

Anglican Health & Welfare
GPO Box 748
HOBART TAS 7001
Web: www.anglican-tas.org.au

Contact: Doug Edmonds, Executive Officer AH&W
Phone: 0418 595 700
E-mail: douged@ozemail.com.au

Prepared by:
Paul Hueston, Coordinator Chaplaincy Services RHH, Senior Anglican Chaplain THO-STh.
Chaplain, Palliative Care South

Contact: 0400 422 009
Paul.hueston@dhhs.tas.gov.au

Anglican Health & Welfare submission to

One Health System Green Paper stakeholder consultation process

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1 Executive summary

AH&W Provide 5FTE Chaplaincy and pastoral care personnel state-wide to provide a service to the RHH, the LGH and the ~~NWRH~~ Mersey. AH&W Chaplains coordinate the chaplaincy services at both the LGH and the RHH. We have an excellent working relationship with each of these facilities and work collaboratively with each centre as a chaplaincy service provider to assist in best practice spiritual care across Tasmania.

AH&W broadly support the move to form a Tasmanian Health Service and seek to continue developing our service and care for the Tasmanian public. Both in developing new models of care and working collaboratively. AH&W Chaplains have begun the process of developing consistent state-wide guidelines and protocols for Chaplaincy services.

Anglican Health & Welfare (AH&W) supports the vision for the new Tasmanian Health Service. The vision provides opportunities for improved service quality (especially safety, effectiveness and efficiency) and linkages across Tasmanian primary, secondary and tertiary services and facilities.

2 AH&W Chaplaincy Service Provision

AH&W currently provides and supports 9 Chaplains working in the public health system.

AH&W Chaplains employ and provide Chaplains to coordinate Chaplaincy and Pastoral Care at both the RHH and the LGH.

LGH - 2 Part (1/2) Time Chaplains: (1 FTE)

RHH - 1 Full Time Chaplain (1.0 FTE)
- 1 Half Time Children's Chaplain (0.5 FTE)
- 4 P/T Chaplains: (1.5 FTE)

RHH FTE Total: 3 FTE

Additionally AH&W Chaplains at both the LGH and the RHH are included in on call rosters to assist in ensuring there is a 24/7 on call service.

~~NWRH~~ The Mersey - 2 Half Time Equivalent Chaplains servicing both the NWRH and Aged Care facility (Meercroft) and provide a 24 hour, 7 Day per week on call service.

o FTE – 1.0

AH&W Chaplaincy Total workforce working in the public health sector – Employed and Volunteer: Approximately 5 FTE

Currently DHHS provides funding for approximately 0.6 FTE to AH&W Chaplains

3 AH&W Chaplaincy Contribution to an improved health service.

AH&W Chaplains seek to make a greater contribution to improving cost-effective health services through:

- Improving patient centred spiritual and psychosocial support and care in the acute care context.
- Providing greater focussed support for staff, assisting them to provide more effective front line service.
- Providing holistic effective pastoral care to assist in reducing anxiety, moral, ethical and spiritual distress in emergency departments, critical care and surgical areas contributing to better surgical outcomes, increased long term health benefits and lower re-admission rates.
- Contributing to reduced hospital and health system length of stay through improved spiritual health and wellbeing of patients;
- Utilising a greater scope of practice to deliver evidence-based best practice models of spiritual care to provide better outcomes for patients, families and others.

4 Responses to Green Paper: Delivering safe and sustainable clinical services

Anglican Health & Welfare (AH&W) understand that health system changes are required to ensure that all Tasmanians have access to better care services and that these services need to be safe and sustainable.

4.1 General comment

- Anglican Health & Welfare Chaplains support role delineation of services.
- AH&W Chaplains across the previous three health organisations have begun work on exploring how we can deliver better Chaplaincy & Pastoral Care services state-wide to support patients and families at the bedside wherever they may be.
- Chaplaincy and pastoral care by necessity is to be provided by the bedside. AH&W Chaplains are committed to coordinating Chaplains and Pastoral care workers, employed and volunteer to ensure better quality of care.

If yes, what should we consider in deciding where a service is located and what support needs to be considered to ensure patients have equitable access?

1. Subsidised accommodation for families.
2. PTAS – Subsidised Travel

4.2 Questions for clinicians

A. *How well does the proposed framework align with practice in your discipline?*

Spiritual, emotional and pastoral services offered by Chaplaincy and pastoral care services are required by all patients regardless of location, however AH&W Chaplaincy services will explore how we will train and allocate personnel to engage with specific services.

Eg LGH 1xFTE ED Chaplain

B. *Where are the areas of service duplication in your discipline?*

There is duplication in Chaplaincy services in reports and statistical record keeping for DHHS and AH&W.

Due to limited chaplaincy services, there is little duplication or overlaps.

C. *Where are the gaps?*

- See also responses to individual Supplements 2, 3, 4, and 5.
- There are no Chaplaincy services provided to interim-care beds, or psycho-geriatric units, e.g. Roy Fagan to maintain and improve spiritual well-being.
 - There are areas of the LGH that don't receive Chaplaincy & Pastoral Services; For Example: Specialist clinics, Cardiology, Radiology, Allied health areas.
 - At the RHH – Areas that don't currently have chaplaincy support include Renal, ED, APU, Maternity, General Medical and others.

D. *Are there any services being inappropriately provided, or planned, at your facility?*

- There is limited ability to adequately support and train pastoral care students through lack of experienced supervisors and Ward chaplains. Pastoral Care students placed on some wards at times receive less support than can be provided.

E. *What services could be provided in the community?*

- AH&W Chaplains do not have the capacity to provide a service in the community however attempt to provide connections for patients and families with identified needs to local pastoral care providers.
- AH&W Chaplains have identified that as On-Call Community Mental Health Chaplain to work with the initial assessment and admission of Mental Health Patients could assist in improved admissions and length of stay for these patients.

F. *What services, despite comparatively low volumes, should we continue or invest in in Tasmania, and what interstate supports may be required to maintain them?*

- AH&W Chaplains feel that Chaplaincy itself may be considered by some as a service that is low volume. AH&W Chaplains are already engaged in interstate support from Spiritual Care Australia, Spiritual Health Victoria and the Australia New Zealand Association for Supervised Pastoral Education (ANZACPE Inc.)

5 Response to working draft: Tasmanian role delineation framework

AH&W note that there is only one reference to Access to Pastoral Care in ICU Level 4 requirements.

Chaplains provide services to support and assist many of the services and areas described in this document as part of the Allied Health Professional Services in each hospital. However AH&W believes that access to Pastoral Care and Chaplaincy services is important and should be noted.

6 Responses to Green Paper issues papers

6.1 Supplement 1: Sustainability and the Tasmanian health system

AH&W Chaplains are committed to a long term sustainable chaplaincy service and supporting a sustainable Tasmanian Health Service

- AH&W Chaplains prioritise their clinical workload according to patient and staff need.
- Effective volunteer management and coordination.
- Supporting the provision and oversight of specialised pastoral care and Chaplaincy training for clinical settings.
- Chaplaincy presence in the Health service boosts staff morale, supporting staff as spiritual people and beings in their humanity contributing to lower rates of workplace stress, reduced rates of sick leave.
- Chaplains and pastoral care personnel identify staff psychosocial, cultural, familial and ethnic needs and provide early intervention that enables staff to continue working.
- Chaplaincy and pastoral Care staff identify staff moral and ethical distress, providing a support service that contributes to staff health and wellbeing.
- Effective Chaplaincy service will assist in lower re-admission rates enabling a long term sustainable health service.

6.2 Supplement 2: Tasmania's health workforce

6.2.1 General overview

AH&W Chaplains are in support of the proposed framework to:

- Ensure a high quality, safe workforce through an active program of monitoring, evaluation and management of the quality of care provided

- **AH&W Accountability, Supervision & Pastoral Support.**

Chaplaincy Personnel have a high level of accountability for both their clinical work and their provision of service in ensuring each chaplain is actively engaged in professional supervision, receives pastoral support from both their coordinator and their own external faith tradition and the requirement to be engaged in professional development activities.

- **Professional Associations**

AH&W also supports Chaplains in membership of professional Chaplaincy associations such as Spiritual Care Australia and the Tasmanian Association for Supervised Pastoral Education and Christian Counsellors Australia.

- Plan for our workforce in the future, building on the Strategic Framework for Health Workforce 2013-18
- Approach workforce planning based on outcomes for communities, consumers and the population, rather than from the basis of existing professions and their interests and skills, demarcations and responsibilities

AH&W Chaplains consult with both consumers and community leaders

- AH&W Chaplaincy Coordinators provide oversight of Multi-faith Chaplaincy departments and continue to review the needs of the broader community, building networks with leaders from a range of faith communities.
 - AH&W Chaplains by virtue of their role consistently engage with patients and consumers, identifying and assessing needs and responding as required to provide best possible outcomes.
 - AH&W have begun standardising recruitment and appointment processes state-wide to ensure consistent competencies, credentials and minimum standards for Chaplains and Pastoral Care Workers (Employed & Volunteer)
- Ensure a competent and high performing clinical workforce is supported to enhance and maintain their skills
 - **AH&W Support training and professional development for Chaplaincy Personnel.**

AH&W provide assistance and grants for the training of Chaplaincy and pastoral care personnel to ensure long term well trained Chaplaincy personnel .

- Build and utilise our health workforce to their maximum potential, including ensuring that we support our highly skilled health professionals to work to their full scope of practice and do the work that they were trained to do, and

AH&W Chaplains care for and support staff

AH&W Chaplains seek to support THS Health workers to fulfil this vision. AH&W Chaplains meet regularly with staff to support them spiritually and emotionally.

- Ensure alignment between service provision and the needs of education and training programs that prepare and support our workforce.

AH&W Chaplains currently provide direction for training programs and coordinate pastoral care student placements at both the RHH and the LGH. This enables AH&W to be well placed to ensure that Pastoral Care students are well prepared and supported in their roles.

Issues

1. In areas of high risk where advanced chaplaincy services are required Chaplaincy services are not always able to provide adequate service.

6.2.2 AH&W Initiatives

- Providing funding for a Children's Chaplain at the RHH
- Providing funding and support for Community Chaplains in disaster areas (since the 2013 Bushfires – AH&W have provided funds to employ 2 Community Chaplains based at New Norfolk and Dunalley)
- AH&W Chaplains have begun consolidating protocols and practices to ensure standard processes and service state - wide. This will assist Chaplaincy programs to be run more efficiently and effectively in the new THS.

6.3 Supplement 3: Building a stronger community care system

6.3.1 AH&W Chaplains in the community

AH&W Chaplains have limited ability to work in the community. Apart from 2 chaplains employed part time in fire affected areas, other AH&W Chaplains work within the major health facilities.

AH&W Chaplains seek out links to community pastoral care providers who can provide post-discharge pastoral care to assist in lower re-admission rates and ongoing patient / consumer health and wellbeing.

An AH&W Chaplain works in the Whittle Palliative Care Unit and conducts home visits for bereavement follow-up and when requested for funerals or other community chaplaincy needs directly associated with palliative care.

6.4 Supplement 4: Emergency care

6.4.1 General overview

AH&W Chaplains do not provide a dedicated service in Emergency Departments. We operate on a request only basis.

AH&W Chaplains believe there is scope to provide further pastoral care in Emergency Departments across the state to assist in both supporting patients, those in waiting areas and staff. However there is no funding for this kind of position.

At the LGH – there was a proposed Emergency Department Chaplaincy position which was not fulfilled.

6.5 Supplement 5: Elective surgery

Whilst chaplains are not in a position to directly contribute to improvements to elective surgery waiting times they are able to support and provide spiritual and pastoral care to those who are admitted for surgery after extensive waiting times.

AH&W currently provides and supports an unfunded volunteer Chaplain that services the main theatre waiting bay at the RHH. They provide spiritual, emotional and psychosocial

support pre-operatively in the acute setting in preparation for surgery, reducing anxiety, moral and ethical distress and contribute to potential better outcomes post-operatively.

6.5.1 Issues and innovations

Chaplains could potentially be involved in pre-admission clinics to assist in the emotional and psychosocial support offered in preparation for surgery, recovery and rehabilitation. This could significantly assist in patients having a greater quality of life, motivation and sense of wellbeing

7 AH&W Executive Officer & Chaplains - Consulted

Rev. Doug Edmonds – AH&W Executive Officer

Mr Paul Hueston – Senior Anglican Chaplain, THO-Sth; Coordinator Chaplaincy Services RHH; Chaplain - Palliative Care South.

Mrs Pamela Cornish – Coordinator, Chaplaincy Services LGH, Anglican Chaplain – THO Nth

Rev Allan Bulmer – Anglican Chaplain LGH, Coordinator, Chaplaincy LGH

Rev Andrea Ward – Anglican Chaplain RHH, Chaplain – Older Persons Unit

Rev Heather Turner – Anglican Chaplain, [The Mersey NWRH](#)

Rev Maureen Clark – Anglican Chaplain, [The Mersey NWRH](#)

Mrs Margaret Cowan – Anglican Chaplain RHH, Chaplain - Main Theatre Waiting Bay

Rev Lesley Dixon – Anglican Chaplain RHH, Chaplain – Mental Health Services

Rev Ross Duncan – Anglican Chaplain, Coordinator Chaplaincy with the Department of Justice

Mr Craig Dumas – Anglican Chaplain, Department of Justice

Rev Rosemary Perrott Russell – Anglican Chaplain RHH, Chaplain – Orthopaedic Ward