

EVIDENCE-BASED QUALITY INDICATORS FOR SPIRITUAL CARE RELEASED
HealthCare Chaplaincy Network Convened International Panel to Develop Recommendations

NEW YORK, NY (February 18, 2016)– A distinguished, international panel of experts convened by HealthCare Chaplaincy Network (HCCN) has developed the field’s most comprehensive evidence-based indicators that demonstrate the quality of spiritual care in health care, in a move aimed at advancing optimal spiritual support and meeting the needs of patients, their families, and health care institutions.

The statement released today provides guidance to professional health care associations, administrators, clinical teams, researchers, spiritual care providers, and other stakeholders worldwide on the indicators of high-quality spiritual care, the metrics that indicate such care is present, and evidence-based tools to measure that quality.

In addition, it puts spiritual care and professional chaplaincy on par with other health care disciplines that are directed by specific quality indicators.

“We believe these evidence-based quality indicators are a game-changer,” said Rev. Eric J. Hall, HCCN’s president and CEO. “They speak to health care’s emphasis on value over volume of services. Being able to identify value in specific situations will help elevate the importance of spiritual care as part of whole-person care, casting aside perceptions and anecdotes about its impact in favor of indicators that can solidly demonstrate quality of care and outcomes.”

The new recommendations apply to spiritual care overall, although they most directly impact professional chaplains, who are considered the spiritual care specialists in health care settings.

The set of 18 quality indicators include spiritual care that reduces spiritual distress, increases client satisfaction, and facilitates meaning-making for clients and family members.

Prior to this development, according to the panel, there were no accepted indicators for determining the quality of spiritual care except for the Quality of Spiritual Care scale (QSC), a scale measuring quality of spiritual care at end of life that was tested on family members of deceased long-term care residents.

Rev. George Handzo, HCCN’s director of health services, research and quality, who chaired the panel, said the new indicators are especially timely given the changing health care landscape, including a mounting body of evidence showing patients’ desire for spiritual care and the impact of such support on important medical outcomes, costs, and the patient experience.

“In the current economy of health care, the value of what one contributes is measured by how much one contributes to an outcome or quality indicator that the system has agreed on,” he said. “To date, because there have been no quality indicators for chaplains, we are in serious danger of being considered valueless

and thus expendable, to the detriment of patients, their families, and the health care system as a whole. This effort provides an important start to remedying that situation.”

By assembling a high-level panel of experts of varied backgrounds, HCCN has produced a document reflecting a consensus that spans both disciplines and geographic boundaries.

The panel began with well-established indicators from national guidelines or research, and used tools that have already been developed and tested. The resulting statement consists of the quality indicators—structural indicators, process indicators, and outcomes, supported by metrics that can measure the indicators and suggested evidence-based tools that can reliably quantify those metrics.

For example, one quality indicator calls for certified or credentialed spiritual care professional(s) “proportionate to the size and complexity of the unit served and officially recognized as integrated/embedded members of the clinical staff.” It is measured by institutional policy that recognizes chaplains as official members of the clinical team (the metric) and policy review (the suggested tool).

One of the members of the panel, R. Sean Morrison, M.D., director of the Lilian and Benjamin Hertzberg Palliative Care Institute and the National Palliative Care Research Center at Mount Sinai in New York, and a past president of the American Academy of Hospice and Palliative Medicine, said the comprehensive set of indicators bodes well for patients and their families now and in the future.

“The quality indicators will empower professional chaplains and position them to be essential and effective team members, especially as we witness tremendous growth in palliative care,” he said. “This holds great promise of pushing the field forward.”

For the complete statement, “What Is Quality Spiritual Care in Health Care and How Do You Measure It?” as well as a list of panel members, visit www.healthcarechaplaincy.org/research.

About HealthCare Chaplaincy Network™

HealthCare Chaplaincy Network™ is a global health care nonprofit organization founded in 1961 that offers spiritual-related information and resources, and professional chaplaincy services in hospitals, other health care settings, and online. Its mission is to advance the integration of spiritual care in health care through clinical practice, research and education in order to improve patient experience and satisfaction and to help people faced with illness and grief find comfort and meaning—whoever they are, whatever they believe, wherever they are. For more information, visit www.healthcarechaplaincy.org, call 212-644-1111, and connect with us on [twitter](#) and [Facebook](#).

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