

EAST CENTRAL REGION, ACPE

Indiana, Kentucky, Michigan, Ohio & Pittsburgh, PA.

Website Address: <http://www.ecracpe.org>

NEWSLETTER

May/June 2014

CAN YOU BELIEVE. . .

Dennis E. Kenny, Regional Director

The national conference is over, summer units will soon start and summer “may” be upon us in the upper Midwest.

On a personal note, I am now in the middle of scheduling events as I retire at the end of June from the Cleveland Clinic. My phone number will certainly change so I’ll keep you posted. It has been at times the never ending extra year before my retirement and now it’s moving very quickly. The Cleveland Clinic has been the best place I’ve worked for two reasons: (1) employees are invited to be all they can be; and (2) the people in and outside the department have made it special. I am grateful.

ACPE Conference Updates: In some ways the conference in Austin came in like a lion and went out like a lamb. Austin was a great city and, for the most part, the conference was well-planned and executed. Carlos Bell from Dallas will be our president-elect. There was tremendous conversation about the certification changes (or non-changes) before the event, but certification worked hard to make it as clear as they could for candidates. There were many people unhappy with the process, but no real suggestions came forward during the member meeting. I think those that are involved are working hard to facilitate change in clearer ways and there will be more work on the certification process in weeks to come. Stay tuned.

The region was once again well represented in leadership positions in the organization. For instance, **Ruth Alpers** has stepped up to lead accreditation; **Bill Foster** was honored as an emerging leader; **Amy Greene** did a great job as one of the key note speakers; **Ted Hodge** continues as the treasurer for FCPE; **John Peterson** was honored as emeritus supervisor; **Judy Ragsdale** led a workshop and was mentioned several times for her work on supervision. Thanks to all commissioners and committee members. Your contributions are so important. If I missed anyone let me know.

Certification Updates: **Vickie Johnson** for supervisor and **Leslie Small Stokes** for Associate will have to meet the committee again. They both need our encouragement and support as they continue their supervisory journey. Congratulations to the newly certified supervisors: **Jeff Holman, Whit Stodghill, Greta Wagner** and former ECR member **Mary Q. Brown**.

Property Updates: The ACPE offices are listed on the real estate market and lease space has been identified during the transition. Trace Haythorn is talking to local Decatur foundations to help with move and furniture costs. The new space will have class rooms, a boardroom and will be able to house most of our leadership meetings. This space gives us an opportunity to evaluate our space needs and use for a new building. The Church street property continues to grow in value. Decatur has changed its zoning approach and we continue to explore options for partnerships for the new building.

FCPE: Bill Scrivener is the annual campaign chair for FCPE and **Bill Foster** is our champion for this region. The percentage of people contributing to the fund has doubled in the last year. Please keep ACPE in mind for your gift planning for this year. If for no other reason, it is very important as we approach foundations and donors one of the questions they ask is how many of our members support our work.

May your summer be all that you want it to be. May that be so.

Love, Dennis / Email: RD@ecracpe.org Ph: 216-312-6145

PASTORAL CONCERNS & CELEBRATIONS

H. Joan Lyke

Connie Bonner's mother, Alice Knaack died recently. Ms. Knaack had been receiving Hospice care; Connie and other family members were with her at the time of her passing. Remember Connie and her loved ones in your thoughts and prayers. [Connie was a member of our region and is now working in Florida. Her e-mail address is pastorcmb@verizon.net]

FALL 2014 REGIONAL CONFERENCE- September 19-20, 2014
Committee Meetings: Wednesday & Thursday, September 17-18, 2014
The Historic Boone Tavern Hotel & Restaurant, Berea, KY

Leslie Small Stokes

Leslie Small Stokes is the program Chair for the fall conference and the keynote speaker will be **bell hooks**. The registration and program details will be available in July.

Leslie Small Stokes
<lesstokes@gmail.com>

FALL 2015 REGIONAL CONFERENCE INDIANA (Schedule and Venue be determined)

Netetia Walker

Netetia Walker volunteered to serve as the program Chair for the 2015 fall conference. The schedule and venue are yet to be determined. Details will be provided as they become available.

Netetia Walker
<nwalker6@iuhealth.org>

CERTIFICATION COMMITTEE DEADLINES

ACPE Standards & Manuals are on a five-year cycle. The next edition will be published in 2015. Please check the Certification Commission section of the national website for interim changes. **Students in the certification process are responsible for updated procedures and policies. Please check the Procedures & Deadlines regularly for updated information.** For complete information on all Certification matters, refer to the ACPE Certification Manual and the Certification Policies and Procedures Manual.

Note to Supervisory Education Students and Supervisory Candidates: The ECR Certification Committee meets twice a year, once in February and once at the fall meeting, usually in September. A priority is given to applicants needing to meet a committee for a vote (Candidacy and Extensions), but we see Readiness applicants when there is space available.

Supervisory Education Students (SES) and others interested in the Certification process are encouraged to read the 2010 ACPE Standards and the 2010 Certification Manual to find out the latest in terms of what is required in the Certification process.

- **Deadlines for meeting a Certification Committee at the fall regional meeting**, Thursday, September 18, 2014, at the Historic Boone Tavern Hotel & Restaurant, Berea, KY:
- The application and fee must be postmarked by August 18, 2014.
- Materials to committee members must be postmarked by September 2, 2014.
- Questions/inquiries regarding the **Regional Certification Committee** should be addressed to: The Rev. Dr. Yvonne Valeris, M.Div., Pastoral Education Coordinator, ACPE Supervisor, Pastoral Services, The Christ Hospital Health Network, 2139 Auburn Avenue, Cincinnati, OH 45219. (Office 513-585-2266); (Fax 513-585-3171). yvonne.valeris@thechristhospital.com
- Questions/inquiries regarding the **National Certification Commission** should be addressed to: The Rev. Frank S. Impicicche, Manager, Spiritual Care & Chaplaincy Services, Indiana University Health, 550 N. University Blvd., UH 1410, Indianapolis, IN 46202-5250. (Office 317-944-7415; Cell 317-437-2734; Fax 317-944-7440), fimpicci@iuhealth.org.

ACCREDITATION NEWS, NOTES AND – DEADLINES FOR 10-YEAR REVIEWS, SITE VISITS, ETC.

Accreditation Deadlines: For 10 year reviews and any other Accreditation Site Visit requests (e.g., Satellite to Accredited Center) contact Carol Green for deadline information.

Reminder: Satellite Materials (see pages 32-34 in the Accreditation Manual) need to be in at least 30 days before beginning a program at the Satellite center and a provisional letter must be received from the Accreditation Chair prior to recruiting students.

Direct your questions and/or requests for more information to: Accreditation Chairperson, **Carol Green**, Pastoral Educator Sr., Spiritual Care & Chaplaincy Services, Indiana University Health, 550 N. University Blvd., UH 1410, Indianapolis, IN 46202. Office – 317-944-7415; Fax – 317-944-7440; **Cell phone– 502-445-1022**. E-mail - lgreen18@iuhealth.org; CPE Secretary: Lorie Vaughn 317-944-7415; E-mail – lvaughn1@iuhealth.org

JOB/EDUCATIONAL OPPORTUNITIES

Extended Unit - Trinity Community of Beavercreek Dayton, Ohio is accepting applications for the upcoming October 6, 2014 – March 2, 2015 CPE Extended Unit. Group will meet on Mondays from 9:00am – 4:00pm with a two week break in December. Students will negotiate their schedule of 16 clinical hours/week with the Supervisor. Trinity Community, a United Church Homes facility, is an 220 resident setting, engages students in pastoral ministry with elders, their families, and the interdisciplinary team. Trinity's skilled care nursing center, fast track rehabilitation, memory units, and assisted and independent living environments support integration of theory and practice. Opportunities to lead worship, facilitate inclusive discussion groups, and engage elder activities enhance the benefits of CPE in the moment and for future ministry with an aging population. Tuition is

\$450. A non – refundable \$25 application fee is payable to SVCMC. Inquiries, completed ACPE applications, [www.acpe.edu link “forms”], and the application fee are to be directed to the attention of Marie Atwood, Trinity Community CPE Support Staff, [phone 937-426-8481] 3218 Indian Ripple Road, Beavercreek, Ohio 45440. Admissions applications may also be submitted electronically to Rev. Greta Wagner, Director of Pastoral Care and CPE at: gwagner@uchinc.org.

New CPE Internship Program at IU Health: IU Health, Methodist Hospital, Indianapolis, IN is excited to offer a new “expanded” unit of CPE in the fall of 2014. This program will be conducted between October 2014 and May 2015. The program will be designed for people currently involved in ministry or people with other vocational work during the normal work week (M-F) and thus more able to participate in an evening group with weekend clinical service. Thematically the unit of CPE will be designed with a focus on spirituality, including: individual spiritual, faith group spirituality, spirituality in the midst of life crises, and spirituality in film.

The seminar time will be on most Thursday evenings between October and May, from 5 -9 p.m. All students will be required to do on-call shifts at the hospital (selected Saturdays). To fulfill the remaining clinical requirements, students may count clinical work in their current ministry site or may arrange for additional ministry at the hospital.

For more information about this program, contact Michael Saxton (msaxton@iuhealth.org)
317.962.8173

Other job/educational opportunities may be available on the Regional Website:
<http://www.ecracpe.org>

DEADLINE FOR NEXT NEWSLETTER- Monday, June 30. Send to: H. Joan Lyke at hjoanlyke@ecracpe.org. For more information contact: 734-239-3423. Note: There will be no ECR Newsletter published in June. The next newsletter will be in July.

Calendar of Events:

- 09/19-20/2014 – Fall ECR Conference, Boone Tavern Hotel, Berea KY
- 11/15-19/2014 – Fall 2014 ACPE Leadership Meetings, Courtyard Marriott, Decatur, GA
- 02/20-21/2015 - Spring 2015 ECR Conference, Hueston Woods State Park Lodge, College Corner, OH

SUPERVISORY EDUCATION IN THE REGION

Associate Supervisors

Vickie Johnson
Peggy Matacale
Frank Nation
Doug Vardell

Supervisory Candidates

Marcos Collado
Gary Cooper
Mark Eberly
Sarah Ellis
Shawn Gerber
Anastasia Holman
Ephraim Karp
Debbie Mansell
Tony Marshall
Leslie Stokes
Versey Williams

OFFICERS & COMMITTEE CHAIRS

Dennis E. Kenny, Director
Bob Uken, Chair
Beth Newton Watson, Chair Elect
Carol Green, Accreditation
Ted Hodge, Board of Reps
John Peterson, Budget & Investment
Yvonne Valeris, Certification Chair
Martha Amann, Clinical Members Chair
Orin Newberry, Long Range Development
Chair
Bill Foster, Nominations Chair
Frank Nation, History
Karl Van Harn, Professional Ethics
Anastasia Holman & Netetia Walker –REM Co-
Chairs
Daryl Hanson, Secretary
Yoke Lye Kim Kwong, Standards

REGIONAL BUSINESS OFFICE CONTACT INFORMATION

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Spiritual Care Initiative for Professional Excellence (SCIFE) e-News

(Formerly the Ideal Intervention Project e-Newsletter)

Volume 7, Numbers 1-2

Winter-Spring 2014

John J. (Jack) Gleason, Editor

The Problem: A Broken US Health Care System

To “put it in a nutshell,” the US health care system has become too complex and costly. More recent projections by the Centers for Medicare & Medicaid Services indicate that the nation’s health care spending will keep outpacing economic growth despite a recent slowdown, now taking an extra year—to 2021—to reach nearly one-fifth of the Gross Domestic Product. (*Kaiser Health News*, June 13, 2012.)

Furthermore, the system’s reward system is not focused on patient needs, thereby hindering improvements in the safety and quality of care and threatening the nation’s economic stability. (*Institute of Medicine of the National Academies*, September 6, 2012.) [For further documentation, see Steven Brill, “Bitter Pill: How Outrageous Pricing and Egregious Profits Are Destroying Our Health Care,” *Time*, March 4, 2013. 16-55. Elisabeth Rosenthal, “The \$2.7 Trillion Medical Bill.” *The New York Times*, June 2, 2013. 1, 18-19.]

Legislative Response: The Affordable Care Act (ACA)

Under ACA provisions, programs and controls that improve quality outcomes for patients and encourage more accountability among healthcare professionals began to go into effect in 2012. (Maureen Gropp and Mary Beth Schneider, “A New Day for Health Care.” *The Indianapolis Star* June 29, 2012.) State online insurance marketplaces are now operational. The Federal Government is running programs in the states not participating.

In 2015 Medicare will begin to reward the quality—not the quantity—of care under ACA provisions, wherein the Secretary of Health & Human Services will establish a payment modifier based upon the quality of care furnished compared to cost, including measures that reflect health outcomes. Also beginning in 2015 a payment modifier will apply to all physicians. (*The Patient Protection and Affordable Care Act of 2010*. Title III. Subtitle A, Part I, Section 3007, 2010. 670-674.)

Should the ACA be repealed, its impact will continue to be powerfully felt. Republican Medicare proposals are much the same as those of the ACA regarding limiting the overall growth of Medicare spending, increasing the contributions of upper-and middle-class Americans, and raising the eligibility age. (Ricardo Alonso-Zaldivar, “Finances Will Force Medicare Choices.” *The Indianapolis Star* January 2, 2012. A3.)

Corporate Health Care Response: Pay-for-Performance (P4P)

UnitedHealth Group, WellPoint and Aetna Are changing doctor and hospital pay toward P4P values. For example, Aetna is now offering a fee to primary-care practices that meet certain improved care standards. (Anna Wilde Mathews, “UnitedHealth Revamps Fees.” *Wall Street Journal*, February 9, 2012. B1.)

Partners HealthCare, which owns the Brigham and Women’s Hospital plus seven other hospitals and is affiliated with dozens of eastern Massachusetts clinics, in 2012 negotiated new contracts with Medicare and BlueCross BlueShield linking financial reward to clinical performance. Thus, as Brigham and Women’s is able to exceed its cost-reduction and quality-improvement targets, it can keep more money. Missing targets would cause loss of tens of millions of dollars ...a radical shift. Previously hospitals and medical groups mainly had a landlord-tenant relationship with doctors. With such contracts what is done behind doctors’ closed doors is now the hospital’s business too. (Atul Gawande, “Big Med.” *The New Yorker*, August 13-20, 2012. 53-63.)

Spiritual Care Response: Spiritual Care Evidence

Regarding the ancillary disciplines, “As implementation of P4P broadens... nurses and their leaders may be successful in using the programs and the data that come from them to justify investments in nursing services and solidify the profession’s position in the health care system. (Sean P. Clarke, et al., “Challenges and Directions for Nursing in the Pay-for-Performance Movement.” *Policy Politics Nursing Practice* May 2008 9:134.)

The same must also be said for professional spiritual care and education. The proverbial handwriting is on the wall. In remarks at the 5th annual Spirituality and Health Summer Institute hosted by the George Washington University for Health, U.S. Congressman Tim Ryan (D-Ohio) said that practitioners of spiritual care must develop and present the scientific evidence for its value to truly persuade healthcare delivery policymakers and decision makers on Capitol Hill. (*HealthCare Chaplaincy Today*, September 2013.) In other words, P4P “will rule” regarding the survival of professional spiritual care as we know it.

Given this rapidly emerging P4P paradigm in US health care, immediate actions are required to assure that Spiritual Care Departments (SCDs) survive and thrive in the new environment. An appropriate strategy has been set forth previously, and is presented here in abbreviated form. (John J. Gleason, “Can Chaplains Survive and Thrive with P4P?” *Chaplaincy Today*, 28:2, Autumn/Winter 2012. 17-18. and *SCIFE e-News* 6:1, Spring 2013.)

1. The SCD will develop and execute a realistic plan to learn as much as possible about P4P and its impact.

2. The SCD will take advantage of educational experiences and webinars offered by spiritual care associations at annual and regional conferences, as well as webinars.
3. The SCD will also utilize other P4P educational resources, to include: Cromwell, J. et al., eds. (2011). *Pay for Performance in Health Care: Methods and Approaches*. Research Triangle Park NC: RTI Press, 2011; also Studer, Q. (2010). *Hardwire Your Hospital for P4P Success*. Gulf Breeze FL: Firestarter.
4. The SCD will communicate with administrators and colleagues about its work in P4P language. Use such terms as *cost-effective*, *knowledge base*, *desired outcomes*, and *evidence based best practices* as appropriate.
5. In conversation with hospital administrators, the SCD will determine how the department can document current contributions to the institutional bottom line.
6. The SCD will learn more about current financial concerns of the hospital.
7. With administrative guidance, the SCD will pursue new courses of action to help impact the bottom line positively. Potential areas for measurable contributions include: correlating spiritual care with length of hospital stay, readmission rates, patient panic attacks, pain medication requests, complaints, lawsuits, and Advance Directive completion rates (if applicable); correlating SCD staff services with turnover rates, to include new employee orientation, continuing education, crisis intervention, mediation of conflicts, and grief counseling; generating hospital income via community education, support groups, and fundraising; and demonstrating the effectiveness of spiritual care interventions overall.
8. The SCD will obtain assistance from hospital departments with research expertise to help design, execute and determine the results of studies documenting positive SCD effects on the bottom line.
9. The SCD is invited to ask the Editor for details about an effectiveness measurement instrument under development. (mariejohn50@att.net)

Conclusion

Demonstrating the positive impact of spiritual care on hospital bottom lines will allow you, its practitioners and educators, to continue your dedicated service as paid staff and treatment team members. At the same time, demonstrating the positive impact of spiritual care in the healing process for patients assures our ethically mandated attention to improving the quality of care.
