Parish Nurse and
Health Ministry Advocacy Guidelines

Overview

A parish Faith Health Ministry utilizes a Parish Nurse or a Health Ministry Advocate (or both), operating with the approval of the pastor and under the guidance of a Faith Health Ministry Committee (or similar) to work with resources in the parish and community to provide assistance, support and education to members of their faith community that are addressing medical needs for themselves or their loved ones. Primary aims of Health Ministry typically include:

- Care of the sick and frail by striving to meet physical, spiritual and social needs.
- Promotion of healthy lifestyles through wellness education.
- Assistance accessing healthcare services and resources for those in need.

Health Ministry Advocates and Parish Nurses are individuals in the church, who, with the support of their Pastor and Faith Health Ministry Committee, work to promote health with an emphasis on the spiritual component of health, wherein an individual’s awareness of God’s love and care enhances healing and lessens isolation and loneliness. A Health Ministry Advocate can be a nurse, physician, allied health professional (such as social worker, counselor, pharmacist, physical therapist) or other volunteer with a call and the background for this ministry. A Parish Nurse is a Registered Nurse who has also completed a spiritually centered specialty nursing course. A Parish Nurse can be either a volunteer or paid staff member of the church.

Steps to Begin a Faith Community Health Ministry
(Note: Each Parish situation is unique; the below are recommendations)

1. Assess Existing Parish Ministries and Needs
   A. Meet with the leaders of current programs to determine what they do and how a health ministry program could help with their ministry.
   B. What programs promote health and healing?
   C. Are there many in the parish that lack access to healthcare services?
   D. Who ministers to the home-bound?
   E. Who ministers to individuals experiencing a life crisis – change in health, job loss, divorce?
   F. Who ministers to the sick and dying? (Individuals are frequently most open to spiritual growth in times of need.)
   G. What support groups or programs address grief, loss, transition and/or death issues?
   H. Where do you see gaps in care?
I. Are parishioners receiving pastoral and other needed care after discharge from a healthcare facility?
J. How does a Faith health ministry program fit in?

2. Learn about Health Ministry and Obtain the Support of your Pastor and Church Leadership:
   A. Contact Catholic Charities to view a DVD and access other resources on starting and sustaining a Parish Health Ministry. They can connect you with other parishes that have a parish nurse or health ministry program.
   B. Talk to your pastor and others in your church.
   C. Clergy support is essential for a successful health ministry program.

3. Establish a Faith Health Ministry Committee
   A. The Health Ministry Committee provides guidance, direction, and support to the Faith Health Ministry. This committee should include both medical professionals and other concerned individuals from the parish community who collectively know the faith community, how to access community resources, and enough medical background to facilitate this ministry. The group should include visionaries, thinkers, and doers in health as well as non-health related fields. It should represent various groups within the parish such as married couples, single adults, youth, seniors, healthcare professionals, business people, and homemakers.
   B. Key Decisions
      1) Will you have a Health Ministry Advocate? Parish Nurse? Both?
      2) Will the Health Ministry Committee be under the direction of the Pastor or Parish council? Who will lead the Committee?
      3) How will the ministry be financed?
   C. Identify Desired Health and Spiritual Related Activities, and Set Goals:
      1) What unmet needs exist in the faith community?
      2) Consider a survey/questionnaire to assess the congregation’s needs and interests.
      3) What resources exist within and outside of the congregation to meet these needs?
      4) Set goals and priorities for the Health Ministry program.
      5) Don’t forget the power of Prayer!
   D. Launch ministry, and communicate your programs and ministry using:
      1) Church bulletin inserts
      2) Articles in the church newsletter
      3) Bulletin boards with health and wellness information
      4) Announcements at Mass
      5) Individual conversations and group presentations

4. Requirements: (Safe Environment mandated)
   A. Safe Environment Training is required for employees or volunteers ministering to elderly, homebound, or vulnerable adults as mandated by the Archdiocese.
   B. Safe Environment training Outside of Parish:
      1) Employee or volunteer may be trained at a parish site other than their own parish.
2) Training may also take place at the Catholic Pastoral Center. However, individuals seeking training outside of their parish still must contact their own parish facilitator to complete all elements of the protocol.

3) When an individual is trained at an alternate site, it is the responsibility of the applicant to present a certificate of training to the parish facilitator for whom they will be employed or volunteer.

4) Home and healthcare facility visitation personnel should receive training to enhance communication and listening skills to assist those dealing with crisis, grief and loss.

C. Training to maintain personal safety is also recommended for home visitation personnel.

D. Additional requirements for Parish Nurse employee or volunteer: (Catholic Mutual Guidelines for Parish Nurses within any Health Ministry Programs)
   1) Graduate of an accredited school or college of nursing.
   2) Verification of current licensure as a Registered Nurse.

5. Responsibilities of Health Ministry Personnel:
   A. Employee and Volunteer Parish Nurses and Health Ministry Advocates must:
      1) Uphold the mission and values of Catholic teaching that each person is made in the image of God with inherent dignity.
      2) Treat all persons with integrity and respect in accordance with the Archdiocesan Code of Conduct and strive to demonstrate Christ’s love and compassion in all relationships.
      3) Refrain from acts of dishonesty or fraud (zero tolerance).
      4) Parish name tags are recommended for ministry employees or volunteers, especially when visiting parishioners.
   B. Conflict of Interest Prohibited:
      A conflict of interest may occur when Health Ministry Personnel have the potential to take advantage of a ministry relationship in order to further their own personal, religious, political, or business interests.
   C. No Parish Nurse or Health Ministry Advocate shall use a ministry relationship for his or her private or personal advantage or the private or personal advantage of an immediate family member.
   D. Gifts:
      Parish Nurses and Health Ministry Advocate employees and volunteers may not accept gifts or payment of any kind for their services. Services may not be offered to parishioners with the expectation that benefits will be reciprocated in any way.
   E. Privacy Regulations:
      1) The nature of compassionate care services that may be provided in Health Ministry requires employees and volunteers to sign a confidentiality agreement which will remain on file in their parish(s) of service.
      2) Parish Nurses and Health Ministry Advocates visiting patients in healthcare facilities may not share patient information (status or condition) at the parish or with a patient’s family when that information is gained through their work, paid, non-paid or volunteer, at the healthcare facility. Information may only be shared with parishioner consent to do so.
3) Exceptions to the confidentiality requirement include mandatory reporting circumstances of suspected abuse or neglect.

4) Consent should be obtained from the parishioner or their loved one before publishing prayer intentions in the church bulletin or during liturgies.

F. Reporting Abuse or Neglect: State law and Archdiocesan policy requires reporting of suspected abuse or neglect:

1) If you have reason to believe, or if you have personally observed, that any minor (under 18 years of age), elderly, or other vulnerable person has been subjected to serious neglect or abuse, whether sexual, physical or psychological, you have the duty to report the neglect or abuse to the Oklahoma Department of Human Services by calling the appropriate number:

   Adults: Adult Protective Services: 405-521-3660
   Long Term Care Investigators: 405-521-3440
   Youth: Child Abuse & Neglect Hotline: 405-767-2800

2) Additional Archdiocesan Reporting Requirement:
   In addition to reporting an incident of abuse or neglect to the Department of Human Services you must also report the incident to the Archdiocese by calling both the:
   Archdiocesan Hotline: 405-720-9878, and
   Vicar General: 800-721-5651.

General Policies Related to Health Ministry

1. Insurance and Liability:
   A. Parish Nurses and Health Ministry Advocates should never engage in any activity that has the appearance of a clinical procedure without a standard release or “Hold Harmless” form, which is presented to and signed by the client. Release forms should clearly state that church based health ministry is not intended to replace treatment prescribed by a physician.
   B. No health ministry activity should ever be “invasive” or involve drawing blood or other body fluids. This includes the use of “finger sticks” for diabetes screening, unless a health department or medical facility, clinic, lab or hospital is brought in for an event and provides its own release forms and provides proof of professional liability insurance, a copy of which is maintained by the parish.
   C. If the parish directly employs a Parish Nurse or Health Advocate, or utilizes volunteers for this ministry, then the diocesan insurance covers the parish and the health ministry personnel. This coverage only applies while the individuals are working or volunteering for the parish (not when working for other organizations). Should the Health Advocate be a physician, then the physician would need to provide his or her own professional liability coverage.
   D. There is no coverage for a nurse or other health ministry personnel dispensing medication or making a medical diagnosis; these practices are not allowed under any circumstances.
   E. Licensed providers must work within their scope and standards of practice.
2. Transportation:
Parish nurses and Health Ministry Advocates using their personally-owned motor vehicles in the course of their employment or volunteer duties must have a current driver’s license and motor vehicle insurance and provide the parish or school with proof of same annually. Completion of an on-line defensive driving course is recommended for personnel providing transportation services.

3. Documentation
A. Statistics of Health ministry activities and client interactions should be kept to provide information to the Pastor, Health Committee and Parish Council and to measure overall program benefit to the parish. Reports should be in terms of numbers to preserve confidentiality of clients.
B. If records of client interactions or health ministry activities contain personal information the records must be maintained in a locked cabinet/drawer to protect the privacy of the client. (If you use a computer to document it must be password protected.)
C. Tracking activities also will assist to identify what activities are most beneficial and may be used to write grants to support your ministry.

4. Catholic Charities Support:
A. Contact Parish Engagement at 405.523.3000.
B. For the first 6 months of your health ministry Catholic Charities staff will be available to meet with you on a monthly basis to make sure you are getting the support and help you need to develop your program. Thereafter we will plan on meeting annually (more often if needed) to assist in shaping and evaluating your health ministry.

5. Training available:
A. Establishing policies and procedures and creating forms for use in health ministry including forms to document health ministry activities and client interactions.
B. Guidance to identify community resources for social services, healthcare and health and wellness education.
C. Communication and listening techniques to better assist clients experiencing grief, loss and crisis.
D. Personal safety tips to be aware of when visiting clients in their home or elsewhere.
E. Disaster preparation, response and recovery.
F. Cabrini Ministry program and Suicide Prevention resources and training.
G. Training to access Catholic Mutual Group educational on-line resources
H. 211 Resources and programs.
I. End of Life Issues
Examples of Health Ministry Activities

1. Care both during and after hospitalization, or for those in declining health:
   - Work closely with your pastor and pastoral personnel at area healthcare facilities - every effort should be made to visit persons in nursing homes, hospitals, rehabilitation centers, and the homebound.
   - Mobilize volunteers in church to provide needed services for the homebound and those recently discharged from hospital, meals, home safety, errands, other services, etc.
   - Communicate with your pastor especially regarding persons who have experienced a faith crisis who would like to return to the church, receive Holy Communion, the sacrament of Penance or sacrament of Anointing of the Sick.
   - Help those who need assistance to attend Mass, provide transportation or assist them from their car into church.

2. Collaboration with organizations and “experts” in the congregation and community to provide education, for example:
   - Presentations on topics dealing with health – Diabetes, Cancer, Congestive Heart Failure, Stroke, Nutrition, Exercise, Arthritis, Medications, Mental health, Alzheimer’s, Chemical dependency, AIDS, and CPR
   - Stress management
   - Wellness classes
   - Personal safety classes
   - Bulletin articles on health and safety topics

3. Act as a Resource Person - Provide Access to and/or Partner with Resources in the Community, for example:
   - Often there are services in the community that a person may not know about that can improve their quality of life - assist to navigate social services, healthcare systems, home health, hospice organizations, etc.
   - Collaborate with state and county health departments, hospitals, clinics, etc. to provide health screenings, cholesterol, diabetes, blood pressure checks.
   - Assist uninsured or underinsured obtain health care services.

4. Support Spiritual, Social and Emotional Needs, for example:
   - Encourage personal spiritual growth through prayer, quiet time, bible study, etc.
   - Coordinate support groups
   - Provide support and respite services for family members in long-term care giving situations
   - Palliative care options/hospice
   - Prayer Services/Retreats