

STANDARDS FOR HOSPICE AND PALLIATIVE CARE CHAPLAINCY

Supported by Help the Hospices

Self Assessment Tool



Association of Hospice and
Palliative Care Chaplains

Second Edition AHPCC 2006

Unit Name			
	Name	Designation	Date
Self Assessment Completed by			
Reviewed by			

STANDARDS FOR HOSPICE AND PALLIATIVE CARE CHAPLAINCY SELF ASSESSMENT TOOL

Introduction

This tool has been developed as a practical aid to assess and audit a chaplaincy service by using the *Standards for Hospice and Palliative Care Chaplaincy*. It is acknowledged that the tool may need to be adapted where a chaplaincy team is in place and in particular where team members are part-time. The Association of Hospice and Palliative Care Chaplains would welcome comments on the self assessment tool and suggestions for ways in which it might be improved for future use. An electronic version of the self assessment tool in Microsoft Word is available from the Association of Hospice and Palliative Care Chaplains website:
www.ahpcc.org.uk

Using the Self Assessment Tool

The self assessment tool has five columns, three of which require completion.

Criteria column This column is a duplicate of the chaplaincy standards Criteria column
Self Assessment Question This column poses the audit questions
Answer This column is for answers to the questions in the Self Assessment Question column
Reviewer comments This column allows a reviewer to comment on the answers
Met / Not Met This column gives a choice of met or not met , however it may be that you wish to add to this by including partially met or working towards .

What Kind of audit

The standards were piloted by using two forms of audit.

The AHPCC leaves it to individual units to choose the method of audit felt to be most effective in evaluating the chaplaincy service.

These audits are offered as a guide.

Internal audit. The chaplain and/or member(s) of staff complete the form and a line manager, clinical audit facilitator (or other person) acts as reviewer.

External audit. The chaplain and/or member(s) of staff complete the form and an external person acts as reviewer.

A sample of the findings of a comparative audit using the AHPCC 2003 standards is available in full text on-line from the *Scottish Journal of Healthcare Chaplaincy*:
Mitchell, D. and Hibberd, C. (2004) A comparative Assessment of Hospice Chaplaincy Services. *Scottish Journal of Healthcare Chaplaincy* 7(1), 6-11.
www.sach.org.uk/journal

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Standard 1 Access to Chaplaincy Services

Criteria (Standard 1)	Self Assessment Question	Answer	Reviewer Comments	Met / not met
1.1 All patients receive written information containing details of the chaplaincy service available within the unit.	Do patients receive written information on the chaplaincy service? (give details)			
1.2 The information supplied in the information booklet contains an explanation of the chaplaincy service and when and how contact with the chaplain may be obtained .	a. give examples of when to contact the chaplain?			
	b. explain how to contact the chaplain?			
1.3 The booklet is supported by verbal explanation of access to the chaplaincy service during admission.	Is the booklet supported by verbal explanation?(give details)			
1.4 The admission procedure ensures a check that written information is given.	What procedure is in place to check information is given?			
1.5 There is a documented protocol for referral to the chaplaincy service. (Note: The referral procedure/pathway can be a verbal system)	Is there a documented protocol?			
	Where is it held? (should be an area accessible to staff e.g. wards, patient notes, local computer network, local services manual)			

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Standard 2 Spiritual & Religious Care

Criteria (Standard 2)	Self Assessment Question	Answer	Reviewer Comments	Met / not met
(a) Spiritual				
2.a.1 Spiritual needs are assessed and addressed and may include the following: <ul style="list-style-type: none"> • <i>exploring the individual’s sense of meaning and purpose in life.</i> • <i>exploring attitudes, beliefs, ideas, values and concerns around life and death issues.</i> • <i>affirming life and worth by encouraging reminiscing of the past.</i> • <i>exploring the individual’s hopes and fears regarding the present and future for themselves and their families/carers.</i> • <i>exploring the ‘WHY’ questions in relation to life, death and suffering.</i> 	How do you ensure that patients and those important to them have had the opportunity for their spiritual needs to be assessed and addressed ? (Describe the process and how audited. e.g. audit of patient information systems(notes or electronic), patient feedback etc.)			
2.a.2 Liaise with local resources for spiritual support and with the patient’s permission contact relevant groups individuals. For Example: the Humanist Society	What systems are in place to liaise with local resources for spiritual support? (give details e.g. a directory of contact numbers for local/national organisations is available)			

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Criteria (Standard 2)	Self Assessment Question	Answer	Reviewer Comments	Met / not met
(b)Religious				
2.b.1 Religious needs are assessed and addressed	How do you ensure that patients and those important to them have had the opportunity for their religious needs to be assessed and addressed ? (e.g. audit of patient information systems(notes or electronic), patient feedback etc.)			
2.b.2 Facilitate the provision of inclusive worship reflecting the faith groups present within the unit.	How do you facilitate the provision of inclusive worship?			
2.b.3 Facilitate ceremonies and sacraments for individual and/or groups when requested by patients and their carers.	How do you facilitate ceremonies and sacraments for individuals?			
	How do you facilitate ceremonies and sacraments For groups?			
2.b.4 Liaise with local faith groups and religious leaders and with the patient's permission facilitate referrals.	What systems are in place to liaise with and refer to faith groups and religious leaders? (give details)			
2.b.5 Protect patients from unwanted visits from faith groups / religious representatives.	How are patients protected from unwanted visits from faith groups and religious representatives?			

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Criteria (Standard 2)	Self Assessment Question	Answer	Reviewer Comments	Met / not met
(c) Protecting Patients				
2.c.1 Protect Patients from unwanted visits from spiritual or religious groups or representatives	How are patients protected from unwanted visits from spiritual or religious groups or representatives? (e.g. is there a protocol for the chaplain/staff member to contact/inform the representatives/faith leaders of the patient's decision?)			

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Standard 3 Multidisciplinary Teamworking

Criteria (Standard 3)	Self Assessment Question	Answer	Reviewer Comments	Met / not met
3.1 The chaplain attends and contributes to multidisciplinary team meetings.	Does the chaplain attend multidisciplinary team meetings?			
	Is attendance recorded?			
3.2 The chaplain responds to referrals from members of the multidisciplinary team.	Does the chaplain respond to referrals from the multidisciplinary team?			
	Is there a timescale for response to referrals? (Give details)			
3.3 The chaplain records relevant information, response to referrals, and interventions, in the patient notes and in the electronic information systems (where available).	Does the chaplain record:			
	<ul style="list-style-type: none"> • response to referrals in the patient information system 			
	<ul style="list-style-type: none"> • interventions in the patient information systems? 			
3.4 In response to recognised patient or carer's needs the chaplain refers individual patients and their carers to other members of the multidisciplinary team.	• Is the recording audited? (give details)			
	Are referrals made to other members of the multidisciplinary team? (give details)			
	Are they documented?			

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Standard 4 Staff Support

Criteria (Standard 4)	Self Assessment Question	Answer	Reviewer Comments	Met / not met
4.1 The chaplain builds working relationships with members of staff and volunteers.	Is there evidence of good working relationships? (give details E.g. staff/volunteer survey?)			
4.2 The chaplain responds to requests from members of staff and volunteers for personal and professional support.	Does the chaplain provide personal and professional staff support?			
	Are incidences (not content) of support recorded? (e.g. a diary/log noting time spent and whether professional or personal. No name or content need be recorded to prevent confidentiality)			
4.3 The chaplain responds to requests from members of staff and volunteers for spiritual and religious support.	Does the chaplain provide spiritual and religious staff support?			
	Are incidences (not content) of support recorded? (e.g. a diary/log noting time spent and whether spiritual or religious. No name or content need be recorded to prevent confidentiality)			

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Standard 5 Education & Training

Criteria (Standard 5)	Self Assessment Question	Answer	Reviewer Comments	Met / not met
	How does the chaplain:			
5.1 The chaplain contributes to staff induction, development and training within the unit.	• contribute to staff induction?			
	• contribute to in-service training?			
5.2 The chaplain contributes to the unit/team's education and training programme for all healthcare professionals. Topics may include: Spiritual and Religious Care The Role of the Chaplain Loss, Grief, and Bereavement	• contribute to the units education and training programme? (give details & topics taught)			
5.3 The chaplain makes recommendations for educational resources. e.g. recommendations for the unit's library.	• Make recommendations for educational resources (give details)			
5.4 The chaplain initiates/contributes to research within the unit, within chaplaincy, and spiritual and religious care. (e.g. local research projects and national projects)	• initiate/contribute to research within the unit? (give details)			
	• Initiate/contribute to research within chaplaincy, spiritual and religious care? (give details)			

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<p>5.5 The chaplain is committed to continuing professional development (CPD) and keeps a record / portfolio of activities that evidences CPD.</p>	<ul style="list-style-type: none"> The chaplain maintains a record / portfolio of CPD activity. (Please give details, e.g. a summary of areas of activity.) 			
<p>Activities can include:</p> <ul style="list-style-type: none"> attendance or presentation at conferences; formal education (courses attended or taught); teaching delivered; articles and books written or reviewed; journal club; reflective practice, e.g. clinical supervision. 	<p>When required for registration</p> <ul style="list-style-type: none"> The chaplain has achieved the required number of CPD points to maintain registration as a healthcare chaplain. (Give details e.g. the number of points required and achieved.) 			

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Standard 6 Resources

Criteria (Standard 6)	Self Assessment Question	Answer	Reviewer Comments	Met / not met
(a) The chaplain should have:	Does the chaplain:			
6.a.1 Access to quiet/private areas for confidential support of patients, carers, staff and volunteers.	<ul style="list-style-type: none"> have access to quiet/private areas for confidential support 			
6.a.2 Access to a chapel/prayer room for religious observance of all faiths.	<ul style="list-style-type: none"> have access to chapel/prayer room (please describe) 			
6.a.3 Access to patient information systems for recording information and interventions.	<ul style="list-style-type: none"> have access to the patient information systems? 			
	<ul style="list-style-type: none"> record interventions in the patient information systems? 			
6.a.4 Sufficient hours to enable attendance at the multidisciplinary meeting, and meeting the spiritual and religious needs of patients, carers, staff and volunteers.	How many hours per week does the chaplain work?			
	Does the chaplain attend the multidisciplinary team meeting? (Give details - how often?)			
6.a.5 Regular appraisal (at least annually) to review professional development and training needs. Identified needs to be resourced.	Does the chaplain have an annual appraisal?			
	Are professional and training needs identified?			

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Criteria (Standard 6)	Self Assessment Question	Answer	Reviewer Comments	Met / not met
	Are resource implications identified and agreed?			
6.a.6 Receive external professional supervision	Does the chaplain have external supervision (give details e.g. clinical supervision every 4-6 weeks)			
b) The Chaplain should:				
6.b.1 be a member of their professions 'specialist interest group'. (currently The Association of Hospice and Palliative Care Chaplains)	Is the chaplain a member of the Association of Hospice and Palliative Care Chaplains?			
	Is the membership confirmed? (The AHPCC issue a letter confirming receipt of subscription & membership)			
6.b.2 have a recognised status within a mainstream faith community.	Does the chaplain have a recognised status with a mainstream faith community? (please give details)			

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Standard 7 Chaplaincy to the Unit Institution

Criteria (Standard 7)	Self Assessment Question	Answer	Reviewer Comments	Met / not met
The chaplain responds to:	How does the chaplain respond to:			
7.1 Events in the unit which are having an impact on staff and require a communal response or event. <i>For Example:</i> <ul style="list-style-type: none"> • <i>Death or illness in a member of staff</i> • <i>Unusual patient or family events</i> 	<ul style="list-style-type: none"> • events in the unit? Give details/examples) 			
7.2 Events external to the unit which are having an impact on staff and require a communal response or event. <i>For Example:</i> <ul style="list-style-type: none"> • <i>National disasters</i> • <i>World events</i> • <i>Remembrance / Anniversaries</i> 	<ul style="list-style-type: none"> • external events? (give details/examples) 			
7.3 An awareness of matters or events affecting the morale or functioning of the unit which require management awareness to resolve.	<ul style="list-style-type: none"> • Matters or events affecting morale or functioning of the unit? (e.g. an advocacy role representing staff or management concerns without breaking confidence) 			