

4 August 2022



Dear

Re: Official Information Act

I am responding on behalf of Te Whatu Ora Taranaki to your OIA request of 22 July 2022. You have requested the following information:

I am conducting research relating to healthcare chaplaincy, and as such am requesting a copy of each (former) DHB's Spiritual Care Policy.

Attached please find the following policies:

- Appendix 1 Chaplain Calling in for the Care of the Deceased Tupapaku
- Appendix 2 Chaplaincy Services in the Clinical Setting
- Appendix 3 Chaplaincy Services Use of Chapel

I trust this information answers your OIA request.

Please note that this response, or an edited version of this response, may be published on the Te Whatu Ora Taranaki (<a href="www.tdhb.org.nz">www.tdhb.org.nz</a>) website no less than one week after the response has been provided to you. Any personal or identifying information will be redacted from any response published online. Te Whatu Ora Taranaki will endeavour to resolve any concerns you should raise but, subject to any legal grounds for withholding, ultimately reserves the right to publish any information.

Kind regards

Katy Sheffield

**Acting Chief Operating Officer** 

Enc.

TeWhatuOra.govt.nz

Private Bag 2016, New Plymouth 4342

Waea/phone: 06 753 6139

**Te Kāwanatanga o Aotearoa** New Zealand Government



#### Internal use / Confidential / Public

# Chaplain - Calling in for the Care of the Deceased/Tupapaku

Document code:	PRO-HSS-NUR
Date issued:	20/7/2022
Review by date:	July 2024
Document owner:	Chaplain/Nursing Directorate
Document facilitator:	Nursing Directorate Admin
Authorised by:	Director of Nursing
Pages:	5
Version:	4
Key words:	Chaplain, Deceased, Tupapaku, Death

#### TIRITI STATEMENT

#### **Principles**

Te Whatu Ora Taranaki is committed to ensuring Te Tiriti o Waitangi informs policy and practice across all service units. The principles outlined below guide the types of actions needed for the organisation to meet its obligations in this respect:

### Tino Rangatiratanga

Provides for Māori self-determination and mana motuhake. This means that Māori are key decision makers in the design, delivery, and monitoring of health and disability services.

#### **Equity**

Requires the Crown to commit to achieving equitable health outcomes for Māori and to eliminate health disparities. This includes the active surveillance and monitoring of Māori health to ensure a proportionate and coordinated response to health need.

#### **Active Protection**

Means to act to the fullest extent practicable, to protect Māori health and achieve equitable health outcomes for Māori. This includes ensuring that the DHB and its Treaty partner under Te Tiriti o Waitangi are well-informed on the extent and nature of both Māori health outcomes and efforts to achieve Māori health equity.

1

Title: Chaplin – Calling in for the Care	Document owner: Nursing Directorate/		Document facilitator: Nursing
of the Deceased Tupapaku	Chaplaincy Services		Directorate Admin
Authorised by: Director of Nursing	Date issued: 20/7/2022 Version: 4 Review date: July		Review date: July 2024
Caveat: The electronic version is the Master copy and in the case of conflict, the electronic version prevails over any printed version			
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# Te Whatu Ora

#### Internal use / Confidential / Public

### **Options**

Requires Te Whatu Ora Taranaki to provide for and properly resource kaupapa Māori health services. Furthermore, Te Whatu Ora Taranaki is obliged to ensure that all healthcare services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.

### **Partnership**

Requires Te Whatu Ora Taranaki and Māori to work in partnership in the governance, design, approval, delivery and monitoring of health and disability services. Māori must be co-designers, with Te Whatu Ora Taranaki, of the health and disability system for Māori. This contributes to a shared responsibility for achieving health equity for Māori.

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**Governance statement**: This governance document is consistent with Te Whatu Ora Taranaki Values and also supports the organisation's Mission by establishing and mandating appropriate controls to support the delivery of health care services.

**Compliance**: Compliance with this procedure is mandatory and non-compliance may be actionable through relevant conduct policies.

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# Te Whatu Ora

#### Internal use / Confidential / Public

#### 1. Standard(s)

The Chaplaincy Team are available to provide support for patients, relatives and hospital staff to deal with life and spiritual issues that affect their well-being.

#### 2. Criteria and Measures

- Chaplaincy Service work collaboratively with the health care team to provide emotional support and spiritual ministry to the families/whanau at the time of the death of a loved one/Tupapaku.
- The Chaplaincy team will respect and respond to Maori (and other cultures) needs and rituals at the time of death
- The resident or Duty Chaplain can be contacted via the hospital switchboard.
- The Chaplain can contact a Roman Catholic Priest if required.
- Ward staff can also contact the Catholic priest: phone 7573682 or the patient's Parish Priest if known.
- If there is a need/request for a Maori/Kaumatua/Elder, the Chaplain can contact the appropriate person.
- The Resident Chaplain has a directory of all denominational clergy within the Taranaki region, in case of specific request.
- Ecumenical Chaplaincy Service Staff will have knowledge of Tikanga Best Practice Policy.

#### 3. Procedure(s)

When present at the death of a patient, or subsequently called by Nursing Staff, the Chaplain's role, training and experience enables him/her to:

- 1. Be a stable and comforting presence.
- 2. Recognise, respect and respond to the various behaviours of people in shock and grief.
- 3. In accordance with the Treaty of Waitangi to respect and respond to cultural needs and rituals in the presence of the deceased.
- 4. Facilitate grieving in a spouse/family/whanau by gently encouraging them to stay with the deceased and express any strong and sometimes angry feelings.
- 5. Remain with the family /whanau/spouse while the Nursing Staff prepare the deceased.
- 6. Be aware and communicate to the Nurses the family's desire to assist with the washing and dressing of their loved one.
- 7. Gather the family/whanau for prayers/karakia of thanksgiving and commendation.
- 8. Assist the family in contacting their Minister/Pastor/Priest/Kaumatua or Elder. Also, the Funeral Director.
- 9. Emphasise to the family that they are free to remain with the deceased for as long as they desire.
- 10. Communicate with the Nursing/Medical staff regarding any questions or need the family may have regarding the circumstances of death.
- 11. To be available to accompany relatives to view the deceased in the viewing room at the Mortuary, when the situation arises.
- 12. Make the arrangements for chapel to be available, if required, for the whanau of the Tupapaku to sit with their loved one until the funeral director can receive Tupapaku.

3

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#### 4. Related documents

#### References

McClung, E., Grossoehme, D.H., Jacobson, A.F. (2006). Collaborating with Chaplains to Meet Spiritual Needs. MEDSURG Nursing Vol. 15: No. 3.

#### **Supporting Information**

TDHB Chaplaincy Service providing Spiritual and Pastoral care pamphlet.

TDHB Ecumenical Chaplaincy flyer

TDHB Tikanga Recommended Best Practice Policy and Protocols

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# **Document controls**

# **Revision history**

Version	Date	Description	
Draft 0.1	13/7/2022	Initial draft	
Draft 0.2 19/7/2022 Changes made as a result of feedback from consultation			
Draft 0.3	19/7/2022	Changes made as a result of feedback from document owner	
1	21/7/2022	Final	

# **Review and approval**

Person name/committee	Position/purpose	Function
		(Owner   Review   Approve)
Joe Gray	Chaplain Lead	Document owner
Cameron Grant Fargie		Review
Diana Fergusson	DON	Approve

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# **Chaplaincy Services in the Clinical Setting**

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Key words:	Chaplaincy Services, Nursing

#### **TIRITI STATEMENT**

#### **Principles**

Te Whatu Ora Taranaki is committed to ensuring Te Tiriti o Waitangi informs policy and practice across all service units. The principles outlined below guide the types of actions needed for the organisation to meet its obligations in this respect:

#### Tino Rangatiratanga

Provides for Māori self-determination and mana motuhake. This means that Māori are key decision makers in the design, delivery, and monitoring of health and disability services.

### **Equity**

Requires the Crown to commit to achieving equitable health outcomes for Māori and to eliminate health disparities. This includes the active surveillance and monitoring of Māori health to ensure a proportionate and coordinated response to health need.

#### **Active Protection**

Means to act to the fullest extent practicable, to protect Māori health and achieve equitable health outcomes for Māori. This includes ensuring that the DHB and its Treaty partner under Te Tiriti o Waitangi are well-informed on the extent and nature of both Māori health outcomes and efforts to achieve Māori health equity.

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Chaplain			

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#### **Options**

Requires Te Whatu Ora Taranaki to provide for and properly resource kaupapa Māori health services. Furthermore, Te Whatu Ora Taranaki is obliged to ensure that all healthcare services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.

#### **Partnership**

Requires Te Whatu Ora Taranaki and Māori to work in partnership in the governance, design, approval, delivery and monitoring of health and disability services. Māori must be co-designers, with Te Whatu Ora Taranaki, of the health and disability system for Māori. This contributes to a shared responsibility for achieving health equity for Māori.

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#### Internal use

#### 1. Purpose

The chaplaincy Team are available to provide support for patients, relatives and hospital staff to deal with life and spiritual issues that affect their well-being.

#### 2. Criteria and Measures

- Chaplaincy Services work collaboratively with the healthcare team to provide emotional support and spiritual ministry to all patients, family/whanau and staff.
- Chaplaincy Services work collaboratively with the health care team to provide emotional support and spiritual ministry to the families/whanau at the time of the death of a loved one/Tupapaku.
- The Chaplaincy team will always respect and respond to Maori and other faith/cultural needs and rituals including at the time of death
- Provide a full-time service, 24 hours, 7 days a week utilising full-time, part-time and on call Chaplains.
- There is an Ecumenical and a Catholic Chaplain available
- The resident or Duty Chaplain can be contacted via the hospital switchboard.
- The Chaplain can contact a Roman Catholic Priest if required.
- Ward staff can also contact the Catholic priest: phone 7573682 or the patient's Parish Priest if known.
- If there is a need/request for a Maori/Kaumatua/Elder, the Chaplain can contact the appropriate person.
- The Resident Chaplain has a directory of all denominational clergy within the Taranaki region, in case of specific request.
- Ecumenical Chaplaincy Service Staff will have knowledge of Tikanga Best Practice Policy.

#### 3. Procedure(s)

#### 1. How to Contact a Chaplain

- The resident or Duty Chaplain can be contacted via the hospital switchboard. Should the Catholic Chaplain be required please specify this.
- The Ecumenical Chaplain can be contacted directly 0214556090 (8am Sunday to 8am Friday) or via the operators.
- directly either pager 934 or 0214556090 (8am Sunday to 8am Friday)
- For the on-call Chaplain on Friday and Saturday contact should be via the operators.
- The Catholic Chaplain can be contacted directly on pager 483 (because the Catholic Chaplain works part time if a page is not answered contact the operators)
- The Chaplains can contact a Catholic Priest if required
- For non-urgent requests the Staff can contact the local Catholic Office on 7573682
- If a Catholic patient requires Last Rites, please contact the **Emergency on call Catholic Priest** via the Operators or the ON Call chaplain who have this contact number.

#### 2. When to Call the Chaplain

 When a person (patient or family/whanau member) asks for a chaplain, Priest, Kaumauta or other spiritual support.

3

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#### Internal use

- If a patient has become seriously ill and a chaplain would be of spiritual support and comfort to patient and relatives/whanau.
- When a patient
  - Seems isolated and distressed.
  - Has received bad news.
  - Has difficulty with hospitalisation.
  - Is anxious or feeling guilty.
  - o Is grieving as a result of the death of a loved one/Tupapaku.
  - Is in the midst of emotional or spiritual crisis.
- Following a conversation which leads you to feel the Chaplain may be able to help.
- If after a patient has died and you consider the chaplain could give support and comfort to a spouse or/and relatives/whanau (see care of deceased below and protocol Tikanga Best Practice Policy.
- When a room/area or department blessing is required

#### 3. Other situations where the Chaplain is called:

#### Trauma, Cardiac Arrest and Stroke

- The resident Chaplains pager is programmed into the "Trauma/Cardiac Arrest/Stroke Teams" callout to alert chaplain of one of these occurrences.
- Chaplain will attend these events automatically Sunday-Thursday 8am 4pm.
- Outside of these hours see document above How to Call the Chaplain
  - Contact the operators if the Chaplains presence is required (for example if family are present/coming)
- The switchboard can be contacted to phone chaplain if situation changes.
- On Call Chaplains standing in for the Chaplain do not receive pages
  - It is necessary to call the on-call Chaplain via the switchboard operator if the chaplain is required

#### Care of the Deceased/Tupapaku

When present at the death of a patient, or subsequently called by Nursing Staff, the Chaplain's role, training and experience enables him/her to:

- Be a stable and comforting presence.
- Recognise, respect and respond to the various behaviours of people in shock and grief.
- In accordance with the Treaty of Waitangi to respect and respond to cultural needs and rituals in the presence of the deceased.
- Facilitate grieving in a spouse/family/whanau by supporting them while with the deceased and enabling all feelings to be expressed including any strong and sometimes angry feelings.
- Remain with the family/whanau/spouse while the Nursing Staff prepare the deceased.
- Be aware and communicate to staff the family's desire to assist with the washing and dressing of their loved one.
- Gather the family/whanau for prayers/karakia of thanksgiving and commendation.
- Assist the family in contacting their Minister/Pastor/Priest/Kaumatua or Elder. Also, the Funeral Director.
- Emphasise to the family that they are free to remain with the deceased as long as they
  desire.

4

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#### Internal use

- Communicate with the Nursing/Medical staff regarding any questions or need the family may have regarding the circumstances of death.
- Be available to accompany relatives to view the deceased in the viewing room at the Mortuary, when the situation arises.
- Make arrangements for chapel to be available, if required, for whanau of the Tupapaku to sit
  with their loved one until the funeral director can receive Tupapaku see document Chaplain
   Calling in for the care of the deceased/Tupapaku

#### It is helpful if you can tell the Chaplain

- The person's name and which ward/department they are in
- If the patient, family/Whanau knows of your decision to call the Chaplain
- The degree of urgency
- A general description of the situation or issue
- If the patient requires a Catholic Chaplain

#### 4. Related documents

TDHB Chaplaincy Service providing Spiritual and Pastoral Care pamphlet.

TDHB Ecumenical Chaplaincy flyer.

McClung, E., Grossoehme, D.H., Jacobson, A.F. (2006). Collaborating with Chaplains to Meet Spiritual Needs. MEDSURG Nursing Vol. 15: No. 3.

Spiritual Care, 4th edition, pp 107-110. Lippincott Williams & Wilkins, USA.

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# **Review and approval**

Person name/committee	Position/purpose	Function (Owner   Review   Approve)
Joe Gray	Chaplaincy Lead	Document owner
Cameron Grant-Fargie	IOC Manager/Chaplaincy Liaison	Review
Diana Fergusson	DON	Approve

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# **Chaplaincy Services – Use of Chapel**

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Authorised by:	Nursing Directorate/Chaplaincy Services
Pages:	7
Version:	5
Key words:	Chapel, Chaplaincy Services, Worship

#### TIRITI STATEMENT

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#### **Partnership**

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Authorised by: Nurse Educators/ Chaplain	Date issued: 20/7/2022	Version: 5	Review date: July 2024

#### Internal use

#### 1. Standard(s)

The Chapel (The Chapel of the Good Shepherd) is an integral part of the hospital complex and contributes significantly to the care and healing of the sick and those nearing or who have reached end of life. It is a place of quiet for individuals and families/whanau to draw aside for prayer and reflection, as well as a place for Sunday worship and other services. The Chapel is dedicated to the worship and glory of God which sets the criteria for its wider use.

#### 2. Criteria and Measures

- The chapel is open and available 24 hours, 7 days a week
- The Chapel is non-denominational and inclusive of all cultures and faiths
- The chapel can be booked for a specific use and other access restricted at the discretion of the Chaplain.
- The resident or Duty Chaplain can be contacted via the hospital switchboard.
- The Chaplain can contact a Roman Catholic Priest if required.
- Ward staff can also contact the Catholic priest: phone 7573682 or the patient's Parish Priest if known.
- Ecumenical Chaplaincy Service Staff will have knowledge of Tikanga Best Practice Policy.

### 3. Procedure(s)

### **Booking the Chapel:**

All requests for bookings must be reviewed by the Chaplaincy Team. Some requests are able to be accepted by the Team Administrator others may have to be approved by the Chaplain; this is to ensure both the appropriateness of the use and to prevent 'double booking'. Please note the process below regarding Tupapaku.

- General Use Bookings are best made through 'Outlook' via the meeting room options
- Through the Chaplains office
- Contacting the On-Call Chaplain via the Operators
- In circumstances involving Tupapaku booking/approval is not necessary but the Chaplain should to be made aware that the Chapel is being used for this purpose so arrangements can be made for other users as necessary.

#### It is helpful if you can include the following information

- Your name (plus contact details)
- What your booking is for
- How long you will need the chapel

#### Food/Drink

- Food and drink are generally welcome in the Chapel, but we ask that people are considerate
  of the type of food and drink they bring.
- Please also note arrangements regarding food and drink while hosting Tupapaku in the Chapel.

3

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#### Internal use

#### Commitment to being smokefree

 Chaplaincy Team is committed to the smokefree status of the hospital and therefore no smoking is permitted in the Chapel or anywhere on the hospital grounds.

#### **Inappropriate Behaviour**

 Violence and other offensive or intimidating behaviour is not appropriate and will not be tolerated in the chapel

#### Uses of the Chapel

#### REGULAR CHAPEL SERVICES

#### **Sunday Chapel Service**

- Commence at 11am
- Usually about 30 minutes and includes communion
- Utilise Chapel Support Volunteers to play music as well as help bring patients (in both beds and wheelchairs) to participate in Chapel Services.
- Are broadcast to the TV's in-patient rooms on the wards (in the main block) on channel 800.
- Monthly Catholic Mass First Saturday of the month
- Commence at 11am
- Not broadcast

#### **GENERAL USE**

#### **Examples of Use:**

- Special Services (e.g. remembrance, celebration)
- Prayer/Karakia/Waiata/Kapa haka Groups
- Meetings
- Musical Practice
- Welcomes / Whakatau and Farewells/Poroaki
- Weddings and Naming Ceremonies Baptisms, Funerals and other traditional services

#### **SPECIAL USE**

#### Hosting Tupapaku and whanau in the chapel:

Many (but not all) Maori believe that when death of a loved one occurs, the Tupapaku is in a Tapu/sacred state. The bereaved whanau, known as "whanau pani" are in a state of mourning. Extended whanau will gather around the whanau pani to support and guide them in their time of grief. They will want to ensure the deceased is not left alone at any time until burial or cremation occurs.

When a person dies in hospital and there is a delay between death and removal of the Tupapaku from the site, the Chapel may be used to enable whanau pani and their wider whanau to gather

4

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#### Internal use

around their loved one. This is more likely to occur during the evening when undertakers are unavailable or for the period of time it takes for an undertaker to pick up the Tupapaku to transport them off-site.

Recital of karakia and reflection on the life of the deceased are integral to Tikanga Maori
processes on death due to the high-level status of Tapu, so the appropriateness of locating
Tupapaku and their whanau in the Chapel sits entirely appropriately with the criteria for use of
the Chapel from both cultural and religious perspectives.

A Tupapaku in the Chapel does not prevent others from using it at the same time. The Kaimahi Hauora or the designated staff member will ensure there is open access to the Chapel for all and that if necessary, other arrangements are made to accommodate everyone's needs.

The area on the left front side of the Chapel (by the organ cupboard) has been identified as an appropriate area to locate the Tupapaku. Chairs and pews can be moved to accommodate the need of whanau (please return their original position before leaving).

When Tupapaku are held in the Chapel the following matters need to be considered:

- When it is intended to take a Tupapaku to the Chapel contact in the first instance should be made with the Chaplain. If unavailable a Kaimahi Hauora or other designated staff member may facilitate this process and notify the Chaplain;
- A Wairua bowl for water cleansing and appropriate signage is available for use during Tupapaku presence in the chapel. Ask the Chaplain for access to these items.
- Because the Chapel can be quite hot especially during daytime in summer and nighttime in winter, consideration must be given to the effect of temperature on the body and the speed with which it can deteriorate. Hospital staff will advise in this regard and support any action that needs to be taken;
- Those present with the body should be made aware of the bacterial development that occurs right from the moment of death and so can become a health and safety issue. Again, hospital staff will guide these discussions.
- The Chapel is used for services on Sunday mornings and Catholic Masses on the first Saturday morning of each month. Other groups use the Chapel as well for various events at various times. The Kaimahi Hauora or Chaplaincy Team will advise those who have booked the Chapel if there is a Tupapaku present and the procedures to be followed. There is no expectation of other users being part of the process around Tupapaku however they are welcome to pay respects if they wish.
- The Chapel foyer must always be kept open to enable easy access to the Chapel itself, to the toilet facilities as well as to the Chaplaincy Services office.

#### Note: Food/Drink and hosting Tupapaku and whanau in the Chapel

- It is preferred that food and drink are not taken into the chapel.
- Because Tupapaku are in a 'Tapu' or sacred state and food is 'noa' and removes Tapu, it
  would be respectfully requested that food not be consumed in the Chapel if Tupapaku are in
  there.

5

Title: Chaplaincy Services – Use of Chapel	Document owner: Chaplain/Nurse Educators		Document facilitator: Nursing Directorate Admin
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### **Supporting Information**

- TDHB Chaplaincy Service providing Spiritual and Pastoral Care pamphlet.
- TDHB Ecumenical Chaplaincy flyer.
- McClung, E., Grossoehme, D.H., Jacobson, A.F. (2006). Collaborating with Chaplains to Meet Spiritual Needs. MEDSURG Nursing Vol. 15: No. 3.
- Spiritual Care, 4<sup>th</sup> edition, pp 107-110. Lippincott Williams & Wilkins, USA.
   TDHB Tikanga Recommended Best Practice Policy and Protocols, 2013.

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# **Document controls**

# **Revision history**

Version	Date	Description
Draft 0.1	13/7/2022	Initial draft
Draft 0.2	19/7/2022	Changes made as a result of feedback from consultation
Draft 0.3	19/7/2022	Changes made as a result of feedback from document owner
1	21/7/2022	Final

# **Review and approval**

Person name/committee	Position/purpose	Function
		(Owner   Review   Approve)
Joe Gray	Chaplaincy Lead	Document owner
Cameron Grant-Fargie	IOC Manager/Chaplaincy liaison Nursing	Review
Diana Fergusson	DON	Approve

1

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