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## Creating a Best Practice Model for Reopening Parish Nurse Sites Post-Pandemic

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### Cover Page Footnote

Mary Lynne Knighten wishes to thank the Lord for calling her to this ministry of service. She acknowledges the pastors and parishioners of St. Dominic Catholic Church for 25 years of support, and appreciates the partnership with QHFP since 2010. Erica Macias extends her heartfelt gratitude to the QHFP team for their unwavering commitment through the pandemic, for setting an inspiring example for others in the community, and for upholding QueensCare's mission.

## **Practice Matters**

### **Creating a Best Practice Model for Reopening Parish Nurse Sites Post-Pandemic**

#### **Introduction**

The COVID-19 pandemic changed the world. While the phrase “new normal” has been coined, things will probably never be quite the same and we now look at care through a new lens of safety. Emergency orders were in place from early 2020 until May 2023, when the Los Angeles County Department of Health (LACDPH) lifted those orders for gathering, distancing, and masking. These restrictions and guidelines limited the practice and presence of faith community nurses (FCNs), also known as parish nurses and congregational nurses, in churches, synagogues, and mosques. While the federal government declared an end to the pandemic public health emergency pandemic on May 11, 2023 (CDC, 2023), the COVID-19 virus continues to exist and mutate. Infectious disease experts assert that we must regard it as endemic—just as the flu is every year. We must continue to practice safely and be prepared for potential future health emergencies.

#### **Background and Significance**

Because the faith community environment was identified as a COVID-19 virus “superspreader” opportunity, group worship was halted and most faith communities moved to an online platform for virtual live-streamed prayer and worship services, while temporarily closing places of worship (Knighten et al., 2021). Three years of pandemic isolation has made it difficult for the FCN/PN ministries to practice presence with their constituents. It also has created challenges for converting live-stream participation back to in-person attendance at services, meetings, and events.

#### **Meeting Community Needs During the COVID-19 Pandemic**

The *Faith Community Scope and Standards of Practice* define the goals of FCNs as “protection, promotion, and optimization of health and abilities; prevention of illness and injury; facilitation of healing; alleviation of suffering; and advocacy in the context of the values, beliefs, and practices of a faith community” (AMA & HMA, 2017, p.2). FCNs provide intentional care of the spirit along with health promotion and disease prevention (or mitigation) in the faith community, as well as in the broader community (ANA & HMA, 2017).

During the pandemic, FCNs were innovative in adapting their ministry services. They initiated outreach phone calls; provided virtual prayer sessions, health counseling services, support groups, yoga/exercise classes; and facilitated telehealth visits with healthcare providers. Additionally, FCNs were regarded as trusted health and faith experts. As such, they provided consultation to their faith community leaders on safety procedures, translated evolving health information to the community, and coordinated COVID-19 testing and vaccination sites.

## **Planning for Reopening**

St. Dominic Catholic Church has had a full-service agreement with QueensCare Health & Faith Partnership (QHFP), a division of QueensCare, a nonprofit public benefit corporation located in Los Angeles, CA. QHFP provides supportive health care services and case management services at no cost to underserved and vulnerable populations in cooperation with numerous churches, temples, synagogues, mosques, faith-based schools, and social services agencies. QHFP expands awareness and access to healthcare through health screenings, health education, transportation to health facilities, accompaniment to appointments, health education presentations, and outreach efforts with the goal of providing the underserved with a point of access to health care in a safe and personal manner. At St. Dominic's all QHFP services are provided by their parish nurse and community health worker (CHW) on the church property for four hours every week since 2010. As news of the pandemic "shutdown" hit the local media on Friday the 13<sup>th</sup> of March 2020, the QueensCare Community Health Outreach Manager and St. Dominic's Health Ministry Director collaboratively developed a communication plan to discontinue all in-person services until such time that the LACDPH eased restrictions on in-person gathering.

On November 14, 2021, a collaborative plan was developed to offer COVID-19 and flu vaccination clinics and to initiate in-person parish nurse and CHW services. The first day of service commenced with a mini health fair hosted by QHFP in partnership with QueensCare Health Centers at St. Dominic's using canopies outside on the patio and inside the adult education building using proper ventilation and air filtration modular units.



The QHFP parish nurses administered flu and COVID-19 vaccines while St. Dominic's volunteer nurses managed patient volume and flow. Mental health resources, diabetes screenings,

blood pressure checks, health insurance enrollers, and asthma prevention education services were offered. The team members who were involved included QHFP team of CHWs, and parish nurses, and QueensCare Health Centers staff which included pharmacists, enrollers, and the Pediatric and Adult Disease Management Team.

The St. Dominic's team included volunteer nurses, the Health Ministry Director, and the pastor who opened the event with a prayer and blessing.



### Overcoming Challenges

QHFP and St. Dominic Health Ministry strategized reopening tactics at St. Dominic Church to ensure a safe environment in which to offer quality services. Prior to reopening, QueensCare personnel conducted a readiness assessment to prepare the safe resumption of QueensCare's services at its partnership sites. This started with the reopening of St. Dominic Church. A standardized procedure was created and followed:

- (1) Approval was granted by the QueensCare Chief Medical Officer based on LACDPH requirements.
- (2) Policies and procedures were updated and approved by QueensCare leadership and the QueensCare Board of Directors.
- (3) Lab licenses were renewed.
- (4) Standing orders were updated to be in place for vaccinations, blood pressure, osteoporosis, glucose, and cholesterol screening.
- (5) Vaccine storage and transportation policies were created based on manufacturer recommendations and LACDPH recommendations.
- (6) A physical plant walkthrough occurred with St. Dominic's plant manager.
- (7) Air purifiers were purchased based on room dimensions using the Centers for Disease Control and Prevention (CDC) Building Ventilation Requirements (CDC, 2019) and Harvard COVID-19 Calculator (Harvard, 2021) to help people who are using carbon



dioxide (CO<sub>2</sub>) monitors understand ventilation rates in indoor spaces and determine a maximum safety level.

- (8) The Memorandum of Understanding between QHFP and St. Dominic was renewed.
- (9) A letter was created to require COVID-19 vaccination and universal precautions (masking, distancing, hand hygiene, sanitizing surfaces) for QHFP staff and Health Ministry volunteers.
- (10) Process maps with instructions for event layout and workflow, set-up, and breakdown were created. These workflows tested at St. Dominic Church were replicated at other sites.



Most sites weren't ready to re-open. Religious leaders were reluctant to re-open when services were still being offered online. Faith communities had lost office staff and congregants during the pandemic. Some were just scared and said they would welcome QHFP back when they were "ready". The needs assessment and readiness analysis were critical to identify areas of need and both congregation and community perspectives, as well as determining traffic flows to prioritize sites for reopening. The CHWs investigated the existence of ongoing support of social service agencies, food banks, shelters, and other places of worship. Particular attention was placed on identifying specific underserved and under-resourced populations (immigrant, unhoused, and uninsured) while focusing on community needs such as food insecurity, housing, and access to healthcare. The QueensCare Community Health Outreach Manager contacted agencies and places of worship within QueensCare's primary and secondary service areas within Los Angeles County to identify new partners and renew relationships with previous partners.

Various communication methods were used to announce the reopening, including a local newspaper article, bulletin and pulpit announcements, personal invitations by the CHW who visited local food pantry sites, social media, and the [My California Vaccine Management System](#) to enable broader Los Angeles County community access. The My California Vaccine outreach for Flu/COVID-19 vaccines resulted in approximately 30 people weekly being vaccinated during the QHFP parish nurse's 4-hour office hours and about four people continued weekly. Community members could also walk in.

QueensCare staff provided health education to address COVID-19 vaccine hesitancy, including the pros and cons of getting vaccinated, rationale for vaccination, dispelling myths, and reassuring the safety of vaccinations. The QHFP parish nurses provided education and information about QHFP services over Zoom to parents and teachers at schools, social service agencies, places of worship, as well as in the community. Additionally, the St. Dominic Health Ministry Director (an FCN) led Faith Community Nurses International to partner with *#ThisIsOurShot* to provide a webinar to over 75 FCNs nationally. The goal was to provide evidence and train FCNs to dispel myths and improve vaccine uptake, which is important in addressing the needs of at-risk, underserved populations.

### **Reopening One Faith Community at a Time**

The QHFP team and St. Dominic's health ministry partnered to plan the transition from vaccine administration to regular whole-person health services, based on CDPH issued nondiagnostic licenses, additional lifting of COVID-19 restrictions, and the decline in the need for vaccines.

After the initial opening at St. Dominic's in November 2021, five more sites were opened by Spring 2022, and at the time of this writing, QHFP has opened a combination of 26 reopened and new sites. Some faith-based organizations that previously provided warm meals in a public setting were unable to reopen due to the sanitation and distancing requirements. This greatly disrupted services to those elderly, stay-at-home, and unhoused individuals who relied on the food, fellowship, and parish nurse services. Some grab-and-go or food distribution pop-ups emerged, but the services were not as robust.

Results of the needs assessment revealed the opportunity to update site hours to better meet the needs of the community and expand services to new sites. Schedules were changed at some sites to be offered twice a month vs. weekly, which enabled presence at more sites and the ability to serve larger volumes of community members. This also allowed more time between visits for clients to make progress on mutually set health goals.

Additional needs assessment results demonstrated the need to change and update role responsibilities:

- The role and scope of practice of the CHWs was enhanced to empower responses based on a pre-determined standard of practice (e.g., they take BPs and inform the PN of abnormal findings to provide health education and follow-up).
- CHWs connect congregants and community members to the local health centers.

- CHWs make referrals to social service agencies, arrange transportation, and accompany appointments with warm handoffs.
- PNs provide a holistic care approach and provide free preventative health screenings.
- PNs deliver direct access to healthcare and connect with the primary care providers of patients to help them maintain their health and make life changes.
- PNs generate referrals to primary care providers and help to mitigate emergency room visits while bridging the gap in health access, improving health outcomes, and helping to regain patient trust regarding the health system.

### **Conclusion**

The COVID-19 pandemic disrupted traditional community services; changed how people received healthcare; and left individuals, congregations, and communities concerned, confused, and isolated. The QHFP program in Los Angeles County worked with one faith community site to reopen services, extend workflows, and standardize the process to reopen dozens of sites in three years while still working within guidelines required by county health officials and the ongoing COVID-19 precautions. Conducting needs assessments has enabled QHFP and its partners to address community needs from a whole-person health perspective and create a replicable best practice model for reopening sites post-pandemic.



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