

*Taming the CCAPS Accreditation Monster*

**Chaplain Michael Pollitt, D.Min, BCC**

**National Chaplain Center, Hampton, VA**

At the end of the rating year every medical center director lists all of his or her accomplishments at their medical center. Earning accreditation from The Joint Commission is always first on any list, for it is the most prestigious. There are more than a few directors who can also boast of the national accreditation of CCAPS for their chaplain services. Regardless of your type of healthcare chaplaincy, CCAPS accreditation is well within your reach; it is affordable and can be paid in installments. The different types of chaplaincy accreditation are wide ranging and include chaplain service programs for long term care facilities, specialty care facilities, large chaplain and small chaplain programs, and the Joint ACPE/CCAPS Accreditation for CPE sites.

When I was a supervisory chaplain a few years back and was considering seeking accreditation the magnitude of the process appeared so daunting that the decision to pursue it was quite difficult. We did decide to go forward, though, because we believed that first, we were a very good chaplaincy and that, second, CCAPS accreditation would only make us better. The latter turned out to be true. Because of CCAPS and its standards of professional chaplaincy, we came to terms with what we were capable of accomplishing as professional healthcare chaplains. What follows is a report of how this was achieved and of the many benefits derived from accreditation.

The process itself is divided into two major stages: Assessment and Evaluation, and Standards. Once granted accreditation there is a third stage, periodic accreditation

review that occurs at the end of the initial five year accreditation. In the first stage the medical center chaplain service assesses and evaluates itself on the eleven criteria established by COMISS. In the section on Standards the chaplain service details how it has already met the COMISS Standards in its day-to-day operations. To successfully complete these stages there must be a systematic approach that starts at the top. Because accreditation belongs to the medical center, the medical center director is an active member of the CCAPS process and all CCAPS Accreditation correspondence is directed to him or her, just as with the Joint Commission. The leadership of the medical center must consent to and be willing to finance the accreditation process. Assistance from the chief of staff for the survey of doctors as well as the head of nursing for the survey of nurses is the next thing that is needed. CCAPS survey forms should be sent to all attending physicians and nurses.

In our case, survey forms were sent out in November, nine months before the expected site visit, and replies were returned by the end of December. The results for attending physicians and nursing staff were compiled from sixteen and nineteen questions respectively. The information was broken down into raw data, with attached comments, and also a series of bar graphs for each of the questions. The result was then added to the ten elements of the Assessment and Evaluation section of the Report. These elements were 1) the goals and outcomes/objectives for chaplain service for the last five years, 2) the budget for the previous five years, 3) position descriptions and curricula vitae for all current employees, 4) policies and procedures for chaplain service, 5) description of the medical center as a whole along with its mission statement; 6) history of chaplaincy, 7) any previous accreditation, 8) the organizational chart of the facility and of chaplaincy, 9)

chaplaincy's scope of service and scope of practice, and 10) its ongoing quality improvement program. All these elements were then compiled in a tabbed report and submitted to CCAPS by May, thus meeting the requirement that the three surveyors have the report three months prior to visitation.

As a result of these surveys we were able to see our strengths and weaknesses from a new perspective. Both physicians and nurses viewed the chaplain staff as an integral and active part of the unit treatment teams whose opinions were highly valued. Both groups noted that chaplains responded quickly and communicated well with the staff. They considered the pastoral counseling, the sacramental ministry, and the ethical resources that chaplains provide to be efficient, abundant, and helpful. Nurses noted in particular the role of the chaplain when death occurs, both in regard to the patient and to the family. It was gratifying to note that from the perspective of our fellow healthcare team members, these were among our greatest strengths. Having thus been identified, we knew our next task was not to reinvent the way we handled these matters, but instead to continue to build on these strengths. This gave us freedom to pursue areas where some changes could be beneficial. For instance, there is chaplain coverage of all patients round the clock, with no exception; chaplains are available not just for death services but for all services, at all times. The surveys identified a problem, however; when it was revealed that not all the nursing staff was aware of this chaplain availability. The problem was one of communication, and one that we easily addressed. Thus, by identifying our strengths and weaknesses, as these examples show, we were better able to allocate our time and energy and utilize our skills to the patient's advantage. In short, we became a more efficient and effective chaplain service.

The second stage on Standards comprises of a series of questions designed to see if and how the program measures up to CCAPS' Standards. A narrative answer is given to each question from areas of budget, staffing, facilities, medical center professional staff, the director, other pastoral services providers, support staff, organizational service, outreach programs, CCAPS Accreditation community relations and education, and documentation. Areas of the Standards' section that requires further information make up the appendix portion of the report. In our instance, it included twelve appendixes: Spiritual Assessments, Patients' Rights, Budget, Patient Coverage, Staffing Guide, All Faith Chapel, Job Description, Code of Ethics, Performance Appraisal, Interdisciplinary Teams, Education Projects, and Chaplain Staff Meetings. While the assemblage of these appendixes is time consuming, it is not overwhelming and with proper foresight and budgeting of time can be easily completed.

### **Lessons Learned, Benefits Gained**

The process itself, regardless of outcome, is a learning experience and an opportunity for self reflection. As a result of the CCAPS process the supervisory chaplain, as well as the entire chaplain staff, acquire an unparalleled knowledge of its chaplaincy. This internal examination/audit explores your program like no other. Everything about your chaplaincy, from the very important to the minute, becomes knowledge on the tip of your fingers. The process gives you firsthand knowledge of your chaplaincy budget and goals, a thorough knowledge of the skills and credentials of staff members, a firsthand knowledge of all pastoral services policies and procedures, how doctors and nurses truly see the role and importance of chaplaincy, and a much deeper understanding of the history of your chaplaincy.

Clearly, the process strengthens the chaplaincy through the increased communication among the chaplain service, the medical center, COMISS, and through a spirit of cooperation needed among each entity to complete the team effort. It forces the service to hold up a mirror to its programs. It requires reflection upon its mission statement and evaluation analysis of how it lives up to that statement. It also identifies weaknesses for program improvement. It makes one aware of any gaps or limitations in coverage, so that this can be addressed in future personnel searches. The final report serves as an instant desk reference ready to clarify any aspect of the chaplaincy concerning the service; all sorts of data are at one's fingertips. It energizes the entire service to overcome any weaknesses identified and to capitalize on its strengths. Personally, our chaplain service benefited greatly from the accreditation process. It was a challenging and thoroughly enriching experience, and the staff is looking forward to the next stage, periodic accreditation review.