

Towards Best Practice Spiritual Care in Australia

Presenter: Christine Hennequin, Spiritual Health Victoria – Melbourne, Australia



Introduction:

Spiritual Health Victoria is implementing two new Frameworks to enable health services to benchmark their existing practices against the current evidence for best-practice spiritual care. This presentation describes the development process for the ‘Spiritual Care in Victorian Health Services: Towards Best Practice Framework’ and ‘Spiritual Care Minimum Data Set Framework’.



Spiritual Care in Health Services: Towards Best Practice Framework

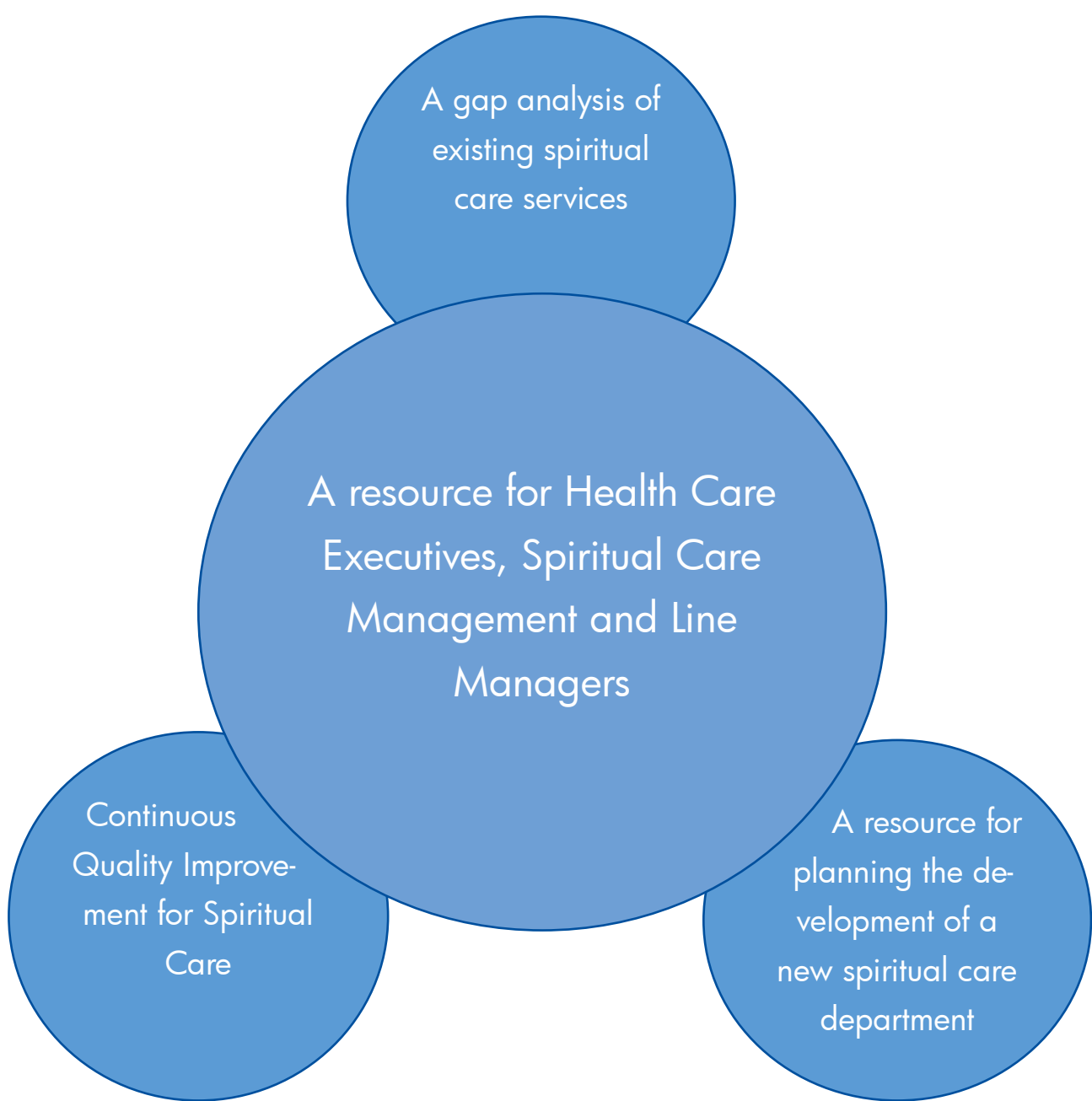
This Framework is intended as a resource for use by health service executives, spiritual care management and their line managers in the consideration of good practice for the spiritual care of patient, families and staff in health services in Victoria including Palliative Care settings. The Towards Best Practice Framework is aligned with state and federal standards including the Victorian *Cultural Responsiveness Framework* and reflects the importance of spiritual care as detailed in the *National Consensus Statement: Essential Elements for Safe and High-Quality End-of-Life Care 2015*.

Consultation process to develop framework:

Spiritual Health Victoria consulted with health executives (HE) and line managers (LM) to determine the key components for the Best Practice Framework (BPF).



Three ways in which this framework can be used:



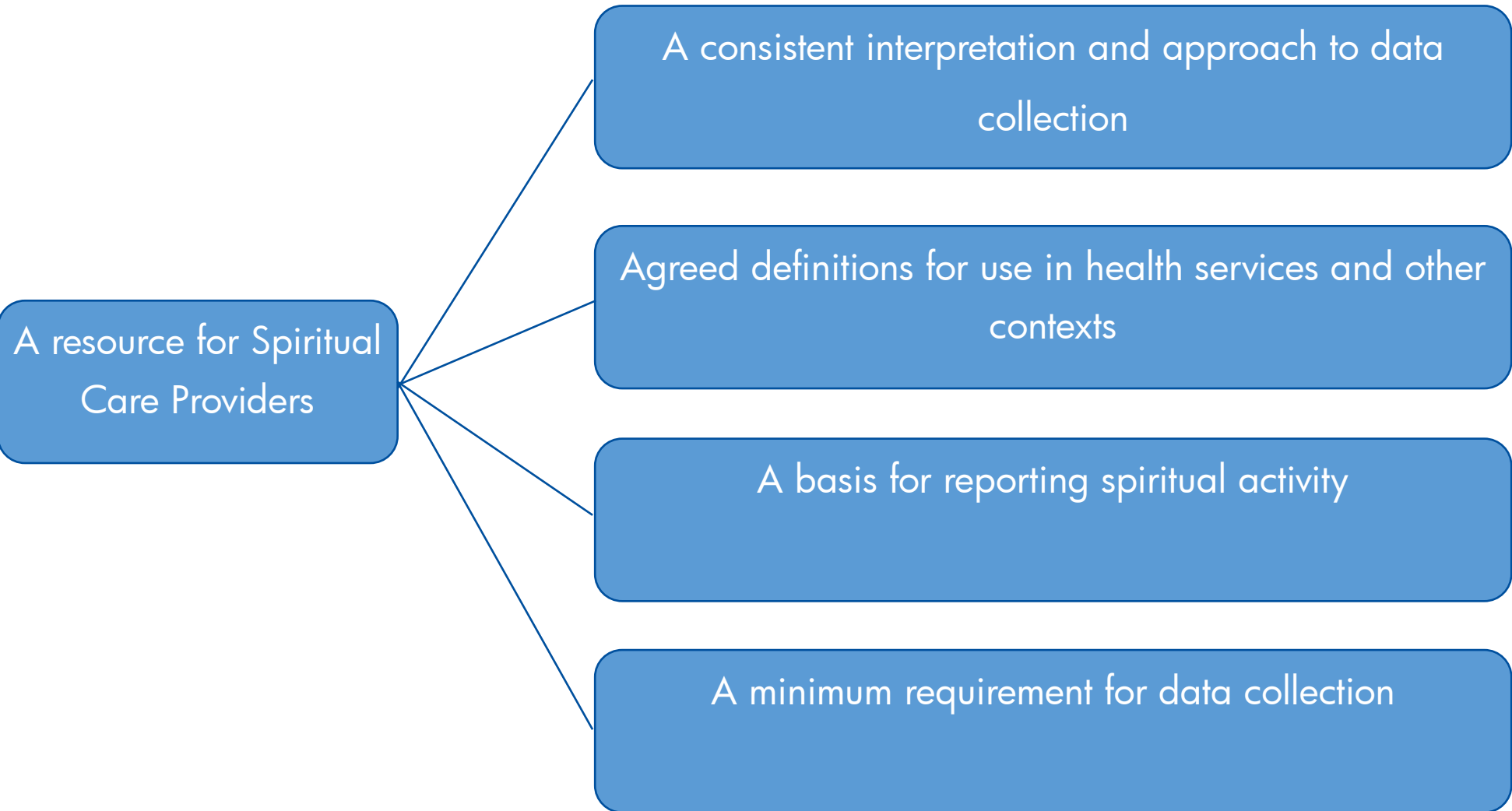
Each of the Spiritual Care in Victorian Health Services: Towards Best Practice key components relates to Palliative Care Australia (PCA) Standards:

Towards Best Practice Framework Key Components	PCA Standards
Governance	2, 3, 4, 9, & 10
Quality Service Delivery and Accountability	1, 2, 3, 6, 7, 12, & 13
Integration	3, 7, 12, & 13
Resources	2, 5, 7, & 10
Staffing (Recruitment and Appointment)	6, 7, 12, & 13
After Hours On-Call Service	1, 2, 3, 4, 6, 7, & 10
Data Collection and Record Keeping	1, 2, 3, 4, & 11
Staff and Organisational Support	1, 2, 6, 8, & 13
Professional Development	5, 12, & 13
Working with Volunteers	2, 5, 8, 12 & 13
Working with Students	12
Research and Future Innovations for Spiritual Care	1, 2, 3, 9, & 11

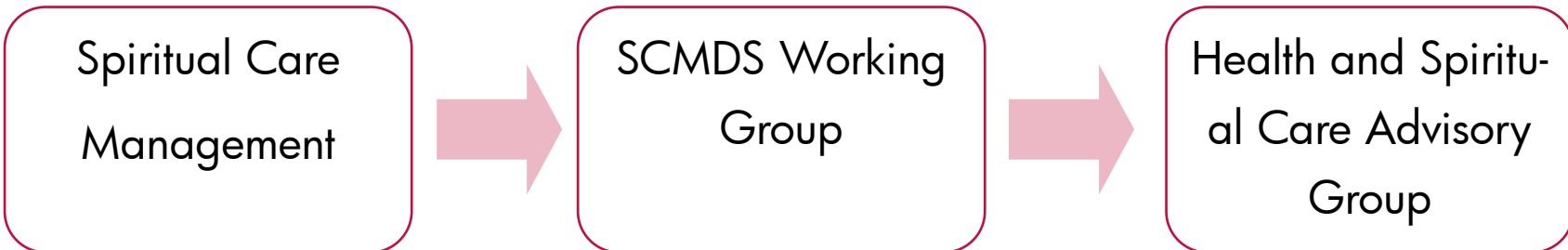
Spiritual Care Minimum Data Set (SCMDS) Framework

This Framework provides a consistent interpretation and approach to data collection across health services in Victoria. It establishes a minimum requirement for reporting spiritual care activity in health & community services. It highlights the importance of collecting accurate data to demonstrate the contribution of spiritual care in a palliative care setting. The SCMDS Framework is aligned to state and federal government standards for person-centred care. It ensures that people have access to quality spiritual care that is responsive to their needs.

Purpose of the Spiritual Care Minimum Data Set Framework:



Consultation process to develop SCMDS Framework:



Spiritual Care practitioners offer the following interventions when providing holistic and person-centred care for people with a life limiting illness:

1. Pastoral Assessment
2. Pastoral Support
3. Pastoral Counselling and Education
4. Pastoral Ritual and Worship.

This Framework has evolved from the Spiritual Care Minimum Data Set Pilot Project which was undertaken by SHV in 2013 - 2014. This included consultation with spiritual care management to evaluate data collection procedures for spiritual care interventions.

A Working Group was established in 2014 and has achieved the following outcomes:

- Reached consensus for definitions for direct and non-direct patient care
- Defined terms and aligned them to current practice for data collection in Victorian health services
- Established a basis for reporting spiritual care activity using ICD-10 AM/ACHI/ACS Pastoral Intervention Codes.

References:

Palliative Care Australia (2005). Standards for Providing Quality Palliative Care for all Australians.

respect - compassion - inclusiveness - excellence