



HEALTHIER COMMUNITIES THROUGH PARISH NURSING

"Jesus said, 'I am the gate; whoever enters through me will be saved. I have come that they may have life and have it to the full. I am the Good Shepherd. The Good Shepherd lays down his life for the sheep.'" (Jn 10:9-11)

This passage of Scripture serves as the foundation of a systemwide effort to develop parish nurse programs in a five-state region in the Midwest. Since June 1997 Avera Health facilities have supported or sponsored eight nurses who now serve in 10 churches in communities where the facilities are located.

Avera leaders feel strongly that broader support of parish nurse programs is consistent with the system's mission to "make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values." In June 1997 the system's four major facilities began to strategize on how they could introduce parish nursing in their communities. The system's goal was to have a minimum of one parish nursing program in each regional community within one year.

The months that followed brought developments in four areas: system support of the effort, parish nurse ministries at the community level, partnerships with educational facilities in the region, and parish nursing in "nonsystem" communities.

*A South
Dakota
System Finds
Multiple
Ways to
Support
Parish
Nursing
Programs*

**BY CAROL
DeSCHEPPER, RN**

SYSTEM SUPPORT

System support began with the creation of a mission statement, a vision statement, and a model to focus program development efforts. The model places parishes and parish communities at the center of our efforts. Other integral components are the Avera Health Clinical Pastoral Education Program; the Faith in Action program in Sioux Falls (at Avera McKennan), which focuses on the development of church volunteers; and the four colleges and universities in each of the regional communities.

Initial efforts at the system level included developing support materials, such as a draft agreement that could be used to define the relationship between the healthcare institution and

AVERA HEALTH

The more than 100 entities in the Avera Health system include acute care facilities, long-term care facilities and retirement communities, home care agencies, hospices, clinics, and durable medical equipment providers. The Presentation Sisters of Aberdeen, SD, sponsor seven healthcare facilities in the system; the Benedictine Sisters of Yankton, SD, sponsor five. They partner with one another and with other rural community healthcare facilities to bring Gospel-based healthcare to a large area of eastern South Dakota and the surrounding states. The large geographic area served is primarily rural; in many parts of the region, healthcare resources are extremely limited. Many of the system partners are community-based hospitals and nursing facilities with no formal religious affiliation, but with a commitment to the mission and vision of Avera Health.



Ms. DeSchepper is vice president for quality integration and director of the parish nurse center, Avera Health, Sioux Falls, SD.



the parish, a common documentation system, educational materials, position descriptions for the parish nurse and the parish nurse coordinator, and an orientation program for parish nurses. The Avera Health parish nurse center director also began a networking group for parish nurses and program coordinators across the region.

DEVELOPMENT AT THE COMMUNITY LEVEL

Within a few weeks of the introduction of the idea, churches began to show interest in learning more about parish nursing and working with Avera Health facilities. Much time was spent educating parish leaders and members and local healthcare providers. Several program models emerged over time. One community sponsors a parish nursing coordinator who supports the development of volunteer parish nurse models in churches throughout the community. Two others fund half-time positions for a church to begin the program, with the understanding that the church will fund the position or find another funding source within two years. In a third community, the hospital funds one-quarter of a position; the remaining funding for the program comes from a grant provided by the Methodist Synod. One small rural hospital "gifted" a nurse back to its community by paying the nurse's salary. She is working with two churches in this small town on a long-term strategy to develop a model that will make the program available to more churches. Currently there are eight Avera-sponsored nurses in 10 parishes, with a wide variety of models in place.

PARTNERSHIPS WITH COLLEGES

Collaboration with educational facilities began early in the planning process. Four church-affiliated colleges (two are Catholic, one is affiliated with the Evangelical Lutheran Church of America, and one is Methodist) in communities with Avera regional facilities already used Avera Health facilities as clinical sites for nursing students.

Collaboration developed in different ways for each. Augustana College in Sioux Falls sponsored the core curriculum for parish nurses and the parish nurse coordinator's course. Dakota Wesleyan University in Mitchell and Mt. Marty College in Yankton each sponsored a one-day educational event, providing continuing education for parish nurses and those who support them. The colleges and universities also work closely with the parish nurses and Avera Health staff to provide networking activities and collaborate on student experiences with parish nurses. Parish nurses teach community nursing and are mentors and preceptors to students.

Spiritual support for the parish nurses is a priority.

PARISH NURSING OUTSIDE THE SYSTEM

Avera's belief in the value of parish-based health ministry and its commitment to creating healthy communities led us to support parish nursing efforts beyond Avera Health facilities and communities. When resources were available to meet defined needs, we agreed to support others in developing programs in the region. We respond to calls from nurses interested in initiating parish nursing in their communities, from pastors in congregations that would like to start programs, and from nurses who are volunteers in their own congregations. Many of these callers have become part of our parish nursing networking group. We have helped strategize the beginnings of programs and participated in dialogue with formal and informal church leadership.

SPIRITUAL SUPPORT

Spiritual support for the parish nurses is a priority. The demands of the parishes always exceed the nurses' resources of time and emotional energy. Through a spiritual director at the Benedictine monastery in Yankton, Avera plans to sponsor a retreat for parish nurses and those who support their ministry. Some of the parish nurses

Continued on page 58

MEASURING OUTCOMES

One of the greatest challenges facing Avera Health, parish nurses, and others committed to this kind of ministry is finding meaningful, measurable ways to demonstrate the programs' value. How can we tell a pastor or the parishioners that the nurse makes a difference? How can we quantify the dollars saved by health education and preventive screening programs offered by parish nursing? How many public healthcare dollars are saved by enabling a senior to stay in her home? What are the measurable benefits of helping someone access or negotiate a complex healthcare system? How can we place value on the intervention of a parish nurse who directs a patient and family to a hospice program?

One of Avera Health's current initiatives is to develop ways to measure outcomes of the work of parish nurses. The subjective data are abundant and certainly can be important indicators of program effectiveness. For example, elevated blood pressure is often detected by a parish nurse. One church screened 452 people, of whom 24 percent had elevated blood pressure; another screened 117 people, of whom 41 percent showed elevated blood pressure.

A second approach is to look at outcomes—changed behavior patterns or successful weight loss, for example—of specific programs. Another is following parishioners with chronic health problems over time, to determine if education and screenings have a long-term positive effect on their health status.

Objective measurement of parish nurse program effectiveness will not soon be a well-refined (or well-defined) science. However, we owe it to the nursing profession and to the ministries we are a part of to pursue effective ways to measure outcomes for this unique nursing role.

HEALTHIER COMMUNITIES

Continued from page 57


seek counsel with personal spiritual directors to nurture and replenish their spirits.

WHERE WILL WE BE LED?

The question that we face is, Where will Avera Health be led in this ministry in the months ahead? On many days the future seems insecure, with limited resources in healthcare facilities and competing priorities in churches and parish communities. Churches need resources for schools, youth ministries, transportation programs, programs for the elderly, and education. One of the strengths of parish nursing is that it can affect all those areas, for the ministry of a parish nurse crosses generations and socioeconomic boundaries and can respond to a variety of needs.

In addition, churches gain immensely from having a parish nurse on the ministry team. A parish nurse's communication and education skills raise the awareness of church staff, giving them a redefined sense of calling and ministry to the whole person and the church community.

Can congregations afford parish nursing? After seeing the roles the Avera-supported nurses have played in the health of church communities (see **Box**, p. 57), I ask, Can the church afford *not* to have parish nurses? I realize that it is a rare church that has so much discretionary money available it does not need to weigh the merits of this program against other needs of the congregation. But I believe that a church that decides to develop a parish nurse program will find it to be an investment with huge payoffs. The church is one of the few institutions in society that can and does advocate for the marginalized, those who need care and, for a variety of reasons, are unable to access that care. The parish nurse brings individuals, families, and the larger parish community to greater wholeness and health. □

 For more information, contact Carol DeSchepper at 605-322-7306. Also see "Talk Ministry to Me," p. 14, for information on the Parish Nurse Forum on CHA's Web site.


NETWORK NURSING SHARED GOVERNANCE

Continued from page 55

of the nurses who chair the Nursing Congress and specialty councils now hang on the wall next to photos of the medical executive committee chiefs. Positive comments on this change have come as much from the physicians as from other nurses and visitors. We give frequent awards and use special opportunities like Nurses' Week to highlight our staff. The chief executive officer and chief operating officer make regular appearances at congress meetings, an expression of the value the management team places on this group.

We have learned to let others know what we're doing. Immediately following each congress meeting, minutes are e-mailed across the network. Our monthly newsletter on nursing issues, *Network Nursing News*, recognizes contributions of teams and individuals and reports on best practices and congress/specialty council activities. A Web page on Seton's intranet, now under construction, will serve as another source of information. We hold orientation sessions for new Seton directors, vice presidents, new congress representatives, and clinical managers, and encourage involvement from all disciplines. Perhaps most important, we have learned that if you start with the best and brightest, the possibilities are limitless. Each leader who completes a term in office has a vested interest in recruiting other bright, creative leaders to carry on the work and make even greater contributions in the future.

The saying goes that the whole is only as strong as its parts. Through three years of shared governance in our nursing program at Seton, we can say from experience that we have not only strengthened the whole network, but that each part is better for having gone through the process. □

 For more information, contact Joyce Batcheller at 512-324-1943.

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At Via Christi Health System, we create a unique difference as the state's largest healthcare provider. It begins with talented healthcare professionals who share our core values...values which have driven us since 1889 and continue to inspire excellence. Located in Wichita, KS, Via Christi Health System is a state-of-the-art, 1,513-bed, multi-campus facility. Now you have the opportunity to join us in the following important role and help us extend our mission and high level of care.

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We are currently seeking a Director of Chaplaincy Services to plan and develop programs, assist in providing pastoral care to patients, families and employees and assess spiritual care services provided by staff chaplains. Requires 4 units of Clinical Pastoral Education and/or Theological Master's degree (MA) with 2+ years of management experience within a healthcare institution. Must have certification by the National Association of Catholic Chaplains. Prefer director experience.

Please mail/Fax resume to: **Via Christi Employment Center, 1122 N. Topeka, Wichita, KS 67214. FAX (316) 291-4570. For more information, call (316) 268-5860 or visit our website at www.via-christi.org.** EOE.



Mission and Ethics Leader

North Iowa Mercy Health Center (NIMHC), a member of Mercy Health Network, jointly sponsored by Catholic Health Initiatives and Mercy Health Services, seeks a mission and ethics leader. NIMHC, Mason City, IA, is licensed for 350 beds and provides secondary and tertiary level services to a 14-county area throughout North Central Iowa. In addition, NIMHC provides management services to 11 healthcare organizations and operates 43 physician clinics with 150 employed providers.

The mission and ethics leader will play a critical role in providing support and guidance to senior management in the integration of the organization's mission and values in all of its significant work processes and decisions. It will serve in a facilitative and consultative role with medical staff and other clinicians in making appropriate ethical decisions regarding patient care. Also, this position has overall responsibility for the health center's spiritual care department.

Qualified candidates will possess a master's degree or equivalent in ethics, theology, or a related field. Candidates must be Roman Catholic with strong preference given to qualified religious Sister of Mercy or other religious order. A healthcare background or management experience is desirable.

This is an excellent opportunity with a competitive salary and comprehensive benefits program. Interested applicants should send resumes to:

**L. Brandt Lippert, Vice President, Human Resources
North Iowa Mercy Health Center
1000 4th Street SW
Mason City, IA 50401**

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