



Hospital Lay Chaplain Program
a ministry of the
Episcopal Chaplaincy Program

Governance and Operations Manual



I. Introduction to the Governance and Operations Manual

This document is the Governance and Operations Manual for the Episcopal Diocese of Pennsylvania Hospital Lay Chaplain Program (the “Lay Chaplaincy Program” or “Program”). The Lay Chaplaincy Program is a ministry dedicated to providing safe and reliable pastoral care to hospitalized Episcopalians in the diocese. The goal is to visit every hospitalized Episcopalian at least once before being discharged from the hospital.

Because the Program operates in a highly regulated hospital environment, there are three tiers of responsibility to provide appropriate oversight as follows:

- The Hospital Lay Chaplaincy Program Board of Directors (the “Program Board”), which is a diocesan-wide board that provides oversight of the Program;
- Each hospital participating in the Program will have a separate Hospital Program Commission of Directors (“the leadership for the program at each hospital”) that will provide oversight of the Program at the applicable hospital; and
- The Lay Chaplains at each hospital that directly provide pastoral care to hospitalized Episcopalians.

The Program Board is governed by bylaws approved by the Program Board, which are contained in a separate document. Each Hospital Commission shall be subject to the authority of the Program Board.

The Program will adhere to all applicable laws, regulations and hospital policies. In particular, Program participants will be required to adhere to all legal and hospital confidentiality requirements. Therefore, as more fully set forth herein, the Program requires a four-step screening and training process for prospective Lay Chaplains (a “candidate”) as follows:

- Clergy must approve a candidate to become a Lay Chaplain;
- Each candidate must attend an in-person, 8 week training program;
- Upon completion of training, each candidate must enter into a 12 week mentor program with an assigned mentor who is a certified Lay Chaplain; and
- Upon recommendation of the candidate’s mentor, the Hospital Commission must certify that the Lay Chaplain meets the certification requirements contained in this manual.

This manual has been approved by the Program Board and provides the structure, governance and certification process for the Lay Chaplaincy Program. Changes to this manual require the approval of the Program Board. All Program participants shall be subject to the requirements of this document and any local requirements of the applicable Hospital Commission.

This manual will be reviewed annually by the Program Board. The current version will be maintained at the Lay Chaplain Program web page and can be downloaded at: <http://StDavidsChurch.org/Outreach/HLCP/>. Updates will take effect on the date specified by the Program Board.

Other documents of interest include:

Document Name	Version	Location	Known as
Basic Training for Pastoral Care The Episcopal Training Program for Lay Chaplains		Provided at beginning of Program	Lay Chaplain Training booklet
Clergy Training to support the Program	Unknown	http://StDavidsChurch.org/Outreach/HLCP/ClergyTraining.docx	
Prayers for the Sick	Unknown	http://StDavidsChurch.org/Outreach/HLCP/Prayers4Sick.docx	Prayer Pamphlet

I exhort the elders among you to tend the flock of God that is in your charge, exercising the oversight, not under compulsion but willingly. 1 Peter 1-2

But all things should be done decently and in order. 1 Corinthians 14:40

II. The Local Hospital Program

A. Local Hospital Lay Chaplaincy Commission

1. Overview

The Hospital Commission:

- Provides oversight of the Lay Chaplains at the hospital it serves;
- Provides certification of the Lay Chaplains at the hospital;
- Manages the relationship with the hospital; and
- Manages the relationships with the Episcopal deaneries that serve the same geographic area as the hospital.

2. Specific Duties of the Hospital Commission

The Hospital Commission shall have the following specific enumerated duties:

a) Meetings

Meet quarterly to provide oversight of the Program.

b) Certification

Certify Lay Chaplains in accordance with the detailed process set forth in section C of this manual.

c) Hospital Relationship

Meet regularly with hospital staff to maintain an outstanding working relationship and resolve issues as they may arise.

d) Hospital Specific Addendum to this Manual

In consultation with the hospital, create and approve and periodically review any addendum to this manual that is required because of hospital requirements or conditions.

e) Training Manual Addendum

In consultation with the hospital, create and approve any addendum to the 8-week Basic Training for Pastoral Care that is required because of hospital requirements or conditions.

f) Review of Addendums

Annually review any addendums to determine if any changes are required. Promptly distribute any change to all Lay Chaplains.

g) Annual Report

Annually prepare a report to the Program Board that shall include:

- The identity of the Hospital, the deanery, and the leadership;
- The number of Mentors, Lay Chaplains, Candidates, and transferees.
- Identify those candidates that were not permitted to continue in the Program;
- The number of Lay Chaplain visits;
- The number of Candidates;
- The number of training classes offered;
- The goals of the Program for the next year;
- A discussion of aspects of the Program that are working and any issues that need the attention of the Hospital Commission or the Program Board; and
- Suggestions for Program improvements, if any.

h) Re-Certification

Track the Lay Chaplains who are due for their 3-year re-certification in the coming year, advise the Lead Mentor, and monitor and document that re-certifications are accomplished timely.

i) Self-Assessment

Annually perform a self-assessment to determine performance, identify needed skills and recruit new members to meet any identified needs.

3. Hospital Commission Membership

a) Commission Chair

The Commission Chair is appointed by the Program Executive Director, who is the Program Chief Executive Officer. The Commission Chair shall serve a two-year term and may be re-appointed for successive terms by the Program Executive Director.

b) Director

There shall be at least five Directors appointed by the Commission Chair with the consent of the Program Executive Director. Each Director shall serve a two-year term and may be re-appointed for successive terms by the Commission Chair after consultation with the Program Executive Director. Directors shall be selected based upon the skills that the Hospital Commission determines are needed, as the same may be updated based upon the annual Commission self-assessment.

c) Program Executive Director

The Program Executive Director is the Chief Executive Officer of the diocesan wide Program and is an ex-officio member of each Hospital Commission. His or her role is to provide guidance to the Hospital Commission and insure Program quality and consistency throughout the diocese.

d) Clergy Representative (s)

There shall be between one and three Directors who are clergy. The clergy representative(s) provides guidance and spiritual support. Each clergy representative serves a two year and may be re-appointed for successive terms by the Commission Chair after consultation with the Program Executive Director.

e) Hospital Representative

There shall be one Director who is a Representative of the Hospital. The Hospital representative is the liaison between the Program and the Hospital. The Hospital Representative serves a two year and may be re-appointed for successive terms by the Commission Chair after consultation with the Program Executive Director. At the discretion of the Commission Chair, terms will be determined and staggered.

f) Commission Secretary

One Director selected by the Commission Chair shall serve as Secretary. This person schedules meetings, distributes the meeting agenda, and records the meeting minutes.

4. Meetings

a) Meeting Frequency

The Hospital Commission shall hold regular quarterly meetings, which shall be scheduled in advance by the Secretary. Special meetings may be called by the Commission Chair or at least three Directors upon five (5) days' notice.

b) Quorum

A quorum must be present for any Commission action. A quorum shall be present if a majority of the Commission is present in person or by telephone.

c) Agenda

In advance of each regular meeting, the Secretary shall distribute an agenda. The agenda should include, at a minimum:

- Opening and closing prayer;
- Review and approval of previous meeting minutes and decisions;
- Tabled issues from previous meetings; and
- New matters, including items forwarded by the Lay Chaplains for consideration.

d) Electronic Voting

In the event of matters that require immediate action, the Hospital Commission may vote electronically. The quorum requirement for making a decision by electronic voting shall be the same as that for a meeting.

B. Lay Chaplains

1. Lay Chaplain Objectives

- Be the presence of Christ;
- Visit every hospitalized Episcopalian at least once before discharge;
- Seek patient approval to contact the patient's parish priest in the event the patient has not communicated with his or her parish; and
- Seek patient approval to contact a parish priest if the patient does not have a home parish.
- Respond to deanery and parish requests to provide pastoral care to hospitalized parishioners as requested.

2. Specific Policies and Procedures Applicable to Lay Chaplains

a) Compliance

Lay Chaplains will comply with this Manual and any addendum to this Manual created to comply with local hospital policies.

b) Who may visit

Only certified Lay Chaplains and Candidates accompanied by a Lay Chaplain Mentor may visit patients. Lay Chaplains must serve only the hospital at which they have

been certified. Before becoming a Lay Chaplain at another hospital, a Lay Chaplain must undergo any training specific to that hospital and be certified as a Lay Chaplain by the Hospital Commission for that hospital.

c) Who may be visited

Lay Chaplains visit hospitalized Episcopalians based on a hospital census of self-identified Episcopalians. They are authorized only to visit such self-identified patients and their families in their room. Lay Chaplains will treat the census as protected Patient Health Information as defined under HIPAA and regulations thereunder and hospital policy. At the end of each visit, the Lay Chaplain will dispose of the census as directed by the hospital. See any local hospital manual addendum for such requirements.

d) Confidentiality

Lay Chaplains shall keep all patient information confidential. Without the patient's approval, no information can be shared with anyone outside of the patient's hospital room. If patient approval is received, only that information specifically approved for sharing can be communicated. Therefore, if the patient indicates that his/her presence in the hospital can only be shared with his/her parish priest, that is the only person with whom the information can be shared. When sharing patient information as permitted by a patient, the Lay Chaplain must advise the recipient of any limitations imposed by the patient.

e) Sign in and Identification

Upon arrival at the hospital, Lay Chaplains and any Candidate accompanying a Lay Chaplain will sign in as directed by the hospital and wear his/her Episcopal Chaplain Program badge at all times within the hospital. A Mentor will provide a Candidate with a badge that identifies that the Candidate is a Lay Chaplain in training. If required by the hospital, Lay Chaplains and Candidates will also wear any additional identification directed by the hospital. Before exiting the hospital, the Candidate will return the Candidate's badge to the Mentor.

f) Log

If permitted by the hospital, Lay Chaplains will maintain a log providing limited information about their visits. The log should not contain any patient name or other identifiable information. An example of the log is provided below:

Example Lay Chaplain Log

Date		Room	Comments
8/3	hkm	347W	going home tomorrow. Contacted priest. To visit tonight
		215D	asleep, left prayer doc
		227D	did not want visitors.
		401W	no patient, left prayer doc

8/4	dan	421D	left prayer doc, patient asleep
		215D	good visit contacting parish
		217D	This was the 401W patient - happy we visited!!

Because patients are moved, the log should not be used to determine a patient's room number. Lay Chaplains can only use the hospital census to determine the room location of Episcopalians.

g) Parish Contact

If authorized by the patient, a Lay Chaplain shall contact the patient's parish to advise the parish of the patient's hospitalization. Before contacting the parish, the Lay Chaplain must be precise because the patient may not attend the parish closest to the hospital or there may be two parishes with the same or similar names.

h) Document Distribution

Only hospital-approved documents can be left with the patient. The Program will provide a prayer document for hospital patients based on prayers in the Book of Common Prayer (BCP). The hospital may require that its name appear on approved documents and may provide a stamp or label for each document.

i) Entering the Room

Lay Chaplains must follow all hospital requirements when visiting patients, including the wearing of facemasks, gloves, and gowns when appropriate. Lay Chaplains will use the hand sanitizers typically located at the elevators before entering a room and upon exit.

j) Visiting Patients not identified as Episcopalians on the Hospital Census

In some instances someone may approach a Lay Chaplain and ask that they visit a patient not identified on the hospital census as an Episcopalian. Unless prohibited by hospital policy, the Lay Chaplain may make the requested visit after informing the person requesting the visit and the patient (if different) that he/she is an Episcopalian Lay Chaplain.

k) Profile and Scheduling

Each Lay Chaplain will complete and maintain a profile. The profile will specify his or her availability to visit, and will include any preferred days and times of the week and the frequency of his or her availability as well as any vacation schedule. The Lay Chaplain Leader will schedule Lay Chaplains and the Secretary will publish the schedule that shall extend for a period ending one month after the next regularly scheduled meeting of Lay Chaplains. Candidates are not to be scheduled. A Lay Chaplain Mentor ("Mentor") and a Candidate for whom the Mentor is responsible shall coordinate their schedules between themselves.

3. Positions and Selection Process

a) Lay Chaplain Leader

There shall be a Lay Chaplain Leader elected by the Lay Chaplains from among their membership. The Lay Chaplain Leader may be a member of the Hospital commission but is not required to be. Except for the first year of the Program at a hospital, the Lay Chaplain Leader must have been a Lay Chaplain in good standing for at least one full year. The Lay Chaplain Leader is responsible for:

- Day-to-day administration of the Program at the hospital he or she serves;
- Meeting with the Training Leader periodically regarding Candidate training;
- Meeting with Lay Chaplains as a group or individually, as needed;
- Compliance with this manual and any hospital addendums to this manual; and
- Scheduling of Lay Chaplains.

b) Election of Lay Chaplain Leader and Succession

The first Lay Chaplain Leader shall be appointed by the Hospital Commission and shall serve for two years as Lay Chaplain Leader followed by one year as Past Lay Chaplain Leader. Prior to the end the first Program year and bi-annually thereafter, the Lay Chaplains shall elect from among their membership a new Lay Chaplain Leader who shall serve:

- One year as Lay Chaplain Leader elect under the tutelage of the existing Lay Chaplain Leader;
- Two years as Lay Chaplain Leader; and
- One year as Past Lay Chaplain Leader.

In the event that a Lay Chaplain Leader resigns, the Hospital Commission shall determine the next steps in an effort to maintain the established schedule, which may include appointment of an interim Lay Chaplain Leader until the next election.

c) Training Leader

There shall be a Training Leader who is a current Mentor appointed to the position by agreement of the other Mentors and the Lay Chaplain Leader, subject to the approval of the Hospital Commission. The Training Leader shall serve a two year term and may be elected to successive terms.

d) Training Leader Duties

The Training Leader shall:

- Supervise the training and assess the progress of all Candidates;
- Identify and recruit the needed number of Mentors;
- Assign Mentors to Candidates;
- Work with hospital staff to define training specific to the hospital's requirements, including any hospital specific Health Insurance Portability and Accountability Act of 1996 ("HIPPA") requirements, and
- Schedule the triennial review of Lay Chaplains and assign Mentors to conduct those reviews.

e) Mentors

A Mentor provides training and leadership to Candidates and evaluates existing Lay Chaplains for re-certification. A Mentor makes a recommendation to the Training Leader and the Hospital Commission of any assigned Candidate to be considered a Lay Chaplain. Such recommendation can be a positive or negative recommendation. A Lay Chaplain must be in good standing for at least two years prior to election as a Mentor. Mentors are elected by their colleagues (the current pool of Mentors).

f) Candidates

A Candidate is an individual who has been recommended to the Hospital Commission to be trained as a Lay Chaplain by a member of his/her parish clergy, and is approved by the Hospital Commission to attend the Lay Chaplain training class.

g) Lay Chaplain

A Lay Chaplain is a Candidate who has completed all steps of the training process and is certified as a Lay Chaplain by the Hospital Commission. A Lay Chaplain agrees to comply with all program requirements as defined by this document and any local addendum to this document.

h) Chaplain to the Program

The Chaplain to the Program at each Hospital is a member of the clergy from the deaneries identified as resident to the hospital. This person or persons serve for the time mutually agreed to by the Deanery Deans and the Hospital Commission. This person is on call to respond to issues the Lay Chaplains encounter that are otherwise not addressed by parish clergy.

4. Meetings**a) Regular Meetings**

Regular meetings of all Lay Chaplains and the hospital representative should be scheduled on a quarterly basis. The Secretary shall schedule and announce meetings in advance and a proposed agenda should be provided to all Lay Chaplains. The regular meeting agenda should include at least the following items:

- Prayer;
- Review and approval of previous meeting minutes and decisions;
- Introduction of new Lay Chaplains;
- Review any policy changes;
- Review of the Lay Chaplain visiting Schedule; and
- Announcements (elections, next meeting etc., ...)

b) Special Meetings

Special Meetings will be conducted as needed. Special Meetings should be announced with as much advanced notice as possible.

5. Transferring to another Hospital

The Lay Chaplain certification process is hospital specific. To move to another hospital the Lay Chaplain must:

- Be in good standing at the hospital at which he or she is resident;
- Request a transfer in writing to the Program Executive Director (which may be electronic); and
- Complete a customized training program to cover the unique program differences at his or her new hospital.

6. Service at More than One Hospital

Lay Chaplains typically serve one hospital. However, a Lay Chaplain who has completed the certification for two hospitals may serve at both hospitals if the Lay Chaplain Leaders of the two hospitals have a written protocol that details how they will manage having the Lay Chaplain at both hospitals, including maintaining a profile for each hospital.

C. Certification and Re-Certification of Lay Chaplains

1. Overview of Certification Process

There is a four-step certification process to be initially certified as a Lay Chaplain:

- An individual must be recommended by a parish priest based on the Guide to Parish Priests on recommending individuals to the Program.
- If the recommendation is accepted by the Hospital Commission, the individual becomes a Candidate and attends an eight-week in-person training program.
- Upon satisfactory completion of the training program, as determined by the Hospital Commission, the Candidate begins a 12-week mentoring program with a Mentor. Upon completion of the mentoring program, the Mentor may recommend the Candidate to the Hospital Commission to be a Lay Chaplain.
- Upon approval by the Hospital Commission the Candidate is certified as a Lay Chaplain, is given a Hospital Lay Chaplaincy Certificate and a Hospital Lay Chaplaincy Badge.

2. Candidate Form

a) Candidate Form Questions

In evaluating whether to recommend an individual to become a Candidate, clergy member must complete the Candidate Form and submit it to the Hospital Commission. The Candidate Form has six questions, which are:

1. Does this person have great pastoral skills?
2. Does this person keep confidential information provided to them by members of the congregation?
3. When this person discovers others also know certain confidential information, do they continue to maintain confidentiality?

4. If you were in the hospital and you had not notified your parish, would you be confident that this person would not share that information unless specifically authorized to do so?
5. When sharing information in a pastoral educational setting; is this person able to keep the identity of the person confidential when discussing pastoral solutions?
6. Is this person more of a listener than a talker?

If the clergy person cannot answer questions 1, 2 and 4 affirmatively, the Candidate should not be recommended.

b) Question 2 and 4—HIPPA Compliance

HIPPA is legislation that provides data privacy and security for medical information. It is intended to protect patients from unauthorized disclosure of their information without their consent. It includes substantial fines for organizations and individuals who fail to comply with this legislation. If the clergy is unable to answer questions 2 and 4 affirmatively with respect to an individual, that person represents an unacceptable HIPPA risk and must not be recommended.

c) Question 3

If the clergy person has answered this question negatively, it is not disqualifying. It is common for individuals to struggle keeping information confidential when they discover others know the information. It is nevertheless critical that they continue to maintain confidentiality. Training can remedy this problem, and the individual should be advised that this should be an area of emphasis during the training program and will be evaluated by the training team and the Candidate's Mentor.

d) Question 5 and 6

A negative response to questions 5 and 6 is not disqualifying, but will indicate an area of needed focus during training and the Candidate should be advised of this area of emphasis.

e) Acceptance as a Candidate

Candidates must receive a favorable vote of 75% of Hospital Commission members to be accepted into the training program. The vote of individual Hospital Commission members is confidential. The Hospital Commission will inform the individual of the outcome of the vote. Each Hospital Commission shall keep a registry of individuals accepted and rejected and all Hospital Commissions shall have access to the registry. This will allow other Hospital Commissions to be aware of candidates that have been rejected by another Hospital Commission.

3. Training Classes

a) Training class assignment

Candidates are assigned to a training class in the order that Candidates are approved to attend by the various Hospital Commissions. After a class is filled,

candidates are invited to attend the next class and are notified of the next available class.

b) Program Assessment Process

Once a candidate has been accepted, a training form is created by the Training Leader and submitted to the training team for the class to which the candidate has been assigned. This includes identifying areas where the candidate needs to improve based on their candidate form.

c) Weekly Review of Candidate

Each week during the eight week training session, the training team shall prepare a written document assessing a Candidate's progress. This document is confidential. This should be updated promptly after each training class.

d) Week 6 Mentor Assignment

The training team will meet with the Training Leader to begin Mentor assignments with the intent to have assignments completed prior to the week 8 class so that the Candidates can meet their Mentor at that class.

e) Criminal Background Check

Candidates must go through a government criminal background investigation. For more information see: <https://epatch.state.pa.us/NewRecordCheckAction.do?> There is an \$8 charge for all background checks. The response from the PA State Police will be returned to the individual, which will be provided to the Training Leader and filed in the Candidate's record.

f) Final Assessment

Within one week after the end of the training class, the training team must complete all assessments using a Program Assessment Form that identifies key attributes of a Lay Chaplain and whether the Candidate possesses the necessary attributes. Candidates that the training team has determined should not continue to the next step in the Program shall be advised in writing of such decision. The training team will forward the Program Assessment Form to the Hospital Commission for Candidates that have been approved by the training team to move on to the next step.

g) Hospital Commission Approval to Advance

In order to advance to the 12 week Mentor phase, a Candidate must receive the favorable vote of 75% of Hospital Commission members. The vote of individual Hospital Commission members is confidential.

h) Candidate Notification of Mentor

Upon approval by the Hospital Commission of a Candidate, the Candidate is notified and advised of the identity of the assigned Mentor. The Mentor then contacts the Candidate to commence the mentoring Process.

4. Mentoring

a) Mentoring

A Candidate will be assigned a Mentor. The Candidate will accompany the Mentor on hospital visits. The Mentor will continue to assess the Candidate, especially in areas that were identified during the training class as areas needing improvement.

b) Mentor Assessment

The Mentor shall prepare an assessment of the Candidate after each hospital visit as promptly as possible, ideally by the end of the next day. The Candidate will be evaluated on a 9 point scale (1-3—low; 4-6—average; 7-9—high) in four areas as follows:

- Engagement, which is the Candidate's ability to take the lead in the patient's room and with other people in the room;
- Presence, which is the Candidate's ability to be present with the patient and other people in the room;
- Delivery, which is the Candidate's ability to use the Program training to engage with the patient and the people in the room; and
- Skill, which is the ability to adapt Program training to the patient and the patient's family.

If at the end of week 6 of mentoring, the Candidate has not been assessed to be at an acceptable level, then, in consultation with the Training Leader, the Mentor will advise the Candidate that the Candidate will not be invited to continue in the Program. At any time beginning after week 6, and subject to the following paragraph, the Mentor can recommend the Candidate to the Hospital Commission for certification as a Lay Chaplain.

c) Concurring Mentor

Before the Candidate can be submitted to the Hospital Commission for approval, a final evaluation must be done by a second Mentor. If the second mentor concurs, the Candidate can be submitted to the Commission for certification.

d) Hospital Commission Certification

A Candidate must receive the vote of 75% of Hospital Commission members in favor of certification. The vote of individual Hospital Commission members is confidential. Candidates shall be promptly notified of the Hospital Commission's decision. Upon certification, the Lay Chaplain Leader will send a congratulatory letter to the New certified Lay Chaplain, and invite the new Lay Chaplain to complete a profile to facilitate scheduling. The Lay Chaplain Leader will request that the Lay Chaplain badge be printed as well as a certificate of completion. Both will be given to the individual at the next meeting of Lay Chaplains.

5. Three-year Re-Certification Process

a) Periodic Re-Certification

A Lay Chaplain is certified for a three-year period. During the third year of the most recent certification, the Lay Chaplain will be evaluated for re-certification. At each Hospital Commission meeting the Secretary will identify to the Training Leader those Lay Chaplains, if any, who are due for re-certification. If the Lay Chaplain is a Mentor, the Lay Chaplain Leader, Leader Elect or Past Leader, the Secretary will send the re-certification to the Training Leader. All others will be assigned a Mentor for evaluation and possible re-certification. Upon completion of the Mentor evaluation, the Mentor may recommend that the Hospital Commission re-certify the Lay Chaplain for an additional three year period, or, alternatively, may recommend remedial training and further Mentor evaluation. At the discretion of the Hospital Commission, it may determine to terminate the individual's certification.

6. Transfer to another Hospital

Upon completion of any hospital specific training, a Lay Chaplain may transfer to another Hospital with the approval of 75% of the members of the Hospital Commission for the new Hospital. The vote of individual members of the Hospital Commission is confidential. The Lay Chaplain will be promptly notified of the result of the vote.

7. Special Situations—Candidates with at least 1 unit of CPE

A Candidate seeking to become a Lay Chaplain may already have a unit or more of Clinical Pastoral Education (CPE). At the discretion of the Hospital Commission, such Candidate may:

- Bypass in-person training and be assigned a Mentor for up to 12 weeks and be evaluated according to that process; or
- Bypass in person training and Mentoring and be evaluated according to the process for a Lay Chaplain transferring to a new hospital.

Regardless of the process selected by the Commission above, the Candidate must provide to the Commission as part of their Candidate submission form, their final CPE Supervisor review.

Approved: January 5, 2021

