatric Glossary: Committee on Public Information, American Psychiatric Association.

SUPPLEMENTAL MATERIALS

LOCAL ARH HOSPITAL CHAPLAINCY BYLAWS

GUIDELINES FOR CHAPLAIN OF THE WEEK

SUGGESTIONS FOR ON-DUTY SERVICE

LOCAL ARH HOSPITAL CHAPLAINCY ROSTER

LOCAL ARH HOSPITAL CHAPLAIN OF THE WEEK SCHEDULE

OTHER LOCAL MATERIALS