Canberra Health Services Consultation Paper

Spiritual Support Service Review

Spiritual Support, Division of Allied Health

August 2022

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1.Introduction

Canberra Health Services (CHS) is focussed on the delivery of high quality, effective, person centred care. It provides acute, sub-acute, primary and community-based health services to the Australian Capital Territory (ACT)—a catchment of approximately 400, 000 people. It also services the surrounding Southern New South Wales region which includes the Bega Valley, Bombala, Cooma-Monaro, Eurobodalla, Goulburn, Mulwaree, Palerang, Queanbeyan, Snowy River, Upper Lachlan Shire and the Yass Valley.

CHS administers a range of publicly funded health facilities, programs and services including but not limited to:

- **The Canberra Hospital:** a modern 600-bed tertiary hospital providing trauma services and most major medical and surgical sub-specialty services.
- **University of Canberra Hospital Specialist Centre for Rehabilitation, Recovery and Research**: a dedicated and purpose-built rehabilitation facility, with 140 inpatient beds, 75-day places and additional outpatient services.
- **Mental Health, Justice Health, Alcohol and Drug Services:** provide a range of health services from prevention and treatment through to recovery and maintenance at a number of locations and in varied environments for people suffering from mental health issues.
- **Dhulwa Secure Mental Health Unit:** a purpose designed and built facility providing clinical programs and treatment options for people suffering from acute mental health issues.
- **Six community health centres:** providing a range of general and specialist health services to people of all ages.
- **Three Walk-in Centres:** which provide free treatment for minor illness and injury.
- A range of **community based** health services including early childhood services, youth and women’s health, dental health, mental health and alcohol and drug services.

CHS is a partner in teaching with the Australian National University, the University of Canberra and the Australian Catholic University.

On 1 October 2018 ACT Health transitioned into two separate organisations being the ACT Health Directorate (ACTHD) and Canberra Health Services (CHS).

The current organisational chart and the recent Annual Report and the ACT Government Budget Papers provide more detail about CHS and can be provided on request.

2. Background

Spirituality is acknowledged as one of the key dimensions of healthcare. Spiritual care provides emotional and spiritual support to consumers and their families: exploring meaning, hope, beliefs, traditions, values and practices. It promotes coping and helps to make meaning of a situation, especially at times of transition and crisis, as is often experienced during hospitalisation. Published benefits of Spiritual Care in healthcare include:

- Improved consumer outcomes and increased rates of consumer satisfaction
- Improved mental wellbeing, relief from distress and reduced anxiety
- Increased satisfaction among families, including those who are bereaved
- Improved staff well-being though addressing uncertainty and providing staff the opportunity to feel cared about
- Improving person-centered care through improved education and communication with the multidisciplinary team about the individual patients' spiritual needs.

Spiritual Support aims to provide assessment, counselling, support, and rituals in matters of a person's beliefs, traditions, values and practices enabling the person to access their own spiritual resources. Spiritual care should be provided to staff, consumers and their families.

The Office of the Executive Director of Allied Health commissioned a review of the Spiritual Support Services at CHS. This Review was initiated for the following reasons:

- CHS Spiritual Support Services are primarily provided by a volunteer workforce. The COVID-19 pandemic has had a substantial impact on the volunteer workforce and as a result limited spiritual support services have been provided at CHS since 2020.
- The Spiritual Support Services Manager position has remained vacant for an extended period of time disrupting the co-ordination of the workforce, governance and service continuity.
- With the growing body of literature detailing community needs, outcomes and service delivery models, CHS needed to review current practices against best practice guidelines and evidence-based practices.

This Review has occurred in partnership with the Spiritual Health Association and has examined existing models of care, workforce structure, governance, and consumer needs. The outcome of this Review provides an opportunity for CHS to improve consumer and staff access to evidence based Spiritual Support services.

3. Purpose

The purpose of this paper is to describe the outcomes of this Review and the recommended Model of Care. Consultation is required on the Model of Care:

- As change is proposed in the size of the professional workforce, hours of operation and model of care. Three Options are proposed in this consultation, detailed in Section 6.6
- A funding source needs to be identified if a professional workforce and best practice model of care is supported in this consultation.

4. Current model

Spiritual Support Services at CHS have traditionally been co-ordinated by the CHS Spiritual Support Services Manager (Administrative Services Officer Class 6) who is responsible for:

- Delivery of Spiritual Support Services throughout the Canberra Hospital and University of Canberra Hospital campuses
- Recruiting and retaining volunteer spiritual carers
- Promotion and education of the service to clinical staff with establishment of referral procedures
- Coordination with members of multifaith and philosophical groups to deliver spiritual care to patients and staff within CHS.
- Maintain the multi-faith room so that it can be used by the public for prayer and reflection

The Spiritual Support Services Manager reports to the Psychology Manager, Acute Allied Health Services within the Division of Allied Health and has remained permanently vacant for an extended period.

The Spiritual Support team primarily consists of chaplains funded by faith-based organisations (two Catholic chaplains (2 FTE), one Uniting Church chaplain (0.6 FTE) and two Anglican chaplains (0.48 FTE)) and volunteer Spiritual Carers. A Therapeutic Harpist is co-located with the Spiritual Support team, this role is operationally managed and funded by the Canberra Hospital Foundation. Volunteers include one generalist Spiritual Care practitioner who provides support to Palliative Care, one male Muslim body washer and one female Muslim body washer. Chaplains are appointed by their religious organisations and undergo on-boarding through Volunteer Services. Chaplains and volunteers must maintain their mandatory training updates and vaccinations. Chaplains report to their religious governing bodies. There are currently no Memorandums of Understanding (MoU) in place between religious organisations and CHS.

Spiritual support at CHS operates on an informal model of care. Referrals are received by spiritual carers through several means:

- Volunteer spiritual carers access the ACT Patient Administration Scheme (ACTPAS) to identify inpatients who have nominated a particular religious affiliation on their personal healthcare record
- Patients or family members self-refer to Spiritual Support Services
- Patients or family members refer to Spiritual Support Services through CHS staff.
- Staff members self-refer to Spiritual Support Services

- Unit managers refer to Spiritual Support Services for spiritual support including structured staff debriefing.

Spiritual carers visit patients and staff for individual or group visits. Their visits are guided by the individual's needs. Spiritual carers do not record visits in the patients' medical record. Informal records may be kept and stored as determined by the Spiritual Support Services Manager. There are no documented policies and procedures in place, other than those outlined by Volunteer Services which are general and unrelated to delivery of spiritual care services.

There is no formal after hours service however some chaplains and ministers will provide visitation after hours on request. Some consumers and families seek spiritual support from members of their own communities, who attend consumers under normal public visiting procedures.

5. The Review of Spiritual Support Services

The Review has examined existing models of care, workforce structure, governance, and consumer needs, resulting in recommendations to improve consumer and staff access to evidence based Spiritual Support services. A variety of key stakeholders have been consulted, including the chaplain and volunteer workforce, the following activities were undertaken:

- Review of the literature and best practice guidelines
- Consultation with key stakeholders through written communication, community focus groups, interviews and staff survey
- Benchmarking with health services from other jurisdictions
- Completion of a gap analysis of CHS current service against the Guidelines for Quality Spiritual Care in Health (2020)
- Consumer feedback drawn from a published National research paper.

A comprehensive report is available providing detailed findings from this Review. In summary, the Review has identified that CHS Spiritual Support Services:

- Do not provide a sustainable, adequate or equitable service that reflects the needs of the population
- The team providing spiritual care are under resourced, predominantly volunteers and the care provided is predominately faith based
- Benchmarks poorly with other Spiritual Support Services in healthcare networks across Australia in way of professional workforce FTE and model of care
- Are not delivering consistent and best practice services
- Have limited leadership, governance and processes within the service
- Is not integrated and aligned within the healthcare team at CHS
- Is highly valued by staff, consumers and stakeholders.

"Over the years of our collaboration, the Palliative care service has found the spiritual support that we've been provided a key clinical resource. Spiritual care is a critical element of the holistic care that we would routinely provide to our patients, and the integration of [volunteer] spiritual care support and workers into our usual business including MDT meetings has significantly improved our confidence that we are meeting the needs of patients and families. Spiritual care providers often have key skills or opportunity to engage with patients and families that we (the rest of the team) don't have. Working closely with the spiritual care team has extended our ability to meet the needs of our patients and their families, a fact, unfortunately, displayed to us when our capacity to provide these types of care has diminished due to a lack of access to the spiritual care team and multiple times during the pandemic. In our opinion, improving palliative, comfort and supportive care in our institution requires more access to spiritual care services which are adequately resourced to allow further close integration with clinical teams." – staff member Palliative Care, CHS

5.1 Literature Review

A review of the relevant healthcare literature examined the evidence regarding Spiritual Support services in healthcare practice. Key findings are summarised below:

- **Spiritual Support is essential to the delivery of person-centred holistic care**
  Spiritual Support is relevant for the delivery of whole person care. There is a growing body of research showing:
  - The impact of spiritual distress on medical treatment
  - The positive impact of spiritual resources on medical treatment
  - The impact of care for spiritual needs on patient satisfaction.

  Vandenhoeck et. al. (2021)

- **Spiritual Support is directly linked with higher levels of patient satisfaction**
  Tan (2020) reported Spiritual Support in the hospital setting can lead to positive consumer outcomes and increased rates of consumer satisfaction. Healthcare consumers who are seen by Spiritual Care practitioners report higher levels of satisfaction with their hospital stays. Spiritual Support is also associated with greater satisfaction among families whose loved ones died in an ICU (Antoine, 2022). Lobb et. al. (2018) found a significant correlation between positive patient experiences and having more Pastoral Care visits.

- **Spiritual Support provided by trained Spiritual Care practitioners is associated with improved mental wellbeing and reduced levels of anxiety and distress about medical treatment**
  Spiritual Support provides people with emotional support, improved mental wellbeing, relief from distress and reduced anxiety (Tan, 2020). Antoine et. al. (2022) reported that Spiritual Support is associated with lower levels of anxiety and improved coping for healthcare consumers.
  Spiritual Support can add value to consumer wellbeing and experience within the healthcare system (Puchalski, Vitillo, Hull, & Reller, 2014). A study by Macdonald (2017) demonstrated equal improvement in wellbeing for people receiving Spiritual Support or anti-depressants in primary care. Further research by Macdonald (2018) demonstrated

that people receiving Spiritual support and no anti-depressants showed improved wellbeing and had fewer GP appointments (cited in Skinner et al, 2022).

- **Spiritual distress and high spiritual risk, when left untreated, can lead to negative health outcomes**
  Trained Spiritual Care practitioners can address spiritual distress, which, if left unaddressed, can lead to increases in patient anxiety and suicide risk (Tan et. al. 2020). *"Patients may have spiritual and religious beliefs that when unattended in the hospital healthcare setting, can cause loss, spiritual distress and/or disenfranchised grief further contributing to experiences of dehumanization."* Dobrowolska et. al. (2022)
  Healthcare consumers with reduced capacity to cope and spiritual struggle experience negative health outcomes, such as increased mortality, psychological distress, depression, and slower recovery compared to those who show positive spiritual coping (Jankowski et.al. 2011).

- **Spiritual Support needs to be inclusive**
  "Spiritual Care is no longer an ''agent of the Church'' nor of the faith communities. It is no longer enough either, to describe Spiritual Care as having a ''multi-faith approach'' and to believe that this language is inclusive of the diversity of beliefs, values, practices, and traditions found in our complex societies." (Holmes et al 2019). Lobb et. Al. (2018) found that Spiritual Support visits were considered helpful to those who did not consider themselves spiritual or religious.

- **Spiritual Support should be integrated with the healthcare team**
  Spiritual Care practitioners employed by health services are specialists working alongside their healthcare colleagues as activists for the spirit. They are representative of the religious, non-religious, and spiritually diverse of the Australian population. The faith communities provide faith-specific care as agents of their religious tradition and in response to the identified spiritual needs of people (Holmes et al 2019). A best-practice model is a professional model of Spiritual Support which is fully integrated in the health service, with equitable access for consumers of all faiths and beliefs, their families, and staff (Antoine et al 2022).

- **Spiritual Support should be available to healthcare staff as well as healthcare consumers**
  Sarmiento (2020) states that there is a need to provide a comprehensive Spiritual Support programme for health professionals on the frontline working with and affected by COVID-19 so that they may cope and achieve wellbeing. Working in healthcare can be a difficult job and Spiritual Care practitioners can help with managing staff distress and trauma, which potentially could help with staff retention. Some healthcare leaders view Spiritual Support as allies in maintaining productivity and addressing uncertainty, giving staff the opportunity to feel cared about (Antoine et. al. 2021).

5.2 Consumer and Staff Feedback

Feedback was received through staff survey and on review of findings from The Future of Spiritual Care in Australia: A national study on spirituality, wellbeing and Spiritual Care in hospitals”. This is a national study conducted by McCrindle Research commissioned by the Spiritual Health Association in 2021. This study found:

- Spirituality is integral to wellbeing
- Many Australians express desire for more holistic care in hospitals
- 54% of Australians of all religious and spiritual backgrounds have a desire to receive Spiritual Care in the future
- Most people (69%) believe that Spiritual Care practitioners should hold suitable qualifications.

CHS staff reported:

- They value Spiritual Support for workplace wellbeing and positive culture
- Spiritual Support Services have a positive impact on patient care
- The service is unable to respond to the diverse spiritual needs of consumers and referrals are not always responded to.

“My direct experience of referring a patient for spiritual support was excellent. [Spiritual Care practitioner] was immediate in in his advice, counsel and assistance and met the patient in ED very quickly. The impact of his support and 'just sitting' with a scared young man about to face dialysis was immense. Unfortunately, our Spiritual support services within CHS have been whittled away and I was just very lucky to get access to [Spiritual Care practitioner]. We need more services. It should be a fundamental part of our care - for our patients’ families and our staff.”

CHS Staff member, June 2022

6. Future model

6.1 Scope of the preferred future model

Spiritual care provides emotional and spiritual support to consumers and their families: exploring meaning, hope, beliefs, traditions, values and practices (SHA Guidelines 2020). Spiritual care enables a person to explore their inner life and access their own spiritual resources, including significant relationships and connections with people, nature, the transcendent. It promotes coping and helps to make meaning of a situation, especially at times of transition and crisis, as is often experienced during hospitalisation.

The future model is proposed to be a best-practice, professional model of spiritual care which is fully integrated in the health service and part of the Division of Allied Health (NZ

Healthcare and SHA, 2022), with equitable access for consumers of all faiths and beliefs, their families and staff (Antoine et al., 2022). Such a model aligns to requirements of the National Safety and Quality Health Service Standards, the National Palliative Care Standards and CHS' Partnering for Exceptional Care 2020-2023: Partnering with Consumers Framework (2020).

The recommended model of care can be delivered through two options (Option 2 or 3) as outlined in Section 6.6. The service hours will vary according to the level of funding invested. Option 3, the Holistic Professional Extended Model of Care is detailed in this section.

Service Operation

- Weekdays 8.30am - 4.30 pm
- After-Hours service available from 4.30pm till 8.30am
- Weekend services include a Duty Spiritual Care Practitioner on site between 8.30am – 12.30pm and on-call afterwards.

Referral Indicators for Spiritual Care include

- Critical or significant incident response for consumer or family
- End of Life Care/Bereavement
- Withdrawal of treatment/palliation
- Spiritual Distress
- Disengagement/Non-Engagement of consumer
- New Diagnosis
- Emotional Support
- Religious needs, Prayer, Rituals, Sacraments.

The following clinical areas are identified as those where high acuity and highest need for Spiritual Support Services are likely:

- ICU
- NICU
- Renal
- Oncology
- Palliative Care
- Emergency
- Mental Health inpatients
- End of Life care and bereavement support for families
- Labor Wards and Maternity.

Consumers and their families and significant others can self-refer or can be referred by a health professional or CHS employee who has identified a spiritual concern.

Consumers will be triaged according to the Acute Allied Health Clinical Prioritisation Guideline (CHS 21/451) with a response within the relevant timeframes according to the level of risk.

Assessment

Spiritual Assessment should be conducted by a qualified Spiritual Care practitioner. Assessment identifies the spiritual needs of individuals and determines most appropriate ways to meet these needs. Spiritual Care assessment may include the use of validated assessment tools such as FICA, FACIT-sp12, Spiritual Distress Assessment Tool (Monod et al., 2010), PC-7 (Fitchett et al., 2019) or the Spiritual Assessment and Intervention Model (Kestenbaum et al., 2021). It will incorporate:

- Collaboration with the individual, relevant others and healthcare team to determine issues, priorities and goals of care
- Identification of spiritual resources of individuals
- Identification of external resources that may benefit individuals
- Documentation of assessment results in the medical record.

Intervention

Intervention is conducted according to needs identified during assessment. Interventions include but are not limited to:

- Spiritual counselling, guidance or education
- Spiritual support
- Spiritual ritual.

The following can be provided as part of the interventions:

- Provision of supportive compassionate presence
- Attentive and reflective listening
- Facilitating links or referral to appropriate faith and philosophical communities, particularly for the provision of religious ritual or sacrament and/or facilitating links to other health professionals for ongoing psychosocial and cultural support (e.g., social work, psychology, Aboriginal Liaison Officer) beyond the scope of Spiritual Support
- Providing external/tangible resources, such as images, symbols, texts, music, etc.
- Facilitating prayer, reflection, meditation and rituals
- End of life support
- Grief and bereavement support.

All activity is documented in the medical record.

Multi-disciplinary intervention and discharge planning

Spiritual support staff should be included and participate in the multi-disciplinary team, attending case conferences, family meetings and ward huddles. This would create strong

links especially with high acuity areas and improve communication and referrals, as well as contributing to the delivery of person centred patient, family and staff care.

6.2 Physical design/structure

Spiritual Support Services staff office space is located in Building 15 at The Canberra Hospital and access for staff only is via a lift or the stairs and via a secure door for health professionals. The public have access to the Sacred Space/Reflection area on level 2, Building 3. Consumers and families can contact Spiritual Support Services via the telephone or via Ward staff.

Office space at The Canberra Hospital consists of:

- A Manager's Office
- Office space for 9 will be required including desks, personal computers
- Storage space and space to prepare for rituals in the Sacred Space
- Access to private meeting rooms for team and other meetings
- Access to private meeting rooms to provide spiritual support and counselling to consumers and their families.

The University of Canberra Hospital (UCH) has a multi-faith room which is available for consumers, staff and visitors. It is located on ground level near Pathology and Medical Imaging.

Sacred Spaces

Universal, inclusive and inviting Sacred or reflection spaces meet the need of people of all faiths and philosophies, showing respect to all by using appropriate artwork or symbols. Welcoming and flexible spaces for quiet reflection, contemplation and ceremonies and events including inclusive gatherings, would serve the community at CHS and UCH hospitals appropriately. (SHA 2020b).Ablution facilities are required for particular faiths and need to be incorporated in the sacred space areas.

The Multi-Faith room at Canberra Hospital, with minor modification, meets these requirements.

6.3 Staffing

To provide a 7-day extended best-practice service this model of care requires:

- Professional (certified) spiritual care workforce of 5.6 FTE
- Denominational Chaplains (2.85 FTE)
- Administrative support (0.4FTE)

FTE provided by the denominational Chaplains with scope of practice as agreed in an MoU:

- Anglican Chaplain: 0.48 FTE

- Catholic Chaplain: 1.8 FTE
- Uniting Chaplain: 0.6 FTE

Governance of the current denominational Chaplains will be addressed through the establishment of Memorandums of Understanding (MOU's) with each of the three faith communities: Anglican Catholic and Uniting churches. This clarifies the governance structure and confirms their role and scope of practice.

Volunteers

Volunteers from faith communities can provide screening of patients and work within a limited scope of practice, including offering appropriate religious rituals such as sacraments, under the direction of the Spiritual Support Service Manager and their Chaplain Team Leader. The number of volunteers should be limited as they need to be supervised, debriefed regularly, and supported with ongoing training and development. An annual performance review is required to ensure that the volunteer is competent and working within their scope of practice. Volunteers should not be performing assessments or complex spiritual care in high acuity settings which require a professional response.

6.4 Benefits of the future model

The evidence outlines the benefits of implementing a best practice model of care:

- Meeting CHS's visions and values, being progressive, innovative, respectful and a compassionate model of spiritual support which embraces the needs of consumers, families, staff and the organisation, while meeting best practice
- Increased consumer reported satisfaction with their hospital stay
- Increased satisfaction among families, including those who are bereaved (Johnson et al., 2014)
- Lower levels of anxiety and increased patient coping (Antoine et al., 2022)
- Improved education and communication with multidisciplinary staff to improve person-centered care (Rykkje 2022).

6.5 Implementation of the future model

This model of care requires investment in the professional workforce. If endorsed successful implementation is anticipated to occur over 6months and requires:

- Change management strategy
- Recruitment
- Procedural development
- Staff education
- MOU development
- Additional budget.

Immediate actions for implementation include

- Communicate to key stakeholders' outcome of the Review and this Consultation
- Acknowledge the contribution of the Chaplains and volunteers
- Recruit a manager who is an accredited and experienced Spiritual Care Leader
- Establish MoU's with Catholic, Anglican and Uniting Churches & support Chaplains
- The Manager rebuilds relationships with external faith communities and entities which represent the faith and philosophical beliefs of the patient demographic, with managers of services at CHS and the Director of Allied Health
- Spiritual Care Services adopts a referral, assessment, intervention and discharge procedures that align with best-practice spiritual care

6.6 Options

The recommended model of care is dependent on formation of a professional workforce. As internal funding will need to be sourced to fund increased staffing, three options are detailed below for consideration in this consultation.

Model of Care (MoC) Options	Staffing Requirements	Additional funding required
Option 1 Retain the existing MoC • Patient focused • Limited Faith Based response • Weekday service. Implement MOU with faith-based organisation. Limited volunteer workforce at the discretion of the Manager.	• 1 FTE manager • 0.4 FTE admin support • 2 FTE Catholic Chaplains (funded by Catholic Archdiocese) • 0.48 FTE Anglican Chaplains (funded by Anglican Diocese); • 0.6 FTE Uniting Chaplain (funded by Uniting) • volunteers (including Palliative Care volunteer 2 days per week)	Nil
Option 2	• 1 FTE manager • 0.4 FTE admin support	3FTE x ASO5

Holistic Professional Weekday MoC • Patient and Staff focused service • Faith and non-faith-based response • Weekday service. Implement MOU with faith-based organisation. Volunteers at the discretion of the manager with limited scope of practice and full supervision	• 3 FTE Spiritual Care Practitioners for TCH and UCH • 2 FTE Catholic Chaplains (funded by Catholic Archdiocese) • 0.6 FTE Anglican Chaplains (funded by Anglican Diocese) • 0.95 FTE Uniting Chaplain (funded by Uniting)	
Option 3 Holistic Professional Extended Care MoC • Patient and Staff focused service • Faith and non-faith-based response • Weekday service • After hours and weekend service. Implement MOU with faith-based organisation. Volunteers at the discretion of the manager with limited scope of practice and full supervision.	• 1.4 FTE manager • 3.6 FTE Spiritual Care Practitioners for TCH and UCH • 0.4 FTE admin support • 2 FTE Catholic Chaplains (funded by Catholic Archdiocese) • 0.48 FTE Anglican Chaplains (funded by Anglican Diocese) • 0.6 FTE Uniting Chaplain (funded by Uniting)	0.4 FTE x ASO6 3.8FTE xASO5

6.7 Implications for not undertaking the change

The implications of no change will impact CHS's ability to deliver high quality and accessible Spiritual Support Services, with potential to adversely affect workplace culture and patient outcomes. A lack of governance and reliance on a volunteer workforce has the potential to

lead to further inequitable service delivery and potential risk of harm to patients and families

7. Consultation methodology

Feedback is requested to assist in determining the direction of Spiritual Support Services at Canberra Health Services. Feedback can be provided to CHS.ExecutiveDirectorAlliedHealth@act.gov.au

Feedback is due by COB Friday 9 September, 2022.

We are seeking responses to the following questions:

1. Do you support establishment of a best-practice model of spiritual care which is fully integrated in the health service, with equitable access for consumers of all faiths and beliefs, their families and staff?
2. Referring to section 5.6, what Spiritual Support Services Model of Care is your preferred Option (1, 2 or 3)?
3. How will your preferred MoC support you and your team in the delivery of person-centred care at Canberra Health Service?
4. If you prefer Option 2 or 3, what funding will your Division contribute to establish the staffing required to deliver this Option?
5. Should the model of care include provision of spiritual care for staff at CHS? Please describe what services you think should be provided.
6. Any other feedback you would like considered in relation to Spiritual Support Services at CHS?

For any further information regarding this Review and proposed Model of Care, please contact Felicity Martin at CHS.ExecutiveDirectorAlliedHealth@act.gov.au

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