

Spiritual assessments.

It started a few years ago whilst auditing patient's notes it became clear that very few spiritual/religious care conversations were recorded. We knew anecdotally they had taken place but we could not prove it.

This was the starting point for our journey. A decision was made that patient's being clerked for hospice care should routinely be asked about their spiritual needs and religious practice. Members of the Multidisciplinary team were willing to do this but needed help. I worked with our Community CNS's in drawing up a list of relevant questions and they agreed to ask patients about their spirituality and also reflect how comfortable they felt about asking such questions. The team became enthusiastic about spirituality assessments and care. Once this exercise was completed the questions were incorporated into patient's notes and all patients clerked for hospice services were assessed not only physically, socially, psychologically but now spiritually.

I have spent an enormous amount of time with colleagues explaining why we were making changes to our practice. One hour workshops were held and over 100 members of staff attended them. This allowed me to explain the importance of spiritual care for well being of patients and their families and carers. NICE Guidelines and our own competency levels helped enormously in understanding what we were seeking to do.

To have a spirituality assessment tool is one thing but the real challenge is to have colleagues in the multidisciplinary team use this tool every day.

Audits now show that well over 75% of patients receive an assessment of their spiritual needs when they were clerked for hospice care. This has helped the team deliver appropriate spiritual and religious care. Referrals to the Chaplaincy department have increased and the overall care of patients has improved.

This journey started in 2002 and it has been worth every step. I gave a presentation recently to our Cancer Network for North East London and the suggestion was made that all providers of care in the area adopt the St Francis model of spirituality assessments.

Last week a new Doctor arrived and has already reflected that they have been impressed at the priority given to spiritual and religious care in the hospice.

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