SCOPE OF SERVICE – SPIRITUAL CARE

<table>
<thead>
<tr>
<th>NHPCO Standard(s): WE 17, WE 17.1, PFC 9, PFC 9.1, PFC 9.2</th>
<th>Policy #: CP-263</th>
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<tbody>
<tr>
<td>Regulatory Citation(s) 42 CFR 418.64(d)(3); 418.100(c), 10 NYCRR 793.4(a)(1)(iv) and 793.7(a)(5), (b)(1), and (j)(3)</td>
<td>BOD Approved/Reviewed 03/21/17</td>
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POLICY

High Peaks Hospice (HPH) must:

1. Provide an assessment of the patient/family/caregiver's spiritual needs.

2. Provide spiritual counseling to meet these needs in accordance with the patient/family/caregiver’s beliefs and desires.

3. Make all reasonable efforts to facilitate visits by local clergy, pastoral counselors, or other individuals who can support the patient’s spiritual needs to the best of its ability.

4. Advise the patient and family of this service

PROCEDURE

1. The admitting Registered Nurse (RN) or Social Worker (SW) will notify the patient/family that Spiritual Care Services are available during the Initial Assessment visit. Refusal of Spiritual Care will be documented in the Patient Care Plan.

2. HPH ensures there are an adequate number of qualified spiritual counselors available to meet the needs of patients and their families and offers patients/caregivers spiritual care from the hospice’s own spiritual counselors or from clergy in the community.

3. A spiritual counselor is assigned to each patient/family/caregiver and participates as a member of HPH’s Interdisciplinary Team (IDT) in the development and implementation of the patient's plan of care.

4. The HPH spiritual counselor makes reasonable efforts to arrange for visits of clergy and other members of religious organizations in the community to patients who request such visits.

5. The comprehensive assessment of the patient includes a spiritual assessment conducted by the spiritual counselor to evaluate the patient/family/caregiver's spiritual needs and identify appropriate spiritual problems, interventions and
goals for the patient's plan of care. The comprehensive assessment will be conducted and documented within 5 days after the admission date.

6. The spiritual counselor provides services to the patient/caregiver in accordance with the plan of care. Visit frequencies, specified in the plan of care, are determined based on the individualized, assessed needs of the patient/family caregiver.

7. Interventions and services provided by the spiritual counselor may include but not be limited to:
   A. assessing the pastoral care needs of patients/family/caregivers;
   B. facilitating visits by local clergy, pastoral counselors, or others who can support the patient/caregiver's spiritual needs;
   C. providing counseling to address the spiritual needs of the patient/caregiver in accordance with their acceptance of the service and in a manner consistent with their belief and desires;
   D. administering requested sacraments or contacting local clergy to do so;
   E. providing inspirational literature or music as requested;
   F. praying with the patient/caregiver as appropriate and if requested;
   G. assisting with the planning or conducting of memorial or funeral services;
   H. serving as a spiritual resource to members of the IDT and members of the community at large as requested.

8. The patient/family/caregiver's spiritual needs are reassessed no less frequently than every 15 days and changes are reflected in the patient's updated plan of care.

9. The spiritual counselor documents within 24 hours all spiritual care provided in the patient's clinical record in accordance with HPH's documentation requirements.

10. If the patient/caregiver refuses spiritual care services, no visits are required and the refusal is documented in the patient’s clinical record. The assigned Spiritual Counselor continues to offer support to the IDT in its care of the patient and to monitor the patient/caregiver's evolving spiritual needs.

11. Supervision of Spiritual care services is under the direction of the Circle of Care Team Manager.

LAST REVIEW DATE: Chaplains, IDT 11/09/16, Clinical Comm 12/6/16

LAST UPDATED: Comp Coor 11/18/16, 12/12/16, 04/19/17, 09/01/18

BOARD APPROVAL: March 21, 2017