1. Agree who takes initiative for the (listening consultation) services
   - Appoint a ‘champion’ who knows and understands both fields of healthcare and spiritual care
   - Select a ‘champion’ who is willing to invest time in the initial phase of the project
   - Discuss an appropriate title for the initiative with all involved stakeholders

2. Find an motivated, enthusiastic group of healthcare professionals (e.g. PaTz-group or multidisciplinary group)
   - Select a group or chairmen who is motivated for integrating spiritual care into palliative care
   - Seek for a group with frequent meetings

3. Ensure a good match between the spiritual caregiver and the group
   - Determine (e.g. with the chairmen) which “color” or denomination spiritual caregiver is needed

4. Prepare the start well
   - Make customized brochures and hand them out to each group member
   - Agree on a clear route of referral of healthcare professionals to the spiritual caregiver
   - Agree on a financial route of reimbursements: who pays the spiritual caregiver?
     - Think of: rate for consultations, rate for training, rate for participation in group meetings
     - Travel time compensation / travel costs reimbursement
     - Reimbursement for time spend to calling patients for scheduling a consultation
   - Agree on a start date for the consultations, group meeting and training
     - Define the target group (of listening consultation services)
     - Think of: seriously ill patients with chronic disorders, patients' relatives, patients with a wish for euthanasia
     - Agree on form of consultations: walk-in hour or home visits and on route of referral: by patients or by professionals?
     - Agree on (not) sharing personal data
     - Agree on which terms you use and use them unambiguously, e.g. "spiritual caregiver", "chaplaincy"

5. Invest in collaboration and get to know each other
   - Arrange an appointment between the chairman / group and spiritual caregiver
   - Make an inventory of whether the spiritual caregiver is available on data of group meetings
   - Provide each group member with contact details of the spiritual caregiver (business card / brochure)
   - Do an inventory of involved healthcare professionals’ vision on spiritual care
   - Define role of spiritual caregiver and manage expectations: consultations, group attendance, intervision?
   - Inform group members on spiritual care
   - Ask for specific needs for training

6. Invest in a good start and further collaboration
   - Make clear for all involved professionals when consultations can be used
   - Use flyers to communicate
   - Ensure findability of spiritual caregivers: can he / she be found by everyone?
   - Use posters and flyers to communicate about the services
   - Print and distribute flyers regularly
   - Let group members actively offer listening consultation services (by a coordinator)
   - Send a newsletter regularly or put a news message on a website (by a coordinator)

7. Continue to invest: training and customization
   - Offer training and adjust duration of training to the needs of group members
   - Repeat training if desired
   - Plan group meetings in close collaboration with the spiritual caregiver as a group member
   - Send the agenda of the group meeting to the spiritual caregiver beforehand
   - Make sure the spiritual caregiver attends meetings regularly

8. Provide feedback on a regular basis
   - Agree whether the referrer(s) wants feedback and how you eventually arrange giving feedback (e.g. phone, e-mail)
   - Agree that spiritual caregivers ask the patients’ permission for providing feedback to referrer

9. Sustainability and finance
   - Embed the listening consultation services in a local network, e.g. Palliative Care Network
   - Discuss whether there is a maximum number of consultations
   - Match how consultations / services are paid, e.g. on a claim basis
   - Coordinate how a spiritual caregivers keep being involved (e.g. by the Center for Meaning Questions)