

# Towards Best Practice Spiritual Care in Australia



Spiritual Health  
Victoria

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## 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'.

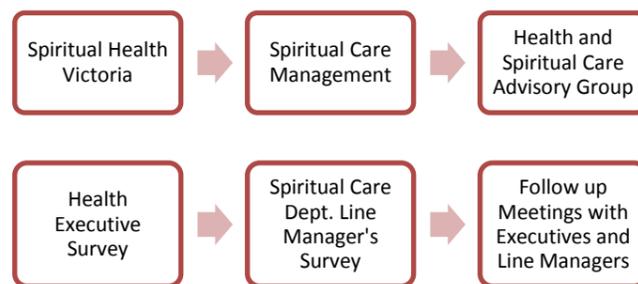
## Spiritual Care in Victorian Health Services: Towards Best Practice Framework

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.

### 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. Respondents rated the following items in terms of importance (% extremely or very important, HE/LM):

- Definitions of spirituality and spiritual care (90%/90%)
- Key components for best practice in spiritual care (90%/90%)
- Role of spirituality in health (100%/80%)
- Staffing including recruitment, appointments and after-hours on call service (90%/85%)
- Training, Professional Development and Research (90%/85%)
- Checklist for setting up a best-practice spiritual care service (80%/90%)
- Checklist for a gap analysis for best practice service delivery (80%/90%)



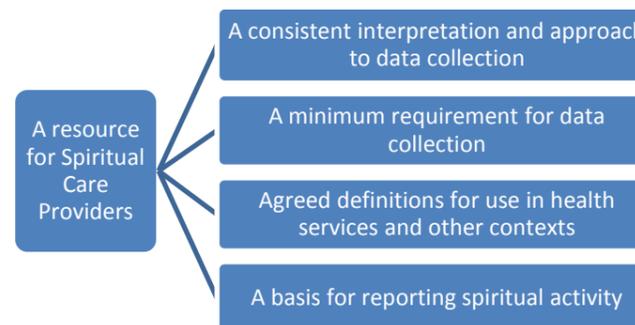
### Three ways in which this framework can be used:



## 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 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.

### Purpose of the Spiritual Care Minimum Data Set Framework:



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

### Consultation process to develop SCMDS Framework:



## Next steps – Implementation of Spiritual Care in Victorian Health Services: Towards Best Practice and SCMDS Frameworks:

- SHV is evaluating Audit Tool 2 from the 'Spiritual Care in Victorian Health Services: Towards Best Practice Framework' and liaising with health services regarding Pilot Projects in 2016.
- The review and evaluation of both Frameworks will occur at the end of 2016 - beginning of 2017.

