

Healthcare Chaplaincy Council of Victoria Inc.



Strategic Plan 2012-2015

SPIRITUAL CARE: THE HEART OF HEALTH

HCCVI STAFF 2011



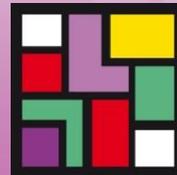
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MISSION STATEMENT

To provide quality leadership and education in the strategic development, promotion and provision of spirituality, chaplaincy and pastoral care in Victorian healthcare services.

VALUES

The HCCVI is committed to acting in a way which consistently reflects and promotes learning, integrity, inclusiveness, openness, compassion and accountability and which;

- affirms the inherent spirituality, dignity and value of each person;
- respects the right of each faith community to hold to its values and traditions;
- advocates for professional accountability and learning that advances the profession and is in the public interest;
- respects the cultural, ethnic, gender, racial and religious diversity of others.

EXECUTIVE SUMMARY

The Victorian Government has committed to comprehensive and long term planning for the future development of the Victorian health system. This commitment to a long term vision for an integrated health system is to be welcomed.

There has been an increasing movement towards patient-centred or person-centred health care both at the international, national and state levels. The Minister for Health, the Honorable David Davis has recognised this in his statement, *“the Victorian Government is committed to...creating an equitable and sustainable health system with people at its heart”*.

Chaplaincy, pastoral and spiritual care services are founded on person-centred care and share with the Government a vision to ensure that people are at the heart of the health system. This will require attention to each of the domains of care: physical, social, psychological and spiritual. The HCCVI is well placed to ensure that spiritual care is understood, integrated and contributing to the creation of a health system responsive to people’s wholistic needs.

We share the Government’s vision for the Victorian health system and the strategic directions outlined in this plan are aligned to the seven priority areas for metropolitan, rural and regional and health capital planning as set out in the *Victorian Health Priorities Framework 2012-2022: Metropolitan Health Plan*:

- developing a system that is responsive to people’s needs
- improving every Victorian’s health status and experience
- expanding service, workforce and system capacity
- increasing the system’s financial sustainability and productivity
- implementing continuous improvement and innovation
- increasing accountability and transparency
- utilising e-health and communications technology

Shaping the health system to best meet the needs of the Victorian community will require partnerships across the sector. We look forward to continuing to develop strong collaborations with Government and other partners to ensure that spiritual care is integrated to support the creation of *“an equitable and sustainable health system with people at its heart.”*

CURRENT STATUS

The HCCVI is funded through the Department of Health, hospital and health service performance and mental health, drugs and regions divisions.

Over the past three years the organisation has further positioned itself as a leader in the development and implementation of best practice models for spiritual care across the health system.

In the 2009-2012 Service Agreement the HCCVI received funding for three significant projects arising out of an audit of the sector undertaken in 2008. These projects were focused on:

1. Regional and rural development
2. Best practice guidelines
3. Multicultural and Multifaith development

Significant progress has been made in these areas including: extensive consultation across three regions identifying the priorities for the development of sustainable models for the provision of spiritual care; the establishment of regional and rural working parties in Barwon South West, Loddon Mallee, and Gippsland; the establishment of a statewide working party; the establishment of pilot programs in Gippsland and Barwon South West; the development of an education package for training of volunteers; the development of a spiritual care in aged care education package; commencement of work within the Jewish, Islamic, Hindu, and Buddhist communities to build their capacity to contribute to the health system.

Alongside this body of work the HCCVI has developed strong partnerships and collaborations with a number of key stakeholders including: Palliative Care Victoria, the Royal Children's Hospital, Bass Coast Regional Health, Bendigo Health, MIND Australia and La Trobe University.

In 2010 the HCCVI employed a Manager – Aged Care & Community Services in response to the growing demand for the development of consistent approaches for the provision of spiritual care within aged care.

HCCVI has provided submissions to a number of Government policy and standards initiatives including to: the Productivity Commission, the development of EQUiP5 standards, Australian Commission on Safety and Quality in Healthcare “Patient-centred Care”, National Health & Hospitals Reform Commission.

In 2011 the HCCVI welcomed as new members the Jewish Community Council of Victoria, the Islamic Council of Victoria, the Buddhist Council of Victoria, the Hindu Community Council of Victoria and the Salvation Army reflecting the increasing diversity of the Victorian community.

The HCCVI has four areas of service delivery: mental health; aged care & community services; education & training; support and development.

STRATEGIC DIRECTIONS 2012-2015

Developing a system that is responsive to peoples needs

- Extend multifaith and multicultural capacities to respond to increasingly diverse spiritual needs, recognising spirituality as intrinsic to the human person.
- Further develop research on spiritual care as a protective factor for health and well-being.

Improving every Victorians health status and health experiences

- Best practice models for education & training and the delivery of spiritual care evaluated and extended across the continuum of care
- Evaluate and extend models for education & training and the delivery of spiritual care in regional and rural areas.
- Spiritual care, as an integral component of person-centred care, is accessible and resourced across the continuum of care.

Expanding service, workforce and system capacity

- Development and delivery of education and training at all levels of the delivery of care spectrum (volunteers, health professionals, pastoral practitioners)
- Spiritual care incorporated as a measure of best health care outcomes in line with healthcare standards and as a measure of quality care.

Increasing the system's financial sustainability and productivity

- Further develop the evidence base for the integration of spiritual care across the continuum of care demonstrating its value in improving health outcomes.
- Build a capable and qualified workforce able to deliver best practice spiritual care.

Implementing continuous improvements and innovation

- Health services are resourced and equipped to meet the standards for delivery of spiritual care as specified in the relevant industry standards i.e. EQUIP 5; Aged Care Standards, Palliative Care Standards, National Standards for Mental Health Services 2010.
- Development of community capacity to respond to spiritual care needs across the continuum of care.

Increasing accountability and transparency

- Ensure that all pastoral care practitioners meet the requirements of best practice standards.
- Maintain and develop partnerships to ensure sustainable and efficient models of spiritual care education and service delivery.

Utilising e-health and communications technology

- Ensure that all pastoral care services across the continuum of care utilise an agreed and endorsed minimum data set for quality, continuous improvement and research purposes.
- Explore the potential for the integration of the Pastoral Care Information System with established health data collection systems.

Developing a system that is responsive to people's needs

Objectives	Strategies	Outcomes
<p>1. Extend Multifaith and multicultural capacities to respond to increasingly diverse spiritual needs, recognising spirituality as intrinsic to the human person.</p>	<ul style="list-style-type: none"> • Work with and resource current members of the HCCVI through established committees/working groups to develop and implement plans. • Identify and resource faith communities currently contributing or with the capacity to contribute to spiritual care within the health sector. 	<ul style="list-style-type: none"> • HCCVI represented on established committees. • Funding provided to resource faith communities. • Action plans developed and implemented. • Faith communities identified and resourced as required
<p>2. Further develop research on spiritual care as a protective factor for health and well-being.</p>	<ul style="list-style-type: none"> • Develop research proposal including detailed methodology and resource requirements. • Identify partnerships for research collaboration • Undertake research 	<ul style="list-style-type: none"> • Research proposal developed • Partners identified and partnerships established • Research undertaken and reports published

Improving every Victorians health status and health experiences

Objectives	Strategies	Outcomes
<p>3. Best practice models for education & training and the delivery of spiritual care evaluated and extended across the continuum of care</p>	<ul style="list-style-type: none"> • Identify or develop tools to evaluate current models and pilots for education & training and the delivery of spiritual care. • Evaluate current models and pilots. • Extend models identified as best practice across the continuum of care. 	<ul style="list-style-type: none"> • Tools for evaluation identified or developed as required. • Evaluations undertaken and reported • Best practice models extended across the continuum of care.
<p>4. Evaluate and extend models for education & training and the delivery of spiritual care in regional and rural areas.</p>	<ul style="list-style-type: none"> • Identify or develop tools to evaluate current models for education & training and the delivery of spiritual care in regional and rural areas. • Evaluate current models. • Extend models in regional and rural areas. 	<ul style="list-style-type: none"> • Tools for evaluation identified or developed as required. • Evaluations undertaken and reported • Best practice models extended across regional and rural areas.
<p>5. Spiritual care, as an integral component of person-centred care, is accessible and resourced across the continuum of care.</p>	<ul style="list-style-type: none"> • Extend models identified as best practice across the continuum of care. • Work with Government through the Department of Health to identify and develop models for appropriate resourcing of spiritual care provision across the continuum of care. 	<ul style="list-style-type: none"> • Best practice models extended across the continuum of care. • Partnership established with the relevant Department personnel to identify and develop models. • Models identified and developed.

	<ul style="list-style-type: none"> • Avenues for appropriate levels of resourcing identified. 	<ul style="list-style-type: none"> • Avenues identified and resources obtained.
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Expanding service, workforce and system capacity

Objectives	Strategies	Outcomes
6. Development and delivery of education and training at all levels of the delivery of care spectrum (volunteers, health professionals, pastoral practitioners)	<ul style="list-style-type: none"> • Identify partnerships for the development and delivery of education and training. • Develop education and training programs appropriate to targeted levels. • Deliver and evaluate programs. 	<ul style="list-style-type: none"> • Partnerships identified. • Education and training programs developed. • Programs delivered and evaluated.
7. Spiritual care incorporated as a measure of best health outcomes in line with healthcare standards and as a measure of quality care.	<ul style="list-style-type: none"> • Develop criteria for spiritual care as a measure of best health outcomes. • Work with the Health Innovation and Reform Council to have spiritual care incorporated as measure of best health outcomes • Work with the appropriate bodies to ensure spiritual care incorporated in healthcare standards and appropriate measures developed. 	<ul style="list-style-type: none"> • Criteria for spiritual care as a measure of best health outcomes developed. • Spiritual care incorporated as a measure of best health outcomes. • Spiritual care incorporated in healthcare standards across the health system and appropriate measures developed.

Increasing the system's financial sustainability and productivity

Objectives	Strategies	Outcomes
<p>8. Further develop the evidence base for the integration of spiritual care across the continuum of care demonstrating its value in improving health outcomes.</p>	<ul style="list-style-type: none"> • Develop research proposal including detailed methodology and resource requirements. • Identify partnerships for research collaboration • Undertake research 	<ul style="list-style-type: none"> • Research proposal developed • Partners identified and partnerships established • Research undertaken and reports published
<p>9. Build a capable and qualified workforce able to deliver best practice spiritual care.</p>	<ul style="list-style-type: none"> • HCCVI Capabilities Framework promoted as best practice standard for spiritual care workforce. • Establish tertiary level programs in line with other health professionals. • Extend and develop opportunities for professional development. 	<ul style="list-style-type: none"> • Capabilities Framework 2011 endorsed by Department of Health. • Capabilities Framework 2011 utilised across health system in development of pastoral positions and recruitment of workforce. • Tertiary programs developed. • Opportunities for professional development extended and developed.

Implementing continuous improvements and innovation

Objectives	Strategies	Outcomes
<p>10. Health services are resourced and equipped to meet the standards for delivery of spiritual care as specified in the relevant industry standards i.e. EQuIP 5; Aged Care Standards, Palliative Care Standards.</p>	<ul style="list-style-type: none"> • Identify resources required by health facilities to meet industry standards for delivery of spiritual care • Develop guidelines for health facilities outlining resources required to meet relevant industry standards. • Work with health facilities and Department of Health to develop sustainable models for resourcing and equipping of health facilities. 	<ul style="list-style-type: none"> • Required resources identified. • Guidelines developed. • Sustainable models for resourcing and equipping health facilities developed.
<p>11. Development of community capacity to respond to spiritual care needs across the continuum of care.</p>	<ul style="list-style-type: none"> • Identify community resources e.g. local faith communities • Develop education programs and resources that build community capacity to respond to spiritual care needs. • Identify referral pathways to ensure community resources utilised. 	<ul style="list-style-type: none"> • Community resources identified. • Education programs and resources developed. • Referral pathways identified.

Increasing accountability and transparency

Objectives	Strategies	Outcomes
<p>12. Ensure that all pastoral care practitioners meet the requirements of best practice standards.</p>	<ul style="list-style-type: none"> • Promote the use of the Capabilities Framework 2011 by pastoral care practitioners to identify areas for professional development. • Promote the use of the Capabilities Framework 2011 by employing bodies for professional review. • Promote membership of Spiritual Care Australia at certified levels for pastoral care practitioners. 	<ul style="list-style-type: none"> • Pastoral care practitioners aware of the Capabilities Framework as a tool for planning professional development. • Employing bodies aware of the Capabilities Framework as a tool for professional review. • Increase in membership of SCA at certified levels • Increase in number of employing bodies requiring membership of SCA as selection criteria.
<p>13. Maintain and develop partnerships to ensure sustainable and efficient models of spiritual care education and service delivery.</p>	<ul style="list-style-type: none"> • Explore potential partnerships for all current and future projects undertaken. • Ensure existing partners are kept informed about the work of the organisation. • Ensure meetings are held as required to maintain positive relationships. 	<ul style="list-style-type: none"> • Service delivery areas of the organisation have identified and explored potential partnerships for all current and future projects. • Regular updates are provided. • Regular meetings are held as agreed between the parties.

Utilising e-health and communications technology

Objectives	Strategies	Outcomes
<p>14. Ensure that all pastoral care services across the continuum of care utilise an agreed and endorsed minimum data set for quality, continuous improvement and research purposes.</p>	<ul style="list-style-type: none"> • Finalise minimum data set and present to HCCVI board for adoption. • Minimum data set presented to Department of Health for endorsement. • Work with health facilities to promote use of the minimum data set. 	<ul style="list-style-type: none"> • Minimum data set approved and adopted by HCCVI board. • Minimum data set endorsed by the Department of Health. • Minimum data set used by pastoral care services across the continuum of care.
<p>15. Explore the potential for the integration of the Pastoral Care Information System (PCIS) with established health data collection systems.</p>	<ul style="list-style-type: none"> • Evaluate current integration of the PCIS with Health Power at Northern Health. • Meet with Health Smart to explore potential for integration. • Identify potential users across the health system and promote use of the PCIS. 	<ul style="list-style-type: none"> • Evaluation of PCIS integration with Health Power completed and reported. • Potential for integration with Health Smart explored and progressed. • Potential users identified and sites for integration of the system established.