

## **What Is Quality Spiritual Care in Health Care and How Do You Measure It? Guidance on Quality Indicators**

We are pleased to share with you the attached document describing the first set of evidence-based quality indicators for professional health care chaplaincy. As the title says, these indicators are meant to start to answer the question, “What is quality spiritual care in health care and how do you measure it?” It is a direct response to the calls from within health care for spiritual care to join the other domains of care in defining what quality means in the provision of spiritual care by chaplains.

Several points are important regarding this document:

1. This document represents only the first step in establishing measurable indicators for quality spiritual care in health care. It is not the definitive document, but we believe it represents the best evidence in the field at this time.
2. We committed to only including indicators that are supported by evidence and in a form that can be measured with clear metrics. Thus, this document does not represent all of what spiritual care in health care and chaplaincy care has claimed as part of its domain. Nor does it represent every possible setting or situation in which spiritual care in health care does or should take place.
3. As a first step, we understand this to be a dynamic document that will change over time as new evidence and metrics emerge.

Our hope is that this document will:

1. Establish that evidence-based quality indicators are possible and measurable in spiritual care
2. Encourage discussion, testing and publication of these indicators and others in various settings
3. Encourage development of more evidence for quality indicators in spiritual care, testing of the usability and applicability of metrics and measures, and their publication

### **How to Move Quality Indicators Forward in Your Organization**

We understand that simply publishing this document is not necessarily helpful without some guidance on how to leverage it to produce change in one’s organization and/or setting. In that regard, the following should be considered.

### Assessment

To what extent is the organization meeting these indicators? Many of these can be accomplished with a simple chart audit. The number of charts audited does not have to be large. One rule of thumb is that when the result seems clear, one can stop. Thus, if 10 charts are audited in a high acuity area like the ICU and none have a spiritual assessment, it can likely be safely said that assessments are rarely if ever done. Some of the indicators that might be looked for in an audit include:

- What percentage of patients are documented as having been offered a discussion of religious/spiritual concerns?
- What percentage of patients has a spiritual assessment and care plan documented?
- What is the percentage of family meetings in which documentation shows that the family was offered a discussion of spiritual issues?

### Goal Setting

- Discuss the results of the assessment with the organization's chaplaincy and management teams.
- Celebrate indicators in which the team are doing well.
- Decide as a team which of the indicators stand out as ones that the team would like to improve in the context of the organization. What would be the gains to the organization if these indicators were improved?
- Out of the indicators above, pick one or two that might be more easily attainable as quality improvement projects.
- Engage any quality improvement professionals in the organization to help design projects around these indicators.

Be aware that all of this can take time—often much more time than one would like or think it should take. Be aware that this is a marathon, not a sprint.

Feedback on this document and guidance would be welcomed. We consider this a dynamic document and look forward to continuing to make it more useful over time.

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