



HEALTH CARE MINISTRY ARCHDIOCESE OF BOSTON
STATEMENT OF PRINCIPLE

1. The responsibility and the authority for providing Catholic pastoral and sacramental ministry to the Catholic patients in or through any hospital or health care organization in the Archdiocese belong to the Archbishop of Boston.
2. The Archbishop carries out that responsibility through properly appointed or authorized clergy, religious and laity. Within the hospital, the responsibility and authority for providing Catholic pastoral and sacramental ministry belong to the Priest Chaplain or Pastoral Minister who is appointed or authorized:
 - a. An appointed Priest Chaplain or Pastoral Minister is appointed by the Archbishop through the established procedures of the Archdiocese concerning ministerial personnel.
 - b. An authorized Priest Chaplain is selected by the hospital in consultation with the Archdiocese. The candidate is proposed to the Archbishop by the hospital through the Office of Health Care ministry and must be authorized by the Archbishop prior to appointment by the hospital.
 - c. Lay and religious Catholic Chaplains must receive ecclesiastical endorsement from the Archdiocese through the Office of Health Care Ministry.
3. Every effort is made by the Priest Chaplain/Pastoral Minister to cooperate with the administration of the hospital and to observe hospital rules, regulations, and policies.
4. If the Catholic Chaplain/ Pastoral Minister are employee by the hospital, then he or she is bound by Hospital policies and procedures as are all the staff, unless they are in conflict with Church teaching or discipline. The hospital administration is expected to respect the right of the Chaplain/Pastoral Minister to provide Catholic pastoral and sacramental ministry in accord with Church teaching and discipline under appropriate circumstances. The hospital administration does not control or supervise the specifically religious aspects of the ministry of the Chaplain/Pastoral Minister.
5. If a hospital has a non-Catholic Director of Pastoral Care, it is understood that the director will respect the autonomy of the Catholic Chaplain/Pastoral Minister, and those associated with him/her in this ministry, in the management of the specifically Roman Catholic aspects of the services which are provided.
6. Religious ministry provided by Catholic volunteers is directed by the Catholic Chaplain/Pastoral Minister as an outreach of the local parish and with approval of the Pastor. Volunteers are expected to adhere to hospital policies and procedures regarding visitation.
7. If the hospital administration is dissatisfied with the ministry that is provided by the Chaplain/Pastoral Minister, or parish volunteers the problem should be brought to the attention of the Archbishop through his delegate, the Director of Health Care Ministry.

On-call in hospitals: three options

1. Hospital with chaplain. Chaplain rounds in the morning and produces a list for the priest. Priest visits the hospital and is on-call for emergencies.
2. Hospital with chaplain. Priest on-call for emergencies only.
3. Hospital without a chaplain. One of the priests is the liaison to the hospital, produces on call emergency only list

Notes:

- a. There will be more than one collaborative supporting a hospital. All collaboratives will need to agree on the on-call support method.
- b. One of the priests ministering to the hospital, or the Vicar Forane of the hospital location, should be designate priest liaison to the hospital. He will work with chaplain, Vicar Forane, and office of health care ministry to ensure adequate on-call support to the hospital
- c. Chaplin works with collaboratives, to produce on-call list.
- d. Hospitals will follow on-call guidelines
- e. If chaplain is on site they are called first, before a priest is called.
- f. If hospital has a priest on staff the parish will not be called when they are on site and they will assist in the on-call coverage. (Recommend if a priest is 20 hrs two nights a week, if 40 hrs 3-4 nights a week)

Overview:

(1) Overall responsibility for Health Care Ministry

Coordinator of Parish Health Care Ministry

Reports to pastor

- Deacon
- Pastoral Associate
- Faith Community Nurse
- Health Care Coordinator

Overseas all of the health care ministry team:

- Bereavement, Faith Community Nursing, Pastoral Visitor

(2) Pastoral Visitor, Outreach to the sick and home bound, (Reports to # 1 above)

Coordinator of Parish Pastoral Visitation to the sick and home bound

Overseas pastoral visitation to: (volunteers)

- The sick at home
 - Weekly Visit by Pastoral Visitor
 - Annual visit by clergy
- The nursing homes
 - Weekly Eucharist
 - Monthly Communion service,
 - Annual Mass with SOS,
- The hospital
 - Daily Eucharist

(3) Bereavement Coordinator (Reports to #1 above)

Coordinator of Parish Bereavement ministry

Overseas bereavement team, Reports to #1 above

- Team of volunteers provide bereavement/grief support
- Support with the funeral rites

(4) Faith Community Nursing (Reports to # 1 above)

Coordinator of Parish Faith Community Nursing

Needs to have completed the Faith Community Nursing program or agrees to take the course

Overseas a team of Health Care providers (volunteers)

- RNs
- MD
- Therapists
- Allied health

(5) Prison Ministry; paid or volunteer, reports to the pastor

Coordinator of parish prison ministry

Overseas all of the Prison ministry team:

Prison Ministry team; (volunteers)

- Ministry inside the walls
- Ministry outside the walls, re-entry
- Ministry to victims of crime

Note: All of these can be coordinated at the parish or collaborative level

Detailed View:

(1) Coordinator of Parish Health Care and Prison Ministry

Those involved in Ministering to the Sick and homebound

- **Parish Team (the actual make up will be decided by each team)**
 - Priest
 - Deacon
 - Pastoral Associate
 - Faith Community Nursing
 - Religious education
 - Office staff
 - Other
 - Board Certified Hospital Chaplain
 - Nursing Home Chaplains
- **Parish**
 - Eucharistic Ministers
 - Pastoral Visitors
 - Parish Card Ministry (can send card and info on SOS, Viaticum, bereaved)
 - Parish Prayer Line
 - Hospitality Ministry
 - Bereavement Ministry
 - Other

Who is Sick Among You

Outreach to find out who is sick in the Parish

- Bulletin announcement
- Post cards that can identify who is ill with name, address, phone at Church entrances in pews (can be put in collection baskets or box or mailed into parish)
- Prayer line-when someone calls in ask if the parish can be notified
- Prayer intention book (Post Cards near the book)
- Parish phone extension with answering machine where family, friends can leave info about sick parishioner
- Education through other Sacraments, reach out to children to educate them early and if someone in their family is sick
- Communication with hospital and nursing home chaplains (HIPPA)
- Business cards the chaplain can pass out to the sick in the hospital with the local church info on it
- Parish nurses and their parish activities i.e. Blood Pressure clinics

Parish Support

- Annual Anointing of the Sick Service and catechesis (more often if possible)
- SOS available once a month after Mass (Like the Light is on for You)
- Keep records of those receiving SOS at Parish if possible
- Education on Sacrament (homilies, literature) hospital chaplain
- Educate the SOS as a sacrament of healing every time an anointing is done
- Volunteer outreach (Parish Nursing, Eucharistic Ministers, Pastoral Visitors)
- Send get well cards with info on SOS and Viaticum (Religious education classes can make cards) Include local Mass times

- Mass intentions
- Prayer Line
- Hospitality (meals, errands, transportation)
- Bereavement Ministry ready to help out as person gets more ill and closer to death. Send sympathy Mass Card and a list of Parish ministries for support and to evangelize family members
- Months-mind mass for deceased

Sacramental and Pastoral Care in our nursing homes

1. Annual Anointing services
2. Mass quarterly if possible
3. Deacons visit on a regular cycle, monthly or quarterly depending on number,
4. Weekly visit by Extraordinary Minister of Holy Communion and/or Pastoral visitors
5. Rosary or prayer services

Sacramental care for our homebound

1. Weekly visit by Extraordinary Minister of Holy Communion and/or pastoral visitor
2. Priest visit once a year or as needed and is available for the sacraments
3. Deacons visit on a regular cycle, monthly quarterly depending on number, to all the home bound of the parish

Pastorally in our hospitals

1. Daily visit by Extraordinary Minister of Holy Communion and/or pastoral visitor
2. Goal is to have a chaplain in all hospitals to help triage patients for the sacrament of the sick and to pastorally minister to Catholic patients

MESUREMENT:

1. The coordinator should have a list of all the parishioners who are being visited by the team
 - A file on each person to list visit frequency and sacraments administered by the team
 - Provide quarterly visit statistics to pastor
 - Work closely with hospital chaplains
 - Office of Health Care ministry to provide quarterly hospital visit volume of those collecting RCAB data.
 - Monthly/Quarterly meetings with all Coordinators

(2) Coordinator of Pastoral Visitors, Outreach to the sick and home bound, (Reports to # 1 above)

Parish Visitors to the Sick and Homebound Steps to Start and Maintain a Program

Step 1: Understand the Ministry

- Explore the theological/faith framework, grounded in Jesus' healing ministry
- Inquire as to what other parishes are doing
- Examine how/why this fits into the context of parish life

Step 2: Identify Persons to be Visited

- Identify frail and homebound elderly
- Locate chronically ill and disabled
- Establish procedures for identifying parishioners recently released from hospitals as well as for those living in nursing homes and other health care facilities
- Work with Faith Community Nurses and local agencies where indicated/possible
- Determine any special needs of persons identified for visitation

Step 3: Recruit, Select and Place Volunteers

- Develop a recruiting Strategy:
 - Parish bulletin -Letter to indicated parishioners
 - Presentation at Mass -Personal invitation
 - Word of mouth -Other approaches
- Select/appoint a Coordinator for Parish Pastoral Visitation to Sick and Homebound
- Interview and screen volunteers
- Determine if parish will submit CORI checks
- Consult Archdiocesan Office of Volunteer Resources as needed

Step 4: Provide for Initial Training and Orientation

- Participate in Archdiocesan training programs
- Consider participating in national training programs such as Be-Frienders of Stephen Ministries
- Develop a specific parish or collaborative orientation program
- Provide additional training for Pastoral Visitors who will also be Eucharistic Ministers
- Commission Pastoral Visitors at a parish liturgy

Step 5: Establish Procedures

- Define procedures regarding emergencies, absences, reporting abuse, etc.
- Set special procedures for nursing home and hospital visits
- Establish record keeping procedures

Step 6: Connect with a Viable Support Network

- Coordinator participates in network groups and/or regional support groups

Step 7: Provide for On-Going Training and Formation

- Coordinator provides information about seminars, videos, print materials, etc. for volunteers
- Coordinator identifies opportunities for spiritual renewal, theological reflection and retreats

Step 8: Carry Out Ministry Reviews

- Determine schedule for yearly review with Pastoral Visitors
- Use standard evaluation instrument
- Use review time as an opportunity to thank, confirm and celebrate the contribution of the volunteer(s)

Step 9: Administer the Pastoral Visitors Program

- Integrate Parish Visitors (structurally, organizationally) with other parish ministries
- Familiarize volunteer with local community resources, agencies and materials
- Provide a parish resource space or this ministry if available
- Set up office as appropriate pace, filing (secured, centralized), budget, phone network

Archdiocese of Boston

Parish Pastoral Visitors to the Sick and Homebound

Ways to Invite Volunteers to consider Visitation Ministry

- Make announcements following Mass as well as at parish group meetings.
- Use bulletin announcements and parish bulletin inserts or newsletters.
- Consider personal invitations by the pastoral staff or other visitation volunteers as a particularly effective means of calling new volunteers.
- Schedule parish ministry “Fairs” to promote all volunteer opportunities.

Sample bulletin notices (to be adapted)

Pastoral visitation involves visiting “shut-ins” parishioners who are unable to come to church. These parishioners are in private homes, elderly housing and nursing homes.

The Pastoral Visitors spend approximately one to two hours a month (or week if available) bringing the Lord’s spiritual and healing comfort through their presence and by the Eucharist. As visitors spend time with the people they visit, they also receive personal spiritual enrichment. The pastor will meet with those who are not presently Eucharistic Ministers to discern their call.

Should you have a loved one or neighbor who might like to be visited by a Pastoral Visitor or if you feel you might be called to this ministry, please call _____.

(Parish) hopes to expand its visitation ministry to the Catholic residents of _____ (name of nursing home or other facility). These men and women are now members of the parish community and we seek to provide a more comprehensive pastoral presence. Opportunities exist to serve as Pastoral Visitors, Eucharistic Ministers or to lead groups such as Rosary, Bible Study or Spiritual Reflection. Please contact _____ to be part of this effort _____ (phone number).

Parish Bulletin Insert or Letter

The concern that Christ showed for the bodily and spiritual welfare of those who are ill is continued by the Church in its ministry to the sick. This ministry is the common responsibility of all Christians, who should visit the sick, remember them in prayer, and celebrate the sacraments with them.

Pastoral Care of the Sick

Dear Friends and Parishioners,

I ask you to prayerfully reflect on the above passage. As baptized Christians, all of us are called by the Lord to various ministries within the Church.

God may be calling you to serve God's people as a Pastoral Visitor to the Sick and Homebound. Homebound Ministry involves visiting people in their homes and in nursing homes who are unable to attend church. There is a minimum commitment of one to two hours monthly.

You will receive training in visitation. Additional training will be provided to those whom I call from the community to be Extraordinary Ministers of Communion to the Sick. You will receive support throughout the year through occasional gatherings to share prayer and to reflect upon the ministry.

As a Pastoral Visitor, you will bring the spiritual and healing comfort of the Lord in the time that you spend with the people whom you visit. Through these visits, you will also receive personal spiritual enrichment.

I ask you to please pray for this ministry. If you feel that you might be called to it or would like additional information, please fill in the bottom part of this letter and mail it to our Coordinator of Pastoral Visitation or call _____. Through prayerful consideration of this request, I know that the Holy Spirit will guide you and bless you. Let us pray for one another.

Sincerely yours, signed by the Pastor

Name:

Address:

Daytime Phone:

Return to:

Night Time Phone:

(Job description will be adjusted to meet the needs of the collaborative)



JOB DESCRIPTION

**Pastoral Center
Archdiocese of Boston**

JOB TITLE: Coordinator of Parish Pastoral Visitor to the Sick and Homebound

DEPARTMENT: Health Care Ministry

GRADE:

Objective: To serve as a vital pastoral connection between the parish community and the sick and the homebound.

Duties and Responsibilities

- Complete initial Pastoral Visitor training program and take part in on-going formation.
- Over see those providing pastoral visitation to the sick and home bound
- Regularly visit with the sick and homebound of the parish.
- Offer Eucharist and prayer where appropriate.
- Create a sense of presence through listening and drawing out the story of the person.
- Observe the physical surroundings and the emotional and spiritual needs of the person.
- Follow established procedure for reporting concerns.
- Keep necessary visitation records.
- Attend regularly scheduled meetings.
- Honor and maintain confidentiality in all matters
- Other as assigned

Qualifications

- Person of faith and spirituality.
- People oriented
- Empathic

- Compassionate
- Accepting of people as they are
- Dependable
- Emotionally stable
- Comfortable with sick, elderly, and disabled
- Understanding of the theology of the sick and dying
- Responsible and accountable

PHYSICAL PERFORMANCE ELEMENTS:

- Ability to use a computer keyboard for up to 8 hours/day.
- Ability to sit for up to 8 hours/day.
- Ability to lift up to 20 pounds.

The duties and requirements described above are representative of those encountered during performance of the essential functions of this job. Reasonable accommodations may be made to enable qualified individuals with disabilities to perform the essential functions.

MESUREMENT:

1. The coordinator should have a list of all the parishioners who are being visited by their team
 - A file on each person to list visit frequency and sacraments administered by the team
 - Provide quarterly visit statistics to Coordinator of Parish Health Care and Prison Ministry
 - Work closely with other Coordinators and hospital chaplain

(3) Coordinator of Bereavement Ministry (Reports to #1 above)

The pastor needs to approve all members of the bereavement team.

All members of the bereavement team approved by the pastor need to be cori'd every year.

- **With the pastor determine the need of your parish/collaborative.**

- Number of families in the parish, Note whether families tend to be younger, with children or older with many being of retirement age.
- The average number of deaths per year (average over the past 5 years) note if the number is increasing, decreasing or staying the same
- Check out what is already established in your immediate area, how it works and the possibility of collaboration.

- **Inform the following people of your plans to establish a bereavement ministry and invite them to attend initial meeting.**

- Pastoral staff (if not already involved)
- Church musicians
- Hospital and hospice chaplains
- Funeral directors in your area most often engaged by your parishioners

- **Determine the 'face' of your parish bereavement ministry: implement one or all of the following depending on the size of you parish, number of deaths, size of committee, etc.**

- "Pastoral" involvement and support before and immediately after death:
- Support for the dying person and their family:
- Communicating prayerful remembrance to the family
- Sending cards and letters
- Visiting, and/or phoning
- Providing food, babysitting services, transportation, errands Immediately upon hearing of the death:
- Visit the bereaved family within a short time after hearing of the death
- Pray with the family (helps actualize the loss)
- Extend your – and parish's – sympathy as well as offers of help that is available

Bereavement Ministry Team

- Help family to prepare the funeral liturgy and/or wake service. Provide a Mass booklet of scripture readings and liturgical songs and help family choose appropriate scripture readings and music for the wake and funeral liturgy
- Help prepare a worship aid containing the readings, music and names of those participating in the Mass. It serves as a guide to the liturgy, and it can include an invitation to the interment or reception after the Mass.
- Be aware of children, encourage the family to include them as appropriate, they are often the forgotten mourners
- Visit the family at the wake (if possible)
- Participate in the funeral liturgy (or attend the funeral)
- Help setting up the funeral luncheon, in parish space (if available) Vigil, Funeral, Liturgy and burial services.
- Train adult servers to assist at the funeral and to serve as lectors (if family members or friends prefer not to read) and Eucharist ministers, if necessary
- Encourage all parishioners to attend the liturgies as representatives of the faith community
- Have greeter (to meet the family at the curbside) for the funeral
- Form “resurrection” choir to sing at funerals
- Oversee reception following the funeral liturgy if parish space allows, if not elsewhere in the community
- Parishioners can bake or family can provide their own food
- Have contact with the family and be available to the family to help with odds and ends

• Morale support and pastoral outreach

- Send a card or letter of sympathy from the parish to the bereaved – perhaps including a book or article about grief.
- Visit the bereaved family periodically after the funeral, at holiday/anniversary times.
- Provide invitations to accompany grievers to Sunday liturgy and coffee afterwards. (attending mass alone can be most painful for a newly widowed person)
- Information and transportation (if needed) to support groups; if you have a support group, ‘meet’ the person in the car. (often difficult to come to a group)
- Establish a list of “telephone friends” whose loss parallels that of the newly bereaved. i.e. parent who lost a child as support for parents who’ve just lost a child, spouse who lost a spouse, etc.
- Establish and maintain a parish resource library of helpful book/videos on grief
- Establish resource list of support agencies, counselors, bereavement support groups.

- Have periodic speakers or show videos/films on bereavement with discussion opportunities
 - Plan liturgies of remembrance (perhaps on All Souls Day, during lent, or the week between Christmas & New Year)
 - Deliver periodic homilies on grief, i.e. needs of bereaved, understanding grief
 - Utilize hospital chaplains for ongoing education on death and dying and grief
 - Bereavement support group
- **What's most important in dealing with the bereaved?**
- “The first duty of love is to listen.” Paul Tillich
 - Be compassionate: the origin of compassion “to Suffer with” is key; the bereaved must first know that a minister can understand and is willing to suffer with, before sharing
 - The minister must listen; LISTEN with ears and eyes to the message (spoken and unspoken) of the bereaved. A nod, looking the person in the eye, a manner of interest (sitting forward in the chair, not looking at your watch) indicate care.
 - Gently draw the bereaved into quiet. Non-threatening outside activity
 - Be aware of the loneliness of the bereaved (the world is going on oblivious that their world will never again be the same)
 - Always, offer friendship, help and hope
- **What to avoid**
- A bereavement minister must never assume they know EXACTLY how the other feels. While it's ok to mention how you might have felt in a similar situation, it's never safe to assume that you've “been there” in exactly the same way.
 - This is not an opportunity for the minister to re-hash their old battle scars, stay focused on the bereaved.
 - It is important that members of the team have enough space since their own loss and the time to work through some of those initial feelings of “raw” grief. (one year is recommended)
 - Bereavement ministers are not advice givers: People come to their own understanding if they have the opportunity to “tell and re-tell their story” to discuss how they feel with someone who is interested, and NOT to get advice (good or bad) upon them. That only adds to the bereaved sense of frustration and helplessness. It is by hearing ourselves talk and think things through out loud that we often come to good conclusions and decisions.
 - Never “SHOULD” on any one. Do not tell them what they should be doing or how the should be grieving.
 - Honor and listen to people's “if only's”... They must own, walk through, and work through their own feelings. While it is painful and frustrating to the bereavement minister, that right cannot be taken away from the bereaved.
 - ALWAYS respect confidentiality.

• **Training the volunteer;**

- All volunteers must be approved by the pastor
- Basic qualities for the bereavement minister include but not limited to:
 - Have learned to accommodate their own grief and adjust to their new life
 - Are faith filled, faithful examples of Christian witness
 - A good listener
 - A sense of compassion and patience
 - Are not already involved in a number of parish activities
 - Have a sense of humor
 - Are available
 - Are people persons
 - Are able to keep confidences
- Use a personal invitation
- Try and get a cross section of your parish
- Screen volunteers
 - Immediate family grief not necessary but can be helpful.
 - People who have had a recent loss may be focused on their own grief and not be able to help other. (1 year post loss)
 - Require training and ongoing support for your volunteers

• **Training :**

- ❖ Archdiocesan training
- ❖ Hospice
- ❖ Local colleges
- ❖ Mt Ida collage:
- ❖ National Center for Death Education
- ❖ National Catholic Ministry to the Bereaved
- ❖ Local Funeral homes

MESUREMENT:

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 - A file on each person to list visit frequency and sacraments administered by the team
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 - Work closely with other Coordinators and hospital chaplain

(4) Faith Community Nursing (Reports to # 1 above)

Coordinator of Parish Faith Community Nursing

It is recommended that each collaborative have a trained Faith Community nurse to coordinate the program, to be a part of the health care ministry team and to work closely with the hospital chaplains. The program should be set up following the Faith Community Nursing Scope and Standards of Practice. (The office has a copy of the scope and standards)

(Taken from “The Essential Parish Nurse, *ABCs for Congregational Health Ministry*)

Faith community, or parish, nursing is a unique, evolving nursing specialty. Faith community nurses (FCNs) are licensed, registered professional nurses who serve as members of the staff within a faith community to promote health as wholeness of the faith community, its groups, families, and individual members, and the community it serves. It does this through the independent practice of nursing, as defined by the nurse practice act in the jurisdiction in which the nurse practices and the Faith Community Nursing: Scope and Standards of Practice (American Nurses Association and Health Ministries Association [ANA-HMA] 2005)

Often a great deal of confusion arises about what a parish nurse is expected to do. A parish nurse serves a number of roles in a local congregation and neighborhood. To understand these roles, it is helpful first to note what a parish nurse is not:

A parish nurse is not a physician. He or she will not provide a medical diagnosis or medical treatment.

A parish nurse is not a home health care nurse. A parish nurse will not dispense medications or provide treatments prescribed by a physician.

A parish nurse is not a therapist. She or he will not do physical therapy, occupational therapy, or psychotherapy.

A parish nurse is not a clergyperson. A parish nurse usually does not hold a degree in theology, although many have some advanced education in theology or clinical pastoral education. All parish nurses come to the field with a deep spiritual commitment,...

Varied Roles

The roles of a parish nurse generally can include the following

Integrator of Faith and health: Health is not absence of disease. Health is a holistic way of living that embrace life in its fullness, including the pursuit of a healthy spiritual life.

Health Educator: Health information surrounds us in this technological age. Parish nurses are available to parishioners for health education, and they provide opportunities for a parish to learn about health issues, individually and in groups.

Health Counselor: A parish nurse is available to discuss health concerns, emphasizing early response to small problems and encouraging healthy lifestyle changes.

Referral advisor: A parish nurse is available to provide referrals to health care and social services within the community upon request from a parishioner

Health Advocate: A parish nurse can help members of the parish or community to obtain needed health related services.

Developer of support groups: A parish nurse, if familiar with the groups in the area and, can facilitate the development of other groups for the parish or community.

It is in these roles where the FCN can evangelize. The FCN can offer programs for the parish and the greater community, allowing parishioners to share our faith with others. FCN are also called into the home in a time of crisis this is an opportunity for evangelization to family members that may have drifted away from the church by showing them the love Christ has for all of us in the way we love the patient.

(This can be adjusted to meet the specific requirements of the collaborative)



JOB DESCRIPTION
Pastoral Center
Archdiocese of Boston

JOB TITLE: Faith Community Nurse

DEPARTMENT: Health Care Ministry

GRADE:

SUMMARY:

This position is designed to provide whole person health promotion disease prevention services with an emphasis on spiritual care. The major accountabilities and job activities of the parish nurse role are integrator of faith and health, health educator, personal health counselor, referral agent, developer of support groups, trainer of volunteers and health advocate.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

I. Accountabilities

- Integrator of faith and health
 1. Assesses congregation's assets and needs incorporating an understanding of the relationship between faith and health.
 2. Participates as a staff member of the congregation, attending all meetings of the staff of the congregation.
 3. Identifies opportunities to enhance the understanding of the relationship of faith and health within the congregation.
 4. Fosters, promotes, and provides opportunities for spiritual care to be discussed and integrated into the parish nurse role documenting spiritual care of groups and individuals.

5. Participates in the planning and providing of prayer and worship life of the congregation.
6. Teaches and models the integration of faith and health into daily life.

- Personal Health Counselor

1. Provides individual health counseling related to health maintenance, disease prevention or illness patterns.
2. Encourages the client through presence and spiritual support to express their faith beliefs and utilize them regularly especially in time of crisis and despair.
3. Documents client assessment, nursing diagnosis, interventions and outcomes while maintaining confidential client record in accordance with the policy on documentation.
4. Make visits to clients as needed providing health counseling, education and spiritual presence/support.
5. Promotes stewardship of the body emphasizing self care of the whole person.
6. Collaborates with pastoral staff to plan for health education programming.
7. Communicates with other health professionals as needed to meet the health needs of clients.

- Health Educator

1. Utilizes information from asset and needs assessments of the congregation and surrounding community in planning for education programs.
2. Prepares, develops and/or coordinates educational programs based on identified needs for healthier lifestyles, early illness detection and health resources.
3. Maintains records of educational programs, including objectives, content, evaluation, attendance and budget.
4. Documents individual educational assessment diagnosis, interventions and outcomes.
5. Provides the pastor, health committee of the congregation, and other designated parties a summary evaluation of educational programs noting attendance and response of participants.
6. Networks with appropriate resources in the community to secure educational program resources.
7. Provides consultation and acts as a health resource to other staff of the congregation.

- Trainer of Volunteers

1. Identifies and recruits professional and lay volunteers who can be available to respond to the health related needs of members of the congregation.
2. Facilitates and when appropriate, trains individuals to assume volunteer responsibilities to meet identified needs of the congregation.
3. Works with staff, health committee or others focusing on the integration of health into the life of the congregation.

- Developer of Support Groups

1. Develops and/or facilitates support groups based on identified needs and resources.
 2. Identifies available support groups in the community that could resource the congregation.
 3. Refers and documents client participation in designated support groups.
- Referral Agent
 1. Provides and documents referrals to health care services and resources within the congregation and external community.
 2. Collaborates with community leaders and agencies to facilitate effective working relationships while identifying new health resources.
 3. Develops community contacts in order to secure resources and services to meet the needs of members of the congregation.
 4. Networks with other parish nurses and professionals.
 - Health Advocate
 1. Encourages clients to avail themselves of services, which will enhance their overall wellbeing, assisting the clients in identifying values, and choices, which encourage them to be more responsible for their health status.
 2. Assists client and client families in making decisions regarding their health, medical services, treatments and care facilities as well as documenting assessments, diagnosis, interventions and outcomes.
 3. Identifies, communicates, and works cooperatively with community leaders, elected officials, and agencies to meet health needs of members of the congregation and surrounding community.
 - Other as assigned

II. Job Activities

- Management
 1. Prepares an operating budget for program development as needed.
 2. Develops reports regarding parish nurse activities as needed.
 3. Collaborates with others in developing and managing grant projects.
 4. Coordinates all parish nurse programming in the congregation.
- Professional Development, Education and Research
 1. Participates in continuing education programs to meet identified professional learning needs.
 2. Participates in regular personal spiritual formation.
 3. Acts as a preceptor to students from schools of nursing, seminaries and other disciplines as requested.

4. Develops and/or participates in research related to parish nursing.
5. Develops and submits articles for publication on experiences in parish nursing.

QUALIFICATIONS:

III. Job Requirements

	Competent Level Qualifications	Minimum Level Qualifications
Skills	<ol style="list-style-type: none"> 1. Organizing Skill 2. Basic computer skills 3. Excellent communication skills 4. Ability to develop reports 	<ol style="list-style-type: none"> 1. Excellent communication skills 2. Organizing skills
Education and Experience	<ol style="list-style-type: none"> 1. BSN required 2. 5+ years experience in med-surg 3. Community health nursing experience desirable 4. Ability to do community assessments 5. Ability to do health counseling 	<ol style="list-style-type: none"> 1. BS preferred 2. 5 years clinical nursing experience 3. Assessment skills
Professional Preparation	<ol style="list-style-type: none"> 1. Current license as a registered nurse in the state the congregation is located. 2. Completion of a basic preparation course in parish nursing based on the standardized core curriculum endorsed through the International Parish Nurse Resource Center. 	<ol style="list-style-type: none"> 1. Current license as a registered nurse in the state the congregation is located.
Special Job Characteristics	<ol style="list-style-type: none"> 1. Spiritual leadership as evidenced by experience in congregational ministries, lay leadership, theological education and other related spiritual development. 2. Substantial weekend and evening work. 	<ol style="list-style-type: none"> 1. Works well independently and yet can function well as part of a work team. 2. Has a good understanding of spirituality and religiosity.

MESUREMENT:

1. The coordinator should have a list of all the parishioners who are being visited by their team
 - A file on each person to list visit frequency and sacraments administered by the team
 - Provide quarterly visit statistics to Coordinator of Parish Health Care and Prison Ministry
 - Work closely with other Coordinators and hospital chaplain

(5) Coordinator of Parish Prison Ministry (Reports to #1 above)

There should be a prison ministry team in each collaborative. This team can take on different forms and styles. There are three main parts to this ministry; one that ministers inside the facility, one that minister outside the facility and one that will ministers to victims of crime.

Ministry inside the facility;

Clergy support

- Sacramental ministry by priest or deacon. Not all have the skill set or desire to minister inside a correctional facility. Those that do should work with the chaplain and canonical pastor to assist in the sacramental needs. Even if they are located outside the canonical boundaries of the facility. If they are doing this ministry maybe they can decrease in another ministry.

Lay support

- Provide program support with the chaplain i.e. Bible study, RCIA, 12 step
- Visitation with or without a spiritual direction component (if trained)
- Assist at Mass
- Music
- Other programs as developed by the chaplain

Ministry outside the facility

Peer mentoring:

- A team should be set up that can act as a mentor for the returning citizens. Six months to a year prior to a qualified inmate being released a call will be made from the chaplain to the collaborative in which the returning citizen will be returning to upon release. A member of the team will be matched up with the inmate and they will visit them as a visitor not a volunteer. (DOC regulations) to develop a relationship. Once the returning citizen is released the mentor is there to support them for the first year back in the community.
- Prayer team that offers prayer for inmates
- An area that should be looked at is ministering the inmates family

Ministry to victims of crime

- This ministry is currently being developed

Responsibility, Rehabilitation, and Restoration.

A Catholic Perspective on Crime and Criminal Justice (USCCB)

The Church's Mission

The challenge of curbing crime and reshaping the criminal justice system is not just a matter of public policy, but is also a test of Catholic commitment. In the face of so much violence and crime, our faith calls the Church to responsibility and action. A wide variety of Catholic communities have responded with impressive programs of service and advocacy. In many dioceses, Catholic Charities is reaching out to victims, those in prison and their families, ex-offenders, and others touched by crime and the criminal justice system through counseling, employment and treatment programs, as well as early intervention efforts directed towards families and individuals at risk. Yet more is needed. Our community of faith is called to

1. Teach right from wrong, respect for life and the law, forgiveness and mercy.

Our beliefs about the sanctity of human life and dignity must be at the center of our approach to these issues. We respect the humanity and promote

the human dignity of both victims and offenders. We believe society must protect its citizens from violence and crime and hold accountable those who break the law. These same principles lead us to advocate for rehabilitation and treatment for offenders, for, like victims, their lives reflect that same dignity. Both victims and perpetrators of crime are children of God.

Even with new visions, ideas, and strategies, we bishops have modest expectations about how well they will work without a moral revolution in our society. Policies and programs, while necessary, cannot substitute for a renewed emphasis on the traditional values of family and community, respect and responsibility, mercy and justice, and teaching right from wrong. God's wisdom, love, and commandments can show us the way to live together, respect ourselves and others, heal victims and offenders, and renew communities. "Thou shalt not kill" and "Thou shalt not steal" are still necessary guidelines for a civil society and imperatives for the common good. Our Church teaches these values every day in pulpits and parishes, in schools and adult education programs, and through advocacy and witness in the public square. Catholic institutions that offer programs for youth and young adult ministry—including Catholic schools, Catholic Charities, and St. Vincent De Paul agencies—are bulwarks against crime, by providing formation for young people, enrichment and training for parents, counseling and alternatives for troubled children and families, and rehabilitative services for former inmates.

2. Stand with victims and their families.

Victims of crime and their families often turn to their local parishes for compassion and support. Pastors and parish ministers must be prepared to respond quickly and effectively. In the past, failure to do so has resulted in alienation from the Church by crime victims and/or members of the families of crime victims. Our pastoral presence to victims must be compassionate and constant, which includes developing victim ministry programs. Such programs will teach ministers to acknowledge the emotional strain felt by victims, to understand that the search for wholeness can take a very long time, and to encourage victims to redirect their anger from vengeance to true justice and real healing.

3. Reach out to offenders and their families, advocate for more treatment, and provide for the pastoral needs of all involved.

The families of offenders are also in need of our pastoral presence. Seeing a loved one fail to live up to family ideals, community values, and the requirements of the law causes intense pain and loss. The Gospel calls us as people of faith to minister to the families of those imprisoned and especially to the children who lose a parent to incarceration.

We know that faith has a transforming effect on all our lives. Therefore, rehabilitation and restoration must include the spiritual dimension of healing and hope. The Church must stand-ready to help offenders discover the good news of the Gospel and how it can transform their lives. There should be no prisons, jails, or detention centers that do not have a regular and ongoing Catholic ministry and presence. We must ensure that the incarcerated have access to these sacraments. We especially need to commit more of our church resources to support and prepare chaplains, volunteers, and others who try to make the system more just and humane. We are grateful for those who bring the Gospel alive in their ministry to those touched by crime and to those in prison. The Church must also stand ready to help the families of inmates, especially the young children left behind.

One way to help reintegrate offenders into the community is developing parish mentoring programs that begin to help offenders prior to their release and assist them in the difficult transition back to the community. These programs can reduce recidivism and challenge faith communities to live out the Gospel values of forgiveness, reconciliation, and responsibility for all members of the Body of Christ. Mentoring programs provide an environment of support, love, and concrete assistance for ex-offenders while also educating parishioners about Catholic teaching and restorative

justice.

Family group counseling programs have been especially effective in redirecting youth who find themselves alienated from their families. Skilled counselors can help families identify their negative patterns in relating to one another and can offer alternate ways of communicating and building stronger families.

4. Build community.

Every parish exists within a community. When crime occurs, the whole community feels less safe and secure. Parishes are called to help rebuild their communities. Partnerships among churches, law enforcement, businesses, and neighborhood-watch groups, as well as social service, substance abuse, and mental health agencies, can help address crime in the neighborhood. The parish community can also be instrumental in developing programs for prison and victim ministries. The Catholic Campaign for Human Development supports many creative efforts to prevent crime and rebuild community.

5. Advocate policies that help reduce violence, protect the innocent, involve the victims, and offer real alternatives to crime.

As people of faith and as citizens, we are called to become involved in civil society and to advocate for policies that reflect our values. Current approaches to crime, victims, and violence often fall short of the values of our faith. We should resist policies that simply call for more prisons, harsher sentences, and increased reliance on the death penalty. Rather, we should promote policies that put more resources into restoration, education, and substance-abuse treatment programs. We must advocate on behalf of those most vulnerable to crime (the young and the elderly), ensure community safety, and attack the leading contributors to crime, which include the breakdown of family life, poverty, the proliferation of handguns, drug and alcohol addiction, and the pervasive culture of violence. We should also encourage programs of restorative justice that focus on community healing and personal accountability.

6. Organize diocesan and state consultations.

In this statement, we have tried to reflect what was learned through our consultations with those involved in the criminal justice system. More difficult to express were their many eloquent personal experiences of pain and joy, of hope and disappointment, of success and failure. Their experiences and challenges have moved us deeply and have helped us focus on the human dimensions of this enormously complex set of problems. Some of their stories have been included as a part of these reflections.

We encourage diocesan leaders to convene similar processes of engagement and dialogue with those involved in the system: crime victims, former inmates, jail chaplains, judges, police Officers, community leaders, prosecutors, families of victims and offenders, and others. Ask them to share their faith, stories, and hopes and fears. Listening can lead to action. This kind of dialogue can encourage parishes to minister to victims and to inmates, to mentor troubled youth, and to help former prisoners rejoin society.

At the state level, we urge similar convening's held under the auspices of state Catholic conferences. These key Catholic public policy organizations can share their message with influential lawmakers and help shape new policies.

7. Work for new approaches.

No statement can substitute for the values and voices of Catholics working for reform. We hope these reflections will encourage those who are already working for reform both inside and outside the system. We also hope many others will join with them in efforts to prevent crime, reach out to victims, offer ministry and rehabilitation in our prisons, help to re-integrate ex-offenders, and advocate for new approaches.

Our national bishops' conference will seek to share the message of this statement. Through our Catholic Campaign for Human Development and other programs, we will offer ideas and options, directions and resources, for those willing to take up this challenge.

MESUREMENT:

1. The coordinator should have a list of all the programs and locations provide by their team
 - A file to list visit frequency by the team
 - A file on each re-turning citizen and serviced provided to them
 - Provide quarterly visit statistics to Coordinator of Parish Health Care and Prison Ministry
 - Work closely with other Coordinators and Prison chaplain

Archdiocese of Boston Volunteer Application

First Name_____ Last Name_____ MI_____

Street Address_____ City_____ State_____ Zip Code_____

Telephone:Home_____ Work_____ E-mail_____

In an emergency notify_____ Relationship_____ Telephone_____

Why do you want to volunteer in this ministry?_____

Are there skills you have or previous experiences that you think might contribute to your work in this ministry?

Do you speak any language other than English?_____ What language?_____

Availability?_____

Additional Comments_____

The coordinator should talk to the candidate using the application information, the *questions, the interview guide questions, and the role description as the basis for the discussion. Be sure to ask if they have an interest in becoming a Eucharistic Minister in which case the volunteer's name would be submitted to the pastor for consideration in the process used for calling Eucharistic Ministers forth from the community. Discuss availability and give an overview of the program. Also, be sure you give the volunteer a copy of the role description.

For Office Use Only:

Particular gifts:

Previous experiences:

Uncertainties/hesitations:

Willing to participate in training:

Particular learning's desired:

Willing to participate in on-going reflection and support group:

Visitation preferences:

_____Homebound_____ Male _____Female _____No preference

_____Nursing home_____ Male _____Female _____No preference

_____Disabled_____ Male _____Female _____No preference

_____Prison, Inside_____ Re-entry_____ Victims of Crime _____ Male _____Female _____No preference

Comments:

Archdiocese of Boston

Visitor Evaluation

(For use after the first six-months and annually thereafter)

Name_____ Date_____

Person(s) Visited/Nursing Home/Prison/Program Visited_____

Length of time serving in ministry_____

1. In what ways is serving as a pastoral/prison visitor a meaningful and life giving experience for you?
2. Are there aspects of this ministry that frustrate or discourage you?
3. What gifts and skills are you developing in this ministry?
4. Is the support, on-going formation, and continuing education you receive sufficient?
5. Do you have recommendations that would enhance the support process and help to make the program more effective?
6. What further reflections on your ministry experience would you like to share?
7. Comments:

This evaluation, once completed, would be the basis of a conversation between the visitor and the coordinator of the ministry.

ARCHDIOCESE OF BOSTON
Office of Health Care Ministry

GUIDELINES FOR EMERGENCY CALL OF CATHOLIC PRIEST

FOR STAFF:

1. If a hospital has a chaplain (lay or ordained) currently in house, page chaplain first to assess actual need.
2. If no chaplain is on duty, call a Catholic priest only when:
 - Patient is Catholic.
 - Patient is alive.
 - Patient or family has requested the Sacrament of the Sick and patient has not yet been anointed.

(Note: If patient has been anointed, and the family once informed, still requests a priest to visit, a call may be made at the discretion of the nurse for additional pastoral care. However, the family should be informed that due to pressing responsibilities, the priest on call may or may not be able to accommodate this request.)

- Patient is dead; the family is present and requests a priest or pastoral support.
3. Do **not** call a priest when:
 - Patient or family has not requested a priest/or the Sacrament of the Sick.
 - Patient is not Catholic.
 - Patient is already dead and no family is present.*
 - Situation does not require immediate attention.

*If family is absent but requests a priest for a deceased patient, a referral should be made to the hospital chaplain for follow-up with the family.

(2005)

(Job description will be adjusted to meet the needs of the relationship with the collaborative)



JOB DESCRIPTION
Pastoral Center
Archdiocese of Boston

JOB TITLE: Coordinator of Catholic Pastoral Services -

DEPARTMENT: Health Care Ministry

GRADE:

SUMMARY:

In accordance with the "Statement of Principle" of the Archdiocese of Boston (May 24, 1996), the Coordinator of Catholic Pastoral Services at _____ Hospital provides for the pastoral and sacramental needs of the Roman Catholic patients. As an employee of the Archdiocese of Boston, he/she is accountable to the Archdiocese through the area Vicar and to the Director of the Office of Health Care Ministry for carrying out this responsibility. He/she is also expected to work in collaboration with the administration of the Hospital for the delivery of pastoral services.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Provides comprehensive pastoral care to Catholic patients and families as identified by census and referral.
- Collaborates with assigned parishes and is the contact to priests who provide 24 hour "on call" emergency coverage/sacramental ministry.
- Determines Sacramental needs on a daily basis, prepares patients for them, and maintains appropriate records.
- Maintains effective communication with the Vicar (or Priest Coordinator), the Director of Health Care Ministry and the supporting parishes.
- Recruits, trains, supervises and supports Extraordinary Ministers of Holy Communion and other Catholic pastoral volunteers.
- Cooperates with the hospital's interdisciplinary clinical team and participates, as asked and available, in programs, services, committees and other activities.

- Assumes responsibility for administrative tasks as required by the Archdiocese and the hospital. (Reports, record-keeping, data collection, budget etc.)
- Assumes responsibility for own professional development, spiritual well-being, and peer supervision.
- Meets on a regular basis with the Director of Pastoral care and or Interfaith Chaplain for purposes of communication, collaboration and planning.
- Other duties as may be assigned.

QUALIFICATIONS:

- Two Units of Clinical Pastoral Education (CPE) four units preferred
- Board certified with National Association of Catholic Chaplains (NACC) or appropriate clinical pastoral agency preferred
- Bachelor's degree in Theology or equivalent
- Two Years of clinical pastoral experience in a healthcare setting preferred
- Knowledge of and support for the Ethical and Religious Directives for Catholic Health Facilities
- Ability to communicate effectively through e-mail and/or telephone
- Strong service orientation.
- Willingness to support the mission of the Catholic Church.
- Ability to teach, train and mentor people in the Catholic faith.
- Knowledge and love of the Catholic faith and a desire to contribute to the mission of the Church.
- Commitment to personal spiritual growth

PHYSICAL PERFORMANCE ELEMENTS:

- Ability to use a computer keyboard for up to 8 hours/day.
- Ability to sit for up to 8 hours/day.
- Ability to lift up to 20 pounds.
- Other as assigned

The duties and requirements described above are representative of those encountered during performance of the essential functions of this job. Reasonable accommodations may be made to enable qualified individuals with disabilities to perform the essential functions.

(Job description will be adjusted to meet the needs of the relationship with the collaborative)



JOB DESCRIPTION

**Pastoral Center
Archdiocese of Boston**

JOB TITLE: Priest Chaplain

DEPARTMENT: Health Care Ministry

GRADE:

SUMMARY:

In accordance with the "Statement of Principle" of the Archdiocese of Boston (May 24, 1996), the Priest Chaplain provides for the pastoral and sacramental needs of the Roman Catholic patients. As an employee of the Archdiocese of Boston, he is accountable to the Archdiocese through the Director of the Office of Health Care Ministry for carrying out this responsibility. He is also expected to work in collaboration with the hospitals administration, the Director of Pastoral Care and Coordinator of Catholic Pastoral Services.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Provides comprehensive pastoral care to Catholic patients and families as identified by census and referral.
- Provides Sacramental ministry to the Catholic patients and maintains the appropriate records.
- Provides pastoral support and crisis intervention to staff as needed and available.
- Collaborates with assigned parishes who provide 24 hour "on call" emergency coverage/sacramental ministry.
- Maintains effective communication with the Vicar (or Priest Coordinator), the Director of Health Care Ministry and the supporting parishes.
- Recruits, trains, supervise and support Extraordinary Ministers of Holy Communion and other Catholic pastoral volunteers.
- Cooperates with the hospital's interdisciplinary clinical team and participates, as asked and available, in programs, services, committees and other activities.
- Assumes responsibility for administrative tasks as required by the Archdiocese and the hospital. (Reports, record-keeping, data collection, budget etc.)
- Assumes responsibility for own professional development, spiritual well-being, and peer supervision.

- Meets on a regular basis with the Director of Pastoral care and or Interfaith Chaplain for purposes of communication, collaboration and planning.
- Other duties as may be assigned.

QUALIFICATIONS:

- Two Units of Clinical Pastoral Education (CPE) four units preferred
- Board certified with National Association of Catholic Chaplains (NACC) or appropriate clinical pastoral agency preferred
- Ordained a Catholic Priest
- Two Years of clinical pastoral experience in a healthcare setting preferred
- Knowledge of and support for the Ethical and Religious Directives for Catholic Health Facilities
- Ability to communicate effectively through e-mail and/or telephone
- Strong service orientation.
- Ability to teach, train and mentor people in the Catholic faith.
- Knowledge and love of the Catholic faith and a desire to contribute to the mission of the Church.
- Commitment to personal spiritual growth
- Other as assigned

PHYSICAL PERFORMANCE ELEMENTS:

- Ability to use a computer keyboard for up to 8 hours/day.
- Ability to sit for up to 8 hours/day.
- Ability to lift up to 20 pounds.

The duties and requirements described above are representative of those encountered during performance of the essential functions of this job. Reasonable accommodations may be made to enable qualified individuals with disabilities to perform the essential functions.