Integration

A Documentation System Reporting Whole Person Care

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ACKNOWLEDGEMENT AND DEDICATION

The Kellogg Foundation supported the beginning phases of the development of this documentation system through a grant, entitled “Partners in Health and Healing.” Parish nurses from Advocate Health Care, Oakbrook, Illinois and Trinity Medical Center, Moline, Illinois were foundational to that research. The content of this text builds on that original documentation system.

For assisting in the completion of this work, several groups and individuals must be acknowledged. Special recognition to the parish nurses from Alexian Brothers Health System in Elk Grove Village, IL. Special thanks are given to Rev. Mike Ideran, D.MIN, LCPC, LMFT; Diane Tieman, RN, MSN; Debbie Callahan, RN; Denise Kollias, RN; Betty Hanson, RN; and Bro. Exequiel Mapa, RN for their dedication and valuable expertise. Acknowledgement is also given to the parish nurses from Advocate Health Care and participants at the 2000 Westberg Symposium for their contribution and participation in focus groups held in the summer and fall of that year providing valuable data related to parish nursing practice. Special acknowledgements and thank you to Marion Johnson, RN, PhD, FAAN, Meridean Maas, RN, PhD, FAAN, and Sue Moorhead, RN, PhD from the Outcomes Classification Team at the University of Iowa School of Nursing for their expertise in outcome measurement and review of this outcome measurement system.

This manual is dedicated in gratitude to those individuals instrumental to its development and to all parish nurses providing service to their clients.
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FORWARD

In 1997, The American Nurses’ Association (ANA) recognized parish nursing as a specialty nursing practice. In 1998 the ANA adopted the *Scope and Standards of Parish Nursing Practice*. Since that time, leaders within the nursing community turned to parish nurses to describe the uniqueness of parish nursing, in particular, the focus on care within a spiritual dimension. Over the years, parish nursing has grown and has required a unique documentation system to reflect this complex, spiritually-focused nursing specialty. The Integration documentation system originally was developed as part of a Kellogg Foundation Grant, “Partners in Health and Healing,” which was awarded to Lutheran General Health System in 1996 (which later became part of Advocate Healthcare) and originally focused on parish nursing. Advocate Healthcare gave the copyright of the Integration documentation system to me (Lisa Burkhart) prior to moving the International Parish Nurse Resource Center to the Deaconess Foundation. In the spirit of the ministry of parish nursing practice, I am making this documentation system available to all parish nurses free of charge. However, I do require those who wish to use the system to e-mail me permission so that I can maintain statistics and communications with those who use the system. If you wish to use Integration, please complete the survey attached and e-mail me a request to use the system at eburkha@luc.edu.

This system of recording parish nursing services was designed to not only meet legal and regulatory requirements for documentation, but also, more importantly, provide a method to record, integrate, communicate, and statistically analyze the impact of parish nursing practice. This manual includes the directions to use the system. Attached documents provide case examples and modifiable forms so that parish nurses can individualize the forms to meet their needs.

Nursing standardized languages are used as a bridge in this documentation system to
communicate the ministry of parish nursing practice to both health care professionals and the faith community. There are several standardized terminologies available, but the following systems were chosen because research has demonstrated that they provide the best detail to capture the spiritual dimension of care. Specifically, this documentation system incorporates the following nursing standardized languages:

- North American Nursing Diagnosis Association diagnoses to identify nursing-sensitive patient problems, concerns, or issues.
- Nursing Intervention Classification (NIC) to identify nursing interventions.
- Nursing Outcomes Classification (NOC) to identify nursing-sensitive client outcomes

These languages avoid jargon that can be a barrier to communication. By using a common terminology that all people understand, this documentation system clearly communicates what parish nurses do. These systems also use a taxonomy structure to help summarize care provided. Summary reports are based on these categories. Parish nurse programs across the country using this system have expressed that both the faith community and health system professionals understand and appreciate the same set of statistical categories. By using this system, parish nurses will be able to document and communicate the important contribution parish nursing services can make in the continuum of health care and to the well-being of the faith community.

Integration was designed to be a paper/pencil, manual system. Purchasing the NANDA, NIC, and NOC books allow parish nurses to use those standardized terminologies in a paper/pencil format. If you wish to automate Integration, please bear in mind that both the NANDA International organization and Mosby/Elsevier require site licensures. Please contact both organizations for more information about licensure information. An automated system also requires information systems technical support and additional legal issues apply. Please contact
your attorney for more information on maintaining electronic health records.

This manual includes several features. First, the forms include check-off flow sheets that minimize time in documenting while maintaining the story in a progress notes format. This allows for the “story to be told” in a streamlined format, while not sacrificing the statistical mode of capturing parish nursing practice. A second feature of the system is that it includes outcomes measurement to assist parish nurses in monitoring care while offering several methods to aggregate statistics to reflect the impact of care. Finally, the policy and procedure chapter includes updated and legally reviewed policies. These new features are integrated and organized in the following chapters in order that each chapter builds on the previous chapter:

♦ Chapter 1: Why document using this system?
♦ Chapter 2: Research that Contributed to the Design of the Documentation System
♦ Chapter 3: Implementing Up the System: Individualizing the Documentation System for Practice
♦ Chapter 4: Day-to-day use of the Documentation System
♦ Chapter 5: On-going Statistical Analysis
♦ Chapter 6: Legal Issues/Policies and Procedures
♦ Chapter 7: Permission to Use the Integration Documentation System

This manual is made available to the parish nurse community for the purpose of education, to create the possibilities for research, and to ultimately facilitate a common understanding of the ministry of parish nursing practice. There is no fee for parish nurses who use the system. However, all parish nurses desiring to use this system are to e-mail a request to the author. If a health system would like to use Integration, the parish nurse manager can complete the survey and request permission to use the system on behalf of the parish nurses employed by the health system.
Maintaining communication with those who use the system assists in improving the quality of the system. It is the intention of the author to work collaboratively with those using this documentation system.

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CHAPTER 1

WHY DOCUMENT USING THE INTEGRATION DOCUMENTATION SYSTEM?

The ministry of parish nursing practice has grown since its creation in 1985 through the vision of Rev. Granger Westberg. In 1987, 74 individuals attended the Westberg Symposium, the annual meeting for parish nurses. Through the following years, parish nursing has grown to become an ANA-recognized specialty practice with thousands of individuals who have taken the standardized basic preparation course in parish nursing. With growth comes the necessity of developing tools that help parish nurses address the more logistical aspects of practicing parish nursing independently in the faith community, including documentation.

Why Document?

Over the years, it became apparent that the more traditional methods of documenting were inadequate to capture the spiritual nature of the ministry of parish nursing practice. Parish nurses are required to maintain health records that support the ministry of parish nursing practice on a day-to-day basis; to accurately reflect and communicate the ministry of practice to the faith community, health care system, and/or potential or current funders; and to meet legal requirements as identified in the state nurse practice acts and *The Scope and Standards of Parish Nursing Practice*. A documentation system is not only necessary, but also integral to the ministry of parish nursing practice because it can:

1. Assist nurses in tracking and organizing client health information as well as providing quick access to historical and ongoing client information
2. Provide summary statistics—communicates what parish nurses do in a summary format to all audiences, such as church leadership, health systems, and funders
3. Support the integration of parish nursing into a continuum of care

4. Help protect from liability—documentation protects nurses, health systems, and churches from liability by providing proof of care rendered

5. Fulfill a legal responsibility—most state nurse practice acts require nurses to document based on the nursing process

6. Fulfill a professional responsibility—documentation is a professional responsibility outlined in the *Scope and Standards of Parish Nursing Practice*

7. Meet a requirement for accreditation with The Joint Commission

8. Contribute to a further understanding of parish nursing

**Why Use NANDA, NIC, and NOC Standardized Nursing Vocabularies in a Parish Nurse Documentation System?**

The Integration Documentation System is based on the use of the nursing standardized languages--NANDA, NIC, and NOC--for a variety of reasons. These nursing standardized languages:

1. Provide a common vocabulary which is used across nursing specialties

2. Communicate the unique contribution of parish nursing in a language understood by both health care providers and members of the faith community

3. Integrate the spiritual dimension of care into the documentation system and allow for automation and statistical analysis to measure the impact of spiritual care on client health

4. Are research-based

5. Allow for the comparison of trends of practice with other nursing specialties and other health care disciplines
6. Can be integrated into a larger health care documentation system

7. Are approved by the American Nurses Association, the Library of Medicine, and HL7 (the approving agency for standardized vocabularies)

8. Are part of a larger health care vocabulary, called the Systematized Nomenclature of Medicine, Clinical Terminology (SNOMED-CT). SNOMED-CT integrates standardized languages across all health disciplines—it is the great translator. SNOMED CT is currently the database infrastructure for many health care documentation programs used in the United States. SNOMED-CT is also linked to the British Health Care System (Read) so that a common health care language can be used within and between nations.

**Why use the Integration Documentation System?**

The documentation system:

1. Is compliant with the *Scope and Standards of Parish Nursing Practice*

2. Is a fully integrated system for daily documentation and summary statistics

3. Can be individualized for each program

4. Is research-based

5. Simplifies the use of standardized vocabularies

6. Captures physical, psychological, social, and spiritual dimensions of parish nursing practice as well as care for individual clients and client populations

7. Offers two methods of capturing screening data—one based on date of screening and the other based on individual client data

8. Can provide summary statistics based on parish nurse, church, hospital region, and health system
9. Captures statistics relevant to grant applications and other funder requirements

10. Includes measuring outcomes of parish nursing services
CHAPTER 2
RESEARCH THAT CONTRIBUTED TO THE DESIGN OF THE DOCUMENTATION SYSTEM

Over a three-year period, research included focus group methods to develop workflow designs reflecting information movement in a parish nursing practice, collaboration with parish nurses in developing documentation forms, and a piloting the system with parish nurses. Since 2002, hundreds of parish nurse programs have requested permission to use Integration and have been using the system successfully. Chapter 2 presents this research which has contributed to this current documentation system.

Step One: Focus Groups

In the summer of 1999, four focus groups of parish nurses from Advocate Health Care and the Chicagoland area. An additional focus group was held as part of a preconference to the 1999 Westberg Symposium with parish nurses from across the United States as well as representatives from Canada and Australia.

The purpose of these focus groups was to identify information movement within a parish nursing practice. It was the intent of the IPNRC that a documentation system not only meet legal requirements, but also be designed based on the workflow of parish nurses.

Each focus group was asked, “What are the different ways information moves within your practice. That is, what are the different kinds of things (in broad categories) you do?” Each group brainstormed about 30-40 categories. The list was then consolidated. For each category on the consolidated list, each group was asked to identify the following:

- What initiated the category? That is, how did the parish nurse know to begin doing that
category? This question indicates the beginning of the information trail.

- What tools were needed to perform that category? This question indicates what tools (e.g., programs, databases, books, Internet linkages) could streamline information movement.

- Were there any sub-processes in performing that item? This question identifies repeated tasks that could be streamlined in a manual system or computerized in an automated system.

- What information did the parish nurse want to capture about this item? This question identifies elements to be included in the documentation system.

- What information should be required to capture about this item? This question identifies elements that can be statistically aggregated.

Information was presented to the Advisory Board. The parish nurses on the Advisory Board met separately to further consolidate the data. There were several categories that required parish nurse expert opinion to consolidate. The parish nurses then developed a documentation system from the data. All categories of information movement were linked to the documentation system. The documentation system represented the following 5 major categories:

- **One-on-one Client Interactions and Follow-up.** This is defined as the parish nurse working with individual clients or on behalf of individual clients. As a personal health counselor, the parish nurse discusses health issues and problems with individuals (e.g., assessing a client’s spiritual well being, visiting a client in the hospital or home, providing care to a client over the telephone, in the parish nurse office, or in church. This also includes gathering information or coordinating activities for the client without the client being present.).

- **Group Programs.** This includes all activities associated with setting up a congregational-based health program or meeting for a group of clients. A program is interpreted very broadly and includes all care or programs targeted to a group of clients. For example, as a health
educator, the parish nurse coordinates educational programs promoting an atmosphere where individuals of all ages explore the relationship between values, attitudes, lifestyle, faith, and health (e.g., wellness programs, seminars). Also, as a developer of support groups, the parish nurse facilitates the development of support groups for members of the faith community and people from the external community. In addition, parish nurses coordinate screenings, spiritual retreats, environmental/safety activities for the church (e.g., fire hazards, infection control, vermin precautions), and community outreach programs.

- **Resource/Liaison/Networking.** Parish nurses quickly become known to other community organizations as a source of information or as a community health leader. As a result, parish nurses can be seen as an information resource to other organizations or the parish nurse can participate in liaison, networking, or advocacy activities. For example, as a resource, parish nurses may provide information over the phone to other community groups, or the parish nurse can sit on community committees representing the faith community.

- **Volunteer Facilitation.** As a facilitator of volunteers, the parish nurse recruits, coordinates, and resources volunteers within the congregation to serve in various health ministries.

- **Parish Staff Activities (including attending meetings, church functions, and performing office work).** Many times parish nurses attend meetings or church functions to contribute to the health system, church, community, or parish nursing services. Parish nurses also spend time writing reports or grants for the church or health system while documenting and maintaining records and resource files.

**Step Two: Workflow Designs**

The following workflow designs were generated from the focus group data and reviewed by the Advisory Board to provide a description of information movement.
Chapter 2, Research
One-on-One Individual Encounter and Follow-up

- **Location:**
  - Church
  - Office
  - Hospital
  - Home
  - Nursing Home
  - Phone
  - Pantry
  - Other

- **Parish Nursing Health Counseling:**
  - Assessment
  - Diagnosis
  - Intervention
  - Outcome
  - Evaluation

- **Information Gathering/ Follow-up**

- **Resources**
  - Clinical
  - Directories
  - Community
  - Equipment

- **Document**
  - Client Demographics
  - Nursing Process data
  - Referral source
  - Referral to
  - # to Health System

- **Summary Reports**

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Group Programs

Health and Wellness Committee
Parish Nurse
Identified Need
Pastor or Pastoral Staff
Parishioner

Prepare for the program:
♦ Objectives, outline, content
♦ Secure speakers, volunteers
♦ Advertise
♦ Prepare materials/AV/food for program
♦ Correspondence/financials

Implement Program
• Set-up
• Sign in
• Monitor/present
• Perform assigned functions
• Clean-up

Document:
• Type of program
• Number of attendees
• Date of program
• Evaluation
• Total time

Statistical Reports

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Resource/Liaison/Networking to Community

- Call from Community
- Mission
- Budget Constraints
- Health Cabinet Request or Pastoral Staff Request
- Public Relations
- Congregational/Community Need

Resource/Liaison Activities:
- Scheduling meetings/phone calls
- Attending meetings/functions
- Publicity to Community
- Gather information
- Identify goals and responsibilities
- Distribute cards/advertisements

Document list of agencies/contact people, and time spent in liaison activities

Statistical Reports

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Parish Staff Activities

Job Description

Tradition/Expectations

Pastor or Pastoral Staff Request

Attend Meetings
- Staff
- Health and Wellness
- Church Committees
- Health System
- Other

Attend Church Functions
- Worship Services
- Healing Services
- Funerals/Wakes
- Fellowship
- Other

Office Work
- Report Writing
- Documentation
- Other

Document number of meetings and time

Document time spent

Statistical Reports

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Step 3: Pilot Testing

The documentation system was initially piloted by the parish nurses from Advocate Health Care in early 2000. In order to further refine the documentation system, the parish nurses from Alexian Brothers Health Care System piloted it providing valuable data in developing template flow sheets to streamline the nursing standardized language forms and in developing individual blood pressure screening forms. Outcomes integration into the documentation system was also piloted by the parish nurses from Alexian Brothers Health Care System in 2001, and the system was further refined based on their input.

Focus Groups with Parish Nurses Working <20hrs/wk

The initial focus groups included parish nurses who worked 20-40 hours per week in paid positions. It was the intent of the IPNRC for the documentation system to be useful and used by all parish nurses. Therefore, additional focus groups were held at the 2000 Westberg Symposium with parish nurses who work less than 20 hours per week. Participants were chosen randomly from a list of parish nurses who signed up for half-day preconferences so that participants were available to attend focus groups in the afternoon. One focus group included parish nurses who worked approximately 10-20 hours per week, and another focus group included parish nurses who worked less than 10 hours per week. Because these focus groups lasted 2 hours each, the questions were abbreviated to identify:

- Information movement categories
For each category:

- What information did the parish nurse want to capture about this item?
- What information should be required to capture about this item?

The data were analyzed and compared to the first set of focus groups. The major categories were the same as the categories identified by the initial focus group of parish nurses who work 20-40 hours per week. This suggests that information movement is similar for all parish nurses regardless of how many hours per week they work or whether they are in a paid or unpaid model. However, the parish nurses who worked less than 10 hours per week identified less required information included in statistical summaries.

An additional one-hour focus group was held at the 2000 Westberg Symposium with parish nurse coordinators for both paid and unpaid programs. The purpose of this focus group was to review the data captured in the monthly statistics report. Approximately 50% of the coordinators (including both paid and unpaid models) agreed with the content on the Monthly Statistics Form. The other 50% of the group either questioned the necessity of the information detail or wanted the information but felt it might be too time consuming to collect. The group agreed a streamlined time-efficient method is best.

The following three chapters describe the product of this research, including how to set up the documentation system, implement the system, and gather statistical data from the system.
CHAPTER 3

IMPLEMENTING THE SYSTEM:

INDIVIDUALIZING THE DOCUMENTATION SYSTEM FOR PRACTICE

The majority of the documentation system is ready to use “as is.” However, there are four types of forms for one-on-one interactions that require an initial set-up. They are the:

♦ Brief Interaction Form
♦ Nursing Diagnosis Template
♦ Nursing Intervention Template
♦ Outcomes Tracking Form

Forms that Relate to One-on-one Interactions

Because the nature of one-on-one client interactions varies from one parish nurse to another, the forms reflecting one-on-one care are to be individualized by the parish nurse. These forms require an initial set-up to ensure that the check-off flow sheets are particular to the ministry of parish nursing practice of each nurse.

The forms that relate to one-on-one interactions reflect a wide variety of case complexities and topics. The best way to capture and streamline this information is through templates. A template is a form designed to be used for a particular client population. Examples of templates are listed throughout this chapter. Creating these forms involves the following steps:

♦ Step 1: Identifying template categories
♦ Step 2: Choosing which format (brief or long-term) applies to each template category
♦ Step 3: Choosing nursing diagnoses, interventions, and outcomes that are relevant to care per template using nursing standardized languages
Step 1: Identifying Template Categories

Although each client interaction is unique, parish nurses can identify typical scenarios. For example, most parish nurses care for clients who have chronic illnesses. Regardless of the type of chronic illness, nursing care relates to the same type of interventions; for example, Medication Management, Surveillance, Coping Enhancement, Presence, Emotional Support, Support System Enhancement, Grief Work Facilitation, Decision-Making Support and/or Spiritual Growth Facilitation. Therefore, in this case, one template can be used for all clients with chronic illnesses.

Other possible template categories include:

♦ Grief/Loss
♦ Parenting
♦ Caregiving
♦ Spiritual
♦ Needing Information

In this step, parish nurses choose which template categories that relate to their practice. That way, each template can be individualized for each parish nurse or group of parish nurses.
Step 2: Choose which format (brief or long-term) Applies to each Template Category

The Integration Documentation System offers two types of template formats presented on the following pages: Brief Interaction Templates and Long-term Interaction Templates. Although both forms include the same information, each is designed for different uses.

Brief Interaction Templates

Brief Interaction Templates are used for one-time or short-term interactions. This form is designed to be one-page in length that can be easily filed. The front side of the form collects demographic information and a narrative note for the interaction. The backside of the form lists NANDA and NIC labels with check boxes. The parish nurse checks off labels that are appropriate for the interaction. The check-off labels assists the parish nurse in documenting elements that captures the spiritual nature of the interaction and documents legally required elements. If a label is checked, that information need not be documented in the narrative note unless additional detail is required. This minimizes the time spent in recording information. Brief Interaction Templates only use NANDA and NIC labels. The following two pages give an example of a spiritual brief interaction template.
Sample
Parish Nursing Services
Brief Client Interaction Form—Spiritual

Client Name: _____________________________________________________________
DOB: __________________ Age/Age Range: __________________ Date: ______________
Gender: M F Marital Status: __________________ Time: __________________

Address: ________________________________________________________________
________________________________________________________________________

Phone: ____________________________
Ethnic Heritage\(^1\) (circle): C A H OA NA ME FE MC U O
Congregational Status (circle): Parishioner Non-Parishioner
Referral Source\(^2\) (circle): S P NP PS MD HCP M O PN FAM
Location\(^3\): C PNO V H HV NH P PA M Other

Progress Note:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Parish Nurse X__________________________
Congregation___________________________

☐ Has screening documentation

\(^1\) C=Caucasian; A=African American/Black; H=Hispanic; OA=Oriental/Asian; NA=Native American; ME=Middle Eastern; FE=Far Eastern; MC=Multi-Cultural; U=Unknown; O=Other
\(^2\) S=Self; P=Parishioner; NP=Non-Parishioner; PS=Pastoral Staff; MD=Physician; HCP=Other Health Care Professional; M=Media; O=Other; PN=Parish Nurse; FAM=Family
\(^3\) C=Church; PNO=Parish nurse office; V=Visit to HCP; H=Hospital; NH=Nursing Home; P=Phone; PA=Pantry; M=Mail, Other=Other
### NURSING DIAGNOSIS

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#### Health Promotion
- Ineffective Health Maintenance

#### Activity/Rest
- Disturbed Sleep Pattern

#### Cognitive/Perceptual
- Disturbed Thought Process

### NURSING INTERVENTIONS

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- Conflict Mediation
- Meditation
- Socialization Enhancement

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- Forgiveness Facilitation
- Grief Work Facilitation
- Hope Instillation
- Humor
- Presence
- Recreational Therapy

#### Psychological Comfort Promotion
- Anxiety Reduction
- Calming Technique
- Simple Guided Imagery
- Simple Relaxation Therapy

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1 Diagnosis Labels reprinted with permission from NANDA.
2 NIC labels reprinted with permission from Mosby.
Long-term Interaction Templates

Long-term Interaction Templates are used for clients that will be seen regularly over an extended period of time. This form is designed to help the parish nurse visually trend client care. In this case, the NANDA, NIC, and NOC labels are listed on separate flow sheets, which can be dated and initialed (for the NANDA and NIC flow sheets) for each interaction. Because health outcomes may not change quickly, the NOC outcome flow sheet need not be measured for each interaction, but only at the beginning of care and at predefined times (e.g., end of episode of care, quarterly, or annually). This flow sheet format allows the parish nurse to visually trend client issues, parish nurse interventions, and client outcomes. The following four pages give an example of a spiritual template in the long-term interaction format.
<table>
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<td>22. Forgiveness Facilitation</td>
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<td>24. Hope Inspiration</td>
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Parish Nurse Signature/Initials:

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## Parish Nursing Services
### Nursing Intervention List: Spiritual

<table>
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<tr>
<th>Interventions:</th>
<th>Initls</th>
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<tr>
<td><strong>Coping/Spiritual/Religious Assist</strong></td>
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<td>26. Mood Management</td>
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<td>38. Calming Technique</td>
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**CLIENT NAME:**

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Look at your list of template categories and decide which categories lend themselves to brief or long-term interactions. For example, the “Needing Information” template may only require a brief interaction form because clients who “stop by” to get information are just looking for health information (e.g., nursing homes in the area or community resources). However, the Chronic Care Management template mainly involves long-term clients. In the later case, only create the long-term interaction forms.

**Step 3: Choosing Nursing Diagnoses, Interventions, and Outcomes per Template**

Parish nurses must identify the relevant nursing diagnoses, interventions and outcomes using the following standardized languages in order to create the templates:

- Nursing diagnosis labels are listed in NANDA³
- Nursing intervention labels are listed in NIC⁴
- Nursing-sensitive client outcome labels are listed in NOC⁵

The introduction to each book provides an excellent description of the vocabulary and the research that led to the development of the vocabulary. For those readers who are interested in more information about each standardized vocabulary, the introductions to the books listed above are very helpful.

At this point in development, it is imperative to have access to these books and know how to locate the appropriate labels. The body of each book lists each label with definitions in a “dictionary-like format.” Each book also has an abbreviated list of labels: NIC and NOC on the gray pages toward the front of the book and NANDA at the end of the book.

---

For each template, choose the NANDA, NIC, and NOC labels that relate to each template category. For ease in development, it is recommended that the abbreviated lists be photocopied. The labels for each template category can be highlighted. These are the labels that will appear on the flow sheets.

**Step 4: Designing the Forms**

NANDA, NIC, and NOC template form can be created for each template category. The following sections describe how to create each type of form. Attached are formatted Word documents to help you design your own forms.

**NANDA Templates**

Each standardized vocabulary is organized in different categories. NANDA diagnoses are organized in the following 13 categories:

1. Health Promotion
2. Nutrition
3. Elimination
4. Activity/Rest
5. Cognition/Perception
6. Self-Perception
7. Role Relationships
8. Sexuality
9. Coping/Stress Tolerance
10. Life Principles
11. Safety/Protection
12. Comfort

13. Growth/Development

Although NANDA subdivides each of these larger categories (called Domains) into smaller categories (called classes), the Integration Documentation System only uses these larger categories for statistical purposes. The 13 categories (Domains) are used when designing the brief and long-term interaction forms. Write down the diagnosis category and list the diagnoses chosen in step 3 under the category. Examples of a Brief Client Interaction Form and Long-term Client Interaction Forms are provided in this manual.

NIC Templates

NIC categorizes and lists what nurses do. Similar to NANDA, NIC is structured into a two-tiered (Domain/Class) hierarchy to help organize and find the label that best reflects the nursing interventions performed. For purposes of statistical aggregation, the documentation system primarily organizes the NICs based on Domains. However, the Behavioral Domain holds too much information for one category. Therefore, this documentation system separates the Behavioral Domain into its classes (i.e., Behavioral/Cognitive Therapy, Communication Enhancement, Coping Assistance, Client Education, and Psychological Comfort Promotion). In addition, the Integration Documentation System does not use the Community Health Domain. This domain captures population-focused care, which is captured on the Monthly Statistics Form in a different manner. In summary, this documentation system uses the following categories of nursing interventions for statistical aggregation (as listed in the gray pages).

1. Physiological—Basic
2. Physiological—Complex
3. Behavioral/Cognitive Therapy (in Behavioral Domain)

4. Communication Enhancement (in Behavioral Domain)

5. Coping/Spiritual/Religiousness Assistance (in Behavioral Domain)

6. Client Education (in Behavioral Domain)

7. Psychological Comfort Promotion (in Behavioral Domain)

8. Safety

9. Family

10. Health System

Similar to NANDA, organize the NIC interventions based on these 10 categories when designing the brief and long-term interaction forms. Write down the intervention category and list the chosen interventions under the category.

**NOC Templates**

Although NOC is also organized in a Domain/Class structure, this documentation system does not collect information based on these categories. The power of NOC exceeds descriptive information—the power of NOC is in measuring changes in outcomes over time. Each outcome is measured on a 5-point scale: “1” in the scale refers to an undesirable measurement, while “5” refers to the most desirable measurement. Because NOCs are used to measure changes in outcomes over time, NOC is only used for long-term clients.

NOCs are documented on the Outcome Tracking Form. The parish nurse can develop one outcome tracking form per template or can create a standard outcome tracking form for all clients. Because NOC covers diverse issues—including physical, psychological, social, and spiritual outcomes—parish nurses can select and measure outcomes that are relevant to client
care or outcomes the parish nurse and/or client choose to measure.

Parish nurses may also want to consider Healthy People 2010 indicators when deciding which NOCs appear on the Outcome Tracking Form(s) for collecting data for grant funding. The Healthy People 2010 indicators are frequently used as criteria for grant applications. There are many NOC outcomes that directly relate to the Healthy People 2010 indicators. Listed below are the Healthy People 2010 indicators and examples of NOCs that measure each indicator.

- Physical activity → Self Care: Activities of Daily Living, Self Care: Instrumental Activity of Daily Living, Mobility Level, Physical Fitness
- Overweight and obesity → Nutritional Status and Weight Control
- Tobacco use → Risk Control: Tobacco Use
- Substance Abuse → Risk Control: Alcohol Use, Risk Control: Drug Use, Substance Addiction Consequences
- Responsible Sexual Behavior → Risk Control: Sexually Transmitted Diseases, Risk Control: Unintended Pregnancy
- Mental Health → Anxiety Control, Depression Control, Distorted Thought Control, Grief Resolution, Coping
- Environmental Quality → Safety Behavior: Home Physical Environment
- Immunization → Immunization Behavior
- Access to Health Care → none

Parish nurses can obtain more information about Healthy People 2010 by calling 1-800-367-4725.
or visiting the web site (http://www.health.gov/healthypeople/). Please note, when visiting the web-site that if the print icon is selected, the resulting document is very long and comprehensive.

This part of the Integration Documentation System measures only overall NOC outcome scores and does not include measuring the indicators listed on each outcome page. For example, look up Spiritual Health in the NOC book. When measuring Spiritual Health, the parish nurse measures the client’s level of spiritual health, based on the definition provided. The parish nurse does not measure the indicators (e.g., expression of faith, expression of hope, etc.).

When designing the Outcome Tracking form, organize the outcomes based on the measurement system. NOC uses 17 different measurement scales, although any one template can use fewer measurement scales. Different scales are needed because a measurement may mean something different for different outcomes. For example, a measurement of “1” for Hope represents “None,” while a measurement of “1” for Loneliness means “Extensive.” In both cases, “1” represents the least desirable situation, but the scales differ based on the meaning of the outcome. NOC clearly identifies the scales used. When designing the forms, also include the measurement scale above the related NOCs. This provides an easy guide for measuring the NOCs at given points in time. The following page provides a sample Outcome Tracking Form for the Spiritual template.
Sample
Parish Nursing Services

Client Outcome Tracking Form: Spiritual

<table>
<thead>
<tr>
<th>Nursing Outcome</th>
<th>Measmt Date:</th>
<th>Measmt Date:</th>
<th>Measmt Date:</th>
<th>Measmt Date:</th>
<th>Measmt Date:</th>
<th>Measmt Date:</th>
<th>Expected Goal</th>
<th>Goal (revised)</th>
<th>Goal (revised)</th>
</tr>
</thead>
</table>

Scale: 1=None, 2=Limited, 3=Moderate, 4=Substantial, 5=Extensive

1. Acceptance: Health Status
2. Hope

Scale: 1=Never demonstrated, 2=Rarely demonstrated, 3=Sometimes demonstrated, 4=Often demonstrated, 5=Consistently demonstrated

1. Anxiety Control
2. Coping
3. Decision Making
4. Fear Control

Scale: 1=Not at all, 2=To a slight extent, 3=To a moderate extent, 4=To a great extent, 5=To a very great extent

5. Dignified Dying
6. Grief Resolution

Scale: 1=Extensive, 2=Substantial, 3=Moderate, 4=Limited, 5=None

7. Loneliness

Scale: 1=Extremely compromised, 2=Substantially compromised, 3=Moderately compromised, 4=Mildly compromised, 5=Not compromised

8. Quality of Life
9. Rest
10. Spiritual Well-being
11. Well-being
12. Will to Live

Parish Nurse Signature/Initials: ____________________________________________________________

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Step 5: Organizing the Forms for Ease of use

Initial set-up of the parish nurse documentation system can generate many forms. Once the forms are created, revisions are seldom needed. Each type of form should be stored in a separate folder so they can be easily found when documenting, keeping brief interaction forms separate from long-term interaction forms.

Brief Interaction Forms

Brief Interaction Forms should be photocopied front to back so each form is only a single page. Once a Brief Interaction Form is completed, each form should be filed alphabetically in a file cabinet. It is best to keep a separate file drawer for Brief Interaction forms, organizing the records using one manila folder for each letter of the alphabet. That way, each Brief Interaction Form can be easily filed and retrieved.

Documentation for long-term clients is kept in individual folders or family folders. Individual folders include all the documentation for an individual person, while family folders include documentation for an entire family. Figure 1 is an example of how to organize a client record. When photocopying Long Term Interaction Forms, take into account how the forms are fastened to the folders. If the forms are fastened at the top, it is best to photocopy the backside of the progress notes upside down for ease of use.
Figure 1: Client Record in a folder

**Template Side**

- Nursing Dx Template,
- Nursing Intervention Template, and
- Outcome Tracking Sheets are fastened on this side (sideways).

**Client Interaction Form/Progress Notes side**

- The Client Interaction Form is at the bottom of the pile on this side.
- Progress Notes are on the back of the Client Interaction Form, but additional Progress Notes photocopied front to back are added on top as needed.
CHAPTER 4

DAY-TO-DAY USE OF THE DOCUMENTATION SYSTEM

The day-to-day process for parish nurse documentation is similar to other manual nursing documentation formats for other nursing specialties. This chapter is divided into the two following sections that represent the day-to-day flow of parish nurse documentation:

1. Part 1: Worksheet Log—keeping track of vital information on the Worksheet Log while ministering to clients throughout the day

2. Part 2: Documentation in the Health Record—documenting in the client health record

In the Integration Documentation System, the Worksheet Log can be compared to the “cheat sheet” or “report sheet” in the hospital setting. Similarly the “health record” in parish nursing is comparable to the “hospital’s medical chart.” The client health record is the legal document that is filed and saved for later use. The Worksheet Log can be discarded after information is transferred to the health record and statistics sheet.
Part 1: Data Collection Throughout the Day

The Worksheet Log

The Worksheet Log is kept with the parish nurse throughout the day to track all activities and information that needs to be documented in the health record. In addition, Worksheet Logs are kept monthly to track statistics needed to complete the Monthly Statistics Form in a simple check-off format. The Worksheet Log is versatile and can be used to help the parish nurse track whatever information the parish nurse needs for statistical and clinical purposes. The Worksheet Log is designed to capture information related to the following information categories:

- One-on-one Interactions
- Group Programs
- Volunteer Coordination
- Resource/liaison/networking
- Parish Office Work

Because the worksheet log is printed on 11 x 17 paper, both an example and a blank copy are not included in the body of this manual, but are attached as a separate files. The following pages include a description of how to complete the Worksheet Log for each information category listed above with examples, a blank Worksheet Log, and a glossary of terms used on the Worksheet Log.
How to Complete the Worksheet Log

The following sections describe how to complete the Worksheet Log for each type of information category.

**One-on-one Interactions**

The nature of one-on-one interactions can vary tremendously from one interaction to the next. The Worksheet Log is particularly helpful to track this type of information to help stay organized as well as collect statistical information. For each one-on-one interaction, complete the following:

1. Date and time the interaction took place under “Date”
2. Initials of the client under “Name”
3. Check off--“New client” (for 1st time interaction only) or “Follow-up” (for all interactions beyond the 1st interaction)
4. Check off--“Male” or “Female”
5. Check off--“Parishioner” or “Non-parishioner”
6. Code “Location” using the coding system at the bottom of the form under footnote 1
7. Check off--category indicating the age of the client (0-12, 13-17, 18-30, 31-50, 51-65, 66-80, or over 80)
8. Code Ethnic Heritage using the coding system at the bottom of the form under footnote 2
9. Check off--related medical condition(s) that directly or indirectly impacts the reason for the visit. “Indirect” includes any assessment information observed or gathered related to a medical condition. For example, Mrs. Smith recently lost her husband, but she also has congestive heart failure. In this case, while ministering to the client, you observe her breathing pattern and evidence of edema. In this case, check off “Cardiac/Vascular.”
10. Check off--“Med. Therapy Ad. Effects” (i.e., Medication Therapy Adverse Effects) if the interaction relates to a drug management issue or adverse drug reaction.

11. Check off--“Psychological” and/or “Spiritual and/or Religious” if the visit relates to a psychological issue or a spiritual/religiousness issue.

12. Check off--all columns under “Nursing Dx” that relate to the nursing issue/concerns/problems that relate to the interaction. This section tracks information about the nature of the client’s concerns or reason for the visit. For example, Mrs. Smith may have a coping issue related to the loss of her husband, a spiritual issue related to finding meaning in the loss, and a health promotion issue in managing her congestive heart failure. In this case, check off “Health Promotion,” Coping/Stress Tolerance,” and “Life Principles.”

13. Check off--all columns under “Nursing Intervention” that indicate what care was provided. This section summarizes what interventions parish nurses provide. For example, the parish nurse talks to Mrs. Smith about how well she is coping with the situation, providing presence, emotional support, and coping enhancement. Mrs. Smith brings up spiritual issues and the parish nurse and client pray together. Therefore, the parish nurse should check the “Coping/Spiritual/Religious Assistance” column. The parish nurse may also monitor Mrs. Smith’s cardiac status by making clinical observations. All assessment interventions are defined by the NIC label “Surveillance.” Because Surveillance falls under the “Safety” column, the parish nurse should check off the “Safety” column. Mrs. Smith states that she is having difficulty breathing at night. The parish nurse assesses her medications and coordinates a visit to Mrs. Smith’s physician. Therefore, also check “Health System,” since the parish nurse is assisting Mrs. Smith in navigating the health system.

14. Code who referred the client to the parish nurse under “Source of Referral” using the coding
system under footnote 3. This column is only used for initial interactions. Leave this column blank if this is a follow-up interaction.

15. Check off—“referral to health system” if the client was referred to the employing or affiliated health system. If the parish nurse is not affiliated with a health system, leave this column blank.

16. Record to whom the client was referred by using the coding system at the bottom of the page under footnote 4. If the interaction did not involve a referral, leave this column blank.

17. Write down total time spent for the interaction under the “Total Time Spent” column.

18. Write down any information the parish nurse needs to remember related to the interaction under “Comments.”

**Group Program**

Group programs are defined very broadly and cover a variety of programs. Group Programs can be offered for a specific day or as an on-going program. Based on the parish nurse focus group research performed through the IPNRC, the following types of programs emerged:

- Educational Programs/Health Fairs
- Support Groups (e.g., grief, Mom & Tot classes)
- Spiritual (e.g., retreats, seminars)
- Environmental/Safety (e.g., church fire safety, vermin precautions)
- Community Outreach
- Other

Work related to a group program includes preparatory work and work at the event. Complete the following information on the Worksheet Log to reflect work related to a group
Volunteer Coordination

Congregations are a wealth of resources. Volunteer ministries allow parishioners to share their talents where they are needed. Examples of volunteer ministries include crisis support, transportation, and nursery home visitors. Lay health ministers may coordinate volunteer ministries. However, in some cases, parish nurses may coordinate the ministry. In other cases, parish nurses may help find volunteers for specific needs or provide the service themselves. The Monthly Statistics Form provides a method to report the data related to volunteer ministries, but the Worksheet Log provides a method to track the work so that it can be aggregated at the end of the month.

Complete the following information on the Worksheet Log to reflect work related to a volunteer ministry:

1. Date when the work was performed under “Date” column.
2. Name of the volunteer ministry under the “Name” column.
3. The time spent working on the volunteer ministry under “Total Time Spent” column. Leave all other columns blank.
4. Any narrative information can be written under “Comments.”
Parish Nurse Office Work

Parish nurses perform work related to being a staff member of the congregation. This includes time writing reports, updating files, documenting, and attending meetings, attending worship functions, and attending other church functions. The Monthly Statistics Form provides a method to report that data, but the Worksheet Log provides a method to track the work so that it can be aggregated at the end of the month.

Complete the following information on the Worksheet Log to reflect work related to parish nurse office work:

♦ Date when the work was performed under “Date” column.

♦ Under the “Name” column, indicate the type of work: meeting and type of meeting, worship and type of worship, report writing, updating files, or documentation.

♦ The time spent working on the program under Total Time Spent” column. Leave all other columns blank.

♦ Any narrative information can be written under “Comments.”

Resource/Liaison/Networking

The parish nurse assumes leadership in the church, health system (if applicable), and community at-large, and may be involved in many liaison or networking activities. In some cases, parish nurses represent the faith community at community meetings. Other times, the parish nurse represents parish nursing on health system committees (if applicable), or parish nurses spend time working on community advocacy programs with or without other community groups. The Monthly Statistics Form provides a method to report that data, but the Worksheet Log provides a method to track the work so that it can be aggregated at the end of the month.
Complete the following information on the Worksheet Log to reflect work related to Liaison/Network activities:

1. Date when the work was performed under “Date” column.

2. Name of the community meeting, health system meeting, or advocacy program under the “Name” column.

3. The time spent working on the meeting or program under “Total Time Spent” column. Leave all other columns blank.

4. Any narrative information can be written under “Comments.”
Definitions for Worksheet Log

**Date/Time:** Identify the date and time of the encounter. This makes documenting in the health record easier.

**Name:** client’s name if the activity is a one-on-one encounter. If the parish nurse is documenting work on a program, meeting, or office work write the title of the activity.

**New Client:** first time the parish nurse had a one-on-one encounter with a client. A client is a new client only once. This statistic reflects an expanding caseload.

**Follow-up:** all contacts after the first encounter

**Female:** Check if the client is female.

**Male:** Check if the client is male.

**Parishioner:** Check if the client is a parishioner of your church or if you think the person is a parish member.

**Non-parishioner:** Check if the client is not a parishioner of your church. This includes clients who are parishioners of other churches as well as non-member family/relatives/friends, health care professionals, or agency staff.

**Location:** Identify the location of the encounter using the following codes as indicated under footnote 1:

- ♦ C = church
- ♦ PNO = parish nurse office
- ♦ V = visit to health care provider
- ♦ H = hospital
- ♦ HV = home visit
- ♦ NH = nursing home/long term care facility
- ♦ P = phone
♦ PA = pantry (food pantry—some churches provide services to the homeless while providing free food)
♦ M = Mail
♦ O = other

**Age:** Identify the client’s age by checking the appropriate category:

♦ 0-12
♦ 13-17
♦ 18-30
♦ 31-50
♦ 51-65
♦ 66-80
♦ over 80

**Race:** Identify the client’s race using the following coding system as indicated under footnote 2:

♦ C = Caucasian
♦ A = African-American/Black
♦ H = Hispanic (e.g., Mexican, Puerto Rican, Central American, South American)
♦ OA = Asian/Oriental (e.g., Chinese, Japanese, Korean, Vietnamese, Indian, Pakastanian),
♦ NA=Native American
♦ ME = Middle Eastern (e.g., Israeli, Arab)
♦ FE = Far Eastern (e.g., Philippine, Malaysian)
♦ MC = Multi-Cultural
♦ U = Unknown
♦ O = Other

**Interdisciplinary Collaboration:** In the next set of columns, identify whether the encounter is related to a medical issue (check the appropriate medical specialty), psychological issue, and/or a spiritual and/or religious issue. At this time, there are no subcategories for psychological and spiritual and/or religious issues. Although parish nursing does not use a medical model in providing care, parish nurses work with clients who have medical conditions. Tabulating the type of conditions can identify opportunities for parish nurse-physician specialty collaboration. Therefore, the medical section has the following subcategories:

♦ Cardiac/Vascular = cardiovascular conditions (e.g., coronary artery disease, peripheral vascular disease, hypertension, dysrhythmias, ischemic ulcers)
♦ Respiratory = pulmonary disease (e.g., pneumonia, pleural effusion)
♦ Renal/Urinary = renal or urinary conditions
♦ GI/Hepatic/Biliary = gastrointestinal conditions (e.g., bowel obstruction, liver disease, GI bleeding)
♦ Endo/Metabolic/Immune = Endocrine/allergies/blood conditions (e.g., diabetes, thyroid disorders, hyperthermia/hypothermia, sepsis, allergic reactions, anemias)
♦ Neuro/Sensory = neurological conditions (e.g., stroke, nerve impairment, paralysis, blindness or sight impairment, hearing deficit, neuropathies)
♦ Muscular/skeletal = orthopedic/muscular conditions (e.g., osteoporosis, fractures/dislocations, muscular pain)
♦ Reproductive = gynecological/obstetrical conditions
♦ Med. Therapy/Ad. Effects = medication therapy related issues (e.g., checking drug dispensing boxes, concerned about medication adverse effects or dosing)

**Nursing Dx:** In the next set of columns, identify the type of nursing diagnosis addressed at the client interaction. These are categorized by NANDA Taxonomy II.

♦ D = Health Promotion
♦ D = Nutrition
♦ D = Elimination
♦ D = Activity/Rest
♦ D = Perception/Cognition
♦ D = Self Perception
♦ D = Role Relationships
♦ D = Sexuality
♦ D = Coping/Stress Tolerance
♦ D = Life Principles
♦ D = Safety/Protection
♦ D = Comfort
♦ D = Growth/Development

**Nursing Intervention:** In the next set of columns categorize interventions based on NIC domains and classes. Six of the seven NIC Domains are used. The Community Domain reflects population-focused care and is being captured in a different format. In addition, the Behavioral Domain is too broad and needs to be subcategorized to better reflect parish nursing interventions. The NIC categories being used are as follows:

♦ Physiological: Basic—care that supports physical functioning
♦ Physiological: Complex—care that supports homeostatic regulation
♦ Behavioral/Cognitive Therapy—interventions to reinforce or promote desirable behaviors
or cognitive functioning or alter undesirable behaviors or undesirable cognitive functioning

♦ Communication Enhancement—interventions to facilitate delivering and receiving verbal and nonverbal messages

♦ Coping/Spiritual/Religious Assistance—interventions to assist another to build on own strengths, to adapt to a change in function, or achieve a higher level of function

♦ Client Education—interventions to facilitate learning

♦ Psychological Comfort Promotion—interventions to promote comfort using psychological techniques

♦ Safety—care that support protection against harm

♦ Family—care that supports the family

♦ Health System—care that supports effective use of the health care delivery system

Source of Referral: This only needs to be completed for new clients. Use the appropriate code listed under footnote 3 at the bottom of the work sheet log to identify who initially referred the client to the parish nurse (S=Self or the client, P=Parishioner, NP=Non-parishioner, PS=Pastoral Staff, MD=Physician, HCP=Other Health Care Professional, M=Media, O=Other, P=Parish Nurse, FAM=Family)

Referral to Health System: Indicate whether the client was referred to another health system employee, service, or physician. Only complete this section if the parish nurse is affiliated with a health system.

Referral to: Use the appropriate code listed under footnote 4 at the bottom of the work sheet log to indicate to whom you referred the client. (PS=Pastoral Staff, MD=Physician, HCP=Other Health Care Professional, CH=Church Resources, COM=Community Resources, O=Other)

Time Spent: Identify how much time in minutes the parish nurse spent on the client interaction.
Identify how much time (in minutes) the parish nurse spent on the related one-on-one client interaction or population-focused/meeting/office work activity.

Comments: Parish nurses can keep notes in this section.

At the top corner:

- **Church**: Identify the church where the parish nurse practices.
- **Month**: Identify the month the interactions took place.
Part 2: Documentation in the Health Record: One-on-one Client Interactions

At one point in the day, the parish nurse documents one-on-one interactions in the client health records. Documentation related to Group Programs, Volunteer Coordination, Office Work, and Liaison/Networking activities are summarized monthly.

The Integration Documentation System provides two ways to document one-on-one interactions: brief and long-term. The same information is collected on forms for both brief and long-term clients, but each set of forms is designed differently to assist parish nurses in managing information and coordinating care.

**Brief Interaction Form**

The parish nurse documents one-time or short-term interactions on the Brief Interaction Form. This is a one-sheet form designed to collect information quickly using a minimum amount of space. The front side of the form collects basic demographic information and the narrative note, while the backside of the form lists common NANDAs and NICs that can be checked-off. Information captured in the NANDAs and NICs need not be repeated in the narrative note.

**How to Complete the Brief Client Interaction Form**

Parish nurses complete this form for all one-time or short term client interactions when the parish nurse provides professional health counseling. Social interactions need not be documented.

Brief Client Interaction Forms are to be individualized for each parish nurse practice. Chapter 3 describes how to design these forms. The procedure for completing the Brief Client Interaction Form is as follows:

1. Choose the appropriate Brief Interaction Form Template
2. Complete as much of the demographic information as possible. Not all information needs to be required. Policy and procedures determine required information. Policies and procedures are created by the employing institution (e.g., congregation or health system) or by the parish nurse if in an unpaid model. Sample policies and procedures are discussed in Chapter 6 of this manual.

3. Under “Progress Note,” write a narrative note using whatever format is chosen (e.g., SOAP, PIE, unstructured narrative). This includes assessment data and additional information not captured in the Nursing Diagnosis and Intervention sections on the backside of the form.

4. Check “Has screening documentation” if screening documentation is on file

5. Sign note and identify congregation at the bottom of the first page of the form

6. Turn form over and write the client’s name at the top of the form on the “Client Name” line

7. Check-off all appropriate Nursing Diagnoses and Nursing Interventions. This diagnosis and intervention information does not need to be repeated in the Progress Notes section.

8. File the form alphabetically in a locked file cabinet. It is suggested to keep one folder per letter of the alphabet in a separate file drawer, and file each form based on the client’s last name.

That way each Brief Client Interaction Form can be easily filed, stored, and retrieved.

The following page provides an example for a client, Ms. Jones who is looking for information about assisted living facilities for her parents.
Sample
Parish Nursing Services
Brief Client Interaction Form—Needing Information

Client Name: Emily Jones
DOB: _______________ Age/Age Range: ____________ Date: 8/20/01
Gender: M F Marital Status: __ M ______________ Time: 1030

Address: __________________________________________

Phone: ____________________________________________

Ethnic Heritage (circle): C H OA NA ME FE MC U O
Congregational Status (circle): Parishioner Non-Parishioner
Referral Source (circle): S NP PS MD HCP M O PN FAM
Location: C PNO V H HV NH P PA M Other

Progress Note: Client requested information about assisted living facilities for parents. Provided list of facilities in the area.

Parish Nurse X: Lisa Burkhart, RN
Congregation: First Church

☐ Has screening documentation

6 C=Caucasian; A=African American/Black; H=Hispanic; OA=Oriental/Asian; NA=Native American; ME=Middle Eastern; FE=Far Eastern; MC=Multi-Cultural; U=Unknown; O=Other
7 S=Self; P=Parishioner; NP=Non-Parishioner; PS=Pastoral Staff; MD=Physician; HCP=Other Health Care Professional; M=Media; O=Other; PN=Parish Nurse; FAM=Family
3 C=Church; PNO=Parish nurse office; V=Visit to HCP; H=Hospital; NH=Nursing Home; P=Phone; PA=Pantry; M=Mail, Other=Other
©This form cannot be modified or used without written permission. 1/02
Sample
Parish Nursing Services
Brief Client Interaction Form—Needing Information

Client Name: Emily Jones

NURSING DIAGNOSIS\(^1\)

<table>
<thead>
<tr>
<th>Health Promotion</th>
<th>Cognitive/Perceptual</th>
<th>Life Principles</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Health Seeking Behaviors</td>
<td>✓ Deficient Knowledge</td>
<td>❑ Decisional Conflict</td>
</tr>
</tbody>
</table>

NURSING INTERVENTIONS\(^2\)

Health System

<table>
<thead>
<tr>
<th>❑ Health System Guidance</th>
<th>✓ Referral</th>
</tr>
</thead>
</table>

Coping/Spiritual/Religious

<table>
<thead>
<tr>
<th>❑ Decision-Making Support</th>
<th>❑ Spiritual Support</th>
</tr>
</thead>
</table>

Client Teaching

<table>
<thead>
<tr>
<th>❑ Parent Education: Adolescent</th>
<th>❑ Parent Education: Childbearing Family</th>
</tr>
</thead>
</table>

Client Teaching (cont.)

<table>
<thead>
<tr>
<th>❑ Parent Education: Childrearing Family</th>
<th>❑ Preparatory Sensory Information</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>❑ Teaching Group</th>
<th>❑ Teaching Individual</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>❑ Teaching: Infant Care</th>
<th>❑ Teaching: Procedure/Treatment</th>
</tr>
</thead>
</table>

Client Teaching (cont.)

<table>
<thead>
<tr>
<th>❑ Teaching: Prescribed Activity/Exercise</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>❑ Teaching: Prescribed Diet</th>
<th>❑ Teaching: Prescribed Medication</th>
</tr>
</thead>
</table>

\(^1\)Diagnosis labels reprinted with permission from NANDA.

\(^2\)NIC labels reprinted with permission from Mosby.
Glossary for Brief Client Interaction Form

Client Name: the full name of the client, if obtainable. If not obtainable, write the name the client wishes to be called.

DOB: date of birth. This information is optional.

Age/Age Range: age of the client during this encounter or the best estimate of the client’s age range as follows:

- 0-12
- 13-17
- 18-30
- 31-50
- 51-65
- 66-80
- over 80

Date: date the interaction took place

Gender M F: circle whether the client is male (M) or female (F)

Marital Status: identify whether the client is single, married, separated, divorced, or widowed

Time: time the interaction began

Address: client's address, if obtainable

Phone: client's phone number(s). Indicate whether the phone number is home, work, mobile, or pager.

Ethnic Heritage: Circle the client's ethnic origin. Identify only one.

- C = Caucasian
- A = African American/Black
- H = Hispanic (e.g., Mexican, Puerto Rican, Central American, South American)
- OA = Oriental/Asian Oriental (e.g., Chinese, Japanese, Korean, Vietnamese, Indian,
Pakastanian)
♦ NA = Native American
♦ ME = Middle Eastern (e.g., Israeli, Arab)
♦ FE = Far Eastern (e.g., Philippine, Malaysian)
♦ MC = Multicultural
♦ U = Unknown
♦ O = Other

Congregational Status: Circle whether the client is a parishioner or non-parishioner.

Referral Source: Circle who initially referred the client to the parish nurse.
♦ S = Self or the client
♦ P = another parishioner
♦ NP = non-parishioner
♦ PS = pastoral staff
♦ MD = physician
♦ HCP = other health care professional (not a physician or the parish nurse)
♦ M = Media or the client heard about the parish nurse from an advertisement
♦ Other = Other
♦ PN = Parish nurse initiated the contact
♦ FAM = Client family member

Location: Indicate where the client interaction took place. The following coding system is listed on the bottom of the form:
♦ C = Church
♦ PNO = Parish Nurse Office
♦ V = Visits to health care provider
♦ H = Hospital
♦ HV = Home visit
♦ NH = Nursing home or long term care facility
♦ P = Phone
♦ PA = Pantry
♦ M = Mail
♦ Other = Other

If the client interaction was at a site other than at or through one of the names listed, indicate place or method of contact.

Progress Notes: narrative note including assessment and outcome data

Parish Nurse:X: parish nurse signature
**Congregation**: congregation with which the parish nurse is affiliated

**Has Screening Documentation**: check if the client has screening data in another location
Long-term Interaction Forms

The parish nurse documents interactions for long-term clients in a “chart format” that uses flow sheets to help track care across time. Each chart includes the following forms:

- Client Interaction Form
- Progress Notes
- Nursing Diagnosis Template
- Nursing Intervention Template
- Outcome Tracking Form

The following pages describe how to complete each form related to one-on-one interactions with an example. A copy of a blank form and a glossary of terms used on each form also is provided.
Client Interaction Form for Long-term Clients (front side only)

The purpose of this form is to collect basic information that does not change frequently and can be easily retrieved. Only one copy of this form needs to be completed for long term clients per chart. However, if “the client” is the entire family (rather than an individual person), complete one of these forms per family member and maintain a “family chart.” This form does not need to be completed in front of the client and can be completed over time as necessary.

How to Complete the Client Interaction Form for Long-term Clients

The process for completing this form is as follows:

1. Complete as much of the demographic information as possible. Definitions for each section are in the glossary. Not all information needs to be required. Policy and procedure determine required information. Policies and procedures are created by the employing institution (e.g., congregation or health system) or by the parish nurse if the parish nurse practices in an unpaid model. Sample policies and procedures are discussed in Chapter 6 of this manual.

2. Under the Comments/Additional Information section, write additional information relevant to the client or overflow information from previous sections (e.g., additional medications or contact persons).

3. Check “Has BP screening form” if blood pressure screening documentation is on file

4. Sign note and identify congregation at the bottom of the first page of the form

The following page is an example using the Mrs. Smith example.
Parish Nursing Services
Client Interaction Form

Client Name: **Harriet Smith**
DOB: ___________ Age/Age Range: late 60's Date: 8/6/01
Gender M F. Marital Status W

Address: **1000 Park Lane, Harmony, IL 60000**

Phone: ___________

Ethnic Heritage (circle): [ ] A [ ] H [ ] OA [ ] NA [ ] ME [ ] FE [ ] MC [ ] U [ ] O
Congregational Status (circle): Parishioner Non-Parishioner
Referral Source (circle): S P NP PS MD HCP M O PN FAM

Contact Person: **Sue Dawes daughter** Phone: **839-5723**

Advanced Directives: [ ] N Living Will [ ] Y N Durable Power of Attorney for Health Care

Primary Health Care Professional: **Dr. Heart**

Address: **15 Main St.** Phone: **332-8822**

Pertinent Medical History (circle): DM HTN [ ] CardioVascular Pulmonary Cancer Glaucoma

Pertinent Medication History: **Lanoxin 0.125qd**

Comments/Additional Information:

**Daughter lives in area.**

**Husband died 7/26**

☐ Has BP screening form Parish Nurse X: **Lisa Burkhart, RN**

Congregation: **First Church**

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8 C=Caucasian; A=African American/Black; H=Hispanic; OA=Oriental/Asian; NA=Native American; ME=Middle Eastern; FE=Far Eastern; MC=Multi-Cultural; U=Unknown; O=Other
9 S=Self; P=Parishioner; NP=Non-Parishioner; PS=Pastoral Staff; MD=Physician; HCP=Other Health Care Professional; M=Media; O=Other; PN=Parish Nurse; FAM=Family
Glossary for Client Interaction Form—Long term clients (front side only):

Client Name: the full name of the client, if obtainable. If not obtainable, write the name the client wishes to be called.

DOB: date of birth. This information is optional.

Age/Age Range: age of the client during this encounter or the best estimate of the client’s age range as follows:

- 0-12
- 13-17
- 18-30
- 31-50
- 51-65
- 66-80
- over 80

Date: date of the interaction encounter

Gender M F: circle whether the client is male (M) or female (F)

Marital Status: identify whether the client is single, married, separated, divorced, or widowed

Time: time the interaction began

Address: client's address, if obtainable

Phone: client's phone number(s), noting which phone number is home, work, mobile, or pager.

Ethnic Heritage: Circle the client's ethnic origin. Identify only one.

- C = Caucasian
- A = African American/Black
- H = Hispanic (e.g., Mexican, Puerto Rican, Central American, South American)
- OA = Oriental/Asian Oriental (e.g., Chinese, Japanese, Korean, Vietnamese, Indian, Pakastanian)
- NA = Native American
♦ ME = Middle Eastern (e.g., Israeli, Arab)
♦ FE = Far Eastern (e.g., Philippine, Malaysian)
♦ MC = Multicultural
♦ U = Unknown
♦ O = Other

Congregational Status: Circle whether the client is a parishioner or non-parishioner.

Referral Source: Circle who initially referred the client to the parish nurse.

♦ S = Self or the client
♦ P = another parishioner
♦ NP = non-parishioner
♦ PS = pastoral staff
♦ MD = physician
♦ HCP = other health care professional (not a physician or the parish nurse)
♦ M = Media or the client heard about the parish nurse from an advertisement
♦ Other = Other
♦ PN = Parish nurse initiated the contact
♦ FAM = Client family member

Contact Person: Write the name of a contact person. Indicate the person’s relationship to the client.

Phone: Write the phone number of the contact person. Indicate whether the number is a home, work, mobile, or pager number.

Advanced Directives: Circle whether the client has advanced directives.

Living Will: Circle whether the client has a living will.

Durable Power of Attorney for Health Care: Circle whether the client has a durable power of attorney for health care. That person can be written under the Comments/Additional Information section.

Primary Health Care Professional: Write the name of the client’s primary health care professional (e.g., physician, nurse practitioner, and/or clinic).

Phone: Write the phone number of the client’s primary health care professional

Address: Write the address of the client’s primary health care professional

Pertinent Medical History: Circle the presence of a medical condition.
- DM = Diabetes Mellitus
- HTN = hypertension
- CardioVascular = cardiovascular disease (e.g., coronary artery disease, peripheral vascular disease, myocardial infarction, congestive heart failure)
- Pulmonary = respiratory disease (e.g., emphysema, asthma, bronchitis, respiratory infections)
- Cancer = cancer
- Glaucoma = glaucoma
- Urinary = urinary abnormalities or diseases (e.g., frequent infections, incontinence)
- Other = other

**Pertinent Medication History:** List of client medications and dosage, route, and time, if available.

If more space is needed, continue this list under the Comments/Additional Information section.

**Comments/Additional Information:** This sections provides a location for additional pertinent client-specific information.

**Parish Nurse:** parish nurse signature

**Congregation:** congregation with which the parish nurse is affiliated
Progress Notes

This form provides the on-going information related to health counseling and one-on-one client interactions for long-term clients. Social encounters need not be documented.

Each health counseling encounter is documented sequentially in the progress notes and can take as much space as needed. Progress notes can be written in whatever format the parish nurse wishes. For example, parish nurses may be comfortable with a narrative, SOAP (subjective, objective, assessment, plan), or PIE formats (problem, intervention, evaluation). The first page of the progress notes appears on the back of the One-on-one Client Interaction form, but additional double-sided forms can be printed.

The story unfolds in the progress note. The story reflects individual care for individual client records, or the story can reflect care provided to any or all members of the family for family records. It is not necessary to repeat information included in the NANDA, NIC, and NOC flow sheets. For example, if the parish nurse was present to the client and provided emotional support, the parish nurse initials the appropriate NIC interventions on the Nursing Intervention Template Flow Sheet and does not have to repeat that information in the progress notes.

How to Complete the Progress Notes

The Procedure for completing the Progress Notes form is as follows:

♦ Write the name of the client after “Client Name.”

♦ Indicate the date and time the interaction took place.

♦ Code where the interaction took place in the “Site” column using the coding system under footnote 3.

♦ Write the narrative documentation in the following column using whatever format is identified
in policy and procedure (e.g., SOAP, PIE, Focus, narrative). Sign each entry after the narrative note.

The following page provides an example for Mrs. Smith.
Parish Nursing Services

Progress Notes

Client Name: Harriet Smith

<table>
<thead>
<tr>
<th>Date/Time:</th>
<th>Site</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/30/01, 1000</td>
<td>P</td>
<td>Phoned client after pastor referral secondary to loss of husband on 7/26. 7/26. Client distressed but stated grateful for phone call. Wake scheduled for Wednesday 4p-9p and funeral on Thursday at 11 a.m. at church. Lisa Burkhart, RN-----------------------------</td>
</tr>
<tr>
<td>7/31/01, 0930</td>
<td>M</td>
<td>Mailed sympathy card on behalf of church. Lisa Burkhart, RN------</td>
</tr>
<tr>
<td>8/5/01, 0900</td>
<td>P</td>
<td>Called to schedule home visit for 8/6 at 10 a.m. Lisa Burkhart, RN</td>
</tr>
<tr>
<td>8/6/01, 1000</td>
<td>HV</td>
<td>Client grieving--discussed memories of husband and meaning of loss, prayed with client, discussed physical health. Client stated has heart problems and taking medication--Lanoxin 0.125 qd--no SOB, no signs of peripheral edema, client states having problems breathing at night, reviewed medications, B/P 138/88, fine crackles in bases of lungs--referred client to MD. Assisted client in setting up appointment for next day. Lisa Burkhart, RN-----------------------------</td>
</tr>
</tbody>
</table>

10 C=Church; PNO=Office; V=Visits to HCP; H=Hospital; HV=Home Visit; NH=Nursing Home; P=Phone; PA=Pantry; M=Mail, O-Other
Glossary for Progress Notes Form

Client Name: the full name of the client, if obtainable. If not obtainable, write the name the client wishes to be called.

Date/Time of contact: date and time this client interaction began

Site: Indicate where did the client interaction take place. The following coding system is listed on the bottom of the form:

♦ C = Church
♦ PNO = Parish nurse office
♦ V = Visits to health care provider
♦ H = Hospital
♦ HV = Home visit
♦ NH = Nursing home or long term care facility
♦ P = Phone
♦ PA = Pantry
♦ M = Care by mail
♦ O = Other

If the client interaction was at a site other than at or through one of the names listed, indicate place or method of contact.

Notes: All health counseling information related to a client interaction is documented here. If interventions were performed after the client interaction, but related to that client interaction, date and time when interventions were performed and document what was done. Parish nurses can use whatever format they choose for documenting. Possible formats can be narrative, SOAP, or PIE.

Has Screening Documentation: check if the client has screening data at another location

Parish Nurse:X: parish nurse signature

Congregation: congregation with which the parish nurse is affiliated
Nursing Diagnosis Template

This form provides a list of nursing diagnoses for a typical scenario. The NANDA nursing diagnoses are listed in the left column. Chapter 3 provides a detailed description for individualizing the templates.

How to Complete the Nursing Diagnosis Template

Once the templates have been developed, the procedure for documenting using templates is as follows:

1. If a Nursing Diagnosis Template is not in the health record, choose the appropriate Nursing Diagnosis Template that best fits the client’s profile. If a template is in the health record, continue to step 3.

2. Write the name of the client after “Client Name.”

3. For each interaction, date the interaction at the top of the column in the “Initials Date” box.

4. Read each nursing diagnosis in the first column and initial the appropriate diagnoses that relate to the interaction for that date. If the interaction is the same episode of illness as the previous interaction and the diagnoses have not changed, add date to the previous interaction column.

5. The parish nurse signs his or her name at the bottom of the form after “Parish Nurse Signature/Initials.”

Each client health record includes one Nursing Diagnosis template. Additional Nursing Diagnosis Templates can be added to the health record after the previous template is completed. Documenting in a flow sheet manner allows the parish nurse to visually trend client issues; and therefore can help the parish nurse better track and plan care. The next page is an example for Mrs. Smith.
### Parish Nursing Services

#### Nursing Dx List: Chronic Care

<table>
<thead>
<tr>
<th>Nursing Diagnosis:</th>
<th>Initls Date</th>
<th>Initls Date</th>
<th>Initls Date</th>
<th>Initls Date</th>
<th>Initls Date</th>
<th>Initls Date</th>
<th>Initls Date</th>
<th>Initls Date</th>
<th>Initls Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Promotion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Ineff. Ther Regimen Mangmt.</td>
<td></td>
<td></td>
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Parish Nursing Services
Nursing Dx List: Chronic Care

CLIENT NAME: Harriet Smith

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Glossary for Nursing Dx Template:

**Client Name:** the full name of the client, if obtainable. If not obtainable, write the name the client wishes to be called.

**Nursing Dx List:** add the name of the template (e.g., Chronic care, Parenting, Grief/Loss)

**Nursing Diagnosis:** List the nursing diagnoses in this column, one per line. Diagnoses are organized based on the NANDA Taxonomy Domains listed toward the end of the NANDA book.

**Initials/Date:** write in the date of the interaction only in this box. In the rest of the column, initial the nursing diagnoses that apply to that interaction. Each column refers to a different date.

**Parish Nurse Signature/Initials:** parish nurse signature and initials
Nursing Intervention Template (Long Term Interaction)

This form provides a list of nursing interventions for a typical scenario. The NIC interventions are listed in the left column. Chapter 3 provides a detailed description for individualizing the flow sheet templates.

How to Complete the Nursing Intervention Template

Once the Nursing Intervention templates have been developed, the procedure for documenting using templates is as follows:

1. If a Nursing Intervention Template is not in the health record, choose the appropriate Nursing Intervention Template that best fits the client’s profile. If a template is in the health record, go to step 3.

2. Write the name of the client after “Client Name.”

3. For each interaction, write the date the interaction took place at the top of the column in the “Initials Date” box.

4. Read each nursing intervention label in the first column and initial the appropriate parish nurse intervention for that interaction.

5. The parish nurse signs his or her name at the bottom of the form after “Parish Nurse Signature/Initials.”

Each client health record includes one Nursing Intervention template. Additional Nursing Intervention Templates can be added to the health record after the previous template is completed.
Documenting in a flow sheet manner allows the parish nurse to visually trend parish nurse interventions; and therefore can help the parish nurse better track and plan care. The next page is an example for Mrs. Smith.
## Sample Parish Nursing Services
### Nursing Intervention List: Chronic Care/Caregiver/Grief/Loss/Aging

### CLIENT NAME: Harriet Smith

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Parish Nurse Signature/Initials: Lisa Burkhart, RN/LB

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Sample
Parish Nursing Services
Nursing Intervention List: Chronic Care/Caregiver/Grief/Loss/Aging

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Parish Nurse Signature/Initials: **Lisa Burkhart, RN/LB**

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Parish Nurse Signature/Initials: Lisa Burkhart, RN/LB

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**Sample Parish Nursing Services**

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Parish Nurse Signature/Initials: Lisa Burkhart, RN/LB

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CLIENT NAME: Harriet Smith
### Interventions:

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Glossary for Nursing Intervention Template

Client Name: the full name of the client, if obtainable. If not obtainable, write the name the client wishes to be called.

Nursing Intervention List: add the name of the template (e.g., Chronic care, Parenting, Grief/Loss Nursing Intervention: List the NIC nursing interventions in this column, one per line. Organize the interventions, based on the NIC Taxonomy Domains and classes defined on pp. 90-91 in the NIC book as follows:

♦ Physiological—Basic
♦ Physiological—Complex
♦ Behavioral/Cognitive Therapy
♦ Communication Enhancement
♦ Coping/Spiritual/Religiousness Assistance
♦ Client Education
♦ Psychological Comfort Promotion
♦ Safety
♦ Family
♦ Health System

Initls/Date: write in the date of the interaction only in this box. In the rest of the column, initial the nursing diagnoses that apply to that interaction. Each column refers to a different date.

Parish Nurse Signature/Initials: parish nurse signature and initials
Outcomes Tracking Form (Long Term Interaction)

The Outcome Tracking Form is used to measure outcomes for each client. Outcomes are listed on the left side organized by the scale used to measure the outcome. Chapter 3 includes a detailed description for developing Outcome Tracking Forms.

Once the Outcome Tracking Form templates have been developed, the procedure for documenting using templates is as follows:

1. If an Outcome Tracking Form is not in the health record, choose the appropriate Outcome Tracking Form Template that best fits the client’s profile. If an Outcome Tracking Form is in the health record, go to step 4.

2. Write the name of the client after “Client Name.”

3. For the first interaction:
   a. Write the date the interaction took place at the top of the first column in the “Measmt/Date” box and the “Expected Goal” box.
   b. Read each nursing outcome label in the first column and identify which outcomes relate to the client.
   c. For the outcomes chosen in step 2, measure the current status of the client using the scale listed above the outcome. For example, on the Outcome Tracking Form on pp. 39 of this manual, if the parish nurse chose “Hope” as an outcome, use the 1-5 scale listed above the outcome (i.e., None-Limited-Moderate-Substantial-Extensive) to measure the outcome. Write the number in the dated column. For example, the client may measure “2” on the Hope outcome.
d. For the outcomes chosen in Step 2, under the “Expected Goal” column, write what is the expected outcome measurement by the end of the year

4. Outcomes can be re-measured at the beginning or end of an episode of care for tracking purposes. For each new measurement, date the “Measmt/Date” column and measure the outcome in that column. Outcomes should not be measured at each interaction. However, outcomes should be measured at the first interaction of the year and at the last interaction of the year so those outcomes can be statistically measured and aggregated annually. Procedures for statistical aggregation are discussed in Chapter 5.

5. During the course of the year, if the expected goal changes, date the “Goal (revised)” column and re-measure the expected goal.

6. The parish nurse signs his or her name at the bottom of the form after “Parish Nurse Signature/Initials”

The next page is an example for Mrs. Smith.
Sample Parish Nursing Services
Client Name: **Harriet Smith**

**Client Outcome Tracking Form: Chronic Care Management/Grief**

<table>
<thead>
<tr>
<th>Nursing Outcome</th>
<th>Measmt Date</th>
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<th>Measmt Date</th>
<th>Measmt Date</th>
<th>Measmt Date</th>
<th>Expected Goal</th>
<th>Goal (revised)</th>
<th>Goal (revised)</th>
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<tbody>
<tr>
<td><strong>Scale:</strong> 1=None, 2=Limited, 3=Moderate, 4=Substantial, 5=Extensive**</td>
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<td><strong>Scale:</strong> 1=Never demonstrated, 2=Rarely demonstrated, 3=Sometimes demonstrated, 4=Often demonstrated, 5=Consistently demonstrated</td>
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<th>Goal (revised)</th>
<th>Goal (revised)</th>
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<td>Scale: 1=Does not participate, 2=Requires assistive device, 3=Requires assistive person, 4=Independent with assistive device, 5=Completely independent</td>
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Parish Nurse Signature/Initials: Lisa Burkhart, RN/LB

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Sample Parish Nursing Services
Client Outcome Tracking Form: Chronic Care Management/Grief

<table>
<thead>
<tr>
<th>Nursing Outcome:</th>
<th>Measmt Date 8/6</th>
<th>Measmt Date</th>
<th>Measmt Date</th>
<th>Measmt Date</th>
<th>Measmt Date</th>
<th>Measmt Date</th>
<th>Expected Goal 8/6</th>
<th>Goal (revised)</th>
<th>Goal (revised)</th>
</tr>
</thead>
</table>

**Scale:**
1=Severe, 2=Substantial, 3=Moderate, 4=Slight, 5=None

47. Symptom Severity 2 LB

Scale:
1=Extreme deviation from expected range, 2=Substantial deviation from expected range, 3=Moderate deviation from expected range, 4=Mild deviation from expected range, 5=No deviation from expected range

48. Vital Signs Status 5 LB

Scale:
1=Never positive, 2=Rarely positive, 3=Sometimes positive, 4=Often positive, 5=Consistently positive

49. Self-Esteem

Scale:
1=Very weak, 2=Weak, 3=Moderate, 4=Strong, 5=Very strong

50. Health Orientation

Scale:
1=Not adequate, 2=Slightly adequate, 3=Moderately adequate, 4=Substantially adequate, 5=Totally adequate

51. Safety Behavior: Fall Prevention
52. Safety Behavior: Home Phy. Env.
53. Safety Behavior: Personal

Scale:
1=Poor, 2=Fair, 3=Average, 4=Good, 5=Excellent

54. Physical Fitness

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Glossary for Outcome Tracking Form

**Client Name:** the full name of the client, if obtainable. If not obtainable, write the name the client wishes to be called.

**Client Outcome Tracking Form:** Fill in the name of the template

**Nursing Outcome:** List the nursing outcomes in this column, one per line.

**Measmt/Date:** write in the date of the interaction only in this box. In the rest of the column, measure the nursing outcomes that apply to that interaction. Each column refers to a different date.

Outcomes need not be measured at each interaction. It is best to measure the outcome at the beginning and end of each episode of care and/or quarterly.

**Expected Goal:** write the outcome measurements, on the 5-point scale within one decimal place for the expected outcome with parish nursing care.

**Goal (Revised):** If the goal changes, date the revision in this box and write the revised outcome measurement, on the 5-point scale within one decimal place for the revised expected outcome in this column.

**Parish Nurse Signature/Initials:** parish nurse signature and initials
Screening Forms

This integrated documentation system provides two ways to document screenings. The following two forms collect similar information, but differ in format depending on how the records are to be organized and stored:

♦ **Generic Screening Form.** Sometimes it is best to collect all screening data on one form based on the day of the screening. For example, this form can be used if a parish nurse performed hyperthermia checks by calling senior members of the parish during the hot months of summer. In this case, the results the last time the nurse called clients do not determine if the parish nurse will call again. That is, the information across time for any individual client does not affect the care provided. The screening form can be used any time the parish nurse is calling or contacting a group of people for the same purpose.

♦ **Blood Pressure Screening Form.** Other screenings require information to be collected based on the individual, rather than the date of screening. In particular, when screening for blood pressure, it is best to maintain one screening form per client so that the parish nurse can monitor each client’s blood pressure over time.

The following pages describe how to complete each form related to screenings and provide a copy of a blank form and glossary of the definitions of the terms used on each form.

**How to Complete the Generic Screening Form**

This form allows parish nurses to document screening information that is not time-dependent. The procedure for completing this form is as follows:

1. Indicate type of screening, date, and location of screening in the blank lines on the top right
hand corner of the form

2. For each person screened, write their name, age, the results of the screening, whether the person is under physician care for the condition related to the screening in the appropriate columns.

3. Under “Comments,” include any additional client assessment data or nursing interventions performed, including referrals or client teaching.

4. The person performing the screening for that client should place their initials in the last column.

   In many cases, volunteers assist in screenings. If a volunteer is performing the screening, the volunteer should place their initials in the last column and sign and initial the bottom of the form after “Signature/Initial.”

5. The Parish Nurse responsible for the screening should sign the bottom of the form after “Parish Nurse X” and indicate the congregation on the line after “Congregation.” This indicates the parish nurse reviewed this form.

6. After the screening, collect summary statistics and write them on the Monthly Statistics Form under “VI. SCREENINGS.” This includes:
   a. type of screening under “Type”
   b. number of people screened under “# Screened”
   c. number of people with abnormal results “# Abnormal”
   d. If the screening related to a medical condition and the person screened positive, indicate whether the person is NOT under physician care for this condition. The number of people who meet this criteria is totaled under the column “# New Dx.”
   e. Location of the screening under “Place”
   f. Date of the screening under “Date”
   g. Total time in hours for planning the screening under “Plan Time.” This information is
collected over time on the Worksheet log as the parish nurse plans for the screening.

h. Total time in hours of the actual screening under “Prgm Time”
Glossary for Generic Screening Form

**Date**: date of the screening

**Site**: where the screening took place

**Type of Screening**: indicate for what the clients are being screened (i.e., blood pressure, cholesterol, glucose, lice, health, hearing/vision, height/weight, or other)

**Name**: client name

**Age**: age or age range of the client on the date of the screening

**Under MD care?**: Identify whether the client is being seen for the condition being screened for. Answer "yes" or "no."

**Comments**: any care provided (e.g., teaching provided or referrals made)

**Initials**: initials of the person who screened the client

**Signature/Initial**: signature and initials of any individual other than the parish nurse who screened clients

**Parish NurseX**: parish nurse signature and initials

**Congregation**: congregation with which the parish nurse is affiliated
Individual Blood Pressure Screening Form

This form allows parish nurses to document blood pressure screening information per client; that is, each client has their own Blood Pressure Screening Form. Blood pressure information needs to be organized based on the individual because it is critical for the parish nurse to track trends in blood pressure readings to provide quality and timely care.

How to Complete the Individual Blood Pressure Screening Form

All Individual Blood Pressure Screening Forms can be kept in a portable file box that is maintained in a locked file cabinet. During the screening, the file box is opened and monitored. Each client’s form is pulled, allowing for each client to review their own blood pressure information while they wait for their blood pressure to be taken. When the blood pressure is taken, the following information is documented:

1. Ensure the Client’s Name is correct on the top left-hand corner of the form.
2. If appropriate, indicate the client’s phone number on the top left hand corner of the form. This can be helpful if the parish nurse plans to follow-up with the client.
3. Indicate the client’s congregation
4. Indicate the date of the screening in the “Date” column
5. If appropriate, write in the pulse value in the “Results Pulse” column
6. Write in the blood pressure reading in the first column, also indicating which arm was used (i.e., left or right) and the client’s position during the blood pressure reading (i.e., lying, sitting, or standing) using the codes at the bottom of the table in the “Results B/P” column
7. If appropriate, write in additional blood pressures reading taken during that screening (e.g., orthostatic blood pressures) in the next two “Results B/P” columns
8. Indicate whether the client is under physician care for blood pressure abnormalities in the “Under MD care?” column

9. Indicate whether the parish nurse refers the client to a health care provider or asks the client to come back to another screening under the “Follow-up?” column

10. Under the “Comments” column, write any additional assessment data or nursing intervention data in a narrative format. For example, if the client is under MD care and the blood pressure is abnormal, indicate when the client is scheduled to see the physician. Also, if the parish nurse referred the client to a health care provider or to another screening, indicate to whom the client was referred and whether the client agreed to see the health care provider. THIS IS CRITICAL INFORMATION TO DOCUMENT. Because this form is considered an extension of the client health record, the parish nurse does not need to document this information again in the main health record.

11. The person performing the screening for that client should place their initials in the last column. In many cases, volunteers assist in screenings. If a volunteer is performing the screening, the volunteer should place their initials in the last column and sign and initial the bottom of the form after “Signature/Initial.”

12. The Parish Nurse responsible for the screening should sign the bottom of the form after “Parish Nurse X” and indicate the congregation on the line after “Congregation.” This indicates the parish nurse reviewed this form.

13. If the client has a health record for one-on-one interactions, check the box on the bottom left of the table next to “has record.” This notifies the parish nurse that the parish nurse has seen the client on another occasion and that additional information is available in a health record. Similarly, both the Brief Client Interaction Form and the Interaction Form for Long Term
Clients includes a check-off box, “Has screening form.” This alerts the parish nurse that additional information about the client is available on an Individual Blood Pressure Screening Form.

14. The bottom of the screening form includes a list of months as a mechanism to remind the parish nurse when to follow-up with a client. If the parish nurse wants to follow-up with the client at a later date, circle the month at the bottom of the form. Re-file the form vertically so that the parish nurse can easily monitor who should be contacted and when that contact should occur. This becomes a “tickler file” for the parish nurse in monitoring potentially hypertensive clients.

15. After the screening, collect summary statistics and write them on the Monthly Statistics Form under “VI. SCREENINGS.” This includes:

   a. “Blood Pressure” under “Type”
   b. Number of people screened under “# Screened”
   c. Number of people with abnormal results “# Abnormal”
   d. Total the number of clients who are hypertensive and are NOT under physician care for hypertension under the column “# New Dx.”
   e. Location of the screening under “Place”
   f. Date of the screening under “Date”
   g. Total time in hours for planning the screening under “Plan Time.” This information is collected over time on the Worksheet log as the parish nurse plans for the screening.
   h. Total time in hours of the actual screening under “Prgm Time”

16. At the end of the screening, the parish nurse can review the notes, compile the appropriate statistics, and re-file the forms.
Client Blood Pressure Cards

In addition to documenting blood pressure screening data, it also is suggested to give the blood pressure results to the client to empower the client to promote their own health. Institutions are encouraged to develop their own cards.
Glossary for Individual Blood Pressure Screening Form

Name: client name

Phone #: client phone number

Congregation: congregation with which the parish nurse is affiliated

Date: date of the screening

Results Pulse: client’s pulse, if taken

Results B/P: client blood pressure reading. Three columns are allotted for three readings (e.g., orthostatic blood pressures). In the box, indicate where the blood pressure what taken (i.e., left arm, right arm) and client’s position (i.e., lying, sitting, or standing) using the codes at the bottom of the table.

Under MD care?: Identify whether the client is being seen for the condition being screened for. Answer "yes" or "no." This is an indication of a possible newly diagnosed hypertensive condition.

Follow-up?: Check if the client requires some type of follow-up, be it a referral to a physician or coming back at another screening.

Comments: any care provided (e.g., teaching provided or referrals made). If the reading is abnormal, the parish nurse should document to whom the client was referred and what patient education was performed. This information must be documented.

Initials: initials of the person who screened the client

Signature/Initial: signature and initials of any individual other than the parish nurse who screened clients

Parish NurseX: parish nurse signature and initials
Volunteer Coordination and Group Programs

Parish nurses not only minister nursing care to individual clients, but parish nurses care for client populations and coordinate activities targeted to populations. In these cases, documentation can help organize information to simplify the ministry of practice. Currently forms are being developed to assist parish nurses in organizing information related to Volunteer Facilitation and Group Programs. Please contact the author if you are interested in piloting these forms. Legal requirements and recommended content is discussed in Chapter 6.
Parish nurses collect statistical data (primarily on the Worksheet Log) throughout the month and can summarize their activities on the Monthly Statistics Form. The Monthly Statistics Form provides valuable summary data related to individual client care and care provided to population groups. This information is aggregated in terms that both the faith community and the health care community can understand.

When collecting data, is it best to consider what information will be helpful in promoting the ministry of practice. For example, when reviewing this chapter, consider what information is required, what information will promote communication and collaboration, and what information will help support funding. This chapter will highlight how statistical data can meet various needs.

Statistical data not only helps parish nurses describe the nature of their practice to faith communities, health care leaders, and potential grant funders, but parish nursing data can also help promote the ministry of parish nursing practice. The author offers services to assist health systems in setting up the documentation system and in generating summary reports. For more information, please contact the author at eburkha@luc.edu. This chapter will provide a description of how to complete the Monthly Statistics Form as well as how to interpret the Statistical Reports.
Monthly Statistics Form

This form is designed to be completed monthly. For parish nurses who work in more than one congregation, a monthly Statistical Report can be completed for both congregations in aggregate or one form can be completed per congregation. Similarly, if more than one parish nurse works in one congregation, one Monthly Statistics Form can be completed for each parish nurse or one form can be completed for all parish nurses in the congregation. Choose whichever method best summarizes the data. Keep in mind, though, that aggregated data cannot be separated. If one form is prepared, then only one statistical report can be generated.

How to Complete the Monthly Statistics Form

The following describes how to complete the Monthly Statistics Form per section—an example follows this procedure:

1. On the top right-hand side of the form, write the parish nurse name after “Name,” the month and year data were collected, and the name of the congregation.

2. Individual Client Demographics
   a. All data for Individual Client Demographics can be totaled from the Worksheet Log. Pull out the Worksheet Log and find the “Demographics” columns. Compare these columns to the Monthly Statistics form—they are the same categories. Throughout the month, all clients were listed on the Worksheet log, and appropriate categories that described the nature of the interaction were checked off. Total each column on the Worksheet Log at the top of each column. Totaling the number on the top of the column makes it easier to
transcribe those numbers on the corresponding section on the Monthly Statistics Form. For example, if three checks appear in the “New Client” column on the Worksheet Log, write the number “3” on the line after “New Client” on the Monthly Statistics Form.

b. Complete this procedure for follow-up, male, female, non-parishioner, parishioner

c. To complete “Location” on the Monthly Statistics form, count the number of codes as listed in footnote 1 in the Location column on the Worksheet Log and transcribe that number next to the code on the Monthly Statistics form. For example, count all the “C’s” (which represent church) on the Worksheet Log in the “Location” column and write that number next to “C” under section “D. Location” on the Monthly Statistics form. Complete this procedure for each code in the footnote.

d. Total the age-range section on the Worksheet Log and write that number in the corresponding section on the Monthly Statistics form.

e. Complete the “Ethnic Heritage” section using the same procedure as the “Location” section, but using the codes under footnote 2.

f. To complete Total Client Interactions, count all the client interactions that took place that month by counting clients listed on the Worksheet Log. Write down that number after “Total Client Interactions.”

g. This is an important statistical check!!!! Please make sure that each of the lettered sections on the Monthly Statistics Form total to the number of Total Client Interactions. That is,

- \([\text{New client}] + [\text{Follow-up}] = [\text{Total Client Interactions}]\)
- \([\text{Male}] + [\text{Female}] = [\text{Total Client Interactions}]\)
- \([\text{C}]+[\text{PNO}]+[\text{V}]+[\text{H}]+[\text{HV}]+[\text{NH}]+[\text{P}]+[\text{PA}]+[\text{M}]+[\text{O}] = [\text{Total Client Interactions}]\)
- \([0-12]+[13-17]+[18-30]+[31-50]+[51-65]+[66-80]+[\text{over 80}]+[\text{unknown}] = [\text{Total Client Interactions}]\)
• Sum of the Ethnic Heritage categories = [Total Client Interactions]

If the numbers do not total, check to see if the Worksheet Log is complete. This is important for the statistical report to be correct.

h. To complete the “Total Client Interaction Time,” look at the last narrow column on the Worksheet Log, entitled “Total Time Spent.” Add up the time spent on client interactions and write that time (in minutes) after “Total Client Interaction Time” on the Monthly Statistics form. Be careful!!! Do not include time spent on group programs, meetings, attendance at church functions, office work, volunteer coordination, or population-focused advocacy programs. Color highlighting can be helpful in totaling this column.

3. Under “II. Interdisciplinary Collaboration”—total the columns on the Worksheet Log under Interdisciplinary Collaboration and transcribe those totals on lines next to the corresponding category on the Monthly Statistics Form. For example, add up all the check marks in the Cardiac/Vascular column on the Worksheet Log and write that number on the line next to Cardiac/Vascular under “II. Interdisciplinary Collaboration, A. Medical” on the Monthly Statistics Form. Complete this for each category.

4. Under “III. Concerns/Issues (NANDA)”—total the columns on the Worksheet Log under “Nursing Dx” and transcribe those totals on lines next to the corresponding category on the Monthly Statistics Form. For example, add up all the check marks in the “Health Promotion” column on the Worksheet Log and write that number on the line next to “Health Promotion” under “III. Concerns/Issues (NANDA)” on the Monthly Statistics Form.
5. Under “IV. Interventions (NIC)”—total the columns on the Worksheet Log under “Nursing Intervention” and transcribe those totals on lines next to the corresponding category on the Monthly Statistics Form. For example, add up all the check marks in the “Physiological, Basic column on the Worksheet Log and write that number on the line next to “Physiological: Basic” under “IV. Interventions (NIC)” on the Monthly Statistics Form.

6. Under “V. Source of Referral”—count the number of codes as listed in footnote 3 in the column on the Worksheet Log and transcribe that number next to the code on the Monthly Statistics Form. For example, count all the “S’s” (which represent self) on the Worksheet Log in the “Source of Referral” column and write that number next to “S” under section “V. Source of Referral” on the Monthly Statistics Form. Repeat this procedure for all the codes listed under footnote 3 on the Worksheet Log.

7. Under “VI. Referral To”—there are two types of information requested here:
   a. Total Health System Referrals—total the checks in the column “Referral to Health System” on the Worksheet Log and transcribe that number on the line next to Total Health System Referrals.
   b. Referral To—count the number of codes as listed in footnote 4 in the column on the Worksheet Log and transcribe that number next to the code on the Monthly Statistics Form. For example, count all the “PS’s” (which represent pastoral staff) on the Worksheet Log in the “Referral To” column on the Worksheet Log and write that number next to “PS” under section “VI. Referral To” on the Monthly Statistics Form. Repeat this procedure for all the codes listed under footnote 4 on the Worksheet Log.
8. Under “VI. Screenings”—this section is completed after each screening, rather than at the end of the month. After the screening complete the table as follows:
   a. write the type of the screening using the categories listed below the table under “Type”
   b. write the number of individuals screened under “# Screened”
   c. write the number of individuals who had abnormal readings under “# Abnormal”
   d. write the number of individuals who had abnormal readings and were not under physician care under “# New Dx”
   e. indicate the place the screening was held under “Group/Place”
   f. indicate the date of the screening under “Date”
   g. Indicate the amount of planning and preparatory time for the screening under “Plan Time.”
      This information can be tracked using the Worksheet Log. On the Worksheet Log, the name of the screening is listed under “Name” and the total time spent preparing for the screening is listed under “Total Time Spent.”
   h. Indicate the length of the screening under “Prgm. Time”

9. Under “VII. Meetings”—under each category of meetings, indicate the number of meetings attended under “# times” and the total time spent (in hours) at all the meetings under “Total hr.”
   This information can be tracked using the Worksheet Log. On the Worksheet Log, the meeting name is listed under “Name” and the total time spent at the meeting is listed under “Total Time Spent.”

10. Under “VII. Attendance at Church Functions”—under each category of church functions, indicate the number of functions attended under “# times” and the total time spent (in hours) at all the functions under “Total hr.” This information can be tracked using the Worksheet Log. On the Worksheet Log, the function name is listed under “Name” and the total time spent at the
function is listed under “Total Time Spent.”

11. Under “VIII. Continuing Education/Professional Development”—this portion of the form is completed after each continuing education or professional development event, rather than at the end of the month. The purpose of this section is to record professional development for annual or semi-annual position reviews--it is easier to collect this information monthly rather than annually. Complete this section as follows:
   a. Programs attended—after each program, write down the date of the program, topic or name of the program, where it was held, and who presented the program
   b. Professional Development—after each professional activity (e.g., writing an article for a journal, presenting at a conference/seminar). Do not include group programs or church bulletin/newsletter articles.

12. Under “IX. Office Work”—indicate the number of hours spent writing reports, documenting, collecting and organizing resources, and other office work in the spaces provided. This information can be tracked over the month on the Worksheet Log. On the Worksheet Log, the activity is listed under “Name” and the time spent on the activity is listed under “Total Time Spent.”

13. Under “X. Group Programs”—this portion of the form is completed after each group program. After each program, complete the following sections:
   a. Name of the program under “Name/Topic”
   b. Program type using the coding system below the Group programs table under “Prog.Type”
   c. Total number of program attendees under “# of participants
   d. The approximate age or age range of the attendees under “Age Range”
   e. The role the parish nurse held in planning and offering the program. Circle all that apply
based on the coding system below the Group Program table. If the parish nurse planned and managed the program, circle “CD.” If the parish nurse presented at or facilitated the program, circle “PR.” If the parish nurse attended the program as a participant, circle “PA.”

f. Indicate the total time spent planning the program under “Plan Time hours.” This information can be tracked over the month on the Worksheet Log and previous Worksheet Logs. Planning can happen over several months. On the Worksheet Log, the name of the program is listed under “Name” and the time spent working on the program is listed under “Total Time Spent.”

g. Indicate the length of the program under “Prgm. Time hours.”

h. Comment space is provided under “Comments”

14. Under “XI. Volunteer Coordination”—The following information is collected related to volunteer coordination

a. Write the name of the volunteer ministry under “Name/Topic”

b. Hours spent—this information can be tracked over the month on the Worksheet Log. On the Worksheet Log, over the month, the name of the volunteer ministry is listed under “Name” and the time spent working on the volunteer ministry is listed under “Total Time Spent.”

c. PN Role—indicate the role the parish nurse held in coordinating the volunteer ministry. Circle all that apply based on the coding system below the Volunteer Coordination table. If the parish nurse takes primary responsibility for the volunteer ministry, circle “CD.” If the parish nurse assisted in coordinating the volunteer ministry (e.g., linking volunteers to clients), circle “PR.” If the parish nurse provided the volunteer services, circle “PA.”

15. Under “XI. Population-focused Advocacy Programs”—At times the parish nurse works on
community advocacy programs or initiatives. Write the name of the advocacy program under “Name/Topic” and the total time spent on the advocacy program under “Hours spent.” This information can be tracked over the month on the Worksheet Log. On the Worksheet Log, the name of the advocacy program is listed under “Name” and the time spent working on the advocacy program is listed under “Total Time Spent.”

16. Under “XII. Newsletter/Bulletin Topics”—indicate the name of each newsletter or bulletin article written that month and the date the article appeared

17. Under “XII. Health Display Topics”—indicate the name or topic of the health display and the location of the health display

18. Under “Total Monthly Hours”--indicate the total number of hours worked, including paid and unpaid. Make sure [Paid] + [Unpaid] = [Total]

Because the monthly statistics form is printed on 8½ x 14 paper, the example and a blank copy are listed in separate files.
Glossary for the Monthly Statistics Form:

Name: name of the parish nurse

Month/Yr: month and year care provided

Church: church where care was provided.

Individual Client Demographics

- **New Client**: Indicate the first time ever the parish nurse provided one-on-one health counseling for that client. A client is a “New Client” only once. This indicates an increase in case load or an expanding use of parish nursing services.

- **Follow-up**: Indicate number of all follow-up client interactions. Note that [New Client] + [Follow-up] = [Total Client Interactions]. This indicates the number of interactions with the parish nurse’s current caseload.

- **Total Client Interactions**: Indicate the total number of client interactions for the month.

- **Total Client Interaction Time**: Indicate the total time spent on one-on-one client interactions.

- **Male/Female**: Provide one-on-one encounter totals of male and female clients for the month. Make sure that [Male] + [Female] = [Total Client Interactions]

- **Parishioner/Non-parishioner**: Indicate how many parishioner and non-parishioner clients were seen that month. Make sure that [Parishioner] + [Non-parishioner] = [Total Client Interactions].

- **Location**: Provide totals for one-on-one health counseling client interactions for the month for each location category: C=church, PNO=parish nurse office, V = accompanying client on visit to health care provider; H=hospital, HV=home visit, NH=nursing home, P=phone, PA=pantry, M=Mail, O=other. The sum of the numbers should equal Total Client Interactions.
• **Age:** Provide totals of one-on-one health counseling client interactions for the month for each age category: 0-12, 13-17, 18-30, 31-50, 51-65, 66-80, over 80. The sum of the categories should equal Total Client Interactions.

• **Ethnic Heritage:** Provide totals of one-on-one health counseling client interactions for the month for each ethnic heritage category: C = Caucasian, A = African American/Black, H = Hispanic, OA = Oriental/Asian Oriental, NA = Native American, ME = Middle Eastern, FE = Far Eastern, MC = Multicultural, U = Unknown, O = Other. See the worksheet log definitions for further explanations. The sum of the categories should equal Total Client Interactions.

Interdisciplinary Collaboration: Provide totals of One-on-one health counseling client interactions that relate to medical, psychological, and/or spiritual and/or religious issues. See the worksheet log definitions for further explanation.

Diagnoses: Provide totals of nursing diagnoses related to one-on-one health counseling client interactions for the month in the NANDA Taxonomy Domain categories. See the worksheet log definitions for further explanation.

Interventions (NIC): Provide totals of NIC interventions related to one-on-one health counseling client interactions for the month categorized into NIC categories. See the worksheet log definitions for further explanation.

Source of Referral: Provide totals of referral sources only for New Clients using the following categories: S = Self/Client, P = Parishioner, NP = Non-Parishioner, PS = Pastoral Staff, MD = Physician, HCP = Other Health Care Professional, M = Media, O = Other, PN = Parish Nurse, FAM = Family. See the worksheet log definitions for further explanation.

Referral to: For client interactions in which the parish nurse referred the client to another provider, provide totals of to whom the parish nurse referred the client using the following
categories: PS = Pastoral Staff, MD = Physician, HCP = Other Health Care Professional, CH = Church Resources, COM = Community Resources, O = Other.

**Total Health System Referrals:** Provide totals of all health system referrals to other health system employees, services, or physicians.

**Screenings:** List summary statistics for each screening, indicating type (using the categories: blood pressure, cholesterol, glucose, lice, health, ht/wt, other), number of people screened, the number of individuals with abnormal findings from that screening, where the screening was held, and the date of the screening.

**Meetings:** Indicate the number of times the parish nurse attended the following types of meetings and the number of total hours spent at all the meetings.

- **Pastor/Staff:** Meetings that the parish nurse attends pastor or staff regarding church activities, management of parish nurse program, and any supervisory meetings with your pastor.
- **Health and Wellness:** Meetings with the Health Cabinet, Health and Wellness Committee, or the Steering Committee for the parish nurse program.
- **Other Church Comm.:** Meetings with other committees within the congregation.
- **Community/Liaison/Netwkg:** Meetings with community agencies regarding the parish nurse program, a client, or resources available. Include any meetings for liaison or networking purposes. Also include non-church committees where the parish nurse represent the congregation or the health care institution.
- **System/Liaison/Netwkg:** Meetings as a representative of parish nursing on health care institution communities or meetings for liaison or networking purposes within the health care institution.
♦ Parish Nurse: Meetings with other parish nurses as a member of the Parish Nursing Services Department.

♦ Other: Include any meetings that do not fall under the above categories and please list them by name.

Attendance at Church Function: Indicate the number of times the parish nurse attended the following types of church functions and the number of total hours spent at all the church functions.

♦ Worship Services: Services the parish nurse attended at the congregation. Include any Lenten services or other special services, excluding healing services, funerals, and wakes.

♦ Healing Services: Services attended in the parish nurse role. Do not include services attended in which the parish nurse is “only” a participant, unless the parish nurse is there as the parish nurse of your congregation. A healing service at another congregation may not apply if it is being attended for solely personal reasons.

♦ Funerals: Include all funerals attended as part of the parish nurse role.

♦ Wakes: Include all wakes attended as part of the parish nurse role.

♦ Fellowship: Include all fellowship/social functions attended as part of the parish nurse role.

♦ Other: List all church functions that are attended as the parish nurse that does not fit into the above categories. Please list by name, if possible.

Continuing Education/Professional Development: This information can be extracted for the parish nurse annual or semi-annual evaluation.

♦ Programs Attended: Any continuing education programs attended for the means of furthering knowledge as a parish nurse. Include all continuing education programs attended at the health institution or other sites.
Professional Development: This includes any professional networking meetings attended, within the health care institution or at other institutions. Also include any articles written and submitted for publication and any presentations made (i.e., to congregations, institutions, groups, and at conferences) regarding parish nursing.

Office Work:

Report Writing: Include time spent on all reports regarding parish nursing. This includes reports for the church, specific committees, community agencies, outside committees, and the health care institution. This also includes time spent in writing grants. Do not include the time spent on the “Monthly Statistics Form; this will be documented in the “Documentation” space.

Resource Development: Include all time spent gathering resources for parish nurse files.

Documentation: Include all time spent on documentation, whether written or computerized. This will include all forms identified in this manual.

Other: Include any office work that was not recorded in the above categories. Typical categories might include organizing files, cleaning office space, and other office type work.

Group Programs (organized/coordinated by parish nurse): This table indicates all programs offered that month. A program is interpreted very broadly and includes all population-focused care. Complete the following information in the table:

Name/Topic: Indicate the program name.

Program Type: Indicate the program type using the following categories: Ed = Education/Health Fair; S = Support; Sp = Spiritual; ES = Environmental/Safety; CO = Community Outreach; O = Other

# Participants. Indicate the total number of participants at the program, if applicable.
♦ **Age Range.** Indicate the target age range of the program participants, if applicable, in the following categories: Y = Youth, A = Adult, E = Elderly, All = All.

♦ **PN Role.** Circle all the roles the parish nurse played in putting on the program using the following categories:
  - CD = Coordinator/Developer: served in a management role in putting on the program other than preparing for a presentation
  - PR = Presenter: includes preparatory work for the presentation
  - PA = Participant: attended program offering(s)

♦ **Prgm. Plan Hours:** Indicate how long the parish nurse spent planning the program.

♦ **Prgm. Time Hours:** Indicate how long the parish nurse spent at the program.

♦ **Comments:** This is an optional comment section.

**Volunteer Coordination:** This table indicates all volunteer coordination activities performed that month.

♦ **Name/Topic:** The name of the volunteer coordination ministry

♦ **Hours Spent:** Indicate how much time the parish nurse spent coordinating that volunteer ministry

♦ **PN Role:** Indicate what role the parish nurse played in the volunteer coordination ministry
  - CD = Coordinator/Developer: Manages or coordinates the volunteer ministry
  - FA = Facilitator: assisted in coordinating or facilitating the volunteer ministry
  - PA = Participant: provided volunteer services

**Population-focused Advocacy Programs:** This table indicates all population-focused advocacy programs performed that month.

♦ **Name/Topic:** The name of the advocacy program
♦ **Hours Spent:** Indicate how much time the parish nurse spent working on the advocacy program.

**Newsletter/Bulletin Topics:** This category includes any articles written related to parish nursing or health for inclusion in your congregation’s bulletin or newsletter. These articles could include educational information or program announcements. This would not include articles written for other individuals or other organizations, unless it is part of the parish nurse role. Please include professional articles in the Continuing Education/Professional Development section.

**Health Display Topics:** Include all displays developed for the church or community regarding parish nursing/health-related topics. This would include a display on Sexuality or Heart Healthy recipes. Do not include displays announcing a program—this should be captured under Program Planning.

**Total Monthly Hours Paid:** Total number of hours for paid work.

**Total Monthly Hours Unpaid:** Total number of hours for unpaid work.

**Total Monthly Hours:** Total number of hours worked. Please note that \([\text{Total Monthly Hours Paid}] + [\text{Total Monthly Hours Unpaid}] = [\text{Total Monthly Hours}]\).
Statistical Reports

Data from the Monthly Statistics Form can be used to generate a report for the parish nurse to evaluate the role and plan future activities. A statistical report can also communicate parish nurse activities to the faith community, health care system representatives, and funders/potential funders. A separate pdf file presents a sample statistical report. Subsequent pages in this manual provide an analysis of how this information can be used by parish nurses, faith communities, health care system representatives, and funder/potential funders.
<table>
<thead>
<tr>
<th>Report Category</th>
<th>Parish Nurse</th>
<th>Faith Community</th>
<th>Health System</th>
<th>Funders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Individual Interactions and time</td>
<td>Indicates how many interactions the parish nurse provides one-on-one health counseling and how much time is spent. This does not measure the number of people seen.</td>
<td>Same</td>
<td>Same--also can be viewed as:</td>
<td>Same--also can be viewed as improving access to health care services/counseling</td>
</tr>
<tr>
<td>New Client/Follow-up</td>
<td>Number of New Clients indicate expanding caseload--indicator of future increased workload</td>
<td>Same--also number of new clients indicate a growing awareness of parish nurse services</td>
<td>Same</td>
<td>Same</td>
</tr>
<tr>
<td>Male/Female</td>
<td>Descriptive gender breakdown</td>
<td>Same</td>
<td>Same</td>
<td>Same</td>
</tr>
<tr>
<td>Parishioner/Non-parishioner</td>
<td>Descriptive--indicates percent of interactions with parishioners</td>
<td>Same--also indicates potential new parishioners</td>
<td>Same--also indicates providing services to the community at-large</td>
<td>Same--particularly showing services provided to the community at-large</td>
</tr>
<tr>
<td>Location</td>
<td>Indicates where interactions take place</td>
<td>Same</td>
<td>Same</td>
<td>Same--shows flexibility in providing care and outreach</td>
</tr>
<tr>
<td>Age</td>
<td>Descriptive age breakdown--indicates potential populations to target for group programs</td>
<td>Same</td>
<td>Same</td>
<td>Same--some grants require providing services to certain age groups (e.g., elderly)</td>
</tr>
<tr>
<td>Ethnic Heritage</td>
<td>Descriptive ethnic heritage breakdown</td>
<td>Same</td>
<td>Same</td>
<td>Same--may be required information for grant</td>
</tr>
<tr>
<td>Report Category</td>
<td>Parish Nurse</td>
<td>Faith Community</td>
<td>Health System</td>
<td>Funders</td>
</tr>
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<td>-------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Interdisciplinary</td>
<td>Describes clients based on the medical model. Provides data to plan group</td>
<td>Provides percentage breakdown of interactions with clients who have spiritual</td>
<td>Provides a typical medical model description of clients served. This is the</td>
<td>Provides a typical medical model description of clients served.</td>
</tr>
<tr>
<td>Collaboration</td>
<td>programs or other initiatives with other health care providers:</td>
<td>and/or religious concerns for potential collaboration with clergy or other</td>
<td>language the health system understands.</td>
<td>served receiving care and resourcing that may not have occurred if not</td>
</tr>
<tr>
<td></td>
<td>• Medical Categories with physicians</td>
<td>leaders within the faith community</td>
<td></td>
<td>for the parish nurse. Many funders use these categories to allocate</td>
</tr>
<tr>
<td></td>
<td>• Drug Interactions with pharmacists</td>
<td></td>
<td></td>
<td>funding. For example, a grant may require services to cardiac patients.</td>
</tr>
<tr>
<td></td>
<td>• Psychological with psychologists</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Spiritual &amp;/or Religious with clergy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concerns/</td>
<td>Provides a description of client concerns/issues from a more whole person</td>
<td>Provides a description of client concerns/issues in terms clergy and lay people</td>
<td>Provides a description of client concerns/issues in terms health care</td>
<td></td>
</tr>
<tr>
<td>Diagnoses</td>
<td>focus. Provides data to plan group programs (e.g., coping-&gt; support groups;</td>
<td>understand.</td>
<td>professionals understand.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>role/relationship-&gt; support groups or fellowship</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interventions</td>
<td>Provides a description of parish nurse activities.</td>
<td>Same</td>
<td>Same</td>
<td>Same--can be data that show parish nurses</td>
</tr>
<tr>
<td>Report Category</td>
<td>Parish Nurse</td>
<td>Faith Community</td>
<td>Health System</td>
<td>Funders</td>
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<tr>
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<td>----------------</td>
<td>---------------</td>
<td>---------</td>
</tr>
<tr>
<td></td>
<td>Communicates information that the faith community and health care community understand</td>
<td></td>
<td></td>
<td>provide services required by the grant. Many of these interventions may not have occurred or would not be occurred in a timely manner if there was no parish nurse. For example, Health System category indicates improving access to health care (one of the Healthy People 2010 objectives) by assisting clients in navigating the health care system</td>
</tr>
<tr>
<td>Source of Referral</td>
<td>Indicates how new clients were referred to the parish nurse. Indicates who is aware of parish nursing and possibly who is not aware. Can indicate potential opportunities to educate others about parish nursing.</td>
<td>Same</td>
<td>Same</td>
<td>Indicates degree of collaboration with other health care providers/community. Demonstrates the linkage capability of the parish nurse role.</td>
</tr>
<tr>
<td>Referral To</td>
<td>Indicates to whom the parish nurse referred the client. Indicates possible opportunities for future collaboration.</td>
<td>Same</td>
<td>Same</td>
<td>Indicates degree of integration with other health care providers/resources.</td>
</tr>
<tr>
<td>Referral To: Total</td>
<td>Indicates number of clients</td>
<td></td>
<td>Same</td>
<td>--indicates</td>
</tr>
<tr>
<td>Report Category</td>
<td>Parish Nurse</td>
<td>Faith Community</td>
<td>Health System</td>
<td>Funders</td>
</tr>
<tr>
<td>-------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>health system referrals</td>
<td>referred to collaborating/supporting health system</td>
<td></td>
<td>potential marketing function</td>
<td></td>
</tr>
<tr>
<td>Group Program Number and Time</td>
<td>Indicates the number of group programs offered, number of participants who attended the program, and the total time spent planning and offering the program.</td>
<td>Indicates cost/benefit of time(or work) per participant who attended the program. Also indicates how much time parish nurse spends on population-focused care.</td>
<td>Indicates cost/benefit of time(or work) per participant who attended the program. Also indicates how much time parish nurse spends on population-focused care.</td>
<td>Indicates the number of group programs offered, number of participants who attended the program, and the total time spent planning and offering the program.</td>
</tr>
</tbody>
</table>
| Screenings              | ▪ Calculate saved dollars and lives (# New Dx)  
▪ Calculate number of individuals with chronic illness receiving free care--can calculate cost savings to health system by estimating cost of a physician visit (calculation is [# Abn] - [New Dx] = [# individuals with illness obtaining medical services] x [cost of a physician visit] = total cost savings to health system. | Descriptive data of parishioners and non-parishioners who are receiving care and who learned something about their health status from the screening | Same as parish nurse                                                                 | Same as parish nurse and faith community. Provides valuable outcome data. |
<p>| Group Programs          | Indicates the number of programs and the number who benefited from the programs. Also time estimate indicates how many people were | Indicates nature of group programs and level of interest per program type. | Same as parish nurse                                                                 | Same as parish nurse--provides valuable descriptive outcome data. |</p>
<table>
<thead>
<tr>
<th>Report Category</th>
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<th>Health System</th>
<th>Funders</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>affected per parish nurse hour worked. Also indicates nature of group programs and level of interest per program type</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual/Written Programs</td>
<td>Rough estimate of broad-reaching educational programs. Unable to accurately estimate how many people were affected by program. However, can estimate articles written by number of individuals receiving publication.</td>
<td>Same--indicates diverse mechanisms for providing services</td>
<td>Same--indicates diverse mechanisms for providing services</td>
<td>Same--indicates diverse mechanisms for providing services</td>
</tr>
<tr>
<td>Continuing Education</td>
<td>Indirect measure of professional growth of the parish nurse</td>
<td>Same</td>
<td>Same</td>
<td>Same</td>
</tr>
<tr>
<td>Meetings</td>
<td>Indicates nature and time spent on meetings. Measures degree of parish nurse integration with church activities, health system activities, and community involvement</td>
<td>Same</td>
<td>Same</td>
<td>Same--provides valuable outcome data on integrating health services across the health care continuum and within the community</td>
</tr>
<tr>
<td>Attendance at Church Functions</td>
<td>Indicates visibility and integration into church functions</td>
<td>Same</td>
<td>Same</td>
<td>Same</td>
</tr>
<tr>
<td>Office Work</td>
<td>Measures time spent in writing reports, documenting care, and developing files for client care.</td>
<td>Informs faith community of time spent on required activities.</td>
<td>Informs health system of time spent on required activities</td>
<td>Informs funder of time spent on required activities</td>
</tr>
<tr>
<td>Report Category</td>
<td>Parish Nurse</td>
<td>Faith Community</td>
<td>Health System</td>
<td>Funders</td>
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<tr>
<td>-----------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-----------------</td>
<td>---------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Volunteer Coordination</td>
<td>Indicates number of individuals receiving care by volunteers and parish nurse time. Indicates community outreach and free community services provided by the faith community</td>
<td>Same</td>
<td>Same</td>
<td>Same--can provide valuable cost savings for community services. Many of these services are provided for a cost. The faith community is providing these services for free as a ministry.</td>
</tr>
<tr>
<td>Total Hours</td>
<td>Indicates total hours, paid and unpaid</td>
<td>Can indicate need to increase parish nurse hours or re-evaluate work load if unpaid is high</td>
<td>Can indicate need to increase parish nurse hours or re-evaluate work load if unpaid is high</td>
<td>Indicates total hours worked, paid and unpaid. Indicates some services are donated to the faith community.</td>
</tr>
</tbody>
</table>
Additional Summary Reports

Two additional summary reports can be generated if needed or desired:

♦ Client Story and Service Analysis Form to present qualitative stories with or without service and financial impact analysis

♦ Client Satisfaction

Client Story and Service Analysis Form

The Monthly Summary Report is only one way to reflect the ministry of parish nursing practice. Another strategy for communicating parish nursing is through story. Many times parish nurses care for individuals with a depth of service that cannot be captured in statistics. In this case, a short story describing the nature of the interaction is helpful in communicating the spiritual nature of the ministry of practice.

The documentation system offers a strategy for not only submitting stories, but includes an added benefit of summarizing the effect on client health care service utilization and cost of services. This information is captured on the Client Story and Service Analysis Form.

How to Complete the Client Story and Service Analysis Form

The Individual Client Story and Service Analysis Form is optional and can be completed for two purposes:

1. When the parish nurse wishes to report a specific case that exemplifies the spiritual nature of the ministry of practice. In this case, only complete the “Story/Description of situation” and “Outcome objective.”
2. To describe or calculate the impact on client health care service utilization/cost of care. This information can be helpful in obtaining or maintaining funding for the program. In this case, complete the entire form. Describing data related to the number of increased or avoided health care services is simple to calculate—just tabulate the number of affected services and report it as descriptive data. However, calculating cost estimates is time consuming and should only be performed if the data is absolutely necessary.

If the parish nurse only wants to submit a story, complete the following information:

1. Indicate parish nurse name, congregation and date of story submission on the top right hand corner
2. Under “Story/Description of situation,” write the case story. Do not include client names or other identifying data
3. Beside “Outcome Objective,” write what was the objective of the interaction. For example, possible objectives include promote spiritual well-being and/or improve access to health care services.

If the parish nurse wants to identify impact on service utilization and/or cost, also complete and calculate the following:

4. If appropriate, beside “Medical Diagnosis(es) related to care,” write the medical diagnoses that related to the care provided. This data can be used to estimate cost savings related to
service utilization. For example, if the case related to preventing an emergency room visit for congestive heart failure, cost savings can be estimated by calculating the average DRG for a hospital admission for congestive heart failure.

5. Beside “Number of parish nurse encounters/approximate parish nurse time,” estimate the amount of time spent caring for this client. This includes both face-to-face time and time spent on behalf of the client. This information can estimate the cost of providing this service if the parish nurse is in a paid model.

6. Under “Impact on service,” identify how the case impacted care from each of the listed health care services. For example, if the parish nurse assisted a client to obtain a physician appointment for suspected congestive heart failure (CHF) and the diagnosis was confirmed by the physician, write next to “MD visit,” “referred client to MD.” Also, write next to “Hospitalizations,” “avoided admission for CHF.”

7. Descriptive data can be summarized in an aggregate report by reporting the number of avoided or increased services utilized. For example, report that the parish nurse avoided an emergency room visit and hospitalization for CHF by referring the client to a physician for early treatment of CHF.

8. Cost estimates can also be calculated, but this is time consuming and requires the parish nurse or parish nurse coordinator to contact service providers for cost estimates. Cost estimates can be calculated based on the medical diagnosis and the health care institution’s reimbursement for the following:

b. ER visits: based on CPT emergency room codes for physician care and hospital reimbursement rates for emergency room visits. Contact the business office for average emergency room visit reimbursement for both physicians and hospitals.

c. Hospitalizations: based on DRG. Contact medical records for DRG identification and the business office for cost estimates for the DRG.

d. Home Health Visits: Contact home health agency for average cost estimates. Accurate estimates are based on detailed assessments.

e. Nursing Home Placement: Contact nursing home for average capitated cost estimate or minimum Medicaid reimbursement for a very conservative estimate. Accurate estimates are difficult to obtain because they are based on detailed assessments by various members of the health care team (i.e., physical therapy, speech therapy, occupational therapy, social services, etc.). However, Medicaid has a minimum reimbursement rate--this will be a very low estimate of the actual cost.

The following pages provide the form and glossary of the definitions of the terms used on the form.
Parish Nursing Services
Individual Client Story and Service Analysis Form

Parish Nurse: ____________________
Congregation: ____________________
Date: ____________________________

1. Story/Description of situation:

2. Outcome objective: ____________________________________________________________
______________________________________________________________________________

3. Medical Diagnosis(es) related to care: ____________________________________________
______________________________________________________________________________

4. Approximate parish nurse time: ______________________________

5. Impact on services:
   a. MD visits: _________________________________________________________________
   b. ER visits: _________________________________________________________________
   c. Hospitalizations: __________________________________________________________
   d. Home Health visits: _______________________________________________________
   e. Nursing Home Placement: _________________________________________________
   f. Other (specify ________________): __________________________________________
Glossary of Terms on the Individual Client Story and Service Analysis Form:

Parish nurse: name of the parish nurse

Congregation: name of the congregation where service was provided

Date: date the form was completed

Story/Description of situation: the narrative story of the parish nurse-client interaction(s). Do not include client names or any other identifying information.

Outcome Objective: the goal of the care. If the goal differs from the client and parish nurse perspective, include both goals.

Medical Diagnosis(es) related to care: list of medical diagnoses that related to the client’s care

Approximate parish nurse time: estimate of the amount of parish nurse time spent in one-on-one interactions and on behalf of the client

Impact on services:

♦ MD visits: indicates whether the case increased or avoided MD office visits

♦ ER visits: indicates whether the case increased or avoided hospital emergency room visits

♦ Hospitalizations: indicates whether the case increased or avoided hospital hospitalizations

♦ Home Health visits: indicates whether the case increased or avoided home health visits

♦ Nursing Home Placement: indicates whether the case increased or avoided nursing home placement

♦ Other (specify: _______): indicate the service not listed and indicates whether the case increased or avoided use of that service
Client Satisfaction Survey

One method to evaluate the parish nurse program is to survey clients. If client satisfaction is measured, there are multiple ways this can be done. One is to send a survey to all parishioners to ensure that all clients have an opportunity to voice their opinion. Parish nurses provide care to many individuals indirectly, particularly through newsletter articles, health displays, and group programs. Another method is to give the client a survey following the delivery of the service with a self-mailer to you at the congregation.

Surveys can be time consuming and costly, but they can provide valuable data to assist in promoting the parish nurse program and provide direction for program growth. Please review the survey prior to distribution to ensure that it captures the information needed. The following pages provide a sample survey. The procedure for implementing a survey is as follows:

a. Review survey content. Ask key stakeholders to also review the survey, including pastor(s), church leadership, and health system representatives.

b. Choose whether data will be collected per parishioner or per household. The most complete data is based on individual parishioners. For example, two members of the same household may have had different experiences with the parish nurse. However, it is easier to distribute surveys per household. Make sure directions for completing the survey are clearly stated at the top of the survey; for example, “one member of the household complete the following survey” or “please have each member of the household complete the following survey. Additional surveys are available in the church office.”

c. The survey should include a statement of when the survey should be returned.

d. Decide how surveys will be distributed and print the appropriate number of surveys. They can be mailed to households separately, included in church newsletters, or handed to clients.
Additional surveys can be available in the church. Surveys can be returned by mail or dropped in a “box” in the church office.

e. Aggregate the statistics. This can be accomplished via computer or manually. This is a great volunteer opportunity for a computer savvy parishioner!

f. Summarize the data in a report. Tables can be very useful and effective in communicating information.
1. Have you made contact with the parish nurse?
   - No
   - Yes (please check which service and circle how satisfied you are with the service)

<table>
<thead>
<tr>
<th>Service Provided</th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Neutral</th>
<th>Dis-Satisfied</th>
<th>Very Dis-Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have read bulletin and/or newsletter articles on health topics written by the parish nurse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have participated in a screening activity, for example, blood pressure or cholesterol checks offered by the parish nurse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have attended a health education program which was coordinated or presented by the parish nurse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have attended a support group which was coordinated or facilitated by the parish nurse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have talked with the parish nurse about a personal matter such as medications, a new diagnosis, a relationship, or my overall health and well-being</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A member of my family have talked with the parish nurse about a personal matter such as medications, a new diagnosis, a relationship, or my overall health and well-being</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The parish nurse has referred me to a physician, a group or organization in the congregation or community where I could go for further assistance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have participated as a volunteer from this congregation who provides service to poor, homeless, shut-ins, or bereaved.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The parish nurse has helped me draw upon my spiritual strength in dealing with health issues.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
2. What is your opinion of the parish nurse program?

- Excellent, it is a most valuable ministry of this congregation
- Good program, it is important to the congregation
- Adequate, but needs improvement (please note how it could be improved)
- Poor, needs unmet (please note how this ministry could better meet the needs of this congregation)
- Not needed (please explain)

Comments:

3. In your opinion, how well do you see the ministry of parish nursing practice contributing to the well-being of the congregation?

- Excellent
- Good
- Average
- Fair
- Poor

Comments:

Thank you for completing this survey!
Parish nursing is a professional model of health ministry. As health care professionals, parish nurses are held to certain standards of practice. This chapter reviews those requirements in terms of legal requirements, Joint Commission on Accreditation of Healthcare Organizations standards, and institutional policies and procedures.

**Legal Requirements**

As stated in the *Scope and Standards of Parish Nursing Practice* (ANA, 1998, p. 3), parish nurse documentation is regulated at three levels: state law, professionally-defined standards, and institutionally-defined standards.

♦ **State Law.** Legally, parish nurses must abide by the Nurse Practice Act for the state in which they practice. It is recommended that each parish nurse obtain a copy of the Nurse Practice Act from the State Board of Nursing. In most nurse practice acts, documentation is a legal requirement.

♦ **Professionally-defined standards.** Parish nurses are upheld to the standards as defined by the nursing profession. For parish nursing, these standards are presented in the *Scope and Standards of Parish Nursing Practice*. The *Scope and Standards of Parish Nursing Practice* recognizes that parish nurses must document assessment data, issue/concern identification, nursing interventions, and the outcome/evaluation of care (ANA, 1998, p. 9-14).

♦ **Institutionally-defined standards.** Many aspects of parish nursing differ from practice to
practice and differ based on the parish nurse management structure. This makes it critical for parish nurses to develop and follow policies and procedures that guide the practice.

What has to be documented?

The detail required for documentation differs based on state law and can differ based on the nature of the service provided. The following presents required documentation per type of service based on most nurse practice acts and *The Scope and Standards of Parish Nursing Practice* (ANA, 1998, p. 9-14):

One-on-one Interactions

One-on-one interactions require the most detailed documentation including the following:

- Assessment data
- Identification of a concern or issue being addressed
- Nursing interventions
- Outcome (what happened to the client given what the nurse performed)

Policy and procedures determine the details of how documentation is performed. For example, documentation can take the form of a narrative note, PIE charting, SOAP charting, or Focus charting. Flow sheets can also be used, but they should include the level of detail to reflect these elements.
Screenings

Screenings require the same elements of documentation as one-on-one client interactions; however, the parish nurse is only responsible for the care provided at the screening. Follow-up care is not required post screening. However, it is critical that the parish nurse identifies any abnormal values and care provided at the screening, including referrals or teaching. For example, during a blood pressure screening, if a client’s blood pressure is elevated, the parish nurse must document the elevated blood pressure and inform the client that the blood pressure is elevated. The parish nurse should also document any referrals.

Group Programs

There are no legal requirements for documenting group programs. However, it is recommended that parish nurses maintain files for each group program to evaluate the program or help plan for future programs. Suggested information includes the following:

- Name of program, date, site of program
- Length of program and time in planning program
- Speakers, presentation outline and objectives
- Number of people attended
- Target audience
- Evaluation
- Budget

Volunteer Coordination

Similar to group programs, there is no written legal requirement to document volunteer coordination activities. However, it is suggested to maintain a file for each volunteer ministry and
document services provided, when the services were provided, and who provided the service.

Summary statistics may include number of ministries and time spent per ministry.

**Referral/Liaison/Networking Activities**

Again, there is no written legal requirement to maintain this type of information. However, many parish nurses spend a great deal of time attending meetings and performing liaison and networking functions. Therefore, it may be helpful to maintain a file of each organization to which the parish nurse is a liaison as well as keeping track of how many meetings are attended and how much time is spent at these meetings. That information can be collected on the Monthly Statistics Form.

**Office Work**

There is no legal requirement to maintain this type of information, however, parish nurses spend a great deal of time at meetings, worship functions, report writing, resource development, and documenting. Depending on the statistical information needs, the parish nurse may choose to collect summary statistics related to the number of meetings and time spent performing those functions. This information is collected on the Monthly Statistics Form.
Joint Commission on Accreditation of Healthcare Organizations

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has as its goal to set the standards for quality in health care. JCAHO evaluates and accredits more than 20,000 health care organizations in the United States. Agencies surveyed by JCAHO include home care organizations, psychiatric facilities, health care networks, nursing homes, behavioral health organizations, ambulatory care providers, and clinical laboratories. To achieve accreditation, an organization must participate in an on-site survey by a JCAHO survey team at least every three years.

JCAHO has taken an interest in parish nursing as an extension of services offered through the sponsorship of the health care agency in cooperation with a local congregation. The focus of their attention has been in the home visits that are made by a parish nurse. Thus they have looked upon a derivation of their home care standards as being applicable to parish nursing as sponsored through a health care agency.

In order for an agency-sponsored parish nurse program to be eligible for survey there needs to be an “active service requirement.” This requirement is defined as home care service provided to ten or more patients (clients) during the past twelve months. In addition, there must be an active patient on service at the time of the survey. A second requirement for eligibility is the sponsorship of a health care agency. It does not make a difference if the parish nurse is paid or unpaid. This nature of the sponsorship agreement between the agency and congregation needs to be documented in writing.

Documentation of services rendered is basic not only to the requirements of the standards of parish nursing practice but to any JCAHO survey. This documentation system responds to many of the requirements of the parish nursing standards and of a JCAHO survey. The
development of policies and procedures to not only guide the ministry of parish nursing practice but the maintenance of records and of information is also a significant part of ensuring quality of the services rendered.

Guidelines for preparing for a JCAHO survey are included in the manual *The Complete Guide to the Home Care Survey Process: Home Health, Personal Care, Support and Hospice Services*. This manual can be obtained through JCAHO, One Renaissance Boulevard, Oakbrook Terrace, Illinois, 60181. For direct inquiries you may contact Robert Flores, Associate Director for Business Development at 630-792-5741.

**Policies and Procedures**

Policies and Procedures clarify information on how the documentation system is to be implemented and managed. The manual includes suggested content for four policies. They are:

♦ Documentation

♦ Confidentiality

♦ Employee Identification

♦ Maintenance of the Health Record

Policies and procedures related to documentation are necessary for all parish nurse organizational frameworks. Whether the parish nurse is in a paid or unpaid position or based in a congregation or through an institution, policy development to guide the documentation process is needed. However, who is responsible for developing and administering the policies and procedures differ based on the organizational model:

♦ Health system-based, paid—the health system is responsible for developing and administering documentation policies and procedures

♦ Congregationally-based, paid—the congregation is responsible for developing and
administering documentation policies and procedures

♦ Health system or congregationally-based, unpaid—the parish nurse is an independent practitioner and is responsible for developing and administering documentation policies and procedures. However, in some instances, the health care system may provide assistance with policy development as part of their agreement with the congregation in supporting the development and administration of their ministry.

Policies and procedures are not only necessary, but they can benefit the program by:

1. Providing guidance and structure for parish nurses in documenting
2. Ensuring that parish nurses meet minimum documentation requirements as mandated by state law, professional standards, and Joint Commission (if necessary).
3. Providing a mechanism to identify and communicate congregational and/or health institutional standards
4. Answer the question of who owns the documentation record, how it is to be maintained, for long and who has access to it

The four documentation-related policies and procedures on the following pages are only examples and are offered as a suggested template. It is intended that each parish nurse program develop a policy specific to the practice setting and submit the policy for review and endorsement to the appropriate endorsing groups or bodies. Each state law is different and congregations and health care institutions have different structures and different needs. Therefore, it is recommended that these policies and procedures are a starting point and should be reviewed by key stakeholders of the parish nurse program in addition to being reviewed by church legal
resources and/or institutional Legal Departments.

**Documentation Policy**

Most state nurse practice acts require that nurses document information that parallels the nursing process:

- Assessment information
- Problem(s)/Concern(s)/Issue(s) beginning addressed at that encounter (i.e., issue identification)
- The actions the nurse performed (i.e., nursing interventions)
- What happened to the client given the action(s) performed (i.e., nursing-sensitive client outcomes)

Although standardized languages (i.e., NANDA, NIC, and NOC) are not required by state law, they can meet the state requirements for issue identification, nursing intervention, and client outcome. In addition, standardized languages allow for data aggregation and automated report generation.

In addition to legal standards, the documentation policy includes the following professional and/or institutional standards:

- Individual records are maintained for each client
- The parish nurse must sign all clinical entries in the record
- The records must be organized in an orderly fashion by client (not date), specifically in alphabetical order
- The procedure outlines the minimum documentation for both individual health counseling one-on-one client interaction and group/population-focused care
Chapter 5, Documentation Policy

Office of Parish Nursing Services
POLICY MANUAL

SUBJECT: DOCUMENTATION

INITIATOR: APPROVAL: Name:
Title: Manager, PNS

SUPERSEDES:

Documentation Policy:

Parish nurses will document assessments, nursing diagnoses, interventions, and outcomes as described in the Parish Nurse Job Description. The documentation reflects an on-going plan of care, which incorporates the client’s values, faith, beliefs, and health issues.

II. DEFINITIONS:
   - Job Description: [Congregation or health institution] Job Description for the Parish Nurse
   - Individual health record: Includes all health counseling information related to a single client
   - Family Health Record: Includes all health counseling information related to members of a family

I. PROCEDURES:
   A. All one-on-one client interactions for health counseling will be documented. For all client interactions that are part of an on-going plan of care for a client, parish nurses will begin a client health record file. The health record can take one of two forms. It can be an individual record or a family record. Health records will be maintained in alphabetical files according to last name.
   B. At a minimum, parish nurses will complete one form, completing client demographics (name, age or age range, date and time of contact, site of contact, race/ethnicity, congregational status), referral source for first-time interactions, assessment, nursing diagnosis (NANDA), nursing interventions (NIC), outcome of interventions, parish nurse signature, and congregation.
   C. Monthly summary statistics for individual client interactions, group encounters and programs, and office work will be documented. The Worksheet Log can assist the
parish nurse in tabulating monthly statistics, but is not considered a portion of the client health record.

D. Individual interactions for screenings (e.g., blood pressure) will be documented and filed. If a client has an abnormal result in the screening, the parish nurse will document recommendations based on abnormal findings.

References:


Client Confidentiality

Confidentiality is a professional obligation. The Scope and Standards of Parish Nursing Practice requires that parish nurses act in an ethical manner, which includes maintaining confidentiality. The Health Insurance Portability and Accountability Act (HIPAA) does not apply to parish nursing, as parish nurses do not submit information to insurance companies for reimbursement. However, breaking professional confidentiality can subject the parish nurse and the sponsoring institution to liability and litigious action. Therefore, it is helpful and necessary for parish nurses and the sponsoring institution to clarify what is meant by confidentiality.

Because parish nurses work in a congregational setting, confidentiality is critical to define and can be more difficult to maintain. The congregation can be a casual environment where information is freely shared. Parish nurses must be careful what information is shared. Policies and procedures can assist in defining confidentiality boundaries.

Many health care institutions allow their employees to communicate confidential information on a need-to-know basis to benefit the client. In this case, confidentiality is maintained because all employees are bound by the same institutional confidentiality policy and cannot communicate client information outside the institution. However, in some institutionally-based parish nurse models, the parish nurse is an employee of the health system and not of the congregation. Therefore, the parish nurse is not in a position to freely communicate information to parish staff.
I. CLIENT CONFIDENTIALITY POLICY:
Parish nurses may share commonly known client information with congregational staff. Parish Nurses will not divulge confidential client information without the consent of the client.

II. DEFINITIONS:
- Commonly known client information: information readily available within the public domain or information previously disclosed to the parish staff
- Confidentiality: the trusted obligation to keep private

III. PROCEDURES:
A. The parish nurse will not divulge health-related information discussed with a client in confidence without client permission.
B. If a parish nurse and client agree to share confidential client information with another person, the client will complete a Consent to Disclose Information form. The original form is kept in the client’s health record. The client receives a copy of the completed form.
Chapter 6, Client Confidentiality Policy

Consent to Disclose Information

Your parish nurse—as a registered professional nurse, employee of [the health institution], and member of the parish staff—is obligated to treat all information shared by you in a confidential manner. In certain circumstances, in order to serve your best interests, it may be necessary for the parish nurse to consult with the pastor, a health-care provider, a member of your family, or a significant other. As a result, the parish nurse may need to discuss information disclosed by you in confidence. Therefore, the [health institution] parish nurse is requesting your written authorization before the parish nurse discusses any confidential information about you with the pastor/health care provider/family member/significant other. This authorization is needed to be obtained before the parish nurse could disclose any such information. You are not required to give this consent in order to receive parish nursing services. Further, if you do not give consent, the parish nurse will not discuss any information shared in confidence with the pastor/health care provider/family member/significant other. You may revoke the consent at any time in writing and the parish nurse will not engage in any further disclosure of information.

Authorization

I have read the paragraph above and authorize ____________________________________________________________

(name of parish nurse)

to disclose the following information:

(specify)

________________________________________________________

to _________________________________________________________

(name of the pastor/health care provider/family member/significant other)

for the purpose of discussing how the parish nurse, pastor, health care provider, family member, and/or significant other might provide assistance to me. I understand that I am not required to sign this consent in order to receive services from the parish nurse. However, if I do not provide consent, the parish nurse will not be able to consult with the pastor/health care provider in appropriate situations. Further, I understand that I may revoke this consent at any time by giving written notice addressed to the parish nurse at the congregation, and the parish nurse will not disclose any further information upon receipt of letter.

(date/time) (signature of parishioner/client) (print name)
Employee Identification

Because parish nurses work in a non-health care setting, clients may not be aware that
the parish nurse is providing nursing care and the parish nurse may generate a health record.

It is important that the nurse who is practicing in a parish nurse position be able to identify
who is the employing and/or sponsoring agency of the program. If the parish nurse is present
in the congregation as a result of a partnership between a health-care agency or institution, the
identification the nurse wears should reflect this sponsorship. This is one way in which the
client is informed of client record ownership. Although there is no legal obligation to inform
the client that a health record is being generated, the institution may wish to have a policy to
inform clients that the parish nurse is a professional nurse working for a given institution.

This can be accomplished by requiring parish nurses to wear their name tag that identifies the
employing institution at all times.
Office of Parish Nursing Services
POLICY MANUAL

SUBJECT: Employee Identification

INITIATOR:

APPROVAL:
Title: Manager, PNS

SUPERSEDES:

Review Date: 20__ 20__ 20__
Approval:

I. **EMPLOYEE IDENTIFICATION POLICY:**
Parish nurses, when working, will identify themselves as a [health institution/church] employee.

II. **PROCEDURES:**
Parish nurses, when working, will wear their [health institution/church] employee name badges at all times.
Maintenance of Health Records

The health record generated by the parish nurse must be managed and stored in an appropriate manner to ensure that the parish nurse can retrieve the health record when needed and that confidentiality is maintained. Proper maintenance of the record is a legal obligation and can minimize liability.

If the parish nurse is employed by a Health Care Institution or the congregation, the institution that hires the parish nurse owns the health record and is responsible for the maintenance of the health record. In a paid organizational framework, the institution—be it the church or the health institution—whose name appears on the parish nurses paycheck owns the health record. Even though a church may provide some funding for the program, if the health system directly pays the nurse, the health system owns the record and is responsible for maintaining the record. Many churches view this arrangement as a benefit so that the health system maintains the responsibility and the liability for the health record and care provided. In an unpaid organizational framework, the parish nurse is an independent contractor and owns the record. The contract between the church and the parish nurse should stipulate who owns the health record.

This policy stipulates that the parish nurse can only release the health record to the client. It is the client’s choice whether the client shares the record with another individual (e.g., physician or other health care provider). In addition, this policy addresses the following issues:

♦ Who has access to the record
♦ How is the record maintained and transferred to another parish nurse in a confidential manner
♦ How long does the record need to be maintained
Office of Parish Nursing Services
POLICY MANUAL

SUBJECT: Maintenance of Health Record

INITIATOR: Name: Manager, PNS
Title: Manager, PNS

APPROVAL: Name:
Title: Manager, PNS

SUPERSEDES:

MAINTENANCE OF HEALTH RECORD POLICY:
Records that document services provided by the parish nurse are the property of [the employing institution] and are maintained in a secure place. The data in these records may be used for continuing quality improvement and/or other research purposes following the applicable laws.

I. DEFINITIONS:
• Secure place: A cabinet in an office in the congregation that can be locked by the parish nurse. The nurse is the sole owner of the key to the cabinet.
• Continuous Quality Improvement: a never-ending search for excellence to achieve enhanced health care outcomes, deliver caring personal service, and provide user-friendly, cost effective systems.

II. PROCEDURES:
A. All records are kept in a locked file cabinet in a secured parish nurse office.
B. All records that are used for educational purposes or continuous quality improvement monitoring will have identifying data removed (i.e., name, address, phone number).
C. Individual records may be transferred to another congregation that participates in [employing institution]’s parish nurse program when a parishioner transfers church membership and requests that his/her records are also to be transferred.
   1. The client will sign the form, “Consent For a Record to Be Transferred.”
   2. The transferring parish nurse documents in the record the date and time of the transfer. The receiving parish nurse documents the date and time the record is received.
   3. Transfer of the client record is done from one parish nurse to another, and “Consent for Records to be Transferred” is signed.
   4. The original consent form is retained in the client’s record. The client will receive a copy of the consent.
D. If a congregation discontinues or suspends participation in the parish nurse program, individual records will be transferred to [employing institution]’s Parish Nursing Services office.
   1. Inactive records shall be retained for a period of five (5) years.
   2. Records are maintained in a locked cabinet.
   3. After 5 years, the records are shredded, by [employing institution].
E. A copy of the individual’s record may be released to the client upon completion of the “Authorization to Release Information from Health Record” form.
Consent for a Record to Be Transferred

Print Client’s Name:__________________________________________________________

Daytime Phone Number:______________________________________________________

I, ________________________________________________, do hereby authorize

________________________________________, an [employing institution] parish

(name of client/legal guardian)

(name of parish nurse)

nurse, to release my health care record to _______________________________________

(name of parish nurse)

at ________________________________________________________________

(name of congregation/church)

concerning the care I received from the [hiring institution] parish nurse from

____________________ to _______________.

(Dates of care)

I understand I have the right to inspect and copy the information to be disclosed.

__________________________

(Date/Time)                  Client Signature/Guardian

__________________________

(Date/Time)                  Witness

__________________________

(Date/Time)                  Transferring parish nurse

__________________________

(Date/Time)                  Receiving parish nurse
Authorization to Release Information from Health Record

Print Client’s Name: __________________________________________

Daytime Phone Number: ______________________________________

I, ____________________________________________, do hereby authorize ___

(name of client/legal guardian)

______________________________, an [employing

(name of parish nurse)

institution] parish nurse, to release to _____________________________

(name of client/legal guardian)

______________________________ the following information:____

______________________________

______________________________

caring the care I received from the [employing institution] parish nurse

from _______ to _______ for the purpose of ______________________

(Dates of care)

______________________________

______________________________

I understand that I may revoke this consent at any time by written notice

addressed to the parish nurse at the congregation.

___________________________  __________________________

(Date/Time)              Client Signature/Guardian

___________________________  __________________________

(Date/Time)              Witness
CHAPTER 7

PERMISSION TO USE THE INTEGRATION DOCUMENTATION SYSTEM

To continue the spirit of the system’s development, use of the Integration Documentation System is free. However, parish nurses are to request permission to use the system by e-mailing the following information to eburkha@luc.edu, including “parish nurse documentation” in the subject line of the e-mail:

Name:______________________________________________________________________

Address:___________________________________________________________________

Phone number: ________________________ e-mail address: _____________________

On average, how many hours per week do you work as a parish nurse? ______________

Have you taken the IPNRC endorsed basic preparation course in parish nursing? __________

Describe your parish nurse program:

Paid or Unpaid? ______________

Hospital or Congregation-based: ________________

How many parish nurses will be using the system? ______________