



Whole Person Care Initiative

A Collaborative Project
of the
California Bishops and Catholic Health Care Leaders

“Starting where we are and learning our way to effective Whole Person Care”

Background

Origins

In October 2015, the California Catholic Conference and the Alliance of Catholic Health Care appointed a **Leadership Council** comprised of representatives from each health system and several dioceses to develop an effective, loving and dignified response to the advent of physician-assisted suicide in California.

Partnership Summit

On October 19, 2016, the Council presented its proposed **Whole Person Care Initiative** to a **Partnership Summit** of the California Bishops and Health System Leadership. The Initiative has a twofold purpose:

Two-Fold Purpose

- 1) Strengthen and improve the availability of Whole Person Care and palliative care in Catholic health systems and their hospitals; and
- 2) Develop and implement Whole Person Care programs in dioceses and parishes.

Vision

Persons in our congregations, communities and health care systems are loved, wanted and worthy, and will be prepared for and supported in health and serious illness through the end of life.

Goals

Goal I

The Health Care Systems and Dioceses commit to the implementation of Whole Person Care in each of their hospitals and parishes. Each Health Care System and Diocese will achieve continuous improvement over time in their Whole Person Care programs, *based on their current and future budgets and strategic priorities.*

Goal II

The Initiative will provide each Health Ministry, Diocese and Parish with tools, resources, guidance and other supports to implement Whole Person Care. The Health Ministries and Parishes will annually report their progress to their Health Care Systems and Dioceses, which then would report their overall progress to the Leadership Council.

“Starting where we are and learning our way to an effective approach to Whole Person Care”

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Partnership Summit Actions

Opportunity

The Bishops and Health System Leaders concluded that the Whole Person Care Initiative has the potential to positively affect: 1) clinical practice and patient care in the health care ministries; 2) parishioners’ lives through pastoral outreach; and 3) the larger culture

Aspirational Statement

The Bishops and Health Leaders adopted the Initiative’s “Aspirational Statement,” which follows on page 7.

Whole Person Care

The Bishops and Health Leaders adopted the Council’s definition of Whole Person Care. The definition follows on page 8.

Commitment

The Bishops and Health Leaders affirmed the Leadership Council’s Initiative, and agreed to roll-out the Initiative at a 2017 joint statewide Launch Conference. The Health Systems Leaders committed to funding the Conference.

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Whole Person Care Aspirational Statement

“As Church and Catholic health care leaders in California, we believe that physician-assisted suicide, while legal, is not yet an entrenched cultural or clinical reality. Recognizing this, we are committed to developing together, and in collaboration with other leaders in the palliative care field, a medical and pastoral approach to care through the end of life that provides a dignified, compassionate, and loving alternative to physician-assisted suicide for seriously ill people and their families. Our intent is to create a Church and Catholic health care collaborative model that serves our California parishioners and patients well, and that can be replicated by Church and Catholic health care leaders in other states.”

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Definition of Whole Person Care

Whole Person Care enables caregivers in our parishes and health care facilities, in collaboration with others, to attend to peoples’ basic human needs, strive to optimize health, provide comfort, prevent injury and illness and foster physical, functional, emotional, social, interpersonal, and spiritual well-being.

Whole Person Care is applicable throughout the course of life and is made available through the collaborative efforts of health care, social services, congregations and communities in the context of an individual’s family and home environment.

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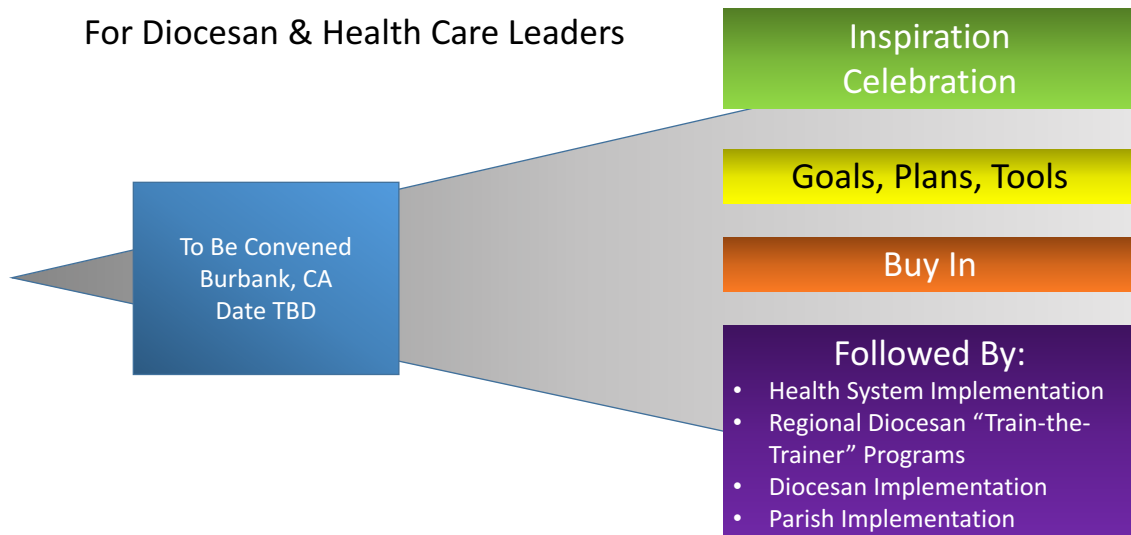
What Catholic Social Teaching compels us to offer the suffering, disabled and dying in our parishes, hospitals and communities:

- **Providing shelter from the elements:** We say to the other person, “We will keep you warm and dry.”
- **Maintaining hygiene:** “We will keep you clean.”
- **Assisting with elimination:** “We will help you with your bowel and bladder function.”
- **Offering food and drink:** “We will offer you something to eat and drink—and help you to do it.”
- **Keeping company, non-abandonment:** “We will be with you. You will not have to go through this time in your life alone.”
- **Alleviating suffering:** “We will do whatever we can, with as much skill and expertise as available, to lessen your discomfort.”

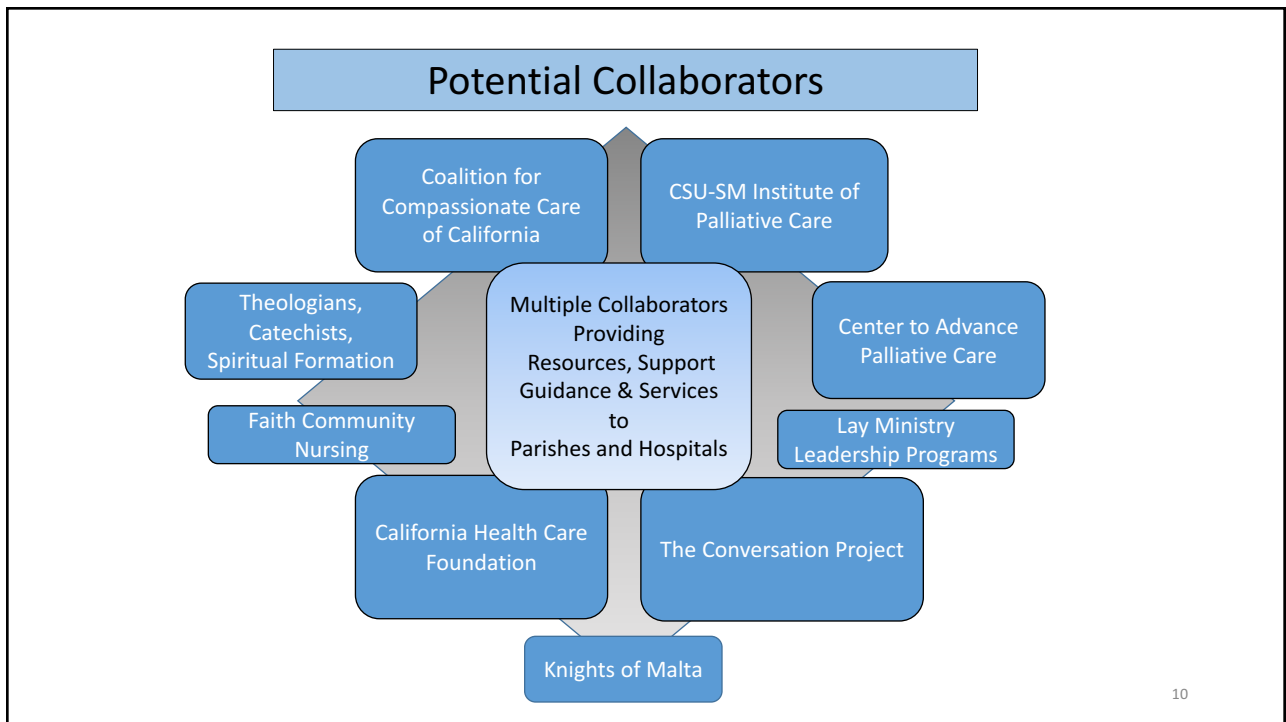
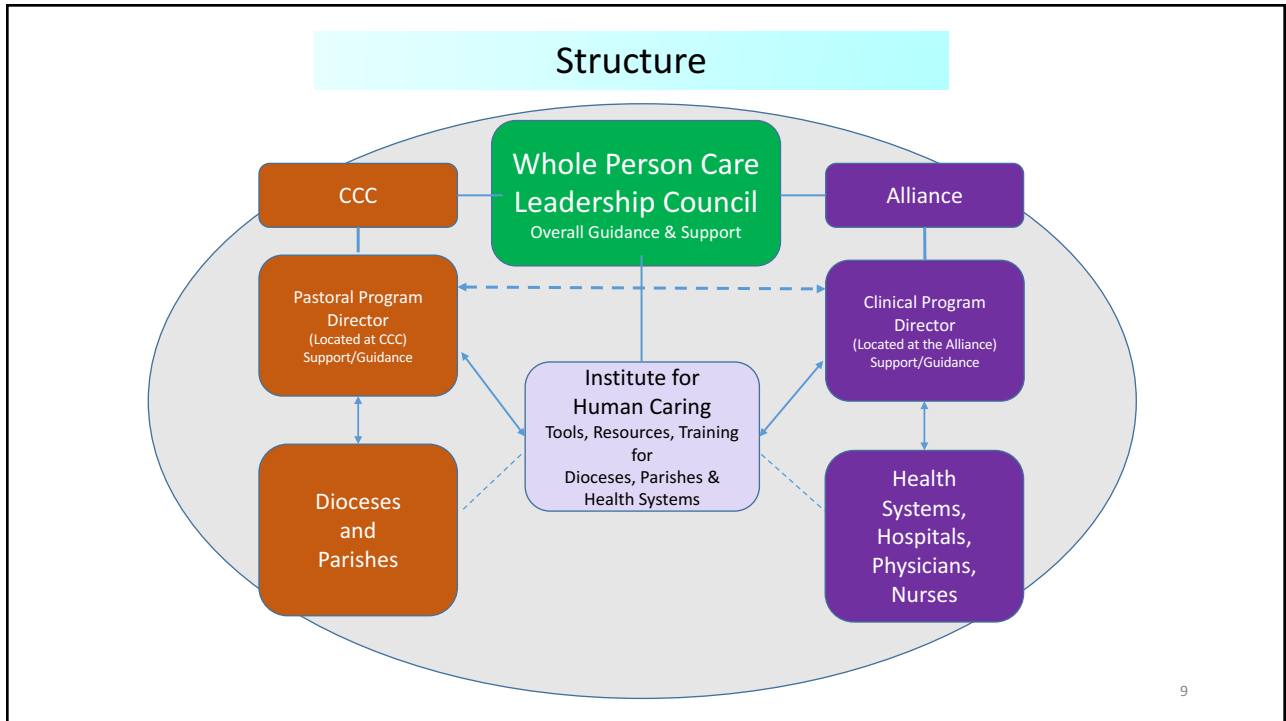
Adapted from: Ira R. Byock, MD, PSJH Institute for Human Caring

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Launch Conference
For Diocesan & Health Care Leaders



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Whole Person Care Clinical Process – Tools, Resources, Support

Starting Assessment

- The Institute* develops an on-line baseline assessment tool for deployment in early 2017

Standards

- Whole Person Care model & palliative care standards provided by the Institute

Improvement Tools

- The Institute identifies, customizes, develops tools for goal setting and continuous improvement

Clinical Program Director

- Clinical Program Director hired; works with IHC/partners to provide resources for systems and hospitals

Roll Out

- Following Launch Conference, systems/hospitals develop initial goals for WPC and palliative care

Annual Reporting

- Systems annually report progress to Clinical Program Director/Leadership Council

Whole Person Care Pastoral Process – Tools, Resources, Support

Starting Assessment

- Diocesan/Parish on-line baseline assessment tool launched in early 2017

Model Parish Program

- Model Whole Person Care parish program developed by IHC* with input from diocesan leaders/theologians

Pastoral Program Director

- Pastoral Program Director (PPD) hired; works with IHC/partners to provide resources for diocese/parishes

Regional Diocesan “Train-the-Trainer”

- “Train-the-Trainer” program developed in collaboration with IHC, PPD, Diocesan leaders, Leadership Council

Diocesan Launch: Mini-Conferences

- Diocesan mini-conferences present the WPC program and goals for parish leaders

Parish Launch and Annual Reporting

- Parish program launched on a liturgically appropriate date; annual diocesan progress reports to PPD/LC

Proposed Funding

Grant Funding (TBD)

- Pastoral and Clinical Program Directors
 - Institute Personnel, Tools & Resources
 - Diocesan "Train-the-Trainer" Program
 - Diocesan Mini-Conferences
- Proposal complete by spring 2017
 - Foundation(s) identified
 - Bishop-CEO joint presentation

Dioceses Parishes Health Systems

Funding to be allocated by Dioceses, Parishes, Health Systems and Hospitals, **based on their current and future strategic plans and budgets.**

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