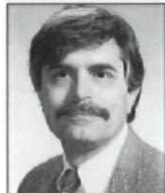


VOLUNTEERS FOR COMMUNITY HEALTH

*An Ohio Hospital Sponsors Parish Nursing Programs
For Area Churches and Synagogues*

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"Catholic health ministry" is the activity of the whole church—individual members, parish communities, religious congregations, dioceses, and institutions—responding to human suffering with a range of personal and corporate resources. . . .

[Unless we change,] the majority of health services will be delivered outside any institution in small decentralized units such as clinics, outpatient centers, and group homes, and the church will no longer have a significant role as a sponsor or provider.

—Commission on Catholic Health Care Ministry¹

To revitalize the Church's healing ministry—and avoid the commission's dire predictions quoted above—in 1989 St. Elizabeth Hospital Medical Center (SEHMC), Youngstown, OH, began a volunteer parish nurse program in partnership with area churches and residents. The parish nurse program brings a pos-

itive approach to whole-person health at the congregational level and encourages concern for those in need, especially the poor, the frail, and the disabled. (See Ann Solari-Twadell and Rev. Granger Westberg, "Body, Mind, and Soul: The Parish Nurse Offers Physical, Emotional, and Spiritual Care," *Health Progress*, September 1991, pp. 24-28.)

THE PROGRAM'S BEGINNING

SEHMC initiated its volunteer parish nurse program in May 1989 to extend its healthcare mission into area churches as part of its outreach services. Other SEHMC outreach services include a prenatal clinic in an adjacent rural community and educational and screening services to inner-city schoolchildren.

Before starting the parish nurse program, the hospital reviewed both paid and volunteer program models from Lutheran General Health Care System and Columbus-Cabrini Hospitals in

Summary Since 1989, St. Elizabeth Hospital Medical Center, Youngstown, OH, has been conducting a hospital-based, multidominational volunteer parish nurse program, which now extends to 11 Roman Catholic, Lutheran, Presbyterian, Methodist, Jewish, and Greek Orthodox congregations. Seventeen volunteer nurses are involved, responding to needs within their congregations by providing a variety of healthcare and educational services while revitalizing the Church's healing ministry.

Volunteers selected are competent, experienced registered nurses who can relate to and communicate with people of all ages, accurately assess health-related problems, and make appropriate nursing decisions. Parish nurses focus on preventive care, health maintenance, and personal

responsibility for maintaining a healthy life-style.

Volunteer nurses determine their own schedule, contributing as much time as they can. Each volunteer nurse is responsible for developing a record-keeping system, documenting his or her parish activities, and submitting a quarterly report of volunteer hours and activities to the hospital.

Hospital supports include the initial two-day orientation; monthly meetings at the hospital for information sharing, education, and mutual support; and nursing continuing education programs. In addition, an advisory committee provides program support and education.

St. Elizabeth Hospital Medical Center is exploring several methods of enhancing its health ministry outreach to congregations in dire need of such services.

Chicago, as well as Iowa Lutheran Hospital in Des Moines.² SEHMC elected to develop a multid denominational model whereby one or more registered nurses, usually members of the participating congregation, would work with the pastor, church council, and hospital to establish a health ministry program that included a volunteer parish nurse program.

THE PARISH NURSE'S ROLE

When designing the parish nurse component of SEHMC's outreach program, administrators were often asked two questions: What is a parish nurse? and, What would a nurse do in a congregational setting? They even overheard occasional references to the "church lady." In response, the hospital developed brochures presenting both the concept and the practice of a volunteer parish nurse program.

Qualifications An experienced registered nurse, competent to practice independently, is a likely candidate for the parish nursing role. Qualifications include the abilities to relate to and communicate with people of all ages, accurately assess health-related situations, and make appropriate nursing decisions. The parish nurse's role in pastoral ministry requires personal and spiritual maturity and the ability to give spiritual care.

Practice The parish nurse applies a community health or primary care model. In contrast to the disease orientation of acute, long-term, or chronic care practice models, parish nursing practice focuses on preventive care, health maintenance, and personal responsibility for a healthy life-style. Through their service, volunteer parish nurses can integrate theology and church teaching with science and institutional healthcare.³

SEHMC's volunteer parish nurses identify five major roles in their professional practice (see **Box**). The parish nurse's concerns extend beyond health maintenance and preventive care. Older members of the congregation often need long-term or chronic care, as well as support when recuperating after major illnesses. The parish nurse will also try to address any special concerns of the church community, such as dependencies, developmental disabilities, and the environment. For example, parish nurses often establish parent education, childbirth preparation, and infant or child care programs in congregations with young families.

The nurse's role often extends beyond traditional nursing. For example, regular blood pressure screening sessions often lead to the nurse's involvement with other personal concerns such as occupational or family stress, loss of a loved one,

or stress related to care giving or to nursing home placement for an elderly family member. In these instances, the parish nurse functions as a caring listener, sharing the burden and offering assistance when appropriate. A follow-up visit to a family that has experienced the death of a loved one, a phone call to a parishioner recently discharged from the hospital, and contact to find out the outcome of diagnostic tests are common examples of parish nursing activity.

Parish nurses do not provide bedside nursing care to home-bound or ill members of the congregation, nor do they duplicate other healthcare services available through community agencies such as home healthcare or visiting nurse associations. Each parishioner's personal physician is the appropriate source of medical advice, care, and treatment. Similarly, parish nurses do not assume roles or tasks of the parish staff, parish organizations, or community health agencies. However, parish nurses can help people receive the medical care they need. The nurses often encounter persons intimidated by other healthcare professionals. Some of them have not sought healthcare for years, and others ask their parish nurse questions that they "don't want to bother" their doctor with.

WHAT VOLUNTEER PARISH NURSES DO

Volunteer parish nurses working under the auspices of St. Elizabeth Hospital Medical Center, Youngstown, OH, fulfill five major roles in their practice.

Health Counselor Assess the healthcare needs of their congregations through data gathering; respond to health concerns; visit parishioners in the hospital, at home, and in long-term care facilities; and offer presence and prayer during times of crisis and celebration

Health Educator Promote understanding of the relationship between life-style, attitude, faith, and well-being; and advocate healthy life-styles and quality of life through educational and screening programs, health fairs, and health promotion materials

Community Resource Liaison Become familiar with community resources and how to access them; provide information about and linkage to community resources and services; and make referrals to community agencies, support groups, and home care agencies

Facilitator Help persons take responsibility for maintaining a healthy balance in their daily lives; help persons in need find assistance; and help volunteers and support groups within the congregation and faith community

Parish Staff Member Become an active member of the parish staff, seeking guidance from the pastor and/or church council for program direction and activities; actively participate in parish life (if a member of that congregation)

Schedule Volunteer parish nurses determine their own schedules and contribute as much time as they can. During busy months, they may contribute as many as 50 hours of service by planning and conducting health fairs and arranging screening services and related educational sessions. Other months, volunteer service is limited to a few hours for health counseling and blood pressure clinics.

THE HOSPITAL'S ROLE

Funding Even though SEHMC's parish nurses are volunteers, some expenses were incurred during the program's start-up. SEHMC secured grant funds from private foundations to expand total hospital outreach efforts and offset part of the salary of the director of outreach services, who helped lay the groundwork for support of the volunteer nurses. She also developed promotional brochures and program publicity materials and gave presentations to interested nurses, potential congregations, and pastors. Because the concept of parish nursing is relatively new and not readily understood, the hospital has had to continually define the parish nurse's role, especially regarding appropriate services.

Recruitment The outreach director's personal involvement in the selection and education of participating volunteer nurses has been a key factor in the program's growth and success. Articles about the parish nurse program appeared in several hospital publications and stimulated many inquiries. Thirty months after the program's inception, 17 volunteer nurses now serve 11 Roman Catholic, Lutheran, Presbyterian, Methodist, Jewish, and Greek Orthodox congregations. Each nurse (or team of nurses) serves in his or her own congregation. A spirit of cooperation pervades the program, and nurses frequently help each other out or schedule joint projects between congregations. Several nurses assist with blood pressure screenings at neighboring congregations, particularly in churches served by only one parish nurse.

Training and Education The initial, two-day orientation, facilitated by the outreach services director, provides volunteer nurses with a program intro-

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duction and support in beginning a health ministry. Thereafter, monthly meetings are scheduled at mutually agreed times for information sharing, education, and mutual support. All nursing continuing education programs at the hospital are available to the parish nurses to foster their professional growth and development. An advisory committee with representatives of nursing,

medicine, administration, pastoral care, and social services also provides program support and guidance.

Assistance Nurses who wish to serve in a specific congregation are assisted in outlining a proposal for discussion with their pastor or church council. The director of outreach services and parish nurses who were members of the charter class often help the new volunteers assess the needs of individual congregations; set realistic goals for a beginning program; and work within denominational values, traditions, and structure. Volunteer nurses explore the special needs of their own congregations and share their successful and not-so-successful experiences with their colleagues during monthly meetings.

The hospital requires each volunteer nurse to develop a record-keeping system documenting his or her parish nursing activities and to submit a quarterly report of volunteer hours and activities to the hospital.

Resources Linkage to hospital resources has many benefits. Access to the hospital's speaker's bureau helps parish nurses schedule health-related programs for their church groups. The hospital's Outreach Services Department becomes the mainstay of parish health fairs by providing numerous educational and screening services and by coordinating exhibits with other community agencies. Although the hospital assumes responsibility for its volunteers, most parish nurses maintain their own professional liability insurance. All volunteer parish nurses must function in accord with their state's nurse practice act.

For the volunteer parish nurse who is not otherwise employed, assistance in program planning, health education and promotion materials and services, client referral services, and professional

continuing education is an invaluable aid. The monthly meeting provides mutual support that diminishes professional isolation.

CONGREGATIONAL ROLE

The parish nurse program at Our Lady of Mount Carmel Church in Youngstown, OH, illustrates the transition from theory to practice. After three years of implementation, Rev. Michael Cariglio and the church council say the program is a definite asset to the congregation.

Publicity After the pastor and church council approved the formal program proposal, short announcements about the program appeared in Sunday church bulletins, and a formal commissioning ceremony introduced the parish nurses to the congregation. The coffee hour after each liturgy on the last Sunday of each month was selected to introduce blood pressure screen and health counseling services.

Needs Assessments The parish nurses conducted informal needs assessments to identify major health concerns and potential educational programs. Numerous inquiries from parishioners regarding the meaning of routine test results, such as blood glucose and cholesterol levels, led to a three-month program series centered on February—"Healthy Heart Month." Cholesterol screening sessions; informational presentations on the meaning of HDL, LDL, and total cholesterol measures; the role of exercise; and healthy-cooking classes were well attended. Whenever possible, educational programming has been developed around a central theme. The women's guild was instrumental in starting an annual series on women's health issues. Annual educational programs on first aid, minor emergency care, and CPR are made available to the church ushers. The parish nurses work with the religious education and youth ministers to present health-related topics of interest to younger parishioners throughout the year.

Travel Allowance The pastor and church council of Our Lady of Mount Carmel have generously supported the pioneering spirit of their parish nurses through educational grants and travel allowances to national professional education sessions. Parish nursing practice involves commitment to personal and professional role development. Fortunately, most parish nurse programs sponsored by religiously affiliated hospitals include orientation and staff development programming for those serving in both volunteer and paid positions. A national network of parish nurses has evolved through the Parish Nurse Resource Center in Park Ridge, IL, and the Health Ministries Association in Des

Moines. The resulting linkages with parish nurses throughout the country provide numerous educational and professional growth opportunities.

PLANS FOR PROGRAM EXPANSION

Although the program in Youngstown is relatively new, the hospital receives inquiries every month from interested pastors, nurses, and church members. Pastors are learning of the program from other pastors, and members of participating congregations are spreading the word among their friends. Communities are asking how their congregations may get a parish nurse.

In cooperation with diocesan staff and social service agencies, the hospital is surveying thousands of rural and urban congregation members to identify personal health status and concerns, health service needs, and access to and availability of healthcare. Representatives of the hospital, the diocese, and local social service organizations will use the results of this study to develop health ministry programs that address unmet needs.

The hospital is exploring several methods of enhancing its health ministry outreach to provide services to churches that desperately need them.

The Shared Model Many urban churches are located near one another or have some ethnic or traditional bond that brings their members together for shared services or celebrations. One potential solution involves having two congregations share parish nursing services. A nurse (or group of nurses) would serve as minister of health to both congregations. Health education programs; visitations to nursing homes, the homebound, and hospitalized members of both congregations; and many other activities can be shared between neighboring congregations with economy of time, effort, and expense.

Inner-City Ministry Model In cooperation with local diocesan staff and social service agencies, the hospital is exploring health needs in and around the inner-city parishes to enhance the health ministry through combined efforts and funding. Currently, the hospital's outreach van provides free or low-cost preventive child healthcare services at two inner-city Catholic churches, a rescue mission, two public housing sites, and a Hispanic cultural center. The outreach van service area contains 38 churches representing 20 denominations, many of which could be served through parish nurse or other health programs.

Rural Outreach The hospital's rural prenatal care clinic experience has revealed the diverse healthcare needs of persons living in small rural communities where access to primary care services can

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be a problem, especially for the poor. Parish nurse programs in these communities could facilitate access to needed healthcare services.

PROGRAM BENEFITS

Although it is too soon to evaluate program outcomes, anecdotal data indicate increased awareness of and interest in healthcare at the congregational level. Evaluation of the hospital's total outreach program is planned for 1992.

Throughout the history of Christianity, nurses have served the Church in various capacities—deaconesses, nursing sisters, and church nurses. Nurses who served in and through the Church have always brought a special sense of caring to the faith community. Today's parish nurse is no different in this respect. Because of their stability, congregations are becoming like extended families to which individuals and families turn in time of crisis and need. In this setting, the parish nurse helps families deal with their hurts and stress through presence, prayer, and counsel. The parish nurse brings understanding, caring, and support to individuals and families through personal sensitivity and skill in dealing with life problems.

As Catholic hospitals scrutinize their future roles in the Church's healing ministry, new models and partnerships are emerging. SEHMC believes that the parish nurse's role and health ministry in a congregational setting offer great potential for renewal of the holistic concepts of health, wellness, healing, and salvation. □

NOTES

1. *Catholic Health Ministry: A New Vision for a New Century*, Commission on Catholic Health Care Ministry, Farmington Hills, MI, 1988, pp. 7, 11.
2. P. A. Solari-Twadell, A. M. Djupe, and M. A. McDermott, eds., *Parish Nursing: The Developing Practice*, National Parish Nurse Resource Center, Park Ridge, IL, 1990.
3. Solari-Twadell et al.

ANALYSIS

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and TQM—the marriage of the big-bang breakthrough and CQI. TQM provides the best return on investment in terms of process improvement over time.

To achieve TQM, hospitals must learn to identify both the breakthrough opportunities and the incremental opportunities, said Currie. Hospitals need to create management systems that allow for major innovations while facilitating continuous fine-tuning, she added.

Long-Term Commitment to TQM What happens if a CEO committed to TQM unexpectedly leaves the organization after it has spent a lot of money and time establishing this innovative management system? To prevent a new CEO or the board of directors from discontinuing TQM, Ummel suggested the following precautions:

- Get total employee commitment.
- Get the chief of the medical staff to buy in to TQM and exploit that as a power center.
- Make the board believe TQM was their idea.
- Make TQM part of the mission statement.
- Add to the CEO's contract that he or she must continue an effective TQM program.
- Ask the board of directors to approve a covenant statement, adopting TQM as a board policy (e.g., "All senior executives must have TQM experience as a prerequisite to hiring").

A WAY TO SURVIVE

Hospitals that have adopted TQM systems have evaluated and improved their processes to maximize quality and cost efficiency. They offer something payers seek—"predictable outcomes at predictable prices," said Mohlenbrock. He concluded, "Those hospitals and physicians willing to work together to implement TQM will survive." —Michelle Hey

FINANCIAL MANAGEMENT

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The payment changes present significant challenges.

of these constituencies must come to understand that normal economic relationships have been altered by these payment and tax changes. New relationships must be developed. Hospitals must help physicians understand that attempts to remove hospital services and the resultant revenues by transferring them to their own income stream may be positive in the short run, but in the long term will weaken the hospitals' financial and service position and eventually harm the physicians' ability to serve patients in most settings.

The outpatient bundling regulations may prove to be a point of intersection where all parties can evaluate ways a patient receives services. If discussions and educational opportunities are held without preconceived notions of what is the "right" approach, all may be able to see these services through the eyes of the patient who receives them. Then the contracts developed may represent the best possible way to meet patients' needs, rather than simply addressing disjointed economic objectives.

SIGNIFICANT CHALLENGES

The payment changes for both physicians and hospital-based outpatient services present significant challenges. The Catholic provider community should strive to use them as a vehicle for improving the way it meets people's needs, rather than a time to introduce further fragmentation of services in an already fragile delivery system. □