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Taming the CCAPS Accreditation Monster

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As Director of the United States Department of Veteran's Affairs National Chaplain Center, I am fully supportive of CCAPS Accreditation of VA Healthcare Facilities. VA presently has two CCAPS accredited facilities with one or two others preparing to enter the process. Chaplains at the accredited facilities and those preparing for accreditation both report the same significant growth experiences and learning outcomes. Those completing the process unanimously report that the CCAPS accreditation experience is one that is well worth the effort and expense and will be of value for years to come for the chaplains, the department, and the facility.
- Chaplain Hugh Maddry

John Greenleaf Whittier penned the famous line, "For of all sad words of tongue or pen, The saddest are these: 'It might have been!'" Sad indeed are the many great VA chaplaincies around the country that have never gotten the recognition they deserve. For a multitude of reasons these programs have lived in an obscurity that need not be. The Coatesville Veterans Affairs Medical Center Chaplaincy has just gone through a successful CCAPS (COMISS Commission for the Accreditation of Pastoral Services) accreditation process and I'm here to say that accreditation is well within the grasp of any VA medical center. We had been considering seeking accreditation for some time but the magnitude of the process appeared so daunting that the decision to pursue was quite difficult. We did decide to go forward, though, because we believed that we were a very good chaplaincy and that the CCAPS accreditation would only make us better. It is because of CCAPS and its standards of professional chaplaincy that we came to terms with what we are able to accomplish as professional healthcare chaplains. What follows is a report of how this was accomplished and of the many benefits derived from accreditation.

The process itself is divided into two major stages: Assessment and Evaluation, and Standards. After having been granted accreditation there is a third stage, periodic accreditation review. 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. One major advantage that VA chaplain services have over civilian chaplaincies that it already adheres to established standards and practices found within the old M-2, Part II (Clinical Affairs: Chaplain Service) and its replacement, the soon-to-be-issued Handbook on Spiritual and Pastoral Care Procedures. Thus, all of what is expected by CCAPS already is expected at least some degree of every VA chaplain service.

The key is getting started and having a systemic approach. That approach starts at the top. One must remember throughout the process that because accreditation belongs to the medical center, the medical center director is an active member of the CCAPS process and all 2 CCAPS Accreditation correspondence is directed to him or her, just as with JCAHO. The leadership of the medical center has to consent to and be willing to finance the accreditation process. Assistance from the Chief of Staff for the survey of all doctors as well as the head of nursing for the survey of all nurses is the next thing that is needed. CCAPS survey forms should be sent to all attending physicians and nurses.

In our case, these forms were sent out in November and December 2003, that is, approximately nine months before the expected site visit. Most of the replies came back by the end of December 2003. There was a return rate of 51% (N 19) for attending physicians, and 59% (N 53) for nurses. The survey results for attending physicians and nursing staff were compiled from sixteen and nineteen questions respectively, using the responses of always, usually, sometimes, and never. This information was broken down into raw data, with attached comments, and also a series of bar graphs for each of the questions. This information was added to the other ten elements of the Assessment and Evaluation section of the Report which looked at the goals and outcomes/objectives for chaplain service for the last five years, the budget for the previous five years, position descriptions and curricula vitae for all current employees, policies and procedures for chaplain service, description of the medical center as a whole along with the mission statement, history of chaplaincy, including any previous accreditation, the organizational chart of the facility and of chaplaincy, chaplaincy's scope of service and scope of practice, and of its ongoing quality improvement program. All of this was compiled in a tabbed report and submitted to CCAPS before site visitation for comments and changes. The final version was required to be in the hands of the three surveyors at least three before the visit.

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. Both groups considered the pastoral counseling, the sacramental ministry, and the ethical resources that chaplains provide to be efficient, abundant, and helpful. Nurses noted in particular that the role of the chaplain when death occurs, both in regard to the patient and to the family, was satisfactorily addressed. 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. A problem, however, was identified as a result of these surveys, when they 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 are better able to allocate our time and energy to areas that need it. In short, we become 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, 3 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 timeconsuming, 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 selfreflection. As a result of the CCAPS process the Chief 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 first hand knowledge of your chaplaincy budget history and goals, a thorough knowledge of the skills and credentials of staff members, a first hand 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.

It is very clear that the process itself strengthens the chaplaincy through the increased communication among the chaplain service, the medical center, and 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 as to how it lives up to that statement. It also identifies weaknesses for future 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 whole service to overcome any weaknesses identified and to capitalize on its strengths.

Personally, we at Coatesville VA Medical Center have benefited greatly from the accreditation process. It has been a challenging and thoroughly enriching experience, and we are looking forward to the final stage, periodic accreditation review.

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