Spiritual Health Victoria

SPIRITUAL CARE MINIMUM DATA SET FRAMEWORK

Spiritual care: Creating more compassionate, person-centred health care

CONTENTS

1. ABOUT SPIRITUAL HEALTH VICTORIA (SHV)

Spiritual Health Victoria (SHV) is the peak body enabling the provision of quality spiritual care in all health service settings. SHV works in collaboration with spiritual care practitioners, faith communities and health services across Victoria and is supported by the State Government of Victoria through the Department of Health and Human Services (DHHS).

Our core strategic intents are to:

- Build capacity and accountability for spiritual care to be delivered as an integral part of person centred care.
- Support faith communities, spiritual care practitioners and health services to provide comprehensive and quality spiritual care that addresses the spiritual care needs of the community.

We do this by:

- Working closely and collaboratively with State Government, faith communities, spiritual care practitioners and other service providers, health services, relevant organisations and agencies, Primary Health Networks, education providers and patients, consumers and carers.
- Developing a competent, skilled and accountable workforce.
- Supporting, developing, innovating and evaluating service provision in response to identified needs.
- Being a discerning, responsive, accountable and reflective organisation.[1]

For 2014-2015 DHHS approved a number of key performance indicators for SHV that included the following deliverables and performance measures:

> *1.3 Spiritual care is increasingly integrated as part of hospitals Quality of Care reporting*
>
> *1.3.1 Development of a Spiritual Care Minimum Data Set to gather data on spiritual care provision to support health services' Quality of Care Reporting.* [2]

This goal was developed to ensure that there is a consensus approach to data collection for spiritual care within healthcare.

[1] Spiritual Health Victoria Inc. (2014) *Strategic Plan 2014-2015* p.1
[2] Spiritual Health Victoria Inc. (2014) *SHV Service Agreement KPI's – 2014-2015*, p.2

2. PURPOSE OF FRAMEWORK

This framework aims to provide a consistent interpretation and approach to data collection across health services in Victoria. The framework also meets minimum reporting requirements for the Victorian Department of Health and Human Services (DHHS).

They establish a basis for reporting spiritual care activity in health services. The document provides a minimum requirement for data collection with agreed definitions for use in health services and other relevant contexts. Health services may use additional descriptors and categories as part of their data collection for recording of spiritual care activity.

Background

Spiritual Health Victoria (SHV) has developed the Spiritual Care Minimum Data Set (SCMDS) Framework in consultation with spiritual care Coordinators and Managers or their representatives in health services to improve reporting to the DHHS. This framework has evolved from the Spiritual Care Minimum Data Set Pilot Project which was undertaken by SHV in 2013-2014. Twenty-two health services participated in the first phase of the project. This included consultation with spiritual care Coordinators and Managers to evaluate data collection procedures for spiritual care interventions. [3]

A Spiritual Care Minimum Data Set (SCMDS) Working Group was established for Phase 2 of the project and met between November 2014 and June 2015. The Working Group consisted of nine experienced spiritual care practitioners primarily Coordinators and Managers representing nine metropolitan health services. Regional and rural practitioners were unable to join the group, however they were consulted during this process.

In 2008, Spiritual Health Victoria (formerly the Healthcare Chaplaincy Council of Victoria Inc) had commissioned a report on benchmarking in Victorian health services.[4] The report's recommendations included the continued development of metrics for a Minimum Data Set for pastoral care. This was followed by the development of reporting standards in 2012.[5]

The development of a Minimum Data Set for reporting also follows the practice of Chaplaincy Services South Australia which has used a common approach to statistical reporting of pastoral care interventions to their Department of Health from about 2009.[6] This framework is a contribution in establishing a national approach.

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[3] Spiritual Health Victoria Inc. (2014): *Spiritual Care at Hospitals in Victoria: Information about the Minimum Data Set Project*

[4] Healthcare Chaplaincy Council of Victoria Inc. (2008) (Collingwood): *Towards Benchmarking in Healthcare Chaplaincy in Australia* (Boddé)

[5] Spiritual Health Victoria Inc. (2012) (Collingwood): *Standards for Reporting on Pastoral Care Services in Victorian Hospitals*

[6] Chaplaincy Services SA. *Guidelines for Statistical Returns*

Developing a consensus approach promotes reliable and accurate data collection within the spiritual care sector in Victoria. It provides an effective platform for the spiritual care sector to engage in quality assurance and research projects.[7]

3. GUIDING PRINCIPLES

There is a global move to expand measures of health and wellbeing, quality of life, human development and capabilities beyond conventional clinical and economic measures and inclusive of the spiritual dimension. The following principles are based on emergent models and understandings of the significant factors that contribute to health, well-being and quality of life.

1. Spirituality is a universal phenomenon
2. Spirituality is one of the domains of holistic health care
3. Spiritual care is respectful of and responsive to diversity
4. Spiritual care is integral to the provision of person centred care
5. Spiritual care is integral to the provision of compassionate care
6. Spiritual care is a shared responsibility
7. Spiritual care requires a whole of system and whole of organisation approach.

4. KEY TERMS AND DEFINITIONS [8]

Use of the Term "spiritual care"

In this document "Spiritual Care" is used as an umbrella term describing a spectrum of services that can be offered in healthcare settings in response to a person's expressed or discerned spiritual needs. These services may include the provision of spiritual support, pastoral care, faith based chaplaincy, religious services and other rituals.

The term "Spiritual Care" is often used and considered as synonymous to "Pastoral Care". In this document the term "Spiritual Care" is used as a means of emphasising to health services, service providers, care recipients and other stakeholders, the essential point of difference in our services from others involved in well-being professions in Victorian healthcare settings e.g. Social work, Counselling etc.

[7] National Safety and Quality Health Service Standards, Standards 1 and 2: viewed on 9 June 2015: http://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf

[8] Spiritual Health Victoria Inc. (2015) *Spiritual Care Providers (Faith Community Appointed) Credentialling Framework* p.6

The term "Spiritual Care" is more consistent with the terminology used by state and federal government departments in recognising and defining various aspects of holistic health for Australians.

Spiritual care contributes to the health, wellbeing and the quality of care of patients and families across Victoria. Spiritual Care Practitioners work in partnership with other healthcare disciplines to provide holistic health care which reflects the World Health Organisation's (WHO) view of health and health care. The WHO recognises the spiritual dimension of health in its definitions of health and Palliative Care.

What is spirituality?

Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. [9]

Spirituality is individual, subjective and can be expressed in different ways. Some people choose to express their spirituality through religion or religious practice, while others may not. Spirituality can also be described as the search for answers to life's big questions, such as: Why is this happening to me? What does it all mean? What gives me comfort and hope? Does my life have meaning? What happens after we die?

What is spiritual care?

Spiritual care is a supportive, compassionate presence for people at significant times of transition, illness, grief or loss. Spiritual care is a collaborative and respectful partnership between the person and their health care provider. It is an integral component of holistic care.

How is spiritual care provided?

When faced with significant illness, many people require more than just physical care to help them cope. This care is most often delivered through attentive and reflective listening and seeks to identify the patient's spiritual resources, hopes and needs. Care is provided from a multi-faith and spiritual perspective offering support, comfort, spiritual counselling, faith-based care and religious services to patients and their families.

Spiritual care professionals are most often employed directly by the institution or in partnership with a faith community and are often referred to as spiritual care practitioners, pastoral care practitioners, chaplains or visiting chaplains. Faith communities across Victoria make a significant contribution to spiritual care services by funding full and part-time positions and providing trained volunteers to add to the breadth and depth of services.

[9] Pulchalski et al., (2014) *Spiritual Dimensions of Whole Person Care: Reaching National and International Consensus*

The importance of spirituality in health

Issues of spirituality, faith and religion are important to many patients in Victoria's health care system. Two in three Victorians connect with some form of religious affiliation with many others describing themselves as "spiritual but not religious". Regardless of whether religious faith is a part of a person's life, assessing a patient's spiritual needs can help determine how they perceive health and illness, death and dying and other major life transitions. These perceptions are likely to influence care plans and the person's ability to cope.[10]

5. DEFINITION OF TERMS

Episode of Admitted Patient Care:

For the purposes of the spiritual care sector, an Episode of Care is defined as:

> "The period of admitted patient care between a formal or statistical admission and a formal or statistical separation, characterised by only one care type. Patient activity must be reported under the campus code at which it occurred." [11]

Unit Record Number:

A unique number assigned to each patient/client by the health service to identify the patient/client across health service systems. Spiritual care can be documented against a patient or client who is admitted or registered with the service i.e. who has been allocated a UR number.[12]

Non-Admitted Patient/Client:

Under some circumstances, patients or clients are provided services but are not yet admitted by the health service. Individual health services have processes to record the intervention statistically for internal reporting.

Spiritual Care Providers:

SHV has identified six categories of Spiritual Care Providers. A different title or description may be used in individual health services to describe these roles and responsibilities:

- **Health Service Professional Practitioner:** Health Service funded and employed practitioner
- **Student:** Clinical Pastoral Education students and other students under Pastoral Care Department supervision and management

[10] Spiritual Health Victoria Inc. (2015) *Spiritual Care Providers (Faith Community Appointed) Credentialling Framework* p.8
[11] Department of Health Victoria: Victorian Admitted Episodes Dataset (VAED) manual, 24th edition, July 2014 Version 1.0, Section 2 – Concepts and Derived Items, p.10
[12] Ibid: viewed on 9 June 2015: http://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf

- **Spiritual Care Department Volunteer:** Spiritual Care Volunteer supervised by the Spiritual Care Department providing universal care
- **Faith Community Professional Practitioner:** an employed Spiritual Care Practitioner funded by a faith community
- **Visiting Faith/Religious Leader:** Minister of Religion, Clergy, Imam, Rabbi, Priest, Monk, Elder etc.
- **Faith/Religious Community Volunteer:** accredited and authorised volunteer from a specific faith community or denomination visiting members of their own faith community.

Spiritual Care Contact:

A conversation or interaction between a **Spiritual Care Provider** and a patient/client and/or their family/support person(s)/carer(s).

A **spiritual care contact** includes face to face contact, contact by telephone or correspondence which relates directly to the patient/client, documentation in the medical record (paper or electronic), referrals to other disciplines or to an external organisation, finding resources as part of the patient's spiritual care. Generally, contacts of less than five minutes duration are not considered to be clinically significant.

Spiritual care contacts may be recorded as:
Single UR – a contact with a **single** patient/client and/or with the patient's family or significant others.
Example: A Spiritual Care Provider supports a patient and a group of his/her family members and a carer. This would be recorded as a **single contact**.

Multiple UR – a contact where **multiple** patients/clients are present and/or when the **multiple patients'** families or significant others are present.
Example: A Spiritual Care Provider facilitates a Support Group where 6 patients/clients are present, this would be recorded as **six separate contacts**.

A contact by a **Professional Practitioner** would meet all the following criteria:

- More than 5 minutes duration
- Provided by a Professional Spiritual Care Provider employed by a health service or employed by an external faith organisation and accredited by the health service
- Provided for a patient, client or family, carer or significant other
- Requires a dated entry in the medical record of the patient/client using an ICD10 Pastoral Care Intervention code or an Allied Health Intervention Code – pastoral care with a UR number)

A contact by a **Volunteer** would meet the following criteria:

- More than 5 minutes duration
- Provided by a Spiritual Care Department Volunteer or Faith/Religious Community Volunteer
- Provided for a patient, client or family, carer or significant other
- Requires a dated entry in the Spiritual Care Department according to agreed departmental procedures for volunteers using an ICD10 Pastoral Care Intervention code or Allied Health Intervention Code – pastoral care.

6. RECORDING SPIRITUAL CARE CONTACTS FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

A pastoral intervention is documented when there is a spiritual care contact between a patient/client or family, carer or significant other and a Spiritual Care Provider. In Victorian health services, spiritual care should be reported using the World Health Organisation's ICD 10-AM Pastoral Intervention Codings or the Australian Classification of Health Interventions Codes.[13] The use of the ICD10AM Pastoral Interventions Codings identifies the different types of intervention provided. This assists Spiritual Care Departments in having a comprehensive understanding of service provision.

In Victoria, Health Information coders primarily use the Australian Classification of Health Interventions (ACHI Code 95550-12), to document pastoral interventions for the Victorian Hospitals Data Reports (HOS Data).[14] Health Information coders may also use all Pastoral Care ICD10AM codes which are described below. Coders count one spiritual care intervention per Episode of Care when it is recorded in the medical record.

Spiritual Care Departments should ensure that there is a clear procedure for recording interventions provided by Faith Community Professional Practitioners, Visiting Faith/Religious Leaders and Faith/Religious Community Volunteers that is available to faith communities for faith community reporting requirements.

Spiritual Care Australia Standards 4 and 9 stipulate the need to record and document spiritual care contacts as part of best practice:[15]

[13] World Health Organisation. *Appendix 3 10-10AM Pastoral Interventions Codings:* http://www.health.gov.au/internet/nhhrc/publishing.nsf/Content/400/$FILE/400%20-%20C%20-AHWCA%20-APPENDIX%203%20ICD-10-AM%20Pastoral%20Intervention%20Codings.pdf
[14] HOSData: Victorian Hospital Data Report http://health.vic.gov.au/hosdata, viewed on 4 February 2015
[15] Spiritual Care Australia *Standards of Practice 2013*, Version 1

The following procedure is used to record spiritual care contacts:

- If more than one Service Provider is involved, each Provider will note a contact with a patient/client using the relevant ICD 10-AM Pastoral Intervention Codings or the Australian Classification of Health Interventions Codes (ACHI) as per above.
- Recording or documenting details of the spiritual care contact is counted as part of that contact.
- The **primary** expression of a Pastoral Intervention is recorded for reporting to the DHHS, as per the ICD10 Pastoral Intervention Codings or the ACHI Codes. Therefore, one contact with a patient = **one Pastoral Intervention**.
- Pastoral Ritual or Worship: practitioners should record **one intervention per ritual** undertaken regardless of the number of people present. Providers can include the number of people attending and the time taken according to the individual health services' internal documentation requirements.
- The **number of referrals** to the Spiritual Care Department is recorded whether internal (within the health service) or external (from external organisations, faith communities or their representatives, family, support persons).

7. DEFINITIONS OF PASTORAL INTERVENTIONS

96186-00 Pastoral Assessment

An appraisal of the spiritual wellbeing, needs and resources of a person within the context of a pastoral encounter.

96187-00 Pastoral Ministry or Support [16]

The provision of the primary expression of the service, which may include: establishing of relationship/engagement with another, hearing the story and the enabling of pastoral conversation in which spiritual wellbeing and healing may be nurtured, and companioning persons confronted with profound human issues of death and dying, loss, meaning and aloneness. Predominantly a "ministry of presence and support".

96087-00 Pastoral Counselling or Education

An expression of pastoral care that includes personal or familial counsel, ethical consultation, a facilitative review of one's spiritual journey and support in matters of religions, belief or practice. The intervention expresses a level of service that may include counselling and catechesis for example, and the following elements may be identified: "emotional/spiritual counsel", "ethical consultation", "religious counsel/catechesis", "spiritual review", "death and dying".

[16] Carey, L. & Cohen J. (October 2014) *The utility of the WHO ICD-10-AM Pastoral Intervention Codings within religious, pastoral and spiritual care research*. Journal of Religion and Health. 53 (5)

96109-01 Pastoral Ritual/Worship

This intervention contains the pastoral expressions of informal prayer and ritual for individuals or small groups, and the public and more formal expressions of worship…elements of this intervention may include "private prayer/devotion"; bedside "Communion" and "Anointing" services; "Blessing and Naming" services following a stillbirth or a miscarriage, and other "sacrament" and "ritual expressions"; "public ministry" – "Eucharist/Ministry of the Word", funerals, memorials, seasonal and occasional services.

95550-12 Allied Health Intervention, pastoral care

A general code used to indicate the involvement of a specific Allied Health discipline (in this case, pastoral care) during an episode of care.

8. OPTIONAL CATEGORIES FOR INTERNAL HEALTH SERVICE REPORTING

Contact Duration (Time):

Contact Duration is the duration of time in minutes, spent by the Spiritual Care Provider providing the service in direct contact with the client (or with a family member, carer or external health care provider on behalf of the client). Time spent documenting the intervention in the medical or other record should be included in the contact duration as per Spiritual Care Australia Standard 4 and 9 and this framework.

Direct or Indirect Activities:

Health services address these categories differently: each health service determines whether the following activities count as **direct/clinical** or **indirect/non-clinical** activities:

Direct *(Individual Patient Attributable) Clinical Activity*: Some health services document time taken at multidisciplinary meetings and travel to clients/patients as direct/clinical activity. These activities are costed directly to a patient/client's UR number.

- **Multidisciplinary meetings:** Time allocated for the meeting is split and recorded against relevant patients' UR numbers.
- **Travel:** Time spent in travel is split between the clients or patients or families visited during that time. The time is directly recorded against the client/patient's UR number.

Indirect *(Non-Individual Patient Attributable)* or *Non-Clinical Activity* is recorded as time taken to complete the activity. These include activities which cannot be directly costed to a patient/client UR.

- **Meetings** (including Departmental team meetings, Ethics and Quality Assurance meetings etc.) Some hospitals will include Multidisciplinary meetings under this heading.

- **Administrative activities** (includes planning, admin activities general, human resources, general liaison activities with organisations and faith communities, travel): Travel can also be documented as total time under administrative activities under a separate Travel category - Non UR Related).
- **Memorial Services:** This is a non-UR or indirect clinical activity. Support is for the family and significant others and no longer for the patient or client. This activity is not eligible for funding, however it is important to record the activity as part of spiritual care provision in your health service. Spiritual Care Departments usually note the time taken for planning and conducting the service. It is sometimes noted under Bereavement Care or Palliative Care as appropriate.

Outcomes

Spiritual care "Outcomes" can be included as part of reporting within your department and health service. SHV recommend the use of our standards for Reporting on Pastoral Care Services in Victorian Hospitals 2012.[17] The development of evidence-based Outcome measures for spiritual care through research is part of SHV's Strategic Plan 2015-2018.

Spiritual Support of Health Service Staff

As part of their role, Spiritual Care Departments regularly provide support for staff. These activities are **Non-UR related** and include the following:

- Face to face Pastoral Interventions to staff including Pastoral Assessment, Ministry, Counselling, Ritual/Worship
- Formal staff support when appropriate
- Development of supportive relationships and rapport with staff
- Education about spiritual care for health service staff.

It is important to document these activities and report them internally on a regular basis. This provides an accurate overview of all the activities undertaken by a spiritual care department.

9. CONCLUSION

A Minimum Data Set for Spiritual Care illustrates only part of the work of Spiritual Care Providers. Qualitative information such as case studies contributes to demonstrating the value of spiritual care as part of person-centred care. The Spiritual Care Minimum Data Set will continue to evolve as we develop a firmer evidence-base through research within the health sector in Victoria.

[17] Spiritual Health Victoria Inc. (2012) *SHV Standards for Reporting on Pastoral Care Services in Victorian Hospitals*

For more information please contact:

Christine Hennequin
Manager – Support and Development
Spiritual Health Victoria

E development@spiritualhealthvictoria.org.au
P (03) 8415 1144
www.spiritualhealthvictoria.org.au