What is Quality Spiritual Care in Health Care and How Do You Measure it?

Purpose- This statement provides guidance to advocacy groups, professional health care associations, health care administrators, clinical teams, researchers, government and other funders, faith communities, spiritual care professionals, and other stakeholders internationally on the indicators of quality spiritual care in health care, the metrics that indicate quality care is present, and suggested evidence-based tools to measure that quality.

Reason for Action- The value of any health care service is increasingly determined and reimbursed by the quality of that service rather than the volume of services that are produced. Determining quality of care rests on having an agreed set of quality indicators, the metrics that indicate the degree of quality present, and tools that reliably measure those metrics.

While there is widespread consensus that spiritual care is desired by patients and family caregivers and impacts important outcomes, there are currently no accepted indicators for determining the quality of spiritual care with the exception of the Quality of Spiritual Care (QSC) scale.[1] Validated and accepted health and health services indices such as symptom severity and cure rates do not apply to spiritual care. There is a need to address this gap by developing indictors that demonstrate the contribution spiritual care makes to quality health care and outcomes.

This statement developed by an international, multidisciplinary panel of experts in the field seeks to provide guidance to providers of spiritual care and those who advocate for that care on the indicators of high-quality spiritual care, the metrics that can measure those indicators, and suggested evidence-based tools that can reliably quantify those metrics. The panel began with well-established indicators from national guidelines or research and used tools that have already been developed and tested. The hope is to jump-start a process of testing and validating that will further the integration of demonstrably high-quality spiritual care in health care. We see this document as a first step in a continuing process of defining and promoting quality indicators in spiritual care.

Recommendations

Quality Indicator	Metric	Suggested Tools
1. Structural Indicators		
1.A - Certified or credentialed spiritual care professional(s) are provided proportionate to the size and complexity of the unit served and officially recognized as integrated/embedded members of the clinical staff.[2,3]	Institutional policy recognizes chaplains as official members of the clinical team.	Policy Review
1.B - Dedicated sacred space is available for meditation, reflection and ritual.[4]	Yes/No	
1.C - Information is provided about the availability of spiritual care services.[5]	Percentage of patients who say they were informed that spiritual care was available	Client Satisfaction Survey
1.D - Professional education and development programs in spiritual care are provided for all disciplines on the team to improve their provision of generalist spiritual care.[6]	All clinical staff receive regular spiritual care training appropriate to their scope of practice and to improve their practice.	Lists of programs, number of attendees, and feedback forms
1.E - Spiritual care quality measures are reported regularly as part of the organization's overall quality program and are used to improve practice.[7]	List of spiritual care quality measures reported	Audit of organizational quality data and improvement initiatives
2. Process Indicators		
2.A - Specialist spiritual care is made available within a time frame appropriate to the nature of the referral.[6]	Percentage of staff who made referrals to spiritual care and report the referral was responded to in a timely manner. Percentage of referrals responded to within Chaplaincy Service guidelines	Survey of staff Chaplaincy data reports

Quality Indicator	Metric	Suggested Tools
2.B - All clients are offered the opportunity to have a discussion of religious/spiritual concerns.[8]	Percentage of clients who say they were offered a discussion of religious/spiritual concerns	Client Survey
2.C - An assessment of religious, spiritual and existential concerns using a structured instrument is developed and documented, and the information obtained from the assessment is integrated into the overall care plan.[4,6]	Percentage of clients assessed using established tools such as FICA,[9] Hope[10], 7X7[11], or Outcome Oriented[12] models with a spiritual care plan as part of the overall plan of care	Chart Review
2.D - Spiritual, religious and cultural practices are facilitated for clients, the people important to them, and staff.[4]	Referrals for spiritual practices	Referral Logs, including disposition of referrals
2.E - Families are offered the opportunity to discuss spiritual issues during goals of care conferences.[13]	Percentage of meeting reports in which it is noted that families are given the opportunity to discuss spiritual issues	Chart Audit
2.F - Spiritual care is provided in a culturally and linguistically appropriate manner.[4] Clients' values and beliefs are integrated into plans of care.[14]	Percentage of clients who say that they were provided care in a culturally and linguistically appropriate manner Percentage of documented plans of care that mention client beliefs and values	Client Survey Chart Audit
2.G - End of Life and Bereavement Care is provided as appropriate to the population served.[15,4]	Care plans for clients approaching end of life include document attention to end-of-life care A documented plan for bereavement care after all deaths	Chart Audit

3. Outcomes		
3.A – Clients' spiritual needs are met.[16]	Client-reported spiritual needs documented before and after spiritual care	➢ Spiritual Needs Assessment Inventory for Patients (SNAP)[17] ➢ Spiritual Needs Questionnaire (SpNQ)[18]
3.B - Spiritual care increases client satisfaction.[19]	Client-reported satisfaction documented before and after spiritual care	➢ HCAHPS #21[20] ➢ QSC[1]
3.C - Spiritual care reduces spiritual distress.[22]	Client-reported spiritual distress documented before and after spiritual care	"Are you experiencing spiritual pain right now?"'[21]
3.D - Spiritual interventions increase clients' sense of peace.[22]	Client-reported peace measure documented before and after spiritual care	➢Facit-SP-Peace Subscale[23] ➢"Are you at peace?"[24]
3.E - Spiritual care facilitates meaning-making for clients and family members.[25]	Client-reported measure of meaning documented before and after spiritual care	➢ Facit-SP- Meaning Subscale ➢ RCOPE[26]
3.F - Spiritual care increases spiritual well-being.[27]	Client-reported spiritual well-being documented before and after spiritual care	Facit-SP

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