



# DIVISION SCOPE OF SERVICE

<b>Division: FAR WEST</b>
<b>Classification: CHAPLAIN</b>
<b>Applicant Name:</b>

<p><b>Chaplain:</b> The Chaplain must have equivalent qualifications, competence and function in the same role as employed individuals performing the same or similar services at the facility, as defined by facility job description.</p>
<p><b>Definition of Care or Service:</b> The Chaplain performs those functions necessary for the spiritual needs of the patient to include grief and loss counseling and responsible for providing spiritual care services and support throughout the hospital. Scope of Service may include:</p> <ul style="list-style-type: none"> <li>• Performs and/or manages the following safely and efficiently: <ul style="list-style-type: none"> <li>○ Performing spiritual assessments</li> <li>○ Participating in patient care conferences and medical rounds</li> <li>○ Assisting patients and families in completing advance directives and providing advice on end of life issues</li> <li>○ Screening for risk which can involve identifying individuals whose religious/spiritual belief may conflict with/or affect treatment decisions</li> <li>○ Facilitate communication among staff members, patients, caregivers to include conflict resolution</li> <li>○ Provide crisis intervention, grief and loss counseling</li> <li>○ Facilitate understanding of confidentiality issues</li> <li>○ Assists with decision making and communication regarding decedent affairs</li> <li>○ Serve as liaison between hospital and its community (ex. Ethics committee)</li> </ul> </li> <li>• Demonstrates Clinical and Service excellence behaviors to include code of HCA conduct core fundamentals in daily interactions with patients, families, co-workers and physicians.</li> </ul>
<p><b>Setting(s):</b> Healthcare facilities including but not limited to hospitals, outpatient treatment facilities, imaging centers, and physician practices</p>
<p><b>Supervision:</b> Administrative Director of Case Management</p>
<p><b>Evaluator:</b> Department director in conjunction with senior leader or designee.</p>
<p><b>Tier Level:</b> 2</p>
<p><b>eSAF Access Required:</b> YES</p>
<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• Bachelor’s or Master’s degree in theological education or counseling</li> <li>• Endorsement or commission by a faith group or a connection to a recognized religious community</li> </ul> <p><b>Preferred Qualifications:</b></p> <ul style="list-style-type: none"> <li>• Post graduate training in a clinical pastoral program preferred</li> </ul> <p><b>NOTE:</b> Where education may not be defined in qualifications area of the Scope, HCA requires the highest level of education completed (not training or courses) confirmed on your background check.</p>



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<p><b>State Requirements:</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul>
<p><b>Experience:</b></p> <ul style="list-style-type: none"> <li>• The hospital Chaplain must have at least 2 years of full time hospital or hospice chaplain experience. This includes experience in pastoral counseling, weddings, memorials, baptism, and teaching in the field of spiritual care and bioethics.</li> </ul>
<p><b>Competencies:</b></p> <p>The Chaplain will demonstrate:</p> <ul style="list-style-type: none"> <li>• Accurate patient information review and evaluation <ul style="list-style-type: none"> <li>○ Uses at least two ways to identify patients before providing services</li> </ul> </li> <li>• Maintains a safe environment</li> <li>• Infection Prevention <ul style="list-style-type: none"> <li>○ Practices consistent hand hygiene</li> <li>○ Uses personal protective equipment (PPE) and consistently follows infection prevention policies.</li> <li>○ Required immunizations per Division requirements</li> <li>○ Complies with Isolation precautions</li> </ul> </li> </ul>
<p><b>References:</b></p> <p>Clinical Privileges White Papers Advisory Board Practice 182</p>

**Your signature confirms you will be able to comply with the Qualifications and Competencies listed within this Scope of Service and that you will confirm education via your background check.**

**Applicant Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_