# Spiritual Care in Victorian Hospitals

*Results from the 2019 State-wide Survey of Spiritual Care Resources*

**Authors: Michelle Morgan and Cheryl Holmes OAM**

© Spiritual Health Association
This document is copyright. Apart from any use permitted under the Copyright Act 1968, no part may be reproduced by any process, nor may any other exclusive right be exercised, without the permission of Spiritual Health Association, PO Box 396, Abbotsford, Victoria 3067 Australia.

## Contents


Introduction 3

Methodology 3

Summary of key results in 2018/2019 3

Limitations 4

Participating Hospitals 4

Questions:

1. Spiritual care services are available to? 5
2. What is the name of your spiritual care department? 5
3. Does your organisation employ a Spiritual Care Coordinator/Manager/Director? 5
4. Do patients nominate if they want to receive spiritual care on their admission form? 6
5. Do patients nominate a religious affiliation on their admission form? 6
6. Approximately how many patients are registered under the following faith groups on a daily basis? 6
7. How is spiritual care delivered to patients and families? 7
8. How many hours per week of spiritual care does each of the following provide in your organisation? 8
9. How is spiritual care delivered to staff? 9
10. Do you have a policy regarding referral practices? 9
11. What hospital-wide activities do spiritual care staff participate in? 10
12. Does your organisation have the following? 11
13. Do all volunteers participate in the hospital orientation process? 11
14. When selecting spiritual care volunteers, which of the following is included in your selection criteria? 12
15. Are any of the following resources available to volunteers? 12
16. What facilities does the spiritual care department have access to? 13
17. What information support systems do employed spiritual care staff have access to? 14
18. How do spiritual care team members communicate their spiritual visits to other health care providers/team members? 15
19. Do spiritual care staff use the ICD-10-AM/ACHI/ACS Spiritual Care Intervention Codes to record visits? 16

20. How do faith community representatives or visiting chaplains record visits? 16
21. Who does the spiritual care department report to? 17
22. How often does the spiritual care department report? 17
23. What other reporting mechanisms does spiritual care contribute to? 18
24. Please enter paid staff details by choosing one option from each drop down box 19
25. Please enter paid staff professional details by choosing one option from each drop down box 21
26. What are the current issues or obstacles facing spiritual care? 24
27. What are the current opportunities for development of spiritual care? 26
28. Do you have any other comments? 29
29. Please complete the following contact information 30

Conclusion 31

Appendix attached to Question 11 32

## Introduction

In 2008, Spiritual Health Victoria (SHV) [from 1 July 2019 known as Spiritual Health Association] undertook the first State-wide survey of chaplaincy and pastoral care in Victorian hospitals. The survey was reproduced a decade later to investigate the extent of changes in the sector. The results from the 2018/19 state-wide survey of spiritual care in Victorian hospitals are outlined below. A comparison between the 2008 and 2018/19 survey results has been conducted and a summary report is available.

## Methodology

In late 2018, an online survey was sent to 145 healthcare CEOs, with a response rate of nine.

The survey invitation was sent again in early 2019, with an additional 41 surveys returned. Two of these were incomplete and were removed, and another three were duplicates resulting in a total of 45 responses (representing a 31% response rate). Of these 45 responses, 40 are from public hospitals and five are from private hospitals.

## Summary of key results in 2018/19:

- Spiritual care services are offered to patients in 95% of responding hospitals.
- Twenty-five hospitals have spiritual or pastoral care departments.
- Patients nominate their faith affiliation in 93% of responding hospitals, and whether they would like to receive spiritual care in 60%.
- 3762 hours of spiritual care is delivered to patients one to one or via groups by hospital paid staff (51.9 FTE), faith community paid staff (18.6 FTE), visiting faith representatives (6.9 FTE), CPE interns (10 FTE), volunteers (9.93 FTE) and students (1.3 FTE).
- Eighteen percent of organisations have a policy for referral practices.
- The majority of communication about spiritual care visits takes place via face to face conversation (67%) and team meetings (51%). Thirty-seven percent use electronic medical records. Forty-four percent use the ICD-10-AM Spiritual Care Intervention Codes.
- Staff details were provided for 94 individuals, the majority of which are spiritual care practitioners (30%) or pastoral care workers (19%).
    - Women make up 79% of the total staff, and nearly half are aged between 51-60 years.
    - Seventy-five percent of staff positions are funded by hospital and 22% by faith communities.
- Current issues or obstacles identified include funding; staffing and resources; awareness of spiritual care; professional standards and quality.
- Opportunities include alignment with allied health and growing awareness/acceptance of the role; new or additional services; innovation and demonstrating value; education, training and research.

## Limitations

The 2019 survey questions were framed as closely as possible to the state-wide survey undertaken in 2008 to enable direct comparisons. Some of the results therefore do not clearly define the categories under investigation e.g. the term 'volunteers'. Due to terminology used the results do not provide a clear and in-depth picture of the work undertaken in the delivery of spiritual care.

## Participating hospitals

- Alfred Health
- Alfred Health: Caulfield Hospital
- Austin Health
- Barwon Health: University Hospital Geelong
- Barwon Health: McKellar Centre
- Bass Coast Health
- Bendigo Health
- Boort District Health
- Castlemaine Health and Maldon Hospital
- Central Gippsland Health
- Cobram District Health
- Cohuna District Hospital
- Corryong Health
- Eastern Health
- Echuca Regional Health
- Epworth HealthCare: Richmond Acute
- Goulburn Valley Health, Shepparton
- Holmesglen Private Hospital
- Kerang District Health
- Kingston Centre Monash Health
- Kooweerup Regional Health Service
- Lorne Community Hospital
- Melbourne Private Hospital
- Mercy Health - Werribee Mercy Hospital
- Mercy Hospital for Women
- Monash Medical Centre (Monash Health)
- Northeast Health Wangaratta
- Northern Health
- Peninsula Health
- Peter MacCallum Cancer Centre
- Rochester and Elmore District Health Service
- Royal Melbourne Hospital
- Seymour Health
- South West Healthcare
- Spiritual Care at Dandenong Hospital
- St John of God Berwick Hospital
- St Vincent's Hospital Melbourne
- Tallangatta Health Service
- Terang and Mortlake Health Service
- The Bays Healthcare Group
- The Melbourne Clinic
- The Royal Children's Hospital, Melbourne
- The Royal Women's Hospital
- West Wimmera Health Service
- Western Health

## 1. Spiritual care services are available to: (n=45)

Spiritual care services are available to *patients* in 95% of responding hospitals, to *families* in 80%, and to *staff* in 71%.

| Answer Choices | Responses | |
|---|---|---|
| Patients | 95.56% | 43 |
| Families | 80.00% | 36 |
| Staff of your organisation | 71.11% | 32 |
| None | 6.67% | 3 |

**Answered 45  Skipped 0**

## 2. What is the name of your spiritual care department? (n=42)

There has been a shift in language to spiritual care in the past ten years and this is reflected in the names of spiritual care departments/services. Eight hospitals (19%) reported spiritual care in the title of the department, nine have pastoral care (20%), and eight use both terms (19%), for example 'Pastoral and Spiritual Care Department'.

Sixteen hospitals (37%) reported that they don't have a spiritual care department. In some of these places, spiritual care is offered by local church leaders (4,1%) *'local church ministers, priest or church elders'*, religious denominations, private providers, or in one instance through the 'employee assistance program'. One hospital replied, 'Lifestyle and Leisure'.

## 3. Does your organisation employ a Spiritual Care Coordinator / Manager / Director? (n=43)

Spiritual care coordinators are present in 58% of responding hospitals. Where there are no spiritual care coordinators, respondents report to the following roles:

- *A volunteer coordinator only, not a spiritual care coordinator*
- *Staff report to the level 4 team leader, volunteers to the Spiritual Care practitioners at each site*
- *The Director of Clinical Services*
- *Volunteers so they don't report*
- *Lifestyle Coordinator*
- *HR*
- *Counselling and Support Services*
- *Do not have specific spiritual care staff*
- *Manager of Social Work/Badjurr Wilam/Family Accommodation service/Pastoral Care Support Service/CASA House/Sexual Assault Crisis Line*
- *N/A*
- *Site Manager*

## 4. Do patients nominate if they want to receive spiritual care on their admission form? (n=43)

In 60% of hospitals, patients nominate if they want to receive spiritual care on their admission form.

| Answer Choices | Responses | |
|---|---|---|
| Yes | 60.47% | 26 |
| No | 34.88% | 15 |
| Unsure | 4.65% | 2 |

**Answered 43 Skipped 2**

## 5. Do patients nominate a religious affiliation on their admission form? (n=43)

In 93% of the responding hospitals, patients nominate a religious affiliation on their admission form.

## 6. Approximately how many patients are registered under the following faith groups on a daily basis? (n=43)

A diverse range of faith groups were reported by 70% of the responding hospitals.

Over 60% of hospitals capture the following faith groups: Anglican, Catholic, Church of Christ, Christian, Presbyterian, Uniting Church.

'No religious affiliation' and 'not declared' categories were captured by 62% of hospitals.

We also explored the total numbers of faith affiliations on a daily basis and made comparisons to census data. The table below shows that many of the categories show similar percentages, for example, our data shows 9.6% of patients identify as Anglican, with the Victorian census data registering 9%. For 'no religious affiliation', 30.4% in our data, compared with 31.9% for the Victorian census data.

| Religion | Total | % | Victorian census data |
|---|---|---|---|
| Aboriginal | 59.4 | 0.55% | 0.01 |
| Anglican | 1046.48 | 9.6% | 9.00% |
| Baptist | 83.29 | 0.76% | 1.30% |
| Buddhist | 135.03 | 1.24% | 3.10% |
| Catholic | 2369.6 | 21.75% | 23.00% |
| Church of Christ | 49.97 | 0.46% | 0.20 |
| Hindu | 137.96 | 1.27% | 2.30% |
| Humanist | 14 | 0.13% | 0.28% (Total Secular beliefs) |

| Jewish | 67.149 | 0.62% | 0.70 |
|---|---|---|---|
| Lutheran | 59.64 | 0.55% | 0.50 |
| Muslim | 289.97 | 2.66% | 3.30% |
| Orthodox (Serbian, Greek) | 555.26 | 5.10% | 2.70% |
| Other Christian Denominations | 758.11 | 6.96% | 2.50% |
| Presbyterian | 194.34 | 1.78% | 2.00% |
| Salvation Army | 45.39 | 0.42% | 0.20 |
| Sikh | 56.87 | 0.52% | 0.90 |
| Uniting | 256.63 | 2.36% | 3.30% |
| No religious affiliation | 3331.11 | 30.40% | 31.90% |
| Not declared | 1219.43 | 11.19% | 8.90% |
| OTHER | 118.502 | 1.09% | Not available |
| Total | 10897.9 | 99.41% | |

Census data from: https://profile.id.com.au/australia/religion?WebID=110

## 7. How is spiritual care delivered to patients and families? (If you don't have a particular staff type e.g. Students, please tick 'None') (n=43)

Spiritual care is provided by hospital paid staff, faith paid staff, CPE interns, volunteers and students. Hospital paid staff offer spiritual care more often via one to one (69%) delivery while facilitation of groups also occurs (40%). Hospital paid staff most often deliver care through routine visits (49%) to patients and family members. Faith paid staff make faith-based visits (39%) and provide on call services (27%). Nearly forty percent of CPE interns provide faith-based visits. Volunteers provide one to one (51%) and on call services (54%).

Of the hospitals that provided comments, some noted specifics about their service provision. For example; clergy provide services by referral only. Faith communities provide on call services via volunteers. Paid staff and CPE interns respond to referrals and do routine visits. Visiting faith community leaders come at the request of families.

| Type of spiritual care activity | Hospital paid staff | Faith paid staff | CPE Interns | Volunteers | Students |
|---|---|---|---|---|---|
| None | 8 (23%) | 11 (33%) | 17 (61%) | 8 (22%) | 21 (84%) |
| One to One | 24 (69%) | 14 (42%) | 7 (25%) | 19 (51%) | 2 (8%) |
| Groups | 14 (40%) | 6 (18%) | 3 (11%) | 9 (24%) | 0 |
| Referral only | 6 (17%) | 8 (24%) | 1 (4%) | 5 (14%) | 0 |
| Routine visits | 17 (49%) | 10 (24%) | 5 (18%) | 11 (30%) | 1 (4%) |
| Faith-based visits | 9 (26%) | 13 (39%) | 11 (39%) | 11 (30%) | 3 (12%) |
| On call services | 10 (29%) | 9 (27%) | 0 | 20 (54%) | 1 (4%) |
| **Total** | **35** | **33** | **28** | **37** | **25** |

*Comments:*

- Faith community parishes provide an on call service via volunteers. May get requests for Jewish Rabbi or Greek Orthodox for one off requests. Volunteers from Catholic Church attend on weekends for communion
- Faith Community Volunteers - same as Faith Community Paid Staff
- No CPE interns at the moment
- One hospital paid staff member assists with the spiritual care of palliative care patients. Visiting Clergy attend to other inpatient spiritual needs
- Paid staff & CPE participants respond to referrals plus do routine visits
- Patients by scheduled services and upon request
- Referral and routine visiting
- The Priest / Ministers / Pastors come at the request of families
- Unpaid Chaplains
- Visiting faith reps – one to one, groups, referral, routine, faith-based and on call
- Volunteers do not write in patient notes
- We refer to CPE participants as students
- Clergy - referral only

## 8. How many hours per week of spiritual care does each of the following provide in your organisation? Please round to the nearest whole number e.g. 45, 60. If none, please enter '0' if unknown, please enter 'UK'. (n=43)

A total of 1974 hours, or 51.9 FTE (52%), spiritual care is provided by hospital paid staff. Faith community paid spiritual care staff provide 709 hours, or 18.6 FTE (19%). CPE interns provide a total 10 FTE hours (381.5 hours).

| **Answer Choices** | **Responses** | | **Total hours** | **FTE** | **% of total hours** |
|---|---|---|---|---|---|
| Hospital paid spiritual care staff | 83.72% | 36 | 1974.8 | 51.9 | 52.52% |
| Faith community paid spiritual care staff | 76.74% | 33 | 709.7 | 18.6 | 18.86% |
| Visiting faith representative | 83.72% | 36 | 263.5 | 6.9 | 7% |
| Volunteers - Hospital appointed spiritual care | 60.47% | 26 | 200 | 5.2 | 5.31% |
| Volunteers - Faith community appointed spiritual visitors | 72.09% | 31 | 180 | 4.73 | 4.78% |
| CPE Interns | 65.12% | 28 | 381.5 | 10 | 10.12% |
| Spiritual care students | 53.49% | 23 | 51 | 1.3 | 1.35% |
| Others (please specify) | 37.21% | 16 | 2 | - | 0.05% |
| | | | **3762** | | **100.00%** |

## 9. How is spiritual care delivered to staff? (If you don't have a particular staff type e.g. students, please tick 'None'. (n=43)

The majority of spiritual care for staff is delivered by hospital paid staff via one to one delivery (63%) and education (59%). There were four ‘Other’ responses, two of which noted that externally contracted/independent counsellors or social work teams provide support to staff. One noted that spiritual care staff only provide initial support, not ongoing.

| Type of spiritual care activity | Hospital paid staff | Faith paid staff | CPE Interns | Volunteers | Students |
|---|---|---|---|---|---|
| None | 13 (32%) | 23 (62%) | 26 (81%) | 19 (58%) | 27 (87%) |
| One to one | 26 (63%) | 14 (38%) | 6 (19%) | 10 (30%) | 3 (10%) |
| Education | 24 (59%) | 4 (11%) | 1 (3%) | 2 (6%) | 1 (3%) |
| Debriefing | 20 (49%) | 5 (14%) | 1 (3%) | 4 (12%) | 2 (6%) |
| **Total** | **41** | **37** | **32** | **33** | **31** |

## 10. Do you have a policy regarding referral practices? (n=40)

A total of 18 (45%) of organisations have a policy for internal referrals and 14 (36%) for external referrals. Some organisations (n=4) provided an overview of their referrals policy or sent a copy via email. A summary of themes is provided below.

| | Yes | No | | | N/A | | Total | Weighted Average |
|---|---|---|---|---|---|---|---|---|
| Internal referrals | 45.00% | 18 | 27.50% | 11 | 27.50% | 11 | 40 | 1.38 |
| External referrals | 35.90% | 14 | 38.46% | 15 | 25.64% | 10 | 39 | 1.52 |

*Other responses:*

- No referral
- Currently under review
- No specific policy / we have a flowchart

*Electronic systems:*

- BOSSNET
- Platinum5
- CERNER Powerchart
- EMR – un-specified

*How referrals are made:*

- Email, phone, verbal, written, electronic system
- Self-referral, cross-disciplinary, extra-mural

*Who referrals are made for:*

- Residents, families, staff, carer

*When referrals are appropriate:*

- When the request relates to services offered
- Clear indication that patient or other is in need of support with meaning or existential concerns
- When patients express need for spiritual support

*Process:*

- Acknowledged as soon as possible
- Use pastoral care triage schema
- Assessed and verified, prioritised according to need
- Results recorded
- Staff referral outcomes recorded, with permission may be communicated to relevant manager

Refer to appendix for full list of comments.

## 11. What hospital-wide activities do spiritual care staff participate in? (If you don't have a particular staff type e.g. volunteers, please tick 'None') (n=43)

Hospital paid staff participate in multidisciplinary team meetings in 54% of responding organisations, orientation (51%), in-services (49%) and hospital committees (49%). Faith community paid staff have lower rates of participation, in 28% of organisations they participate in in-services, 22% in orientation, 17% multi-disciplinary team meetings. In 36% of organisations, volunteers participate in orientation.

| | None | | Orientation | | Inservice | | Multi-disciplinary team meetings | | Hospital committees | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Hospital paid staff | 31.71% | 13 | 51.22% | 21 | 48.78% | 20 | 53.66% | 22 | 48.78% | 20 | 41 |
| Faith community paid staff | 66.67% | 24 | 22.22% | 8 | 27.78% | 10 | 16.67% | 6 | 11.11% | 4 | 36 |
| CPE Interns | 75.00% | 24 | 18.75% | 6 | 12.50% | 4 | 15.63% | 5 | 0.00% | 0 | 32 |
| Volunteers | 44.44% | 16 | 36.11% | 13 | 25.00% | 9 | 2.78% | 1 | 8.33% | 3 | 36 |
| Students | 86.67% | 26 | 13.33% | 4 | 10.00% | 3 | 0.00% | 0 | 0.00% | 0 | 30 |
| Other (please specify) | | | | | | | | | | | 6 |

**Answered 43 Skipped 2**

*Other:*

- *Volunteers only participate in hospital committees*
- *Not enough staff to sit on committees*
- *Allied Health Ward Rapid Rounds (Staff/CPE Interns)*
- *Staff rituals*
- *Aged Care*
- *Staff and volunteers have different orientation programs*

## 12. Does your organisation have the following? (n=43)

Nearly 70% of hospitals have faith based or visiting spiritual care volunteers. Thirty-five percent have a hospital based spiritual care volunteer program.

| Answer Choices | Responses | |
|---|---|---|
| Hospital based spiritual care volunteer program | 34.88% | 15 |
| Faith based or spiritual care visiting volunteers | 67.44% | 29 |
| No volunteers currently | 30.23% | 13 |
| Other (please specify) | | 5 |

**Answered 43 Skipped 2**

*Other:*

- *GVH has general hospital volunteers only who all undertake onboarding orientation per Q14*
- *All models currently under review*
- *Chaplains*
- *Volunteer Pastoral Support program (provide a limited visiting service under direction of Pastoral practitioners)*
- *We have Visiting Chaplains under the Visiting Professionals Program (Governance by Volunteer Dept, Visiting Chaplains managed by Coordinator)*

## 13. Do all volunteers participate in the hospital orientation process? (n=30)

In responding organisations, 87% of volunteers participate in hospital orientation processes.

| Answer Choices | Responses | |
|---|---|---|
| Yes | 86.67% | 26 |
| No | 10.00% | 3 |
| Unsure | 3.33% | 1 |

**Answered 30 Skipped 15**

## 14. When selecting spiritual care volunteers, which of the following is included in your selection criteria? (n=29)

Twenty-nine organisations shared their selection criteria for volunteers. Ninety-six percent of responding organisations require a police check for volunteers, and 75% require a working with children check. The majority of organisations (71%) require a letter of good standing from faith community, experience providing spiritual care and personal life experience. Around a quarter require one CPE unit or SHV volunteer training. Other methods of screening include character references, work experience, formal or informal interview, local training (some equivalent to CPE).

| Answer Choices | Responses | |
|---|---|---|
| Minimum 1 CPE Unit | 25.00% | 7 |
| Letter of good standing from a faith community | 71.43% | 20 |
| Police check | 96.43% | 27 |
| Working with children check | 75.00% | 21 |
| Experience providing spiritual care | 71.43% | 20 |
| Personal life experience | 71.43% | 20 |
| Spiritual Health Victoria (SHV) Volunteer Training | 32.14% | 9 |
| Other (please specify) | | 8 |

**Answered 28 Skipped 17**

*Other:*

- *Character references, faith community experience, work experience*
- *Conversation with Coordinator prior to starting to vet inappropriate volunteers*
- *Formal interview by Coordinator*
- *Local training similar to SHV; CPE is available*
- *Pastoral Co-ordinator uses the SHV Volunteer Training manual (has completed course)*
- *Training equivalent to CPE 1 Unit training*
- *NA *3*

## 15. Are any of the following resources available to volunteers? (n=27)

Volunteers have access to support and supervision in 81% of responding organisations. Position descriptions, volunteer handbooks and training/education are available to volunteers in 67% of organisations. Fewer organisations have spiritual care volunteer standards (33%) or volunteer evaluation materials (44%).

| Answer Choices | Responses | |
|---|---|---|
| Position description / Roles and responsibilities document | 66.67% | 18 |
| Volunteer handbook | 66.67% | 18 |
| Spiritual care volunteer standards | 33.33% | 9 |
| Support / Supervision | 81.48% | 22 |

| Training / Education | 66.67% | 18 |
|---|---|---|
| Volunteer evaluation materials (satisfaction/performance) | 44.44% | 12 |
| Other (please specify) | | 5 |

**Answered 27 Skipped 18**

*Other:*

- *Volunteer handbook + position description + support & supervision is available to general volunteers*
- *Monthly Volunteer meeting*
- *Satisfaction/Performance through feedbacks*
- *Position Description in progress. Information pack and Agreement outlines role*
- *NA *2*

## 16. What facilities does the spiritual care department have access to? (n=43)

Of the 43 responding organisations, 67% of spiritual care departments have access to office space, 58% to meeting or common room. Fifty-one percent have a prayer or quiet room, 44% a sacred space and 35% a chapel.

| Answer Choices | Responses | |
|---|---|---|
| None, N/A | 0.00% | 0 |
| Chapel | 34.88% | 15 |
| Prayer or quiet room | 51.16% | 22 |
| Sacred Space | 44.19% | 19 |
| Office space | 67.44% | 29 |
| Meeting or common room | 58.14% | 25 |
| N/A | 16.28% | 7 |
| Other (please specify) | | 5 |

**Answered 43 Skipped 2**

*Other:*

- *Prayer/quiet room and a separate purpose-built sacred space are available*
- *Each site call prayer room different thing- see top 3*
- *Garden of Peace (balcony), Staff room, collaborative office space, meeting room with wall computer and teleconference equipment, 2 small interview rooms*
- *Same access as any other staff person to RCH facilities generally (all Faith community paid Staff chaplains are Honorary RCH employees)*
- *Education room*

## 17. What information support systems do employed spiritual care staff have access to? (n=43)

Spiritual care staff have access to information support systems. In 65% of hospitals, staff can access patient details via computer. In 63% of hospital they can access Microsoft Office and the internet/intranet.

Participants were asked whether employed staff have any problems with access to or use of information support systems. Fourteen of 20 (70%) respondents answered no. One commented that '*IT systems are complex, clunky, are not user friendly, are very difficult and time consuming for all*'. Another reported on available supports: '*If they do, we have access to Service Desk support as per the whole organisation*'. Other challenges were listed as slow internet service in regional area, learning to use the new electronic medical records system, or sometimes getting late access to learning modules.

| Answer Choices | Responses | |
|---|---|---|
| Computer with access to patient details | 65.12% | 28 |
| Computer with access to internet/intranet | 62.79% | 27 |
| Computer with access to Microsoft Office | 62.79% | 27 |
| None, N/A | 37.21% | 16 |
| Do employed spiritual care staff have any problems with access to or use of these systems? | | 20 |

**Answered 43 Skipped 2**

*Comments:*

- *IT systems are complex, clunky, are not user friendly, are very difficult and time consuming for all*
- *No computer literacy is a condition of employment*
- *1 member finds computer work challenging*
- *No * 10*
- *Systems need overhauling/inadequate currently*
- *If they do, we have access to Service Desk support as per the whole organisation*
- *Any employed staff have access to all of the above and generally no issues with access Being regional we have ongoing disruptions and slow use of internet connections*
- *No, though we, like everybody else in WH are currently learning how to use the new Electronic Medical Record System*
- *Generally not*
- *Sometimes get material like mandatory modules late compared to other RCH paid staff*
- *No, they are integrated in system*

## 18. How do spiritual care team members communicate their spiritual visits to other health care providers/team members? (n=43)

The majority (67%) of responding spiritual care team members communicate their visits via face to face conversations with other health care providers or team members. Just over half communicate in team meetings and just under half via paper based medical records. Electronic medical records are used in 37% of responding organisations. Ten hospitals reported that the question was not applicable to them.

In the comments, respondents referred to electronic systems including iPM, Sharepoint and Patient Flow Manager. One commented, *'We are almost ready to implement our Sharepoint system, where chaplains can fill in Pastoral Intervention form online, and see other Pastoral Interventions without accessing the medical record'.* Another uses an Excel spreadsheet on a shared drive to share information.

| Answer Choices | Responses | |
|---|---|---|
| Paper based medical records | 48.84% | 21 |
| Electronic Medical Records (EMR) | 37.21% | 16 |
| Team meetings (Spiritual care; multidisciplinary) | 51.16% | 22 |
| Face to face conversation | 67.44% | 29 |
| N/A | 23.26% | 10 |
| Other (please specify) | | 10 |

**Answered 43 Skipped 2**

*Other:*

- *Face to face if relevant to patient's health needs. Also use emails/electronic means to advise other Pastoral Services members if follow up is needed*
- *Case notes in patient files*
- *iPM*
- *Electronic Patient Administration System*
- *Data recorded on iPM - which other staff can access*
- *iPM, Patient Flow Manager*
- *Electronic Excel sheet on shared drive*
- *We are almost ready to implement our Sharepoint system, where chaplains can fill in Pastoral Intervention form online, and see other Pastoral Interventions without accessing the medical record*
- *The EMR has a referral system build in*
- *Also through Patient Flow Manager, which will be superseded by EMR by 2020*

## 19. Do spiritual care staff use the ICD-10-AM/ACHI/ACS Spiritual Care Intervention Codes to record visits? (n=45)

Over half (56%) of responding hospitals do not use spiritual care intervention codes. Forty-four percent use the ICD-10-AM codes or another data set.

One organisation noted that there is a '*bug in the system*'. Another said '*the interventions are based on the Minimum data set eg. Assessment, Spiritual Conversation, etc*'. A few organisations indicated that they intend to use the Spiritual Care Intervention Codes.

| Answer Choices | Responses | |
|---|---|---|
| Yes | 44.19% | 19 |
| No | 27.91% | 12 |
| N/A | 27.91% | 12 |
| Other data set: (please specify) | | 6 |

**Answered 43 Skipped 2**

*Other:*

- *Only since I discovered they were not being used; they are now mandated to be used but limited by our system and drop down boxes*
- *There is a bug in the system in which it hasn't recorded them accurately and I am working on it*
- *Not as yet*
- *Using iPM, Patient Flow Manager*
- *The interventions are based on the Minimum data set eg. Assessment, Spiritual Conversation, etc*

## 20. How do faith community representatives or visiting chaplains record visits? (n=43)

Forty-three hospitals gave details about how faith community representatives or visiting chaplains record their visits. Faith community representatives and visiting chaplains record visits in spiritual care department records (66%) or medical records (18%). Respondents were unsure (44%).

| | Yes | | No | | N/A | | Total | Weighted Average |
|---|---|---|---|---|---|---|---|---|
| In medical records | 17.86% | 5 | 60.71% | 17 | 21.43% | 6 | 28 | 1.77 |
| In spiritual care department records | 65.63% | 21 | 18.75% | 6 | 15.63% | 5 | 32 | 1.22 |
| Unsure | 43.75% | 7 | 6.25% | 1 | 50.00% | 8 | 16 | 1.13 |

**Answered 43 Skipped 2**

## 21. Who does the spiritual care department report to? (n=43)

Approximately 50% of respondents noted that this question was either not applicable or chose 'other'. In responding organisations, the spiritual care department reports to the Director of Mission in six hospitals (14%), the Director of Allied Health (n=5, 12%), or Manager Social Work (n=5, 12%).

'Other' reporting pathways include 'Director of Allied Health' (n=2), 'Director of Mission Integration', 'General Manager', 'Lifestyle Coordinator or Volunteer Coordinator', 'Operations Manager' (n=2), 'Executive Director Integrated Care Services', 'HR Manager'.

| Answer Choices | Responses | |
|---|---|---|
| CEO | 0.00% | 0 |
| Director of Nursing | 9.30% | 4 |
| Director Allied Health | 11.63% | 5 |
| Director of Mission | 13.95% | 6 |
| Manager Social Work | 11.63% | 5 |
| N/A | 30.23% | 13 |
| Other (please specify) | 23.26% | 10 |

**Answered 43 Skipped 2**

*Other:*

- *It may be director allied health in the future*
- *Assoc director of Allied health currently but Patient Experience in the past*
- *General Manager*
- *Director of Mission Integration then Executive/Group Manager Pastoral Services Manager*
- *Lifestyle coordinator or volunteer coordinator*
- *Social Work Manager and Spiritual Care Manager | Monash Medical Centre and Moorabbin Hospital | Monash Health*
- *Operations Manager - Patient and Administration Services*
- *Exec Director Integrated Care Services*
- *HR manager*
- *Operational Director - Medical, Speciality & Sub-acute Services*

## 22. How often does the spiritual care department report? (n=43)

Spiritual care departments report on a monthly basis in 42% of responding hospitals. Forty percent have no reporting. 'Other' responses include '*bi-monthly*' (n=2), '*regularly (at least weekly) to Director Mission Integration and six- monthly to Executive/Monthly to Group Manager*', and '*Weekly huddle, monthly meeting*'.

| Answer Choices | Responses | |
|---|---|---|
| Weekly | 0.00% | 0 |
| Monthly | 41.86% | 18 |
| Quarterly | 4.65% | 2 |
| Annually | 2.33% | 1 |
| N/A | 39.53% | 17 |
| Other (please specify) | 11.63% | 5 |

**Answered 43 Skipped 2**

*Other:*

- *Bi-monthly*
- *Regularly (at least weekly) to DMI and 6 monthly to Executive/Monthly to Group Manager*
- *Bi-monthly*
- *After each visit, this way any visits can be documented by employed hospital staff into client records*
- *Weekly huddle, monthly meeting*

## 23. What other reporting mechanisms does spiritual care contribute to? (n=43)

Participants were asked to indicate what other reports the spiritual care team contribute to. Spiritual care departments also contribute to quality of care reports (53%), staff performance reviews (49%) and accreditation (51%). Thirty-four percentage do not contribute to other reports.

Feedback in the comments section listed a range of other reports including '*Allied Health Council, Allied Health Quality and Strategy, Operations and Finance*', '*NHQSH standard committees, Voluntary Assisted Dying Steering Committee*', '*Volunteer Committee*', '*Leadership, OH&S, Mission Integration*', '*Volunteers report*', '*Board report*'.

| Answer Choices | Responses | |
|---|---|---|
| Financial reports | 30.23% | 13 |
| Annual report | 32.56% | 14 |
| Accreditation | 51.16% | 22 |
| Quality of care | 53.49% | 23 |
| Staff performance reviews | 48.84% | 21 |
| None | 34.88% | 15 |
| Other (please specify) | | 7 |

**Answered 43 Skipped 2**

*Other responses:*

- *AH Council, AH Quality & Strategy, Operations and Finance*
- *NHQSH standard committees, Voluntary Assisted Dying Steering Committee*
- *Sporadic patient feedback*
- *Volunteer committee*
- *Leadership, OH&S, Mission Integration*
- *Monthly board report*
- *Volunteers Report*

## 24. Please enter paid staff details by choosing one option from each drop down box. (n=26)

A total of 26 hospitals shared information about their paid staff, with details provided for 94 individual staff.

The majority of staff position titles are 'spiritual care practitioner' (n=28, 30%) or 'pastoral care worker' (n=18, 19%). Twenty-six staff (28%) are employed 0.6 EFT, followed by 0.4 (n=17, 18%) and full time (n=14, 15%).

Details for faith affiliation were given for 80 staff members. Twenty-five percent of staff are affiliated with the Catholic church, 13% Baptist and 10% Uniting. Ten staff (12%) listed 'other' and their comments included '*non-denominational', 'spiritual but not religious, 'Christian', 'Pentecostal*' (n=2), '*Pentecostal/Lutheran', 'Spiritual', 'Spiritual, not religious'.*

The majority of spiritual care staff are female (79%) and aged between 51-60 (46%). Twenty-four percent are aged between 61-70 years.

*POSITION TITLES (N= 94)*

Director Pastoral Care – 0

Director Spiritual Care – 0

Manager Pastoral Care – 5

Manager Spiritual Care – 3

Pastoral Care Coordinator – 8

Spiritual Care Coordinator – 7

Interfaith Chaplain – 0

Chaplain – 1

Denominational Chaplain – 8

Associate Chaplain – 0

Pastoral Care Practitioner –12

Spiritual Care Practitioner – 28

Pastoral Care Worker – 18

Spiritual Care Worker – 0

Pastoral Care Provider – 1

Spiritual Care Provider – 0

Project Officer – 0

Other – 3

*FULL TIME EQUIVALENT (N=92)*

1.0 – 14 (15%)
0.9 – 1 (1%)
0.8 – 10 (11%)
0.7 – 2 (2%)
0.6 – 26 (28%)
0.5 – 9 (10%)
0.4 – 17 (18%)
0.3 – 2 (2%)
0.2 – 9 (10%)
0.1 – 2 (2%)

*FAITH AFFILIATION (N=80)*

Anglican – 7 (8%)
Atheist – 1 (1%)
Baptist – 11 (13%)
Buddhist – 6 (7%)
Catholic – 20 (25%)
Church of Christ – 4 (5%)
Greek Orthodox – 1 (1%)
Jewish – 2 (2%)
No religion – 2 (2%)
Not declared – 2 (2%)
Presbyterian – 3 (3%)
Salvation Army – 3 (3%)
Uniting Church – 8 (10%)
Other – 10 (12%)

*AGE (N=86)*

18-30 – 1 (1%)
31-40 – 7 (8%)
41-50 – 15 (17%)
51-60 – 40 (46%)
61-70 – 21 (24%)
71+ - 2 (2%)

*GENDER (N=92)*

Male – 19 (21%)
Female – 73 (79%)

*Other responses:*

- *Non-denominational*
- *Spiritual but not religious, Christian*
- *Review attached staff details*
- *Practitioners: 1 female, 2 male = 10.44 EFT. 3 casual females, 1 Catholic Priest PT (Stipend) = total 19 staff. Age range 40-70*
- *Pentecostal*
- *Palliative care worker*
- *Spiritual*
- *Pentecostal/Lutheran*
- *Pentecostal Christian*
- *CPE Centre Director - Casual, Uniting Church, Male, 61-70*
- *Spiritual, not religious*
- *CPE Clinical Pastoral Educator (Provisional) + Training CPE Pastoral Supervisor*
- *NA * 2*

## 25. Please enter paid staff professional details by choosing one option from each drop down box. (n=26)

Professional details were provided for 85 staff by 26 hospitals.

Seventy-five percent are funded by the hospital, and 22% by faith community. One hospital commented '*Part funded through UCA bequest, part from Hospital*'.

*FUNDING SOURCE (N=85)*

Hospital – 64 (75%)

Faith Community – 19 (22%)

Other – 2 (2%)

*HIGHEST LEVEL OF CPE TRAINING OR EQUIVALENT (N=83)*

A total of 31 staff have an advanced level of CPE (37%) and 20 (24%) have two basic units of CPE.

None – 3 (3%)

1 Basic Unit – 11 (13%)

2 Basic Units – 20 (24%)

3 Basic Units – 4 (4%)

4 Basic Units – 1 (1%)

Advanced – 31 (37%)

Acting Level 1 Supervisor – 2 (2%)

Level 1 Supervisor – 4 (5%)

Acting Level 2 Supervisor – 1 (1%)

Level 2 Supervisor – 4 (5%)

Acting Level 3 Supervisor – 2 (2%)

Level 3 Supervisor – 0

*HIGHEST LEVEL OF EDUCATION (N=82)*

A wide range of qualifications were listed for spiritual care staff.

Theological qualifications were held by 34 staff. These included: Bachelor of Theology (n=22), Grad Cert Theology (n=1), Grad Dip Theology (n=1), Diploma Theology (n=1), Masters Theology (n=6), Bachelor Ministry (n=4), Grad Dip Ministry (n=1), Master Ministry (n=3).

Health and welfare qualifications were held by ten staff. These included: Bachelor Nursing (n=3), Diploma of Diversional Therapy, Medical terminology, Bachelor Allied Health, Master Social Science, Diploma Community Services and Case management, Master Social Work (n=2).

Education qualifications were held by four staff. These included: Bachelor Education (n=2), Grad Dip Education, Master Education (n=1).

Pastoral care qualifications were held by eight staff. These included: Grad Cert Pastoral Care (n=2), Grad Dip Pastoral Care (n=2), Diploma Pastoral Studies (n=1), Master of Pastoral Care (n=3).

Counselling qualifications were held by 11 staff. These included: Diploma of Art Therapy, Diploma of Health Counselling, Grad Dip of Counselling and Human Services, Master of Counselling, Master of Psychology, Bachelor Counselling (n=2), Grad Cert Counselling (n=2), Dip Counselling (n=2).

Other qualifications included: Master in Ethics, Bachelor of Arts, Bachelor Business (n=1), Master Arts (n=2), Master Business Admin (n=1), PhD (n=2).

None – 2 (2%)

Bachelor Theology – 22 (27%)

Bachelor Ministry – 4 (4%)

Bachelor Education – 2 (2%)

Bachelor Nursing – 3 (3%)

Bachelor Business – 1 (1%)

Bachelor Counselling – 2 (2%)

Grad Cert Counselling – 1 (1%)

Grad Cert Theology – 1 (1%)

Grad Cert Pastoral Care – 2 (2%)

Grad Dip Theology – 1 (1%)

Grad Dip Ministry – 1 (1%)

Grad Dip Pastoral Care – 2 (2%)

Dip Theology – 2 (2%)

Dip Pastoral Studies – 1 (1%)

Dip Counselling – 2 (2%)

Master Theology – 6 (7%)

Master Ministry – 3 (4%)

Master Pastoral Care – 3 (4%)

Master Education – 1 (1%)

Master Arts – 2 (2%)

Master Business Admin – 1 (1%)

Master Social Work – 2 (2%)

PhD – 2 (2%)

Other – 13 (16%)

### *ASSOCIATION MEMBERSHIPS (N=86)*

Of 86 staff, 20 (23%) have no association membership. 25 (29%) have membership with SCA and 12 (14%) with ASACPEV/ASPEA. Six (7%) have memberships with both SCA and ASACPEV.

Twenty-three (27%) listed 'other', however there were few comments relating to association membership in the comments section. One spiritual care practitioner is noted to have membership with SCA USA.

None – 20

SCA – 25

ASACPEV/ASPEA – 12

Both – 6

Other – 23

### *PROFESSIONAL SUPERVISION (N=82)*

A total of 82 responses were recorded for professional supervision. Twenty-three (28%) staff receive professional supervision. The majority (64%) attend on a monthly basis. Please note that some organisations have listed supervision as monthly, but not chosen 'yes'. Only one respondent marked 'no'.

Yes – 23 (28%)

Weekly –1

Monthly – 53 (64%)

Yearly – 0

No – 1

*Other responses:*

- *CPE Centre Director - Level 2 Supervisor, B.Th., ASACPEV, monthly*
- *Diploma of Diversional Therapy, Diploma of Art Therapy*
- *Diploma of Health counselling, Diploma in Theology, Medical Terminology,*
- *Equivalent to Bachelor of Allied Health, casual staff supervision as per roster at least once during roster*
- *Grad Dip Education*
- *Grad Diploma of Counselling and Human Services*
- *Master Counselling / Spiritual Care USA*
- *Master of Counselling*
- *Master of Psychology (Clinical)*
- *Masters in Ethics*
- *Member of SHV (SCA?). Supervision is bi-monthly. SC2 is also a member of SHV (SCA?). Has group supervision from Catholic Care.*
- *Master Social Science*
- *NA *2*
- *Part funded through UCA bequest, part from Hospital*
- *PhD*1, Masters *2, Grads *15.*
- *SC2 Diploma Community Service/Case Management. Association membership: Yes, and Yes*
- *Post-advanced CPE, BA as well*
- *Unknown*

## 26. What are the current issues or obstacles facing spiritual care? (n=33)

A total of 33 respondents identified issues or obstacles facing spiritual care. These included: Funding, staffing and resources, awareness of spiritual care, time poor, professional standards and ensuring quality, other.

### *FUNDING, STAFFING AND RESOURCES*

Funding, staffing and resources are a key issue for many organisations. Respondents noted challenges in funding levels for staffing, sourcing funding, inability to meet benchmark ratios, concerns about how to meet growth (new beds and additional emergency visits) and competition with other disciplines.

- *Funding Levels, lack of funding, lack of EFT, lack of office space*
- *Lack of resources, resourcing*
- *Not enough paid staff*
- *Lack of financial support by the Healthcare institutions to provide adequate staff*
- *Echuca Regional Health does not have funding for a spiritual care worker*
- *Funding of position/spiritual care roles*
- *Lack of manpower*
- *Staffing levels*
- *Funding for the role. The organization has completed previous grant/seed funding submissions without success*
- *Budget - lack of appropriate finance to provide / meet a benchmark ratio of 1 Spiritual/pastoral care practitioner to 100 patients, 1:100, Social Work have average case load of 30 ongoing, 1:30 ratio*
- *In the health system the issues would be around funding - allied health budgets are under pressure constantly and spiritual/pastoral care practice is in competition with other disciplines for legitimacy and value*
- *Ongoing growth and how we fund this growth. Expected another 96 beds in next two years and 100K visitors to emergency and minimal staff 1.8FTE paid NH staff*
- *Not united across our 3 campuses, under resourced across Alfred Health, not sufficient Chaplains and volunteers to cover patients, too disconnected from Allied Health Directors, no clear budget, long department name! no opportunities for advancement within the organisation*

Others noted difficulty in finding spiritual care staff to meet specific spiritual care needs.

- *We are finding it very difficult to find religious members of the community to visit and support residents in their faith. We are finding that increasingly whilst residents identify with having a religion, they are choosing not to practice*
- *Accessing the type of spiritual support or care that a patient/resident or staff member may wish for*

Other comments touched on Awards for spiritual care, backfill and succession planning:

- *Backfill for leave*
- *An appropriate Award with commensurate financial remuneration*
- *Must be on Allied Health award, need credentialing and scope of practice processes, need student placement agreement with Uni of Divinity, need contracts with external service providers*
- *Both paid staff members are ageing, so succession planning is important*
- *Balance between visits and administration for Manager*

Some comments referred to a lack of time:

- *Recruiting and maintaining volunteers is too time consuming*
- *Too many referrals for me to keep up to*
- *Too much administration (surveys, emails, projects, keeping iPM statistics)*
- *Some projects have problems I cannot solve.*
- *Demand too great for 1 staff member*

### *AWARENESS OF SPIRITUAL CARE*

Respondents highlighted a need for advocacy to support greater understanding of the role of spiritual care within Allied Health:

- *Lack of understanding of what spiritual care is and of its value as integral to person centred care by many staff*
- *Understanding of and recognition as a discipline within Allied Health and healthcare*
- *Education of health professionals so that they know what spiritual/pastoral care practice is and they are not afraid of engaging/collaborating/referring*
- *The professional acknowledgement of Pastoral/Spiritual Care as a profession in Allied Health*
- *Staff across hospital knowing and valuing the service*
- *Scope of Practice - ongoing lack of clarity/understanding of role and purpose of Spiritual Care*
- *How to increase profile of pastoral care*

They also acknowledged a need for education to address misunderstandings:

- *Ongoing need to remind staff that we are here and to educate them about our role*
- *Ongoing perception that spiritual care equates with religion/religiosity*
- *Conflation of religious affiliation with spiritual inclination by healthcare staff, though in transition*

### *PROFESSIONAL STANDARDS AND ENSURING QUALITY*

A number of organisations are concerned about ensuring quality, including comments about measures, governance, standards, professional development.

- *Spiritual Care governance; what is the right fit; SHV Best Practice Principles however cultural change dependent on each organisation*

- *Patient Care versus meeting hospital targets as spiritual care outcomes difficult to measure quantitatively or qualitatively*
- *Maintenance of professional standards and education and funding of this*
- *Planning/managing professional development*

Others spoke directly to the need to meet specific patient needs:

- *Ensuring the model meets patient needs as effectively as possible e.g. faith based visiting provides high support for funded religious positions, need to find ways to ensure patients who have different/no affiliations are also supported*
- *Need for diversity of support options for patients given the diverse community we serve*

Supervision, training and education was also noted:

- *Importance of supervision - in order to maintain professionalism - funding of supervision*
- *Ongoing education, training and engagement for chaplains who don't visit often, and clergy who don't engage*
- *Suitable resources for developing training, development and appropriate credentialing of Spiritual Care practitioners*

*Other*

- *Small rural town with limited access to services*
- *Rural, lack of resources, small facility*
- *Reduced number of ministers of religion in rural areas*
- *Issues - effective data management, diversity of patient spiritualities & significant lead role in bereavement care*
- *Nil*

## 27. What are the current opportunities for development of spiritual care? (n=30)

Thirty participants identified opportunities for spiritual care. Themes included greater awareness, communication, new or additional services, innovation and value-adding, education, training and research, and other. Responses are listed below.

*ALIGNMENT WITH ALLIED HEALTH AND GROWING AWARENESS / ACCEPTANCE OF THE ROLE*

- *Increased traction given the importance of patient centred care*
- *A broader community focus given thinking at NH and a community-based model of care.*
- *Being aligned with Allied Health strengthens profile and accountability within organisation.*
- *Allied Health integration*
- *Improvement of assessment in line with Allied Health protocols*
- *If spiritual/pastoral care are able to come under the allied health umbrella this may resolve some of the issues around funding in terms of registration/pay equity/*

*professional education/supervision/recognition*

- *Greater acceptance of spirituality in general and diverse ways to express this*
- *More discussions and meetings with Directors of Allied Health*

## *COMMUNICATION*

- *Ongoing communication with staff*
- *Supporting staff*
- *I have been liaising with our local community to increase our involvement both in the community but also with the presence of practicing people in our aged care facilities. Building this network certainly increases the attendance within the facility. We currently have a group of faith based community members who volunteer their time and attend our facility on a regular basis to sing and offer an afternoon of fun, friendship and the opportunity to rejoice in song. These members are open to conversation with our residents and often pop in to see residents on a one to one basis*

## *NEW OR ADDITIONAL SERVICES*

A number of organisations noted that there are opportunities to engage new or additional spiritual care services.

- *There is agreement in principle that spiritual care roles could benefit GVH's staff, patients and community in general. Opportunities for trial/pilot project will be considered and supported at Executive level as they arise. There is a very positive atmosphere to re-visit opportunities to pilot or trial spiritual care development at GV health as part of our new strategic plan and hospital redevelopment*
- *Access to more services*
- *Undergoing a review of the service this year*
- *Currently looking at creating a program for outpatients through our Day Program (10 week Spiritual Care program)*
- *Also looking at various community engagement opportunities on a Sunday for inpatients*
- *One-on-one visitation to patients and their families*
- *Provide funding to increase hours for part-time Spiritual Care Coordinators*
- *Creating new business*

## *INNOVATION AND DEMONSTRATING VALUE*

Respondents shared a range of innovations they have implemented:

- *If you have the budget - you can demonstrate value by providing the additional support services to staff , i.e. meditation sessions, wellbeing info sessions, self-care sessions, provide education to the great health care team... but only when you have enough staff on the floor meeting the referral demand - hence finance is the key - to then show what the spiritual care teams can do and how they add value: reflection/memorials/events - these showcase skills and provide a calming/nurturing healing effect on guests/staff/patients... (I could go on)*

- *We are a small rural health service and we developed a "prayer box" which sits in the foyer. This is a non-denominational box, where anyone can place a prayer and a person of a spiritual connection can take that prayer and say it on behalf of the person*
- *Presenting "This week's Cultural Calendar" in the Sacred Space*
- *Hosting mental health support groups.*
- *Hosting memorial ceremonies*
- *Increased emphasis and interest across the population in mindfulness*

## *EDUCATION, TRAINING AND RESEARCH*

Opportunities to expand training and education exist in a number of hospitals, and education is recognised as a valuable contribution.

CPE was noted by many organisations, alongside more general education for staff:

- *Potential CPE program as a training hospital*
- *CPE students/supervisors add professional resources to department*
- *To continue to develop our CPE program, to develop our current staff, to promote Pastoral Care to student doctors, nurses and allied health staff*
- *More effective leadership of bereavement care when education is offered through diverse sources; plus, ongoing education around the importance of spiritual care*
- *Much is driven by the practitioners' desire to develop skills and knowledge. Some education institutions are providing training and education programs. CPE offers great grounding in a reflective practice setting but something else needs to cover competencies and greater knowledge of working within the Health care setting*
- *CPE available locally is enabling development of a pool of possible successors*
- *Train more qualified volunteers, welcome CPE students to assist in helping hundreds of patients who desperately need spiritual care (pastoral care)*
- *Provision of quality Clinical Pastoral Education programs associated with tertiary studies in ministry/ spirituality as well. Courses as those offered by Centre for Grief and Loss*
- *We have just put in place an education calendar for the year and invited chaplains outside Bendigo Health to attend*
- *Patient, staff and hospital open to spiritual care spiritual care education*

Some organisations also noted the need or opportunity for research.

- *Spiritual/pastoral care need to continue to develop research opportunities that drill down deeply into why spiritual interventions provide value to health outcomes for patients - this certainly continues to be both challenge and opportunity when research with depth requires time and funding - both of which seem to be in short supply! Collaborations with universities seems to be the answer.*
- *Research projects*
- *Research/Data*

*Other*

Further comments included the following:

- *Up-keep of administrative duties*
- *CSOP documents, locum banks, support for professional development of paid staff, integration of new IT systems, Electronic Medical Records and Patient Flow Manager*
- *Current climate emphasising wellbeing and cultural diversity favours development. Also, professionalisation of practitioners*
- *Assistance in culture development under new aged care policies*
- *Expansion of Staff support protocols*
- *Funding would be helpful*
- *More support for staff*
- *Our SharePoint solution.*
- *Our full time Psychiatric Services chaplain has just resigned - not sure of funding for his replacement*
- *Working well currently*

## 28. Do you have any other comments? (n=22)

Of the twenty-two respondents, eight commented 'no'. The remaining comments are listed below.

*GENERAL COMMENTS*
*Gratitude*

- *I am grateful for Spiritual Health Association's support and for the weekly Newsletter*
- *Grateful for the opportunity to work currently at Kingston Centre, Monash Health and maximize limited time and resources to the best of my ability for the good of the patients, their families and the hospital at large*

*Opportunities*

- *GVH is willing to participate and grow this area of support for patient wellbeing and improved care outcomes. GV Health has had various discussions over many years regarding spiritual care roles and their possible development at this organization. It is the intention to continue with this process and ideally, we would like to commence with a targeted project to identify need and future service development with a metropolitan partner organisation*
- *Exciting and challenging times ahead as Spiritual Care evolves from its Christian beginnings into a profession enhancing the Spiritual resources of its recipients; patients/families/carers/staff in an increasingly secular society*
- *Local clergy members/faith representatives make patient visits to their parishioners in hospital*

- *At Monash Health we have a united Spiritual Care Service on the one cost centre overseen by the one organisational manager, within Allied Health. We have a mix of co-ordinators and practitioners*
- *This hospital supports spiritual care and acknowledges the importance of providing spiritual care to all patients, their carers and staff*
- *Melbourne Private Hospital patients communicate their spiritual needs to the staff and referrals, or contact is made with external parties or the patient's preferred contact*

*Challenges*

- *Our CEO seems not to take an interest in Spiritual Care*

*About the survey*

- *I have filled out this survey in the event our Executive doesn't get back to you, as time is a scarce resource*
- *Question 7 data is in % form - of the total of 70,800 patients registered each year - no other data available that would be meaningful*
- *Look forward to seeing the results*
- *Stats are often only as good as those that the chaplains give me at the moment - Sharepoint will hopefully give better information for next time!*
- *Happy to provide comments any time in person*

## 29. Please complete the following contact information: (NB: Your personal information will remain confidential and is collected for follow up purposes only) (n=44)

*POSITION TITLE:*

- *CEO *2*
- *Chief Allied Health Officer*
- *Coordinator of Pastoral and Spiritual Care *5*
- *Director Aged & Ambulatory Care*
- *Director of Clinical Services *2*
- *Director Spiritual Care*
- *ED Clinical*
- *Executive Assistant*
- *General Manager *2*
- *Lifestyle coordinator*
- *Manager Pastoral Care *2*
- *Manager Pastoral Services*
- *Manager Spiritual Care Department*
- *Manager, Spiritual Care. CPE Centre Director*
- *NA *2*
- *NUM*
- *Pastoral Care Coordinator *4*

- *Pastoral Care Manager*
- *Pastoral Care Worker*
- *Senior Administration Support*
- *Senior Chaplain/Pastoral Care Co-ordinator*
- *Spiritual Care Coordinator *5*

## Conclusion

The state-wide survey undertaken in 2018/19 provides a snapshot of spiritual care in Victorian public hospitals. There is clearly a range of service provision and providers in operation. While there have been changes over the last decade (see the *Spiritual Care in Victorian Hospitals 2008-19: A Comparison of Two Surveys Report)*, this lack of consistency poses a risk to the quality and safety of spiritual care provision. The growing awareness of spiritual care and alignment of spiritual care with allied health creates an opportunity to respond to this risk. Through the development of consistent and professional approaches to governance, service delivery and education, quality spiritual care services can be accessible and available across Victorian hospitals.

## Appendix

The following comments were sent in response to Question 11 '*Do you have a referral policy*'

- Formal referral may be made for support of residents, families or staff via **BOSSNET**, email, phone or verbal. All referrals are acknowledged as soon as viable and all results including refusals for residents and families are recorded in Platinum5. Referral outcomes for Staff are recorded for protection of privacy however with the staff members permission may be communicated to the relevant manager
- Nil referral practice policy except by individual patient request
- complex as incorporated into a complex practice guideline - will be changing
- Internal: through **CERNER Powerchart**
  External: through email / phone
- Referrals to Outreach Program (for outpatients) must be made by their treating psychiatrist. Referrals for inpatients can be made through any avenue, written or otherwise
- This is under consideration in a current review of Spiritual Care at Peninsula Health
- I will email the referral policy for Monash Health which would include Monash Health Medical Centre, Kingston Centre, Moorabbin Hospital, Dandenong Hospital and Casey Hospital
- See attached referral protocol
- There is a process for checking referrals, and we have introduced a new electronic medical record, so referrals are received via this EMR. There is no specific policy
- Internal referrals are received through EMR, and then disseminated as appropriate and acted upon within specified time frames. External referrals are received occasionally, and these are disseminated as appropriate and acted upon within specified time frames
- Contact details available to staff if patient/family require support
- Internal report forms
  External referrals - as required (e.g. for baby goods)
- Use pastoral care triage schema to respond to referrals
- As per Allied Health policy. Referrals are accepted via phone, verbal or electronic means from patient/client, family member, professional staff, carer.
- External referrals managed via a Spiritual Care Practice guideline; we do not have a formal policy for external referrals received. We will send our internal policy to SHV.
- Have flowchart rather than policy - I'll email it.
- Procedures and Guidelines are published on intranet and given to staff and Ward Clerks. Induction of Graduate Nurses etc
- Upon client request
- no formal policy - most referrals come through Patient Flow Manager, or via staff at handover, or via phone. All referrals are assessed and verified, and assigned according to priority and need
- Referral are made either by phone to the Department, or by email via the intranet
- Referral Pathway Guidelines - with special reference to Pastoral/Spiritual Care in the context of Cross-Disciplinary and Allied Health Care - one example from organisation:

Differentiation: Three most common referral sources

1. Self-referral: hospital patients, their relatives or other persons close to them request

either a visit from a hospital based pastoral care practitioner or chaplain; or from a minister or pastor they have contact with in their own parish or community of faith in which case the hospital pastoral care practitioner will make the community liaison link.

2. Cross-disciplinary Referral: medical, nursing, or other allied health hospital staff make a referral to the hospital based pastoral care practitioner, either in person or via the pastoral care and/or chaplaincy service of the hospital; adequate response to and follow up of this type of referral, with a request for pastoral care, includes that the responding pastoral care practitioner/chaplain provides feedback to the referral agent.

3. Extra-mural Referral: Relatives of hospital patients, ministers or pastors based in the community, or pastoral care workers from other hospitals or health care services call in to the pastoral care department making a referral or a request for pastoral visiting to a patient being transferred or recently admitted to clinical oncology care facility; adequate response to and follow up of this type of referral, with a request for pastoral care, may include that the responding pastoral care worker/chaplain provides feedback to the referral agent – however, without passing on medical or ill-health condition related information or any other confidential matter of importance that would be in breach of the privacy act.

When is a referral to the pastoral/spiritual care worker or chaplain appropriate?

1. When the request for pastoral/spiritual care relates to any of the services or pastoral and spiritual care activities stipulated in the Pastoral/Spiritual Care and Chaplaincy Info Brochure of the Monash Medical Centre.

2. When there is a clear indication that the patient or any other related user of the clinical services is in need of support due to serious matters of concern involving meaning of life issues related to the patient's serious ill-health condition; particular anxious states of mind - expressed in questions such as: Why me? Or: Why now? – are questions commonly indicative of matters of existential concern responded to in pastoral/spiritual care.

3. When hospital in-patients express that they are in need of spiritual support, even when they are not religious or not any longer practising believers of a particular faith tradition.

Important to be aware of when making a referral to pastoral/spiritual care is:

1. Pastoral/spiritual care is non-denominational spiritual care for everyone, regardless from people's cultural or religious background; pastoral care is not persuasive of any particular religious or spiritual agenda.

2. Pastoral/spiritual care does not provide strategies for coping with stress or distress; its line of approach is that of empathic relatedness and of 'being with' rather than 'doing to' the person suffering from ill-health.

3. Pastoral/spiritual care may be concerned with persons' lived experience of loss and

grief, interfacing with meaning of life issues; however, in this regard, pastoral care does not employ behaviour modification techniques, nor does it offer a loss and grief intervention approach.

4. The Pastoral/Spiritual Care Practitioner aims at establishing a good rapport with the patient or service user, taking an empathic and supportive approach; healing may be brought about in the process of pastoral care interactions - which can be instrumental in situations where persons are in need of reconciliation with self and others, relatives or members of the community.   Pastoral/spiritual care does not offer therapy for persons suffering from mental ill-health conditions.   In such cases the pastoral care practitioner will refer on to a specialised mental health care professional or service.

5. Pastoral/spiritual care may help persons suffering from ill-health reconnect with their local church or community of faith or with any other community based support service. At all times and in particular in circumstances of community liaison work, the pastoral and spiritual care practitioner is unreservedly committed to maintain strict confidentiality in line with the public health care standards of good professional practice and the Australian Health Information Act.