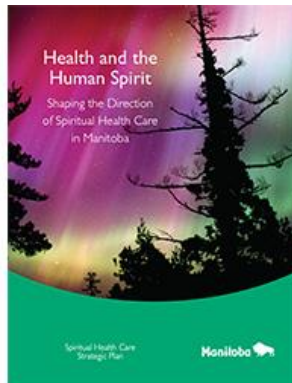


Health and the Human Spirit: Shaping the Direction of Spiritual Health Care in Manitoba



FINAL SUMMARY REPORT OF ACHIEVEMENTS & RECOMMENDATIONS

2015-18

PROVINCIAL SPIRITUAL HEALTH CARE STEERING COMMITTEE

Manitoba's Spiritual Health Care Strategic Plan, *Health and the Human Spirit: Shaping the Direction of Spiritual Health Care in Manitoba* (2012), was developed to provide direction to the spiritual health care system in Manitoba and promote a comprehensive and shared understanding of the spiritual aspect of health care as a vital component of whole person, patient/family centered care. The goal of the strategic plan, the first of its kind in Canada, is to enhance the spiritual health and well-being of Manitobans through:

1. **Promotion:** Promoting spiritual health care as a vital and necessary health care service in compassionate, person-centred health care
2. **Education:** Enhancing knowledge and understanding of spirituality is a core component of interdisciplinary health care education
3. **Integration:** Increasing integration of the spiritual dimension of holistic health care into health care policy and planning, and
4. **Access:** Increasing access to spiritual health care throughout Manitoba's health care system.

The strategic plan asserts that, a "moral and ethical imperative of holistic care forms the core of this strategic plan."ⁱ A fully implemented strategic plan will significantly advance best practice in a patient/client centered, bio-psycho-social-spiritual provincial health care system and improve its effectiveness, efficiency and sustainability.

A three-year action plan for the strategic plan, *Toward Whole Care*, was developed in 2015 in collaboration with community partners. A Provincial Spiritual Health Care Steering Committee, comprised of a diverse range of spiritual health care stakeholders (See Appendix 1), provided collaborative leadership. Promotion and education of spiritual health care were the main focus of several working groups. Formal work on actions pertaining to integration and access was limited due to the health system transformation newly underway in Manitoba.

Notable Accomplishments 2015-18:

Since its launch, the strategic plan has resulted in the following achievements:

- ✓ Development and dissemination of new public and regional educational resources in 2017 that increase understanding of the role of spiritual health care practitioners and of spiritual health care best practices, and enhance regional planning and service delivery. (Promotion and Education)
The new resources include:
 - updated provincial *Core Competencies for Spiritual Health Care Practitioners* to enhance consistency and excellence in recruitment and clinical training
 - *The Case for Spiritual Health Care*, outlining the evidence demonstrating the value of spiritual health care to the health care system
 - *Spiritual Health Care Services Chart*
 - *Spirituality and Health PowerPoint*.
- ✓ Creation of a University of Manitoba-based online Spiritual Health Care Toolkitⁱⁱ to serve as a central source of information on current evidence-based spiritual health resources. The toolkit will significantly increase opportunities for interdisciplinary knowledge exchange and application of best practice on the spiritual dimension of health care. (Education)
- ✓ Webinar access for health care providers to the annual HealthCare Chaplaincy Network conference 2016, 2017 and 2018, presenting new and emerging research on spiritual health care. The conference feed was offered to participants free of charge at a WRHA facility and was made possible through stakeholder collaboration. (Promotion and Education)
- ✓ Completion in 2016 of a provincial service inventory of funded spiritual health care positions and multifaith sanctuary space. (Access)
- ✓ Completion in 2017 of scan of health sciences faculties in Manitoba to determine spiritual health content. (Education)
- ✓ Initiation, in collaboration with the Canadian Association of Spiritual Care, of a strategy to strengthen provincial research on spiritual health care. (Education)
- ✓ Coordination by key stakeholders of annual Spiritual Health Care Week activities. (Promotion)
- ✓ Significant progress in some regions in integrating spiritual health services representation at regional leadership tables, e.g. Ethics and Allied Health. (Integration)

RECOMMENDATIONS MOVING FORWARD

Research is increasingly demonstrating that positive religious involvement and positive spiritual understanding can enhance physical and mental health outcomes, patient coping, and quality of life even for those with advanced disease.ⁱⁱⁱ Evidence is also emerging that spiritual health care can improve the patient/client experience, patient/client safety and patient flow.^{iv}

A 2013 international consensus freshly defines spirituality in health care as:

“a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions, and practices,” including religious beliefs and practices.^v

The standards for holistic health care services established by Canada’s Health Services Organization, formerly Accreditation Canada, name access to spiritual health care to meet spiritual needs as a high priority standard in over 20 of their Service Excellence Standard Sets, including the following standard sets:^{vi}

- Primary Care
- Medical Services
- Emergency Services
- Critical Care Services
- Mental Health Services
- Community Based Mental Health Services
- Substance Abuse and Gambling
- Hospice, Palliative and End of Life Care
- Community Health Services
- Cancer Care and Oncology
- Long Term Care Services
- Home Care Services
- Telehealth Services.

Recommendations

Despite the evidence of its value and significance to compassionate, person-centred health care, there is still work needed to fully implement the 2012 Spiritual Health Care Strategic Plan.

The Provincial Spiritual Health Care Steering Committee has developed some key recommendations to continue the work of enhancing the spiritual dimension of health in Manitoba’s health care system. A primary recommendation is for the establishment of a Provincial Spiritual Health Care Committee to continue to provide collaborative, interdisciplinary leadership and support to Manitoba Health, Seniors and Active Living on matters pertaining to spiritual health and spiritual health care. Activities will focus on:

- enhancing the promotion, education, integration of and access to spiritual health care as part of compassionate, whole person patient/family-centered health care
- sharing of resources, knowledge, information, events and activities across sectors to enhance understanding of spiritual health and spiritual health care, and

- providing advice to government to support current priorities, such as those that may flow from the Virgo Planning and Evaluation Inc. recommendations regarding a provincial mental health and addictions strategy.

Membership of the newly established committee should include a spiritually, culturally and geographically diverse range of stakeholders,* and include those in the health care system who are responsible for spiritual health care at a regional as well as a clinical level, and institutional and community-based partners with a key interest in spiritual health at a systems level.

It is also recommended that the Committee activities respect the Truth and Reconciliation Commission of Canada Calls to Action, where applicable, and continue the following activities begun under the earlier action plan:

1. Promote the need in each region and in Shared Health for a spiritual health care dedicated lead to advance spiritual health care as part of interdisciplinary, evidence-based health care and participate at interdisciplinary and leadership tables
2. Promote and make recommendations for best practice resources for the Manitoba Health Information and Knowledge Network (MHIKNET) Spiritual Health Care Toolkit
3. Promote and support the need for research in spiritual health
4. Facilitate stakeholder coordination of educational events on the spiritual dimension of health and the impact of spiritual health care on the health care system, e.g. the annual Compassion Project workshops, Health Care Chaplaincy Network Conference webcast, Canadian Association for Spiritual Care (CASC), Manitoba Multifaith Council (MMC), Indigenous Health and Interfaith Health Care Association of Manitoba (IHCAM) Education Events, and Spiritual Health Care Week
5. Work with partners, including CASC, to promote the need for education on the spiritual dimension of health for health care providers, to ensure spiritual health care knowledge, content and practice excellence are integral components of person-centered health care and address the Standards for Spiritual Care from the 2014 International Consensus for Spiritual Care^{vii}
6. Collaborate with CASC and work with accredited post-secondary institutions and key partners to create and promote a provincial education and training model for spiritual health care practitioners that meets Manitoba's *Core Competencies for Spiritual Health Care Practitioners* (2017), one that is reasonably accessible for those living in rural and remote regions of the province
7. Develop a proposal for a Manitoba Master's level program on Spirituality and Health to improve education in the spiritual dimension of health. The Rady Faculty of Health Sciences Bachelor of

* Examples include: Manitoba Multi-faith Council (MMC), Canadian Association for Spiritual Care (CASC), Catholic Health Association of Manitoba (CHAM), Interfaith Health Care Association of Manitoba (IHCAM), Indigenous Health, Palliative Manitoba, CancerCare Manitoba, the Addictions Foundation of Manitoba, Compassion Project, Mood Disorders Association of Manitoba, Alzheimer's Society of Manitoba and the Manitoba Schizophrenia Society Indigenous Health, representation from Psychosocial Services and Ethics.

Health Studies or Bachelor of Arts would both offer Bachelor level preparation for the proposed Master of Spirituality and Health program.^{viii}

8. Work collaboratively with partners to promote common language grounded in best practice spiritual health care and embed Manitoba's *Core Competencies for Spiritual Health Care Practitioners* (2017) as a tool for recruiting and evaluating spiritual health care practitioners, and
9. Continue to work collaboratively with Shared Health and regions to promote a consistent and effective electronic documentation tool to provide metrics on spiritual health care service delivery.

Going forward, it is recommended that spiritual health care receive dedicated resources to address key recommendations.

Next Steps

The Provincial Spiritual Health Care Steering Committee further recommends that a newly formed Provincial Spiritual Health Care Committee of key stakeholders (e.g. IHCAM, MMC, CASC and Indigenous Health) and regional representatives continue to meet quarterly moving forward with the following agenda items for the initial meeting:

1. Development of terms of reference for the Spiritual Health Care Committee
2. Review updates on the health transformation process, Shared Health and the Mental Health and Addictions Strategy
3. Review updates from the Spiritual Health Education Working Group
4. Sharing of information on current spiritual health care matters such as the updated WRHA Spiritual Health Care Coordinator job description and funding for spiritual health care positions that are currently still unfilled e.g. CancerCare
5. Determine next steps moving forward which potentially will include a new, collaboratively developed, three-year action plan.

Appendix 1

Manitoba's Spiritual Health Care Steering Committee included representatives from the following organizations:

Canadian Association for Spiritual Care

Catholic Health Association of Manitoba-Interfaith Health Care Association of Manitoba

CancerCare Manitoba

Health Sciences Centre

Interlake Eastern Regional Health Authority

Manitoba Multifaith Council

Northern Health Region

Prairie Mountain Region

Selkirk Mental Health Centre

Southern Health-Santé Sud

Winnipeg Regional Health Authority

ⁱ Manitoba Health (2012). Health and the Human Spirit: Shaping the Direction of Spiritual Health Care in Manitoba. Retrieved on September 15, 2014, from www.gov.mb.ca/healthyliving/mh/docs/health_human_spirit.pdf, p. 4.

ⁱⁱ <http://mhiknet.lib.umanitoba.ca/c.php?g=376555&p=4934837>

ⁱⁱⁱ Harold G. Koenig, "Religion, Spirituality, and Health: The Research and Clinical Implications"; Christina M. Puchalski, et al., "Improving the Spiritual Dimension of Whole Person Care: Reaching National and International Consensus, p. 4." *Journal of Palliative Medicine* 17:6, (2014): 642, doi: 10.1089/jpm.2014.9427; Christina M. Puchalski and Betty Ferrell, *Making Health Care Whole* 4; P. Mueller, D. Plevak, and T. Rummans, "Religious Involvement, Spirituality and Medicine: Implications for Practice." *Mayo Clinic Proceedings* 76 (2001): 1225.

^{iv} Eric J. Hall, Brian P. Hughes, and George H. Handzo, *Spiritual Care: What it Means, Why it Matters in Health Care*. Health Care Chaplaincy Network, October 2016, 7-13. Retrieved from <http://files.constantcontact.com/511297de301/1c955cdb-bf40-4bef-bb56-6bce02f51dc5.pdf?ver=1476887863000>; Harold G. Koenig, "Religion, Spirituality, and Health: A Review and Update." *Advances* 29: 3 (2015): 24-25.

^v Puchalski, "Improving the Spiritual Dimension," 647.

^{vi} Ibid.

^{vii} Puchalski, Christina M., Robert Vitillo, Sharon K. Hull and Nancy Reller. "Improving the Spiritual Dimension of Whole Person Care: Reaching National and International Consensus." *Journal of Palliative Medicine* 17: 6 (2014): 642-56, doi: 10.1089/jpm.2014.9427

^{viii} See http://umanitoba.ca/faculties/health_sciences/ihp/media/IHP_Bachelor_of_Health_Studies_program_planning-Feb2018.pdf