



AMBULATORY
SERIES

PART 2

Reducing hospital readmissions through faith community nursing

By Rebecca Heitkam, MACS, BSN, RN-BC, CCRN

In response to a community health needs assessment, Emory Saint Joseph's Hospital (ESJH) and the Emory Healthcare System in Atlanta, Ga., began to formalize partnerships with community stakeholders in 2016.¹ These partnerships were designed to benefit vulnerable patient populations in the community. The most urgent care needs identified from the needs assessment included lessening barriers of access to care, expanding awareness of healthy behaviors and available resources, increasing the focus on preventive care, and managing chronic conditions. However, how to meet those needs in a healthcare environment in which reimbursement is declining and resources are limited was challenging.

Emory Healthcare is the largest academic healthcare system in Georgia, currently comprising 11 hospitals, over 2,000 physicians concentrated in 70-plus subspecialties, more than 25,000 employees, and the largest clinically integrated network in the



state. ESJH is one of only three hospitals in the world—and the only community hospital—to achieve Magnet® recognition six consecutive times for its rigorous standards for nursing excellence. The rich history of faith, community service, and academia provided a unique opportunity to increase trust and offer a focused, innovative service for the most vulnerable communities in the metropolitan Atlanta community.

The initiative began in the fall of 2016 with the creation of the Congregational Health Ministry and Faith Community Nursing Program, managed by a nurse director board certified in faith community nursing. By early 2017, the CEO of ESJH agreed to sponsor and fund the program for the Emory Healthcare system. Within a few short months, the program generated intense interest among Emory Healthcare RNs, many of whom volunteered their services for the work performed in the program.²

The program

The two primary objectives for the program were training RNs in the scope and standards of faith community nursing and participation in faith community nursing patient initiatives geared toward prevention of chronic disease through healthy lifestyle

choices, management of complex medical issues, decreased incidence of hospital readmissions, better quality of life, improvement in coping strategies, and provision of emotional support through the “intentional care of the spirit”—the focus of the specialty practice of faith community nursing.

In just 2 years, the program exceeded initial expectations. Since the scope of faith community nursing practice is so specialized, it was originally assumed that only a small number of nurses (15 to 20 per year) would be interested in taking the course or engaging in the work of the program. However, by the spring of 2019, ESJH commissioned over 324 RNs during its *Foundations in Faith Community Nursing* course, representing the largest cohort of faith community nurses in one healthcare system in the US.

In addition to educating and commissioning faith community nurses, each RN was given the opportunity to take part in several initiatives that focused on the program’s objectives, such as the faith community nurse navigator project, the national diabetes prevention program, and various short-term activities for those RNs who couldn’t commit to a 1-year program.

Navigator project

Faith community nurses interested in the navigator project received additional training in transitional care nursing. After completing their education, the faith community nurse navigators accepted a 1-year assignment with a single patient with complex, chronic medical conditions and frequent readmissions to the healthcare system. By assisting the patients to navigate their healthcare journey more effectively and providing spiritual and emotional support to the patients and their families, the navigators decreased healthcare costs to the system, and the patients reported an improvement in their quality of life. When it was possible to do so, nurses were paired with patients who shared a similar worldview or faith tradition.

In the first 10 months, the program enrolled 33 patients. Of these patients, 16 had frequent readmissions to the hospital (inpatient and ED visits) and were at high risk for 30-day readmissions. The other 17 patients were also at high risk for readmissions, but were either new to the healthcare system or no longer active in the program. Led by a faith community nurse coordinator with over 30 years’ experience in parish nursing, the faith community nurse navigators had positive results. (See *Navigator project outcomes*.)

The standard interventions initiated by the faith community nurses navigators included:

- providing emotional support instead of patients being admitted to the ED for anxiolytics and opioids

Navigator project outcomes

N = 16	Average per patient previous year	Average per patient current year	Percent change
30-day readmissions	3.2	0.7	79.0% decrease
Inpatient visits	7.9	3.4	57.2% decrease
Emergency visits	6.3	5.4	13.3% decrease
Length of stay	8.6	4.0	53.9% decrease

- communicating with healthcare providers, which enables earlier intervention than patients could achieve alone
- navigating patients' multiple healthcare providers and working with the appropriate providers to provide symptom management support
- marshaling outpatient and community resources
- bridging the communication gap to increase medication reconciliation

classes across Emory Healthcare and in the community. Understanding that healthy lifestyle choices can have a positive impact on chronic disease, ESJH chose to use the CDC's evidence-based program as the gold standard for diabetes education to promote health and wellness. The research behind the CDC program spanned many years and included several thousand participants with the goal of preventing type 2 diabetes in

to organize and manage due to inconsistent local support and availability of classroom space. However, the relationships that were formed with local congregations proved instrumental in hosting health fairs and other educational events for parishioners until more formal programs could be established.

With such a high level of interest in the program, Emory's health and wellness division created a steering committee to



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- building trust and improving communication between patients and healthcare providers
- teaching patients how to manage chronic conditions in a way that makes sense to them—the ultimate goal in patient- and family-centered care.

To accomplish these interventions, the navigators called their patients at least once per week (more often if indicated), accompanied them to provider visits (if time permitted), and occasionally visited them at home. According to the patients, the personal, face-to-face attention and the willingness of the navigators to pray with them when requested set the Emory program apart.

National diabetes prevention program

Another successful Congregational Health Ministry initiative was the facilitation of national diabetes prevention program

participants who had prediabetes and were at significant risk for developing the disease.³ According to the research, 9 out of 10 people with prediabetes were unaware they had it; if they didn't change their lifestyle by losing weight and becoming more physically active, many developed type 2 diabetes within 5 years of the assessment.

The faith community nurses expressed interest in becoming national diabetes prevention program facilitators. By the end of 2017, 38 faith community nurses were certified to lead the year-long classes. In the first three classes, more than 60 participants were enrolled. In the 16 months following the first class, participants collectively lost over 320 lb. Additionally, more than 65% of the participants reduced their A1c levels (an indicator of consistent blood glucose control). Community classes were difficult

coordinate class opportunities for Emory Healthcare employees who wanted to participate. Faith community nurses already trained as facilitators were given the opportunity to lead healthcare system classes for employees, and they indicated professional and personal satisfaction from their ability to assist colleagues who participated in the program as “patients” in reaching their personal health goals.

Short-term activities

To meet the need for short-term activities for faith community nurses who couldn't commit to a full-year project, a process was established to coordinate volunteer hours and assignments at local community health fairs and educational events. These RNs volunteered for 4 to 8 hours at a time, screening participants for high BP, stroke risk, diabetes, and

other chronic health conditions. In addition, they provided education on health topics of interest to the particular community they served.

Professional satisfaction

The entire Faith Community Nursing Program at ESJH and Emory Healthcare is known locally as nFaith and has provided many unique opportunities for the system's RNs to achieve professional nursing satisfaction, as well as personal spiritual fulfillment.

Before the RNs can practice as faith community nurses, they're required to take the *Foundations in Faith Community Nursing* course, which is typically 35 to 40 contact hours and conducted over a 5- to 6-day period. The national curriculum for the course was created (and owned) by the Church Health Center in Memphis, Tenn., and is approved by the American Nurses Association. Healthcare systems that wish to host a course can contact the Church Health Center and inquire about affiliate faculty training. ESJH's director for congregational health became an affiliate faculty provider in 2016, and the four courses provided since that time have been incredibly well-received by the nursing staff.

In fact, in a survey done in June 2018, 98 of the system's faith community nurses answered questions about their satisfaction with the program.⁴ Of those who responded, 13.9% said they were "satisfied" with the program, and 86.1% were "extremely satisfied." When asked about the program's impact on their continued employment at Emory Healthcare, 43.9% said the program made them "want to stay and not even look for other job

opportunities." An additional 5.1% said the program had caused them to "turn down a job opportunity elsewhere." Since the program costs the healthcare system less than \$400,000 annually, the unexpected positive impact on employee engagement is considered to be extraordinary.

The RNs' success and personal fulfillment can be summed up in some of their comments. "I can't tell you what a blessing this course has been to me," said an RN who participated in the *Foundations* class. Other RNs remarked, "You're giving nurses a wealth of knowledge that we can use in the community" and "I'm overwhelmed to have been given the opportunity to become a faith community nurse. I feel like I've come home."

One small thing

The Congregational Health Ministry and Faith Community Nursing Program has been a success with patients, program participants, and Emory nurses. The program goals have been accomplished without hiring additional full-time equivalents or increasing expenditures. Approximately 40 to 50 RNs volunteer or use their community projects for the professional levels advancement plan within the health system. The program model is simple enough for other healthcare systems to employ to support their community health needs and decrease hospital readmissions.

The director of the program explained its philosophy in one sentence: "If each of our faith community nurses does one small thing, and each small thing meets the needs of one vulnerable population in one community, the

potential for impact is incredible." To paraphrase Apple cofounder Steve Jobs, those who believe they can change the world are the ones who usually do. Emory Healthcare believes its nurses can do the job. In their work as faith community nurses, Emory RNs are transforming healthcare for those they serve. **NMI**

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Rebecca Heitkam is the specialty director, congregational health ministry/faith community nursing, at Emory Saint Joseph's Hospital in Atlanta, Ga., and can be contacted at Rebecca.Heitkam@emoryhealthcare.org for more information about the program.

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