Faith Community Nursing in the Accountable Care Era: Documentation of Interventions Demonstrates Improved Health Outcomes

By Dorothy Mayernik

When Pittsburgh Mercy Health System established the Mercy Parish Nurse and Health Ministry Program in 1991, Rev. Dr. Granger E. Westberg’s specialty practice of faith community nursing, known then as “parish nursing,” was in its infancy. The foresight of P. Ann Solari-Twaddle in documenting early experiences of faith community nurses (FCNs) paved the way for the future of FCNs today who are improving health outcomes for countless individuals in the community.

In 2000, an emphasis on faith community nursing outcomes was emerging. FCNs requested detailed outcomes of faith community nursing interventions. Extracting meaningful data from traditional handwritten records was cumbersome and labor intensive. Previous documentation systems were not designed with the accountable care requirements of today’s health care system in mind.

Then-program manager Joy Burt Conti, RN, MSN, CRNP, FCN identified many computer databases that were capable of tracking the clinical aspects of nursing care; however, none provided the means to document FCN interventions. Also missing was the ability for FCNs to track health screenings, educational programs, support groups, community outreach initiatives, and spiritual care practices, the heart of faith community nursing. The experts Conti consulted all despair of using a standard package and said that any new database would have to be written from scratch. This was a turning point.

Next, the CCC System was replaced with the Clinical Care Classification (CCC) System, which classifies and tracks clinical care using NOC fields. A new database was launched in 2005. Nursing Outcome Classification (NOC) fields were added to allow FCNs document client problems in accordance with the established standards. NOCs were incorporated into categories to address socio-economic problems commonly identified by FCNs and screens to document group and community outreach activities.

Earlier versions of the documentation requirements were not without issues. First, nurses who used it reported the NOC taxonomy to be onerous; having 330 possible NOC fields from which to choose complicated matters. When two clients presented with identical problems, FCNs would sometimes disagree over which NOC to apply. Secondly, NOC is copyright material. Annual licensing fees hindered the Mercy program’s goal of creating a documentation system that FCNs could purchase outright at an affordable price with no strings attached. Another anomaly: reports containing NOCs could be easily understood by clinical users, but were frequently unintelligible to clergy, congregation councils, funders, and laypersons unfamiliar with clinical nomenclature. Thus, the NOCs were replaced with the Clinical Care Classification (CCC) System, which classifies and tracks clinical care data, at no cost. FCNs who tested the revised system noted significant improvements yet reported it was still onerous and complicated to use. This was a turning point.

Next, the CCC System was replaced with a list of 67 problems typically seen by FCNs. NOCs were integrated into the categories of wholistic health—physical, mental, spiritual, social, financial, and relational—and named in common language, based on both subjective and objective data. What the client tells the FCN what the FCN observes (Figure 3).

An easy-to-use, five-point scale was integrated into the new system, allowing FCNs to document the client’s status upon the initial contact and with subsequent contacts.

1 = Emergency (immediate medical attention is required)
2 = Active problem (initial rating for all non-emergency problems)
3 = Slight improvement
4 = Moderate improvement
5 = Problem resolved

This rating system provides an objective, measurable way to document client progress and outcomes of FCN interventions. Detailed reports (Figure 2) can now be readily produced with a click of the mouse. Funders and other non-clinical personnel now find the data generated to be understandible, too.

Sixty FCNs volunteered to beta test the improved documentation system. Their feedback resulted in many valuable improvements to enhance the user’s overall experience. One year later, the Mercy Parish Nurse and Health Ministry Program Computerized Documentation System and a free demonstration version were made available to the public on Pittsburgh Mercy Health System’s website, www.pmhs.org.

The system includes not only the database, but also a detailed user’s manual, training through a secure, collaborative web conferencing system, and ongoing technical support at no additional cost.

Mercy’s customized intervention documentation system is currently in use by FCNs from Vermont to Texas. “Our FCNs can now obtain outcomes measurement data in specific clinical categories,” stated Rev. Donna Smith-Pupillo, RN, BSN, MDiv, executive director of Deaconess Parish Nurse Network in St. Louis. For example, last year, documentation on 154 clients in the problem category of elevated blood pressure demonstrated the following outcomes:

• 6 individuals were assessed as “high risk” and immediately referred to the nearest emergency department
• 54 individuals, including a pregnant woman and two children, were referred to their primary care provider for follow-up
• 80 individuals were given nutrition, medication, and tobacco cessation counseling
• 15 individuals made behavioral modifications with positive outcomes
• 24 individuals were placed on medication with a positive outcome in the reduction of blood pressure

13 had their blood pressure medication adjusted with positive results.

With these types of specific, documented results, Rev. Smith-Pupillo stated it: “We are demonstrating that FCNs do make a difference in our community.”

The Faith Community Nurses Association of Ohio also recently purchased the system for its members. “We were looking for a simple, user-friendly system that could capture all of the things an FCN does,” added coordinator Marilyn Seiler, MS, RN, FNC, parish nurse coordinator at St. John the Baptists Catholic Church in Edmond, OK. “Mercy’s documentation system is easy to teach, it provides extensive reports for congregations and health systems, and it contains important privacy features.”

Even the least computer savvy FCNs describe the program as intuitive and user-friendly. Most importantly, FCNs realize that rigorous documentation raises their stature from incidental volunteer to absolute professional, a critical step in moving faith community nursing to the specialist rank it deserves.

Edited by Linda K. Ross, director of communications, Pittsburgh Mercy Health System. For a free demonstration, visit www.pmhs.org.

FEATURE

Computerized Documentation System at Mercy Parish Nurse and Health Ministry Program

By Dorothy Mayernik

A custom-engineered database was launched in 2005. Nursing Outcome Classification (NOC) fields were added to allow FCNs document client problems in accordance with the established standards. NOCs were incorporated into categories to address socio-economic problems commonly identified by FCNs and screens to document group and community outreach activities.

Earlier versions of the documentation requirements were not without issues. First, nurses who used it reported the NOC taxonomy to be onerous; having 330 possible NOC fields from which to choose complicated matters. When two clients presented with identical problems, FCNs would sometimes disagree over which NOC to apply. Secondly, NOC is copyright material. Annual licensing fees hindered the Mercy program’s goal of creating a documentation system that FCNs could purchase outright at an affordable price with no strings attached. Another anomaly: reports containing NOCs could be easily understood by clinical users, but were frequently unintelligible to clergy, congregation councils, funders, and laypersons unfamiliar with clinical nomenclature. Thus, the NOCs were replaced with the Clinical Care Classification (CCC) System, which classifies and tracks clinical care data, at no cost. FCNs who tested the revised system noted significant improvements yet reported it was still onerous and complicated to use. This was a turning point.

Next, the CCC System was replaced with a list of 67 problems typically seen by FCNs. NOCs were integrated into the categories of wholistic health—physical, mental, spiritual, social, financial, and relational—and named in common language, based on both subjective and objective data. What the client tells the FCN what the FCN observes (Figure 3).

An easy-to-use, five-point scale was integrated into the new system, allowing FCNs to document the client’s status upon the initial contact and with subsequent contacts.

1 = Emergency (immediate medical attention is required)
2 = Active problem (initial rating for all non-emergency problems)
3 = Slight improvement
4 = Moderate improvement
5 = Problem resolved

This rating system provides an objective, measurable way to document client progress and outcomes of FCN interventions. Detailed reports (Figure 2) can now be readily produced with a click of the mouse. Funders and other non-clinical personnel now find the data generated to be understandible, too.

Sixty FCNs volunteered to beta test the improved documentation system. Their feedback resulted in many valuable improvements to enhance the user’s overall experience. One year later, the Mercy Parish Nurse and Health Ministry Program Computerized Documentation System and a free demonstration version were made available to the public on Pittsburgh Mercy Health System’s website, www.pmhs.org. The system includes not only the database, but also a detailed user’s manual, training through a secure, collaborative web conferencing system, and ongoing technical support at no additional cost.

Mercy’s customized intervention documentation system is currently in use by FCNs from Vermont to Texas. “Our FCNs can now obtain outcomes measurement data in specific clinical categories,” stated Rev. Donna Smith-Pupillo, RN, BSN, MDiv, executive director of Deaconess Parish Nurse Network in St. Louis. For example, last year, documentation on 154 clients in the problem category of elevated blood pressure demonstrated the following outcomes:

• 6 individuals were assessed as “high risk” and immediately referred to the nearest emergency department
• 54 individuals, including a pregnant woman and two children, were referred to their primary care provider for follow-up
• 80 individuals were given nutrition, medication, and tobacco cessation counseling
• 15 individuals made behavioral modifications with positive outcomes
• 24 individuals were placed on medication with a positive outcome in the reduction of blood pressure

13 had their blood pressure medication adjusted with positive results.

With these types of specific, documented results, Rev. Smith-Pupillo stated it: “We are demonstrating that FCNs do make a difference in our community.”

The Faith Community Nurses Association of Ohio also recently purchased the system for its members. “We were looking for a simple, user-friendly system that could capture all of the things an FCN does,” added coordinator Marilyn Seiler, MS, RN, FNC, parish nurse coordinator at St. John the Baptists Catholic Church in Edmond, OK. “Mercy’s documentation system is easy to teach, it provides extensive reports for congregations and health systems, and it contains important privacy features.”

Even the least computer savvy FCNs describe the program as intuitive and user-friendly. Most importantly, FCNs realize that rigorous documentation raises their stature from incidental volunteer to absolute professional, a critical step in moving faith community nursing to the specialist rank it deserves.

Edited by Linda K. Ross, director of communications, Pittsburgh Mercy Health System. For a free demonstration, visit www.pmhs.org.

MEET DOROTHY MAYERNIK, RN, MSN, FCN

Dorothy is employed by the Mercy Parish Nurse and Health Ministry Program, part of Pittsburgh Mercy Health System and CHE Trinity Health, sponsored by the Sisters of Mercy. Dorothy also serves as health ministry coordinator at St. Gregory of Nazianzus Church, a 125-family Byzantine Catholic parish in Upper St. Clair, Pennsylvania. She and volunteer database developer Nancy Campbell Marshall view the Mercy Computerized Documentation System as an important part of their ministry. They continue to provide pro bono education, training, and support to database users.

FIGURE 1

Categories and Problems (sample)

PHYSICAL
  • Bleeding
  • Blood pressure, elevated
  • Blood pressure, low
  • Blood sugar, low
  • Breathing impaired
  • Cold symptoms
  • Constipation
  • Dental health
  • Diarrhea
  • Fatigue
  • Fever
  • Flu symptoms
  • Headache
  • Heart rate ≤ 60
  • Heart rate ≥ 100
  • Medications
  • Mobility impairment
  • Nausea
  • Numbness & tingling
  • Nutritional health deficit
  • Overweight
  • Pain
  • Palpitations
  • Sensation deficits
  • Self-care deficit
  • Skin
  • Sleep disturbance
  • Smoking/tobacco use
  • Stroke or stroke-like symptoms
  • Substance abuse
  • Swallowing impairment
  • Swelling
  • Underweight
  • Urinary

MENTAL
  • Anxiety
  • Blood pressure disturbance
  • Confusion
  • Depression
  • Fatigue
  • Grief
  • Hopelessness
  • Knowledge deficit
  • Loneliness
  • Memory impairment
  • Noncompliant
  • Powerlessness
  • Psychotic disorder
  • Self-concept poor
  • Stress