

Faith-based Transitional Care Model Clinic: Pilot Project

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Background

High readmission rates are costly for both patients and hospitals. According to the Agency for Healthcare Research and Quality (AHRQ; Weiss & Jiang, 2021), the nationwide readmission rate in 2018 was 14%, and the nationwide cost of readmission was estimated at \$15,200 per case. Reducing the rate of hospital readmissions is a critical objective for healthcare organizations to receive full insurance reimbursement. A strategy to address readmission rates is implementing a faith-based advanced practice registered nurse (APRN)-led Transitional Care Model (TCM) clinic which provides nursing and spiritual care to patients after discharge by an APRN trained in Faith Community Nursing (FCN) (Heitkam, 2019; Strait et al., 2019; Zieberth & Campbell, 2016). In this unique type of clinic, an FCN-trained APRN provides wholistic care by assessing spiritual needs and assisting patients in understanding the healing process (American Nurses Association & Health Ministries Association, 2017), reinforcing healthy habits and discharge education, thus reducing hospital readmissions.

This quality improvement project aimed to develop, implement, and evaluate the education of a health ministry team at Refuge Bible Church (RBC) to inform development of a faith-based APRN-led TCM clinic.

Methods

The project lead (YKC) recruited 17 RBC congregants who expressed interest in volunteering at a future APRN-led FCN TCM clinic. To train them for working in the clinic, they were invited to participate in an education session by the project lead with a Microsoft® PowerPoint® presentation about delivering wholistic care explaining the FCN TCM model and sharing examples. The education session occurred in September 2024. The presentation started with RBC's mission and vision statement followed by the FCN history and a description of the role and responsibilities of APRNs. Then, participants learned about spiritual care and the goals and objectives of a TCM clinic. The presentation concluded with reviewing the proposed plan for developing the FCN TCM clinic and a closing prayer.

The primary outcome was participants' knowledge, which was measured using a pre- and post-knowledge survey titled "Competency-based Test on Transitional Care for RBC Health Ministry Members." Two authors who are experts in FCN (DJZ and MLK) developed the tool and evaluated its contents. The survey consisted of 21 questions: four true or false, five select all that apply, four short answer, and four multiple choice. The survey has not undergone psychometric testing. Each question is worth one point with total scores ranging from 0 to 21. The surveys were scored by the project lead using a key created by the survey developers. Additional questions collected demographic data and overall satisfaction of the educational offering. Participants were asked to provide the last four digits of participants' phone numbers to link them to their responses and total score. Data were analyzed in Microsoft® Excel®.

Results

The project is a work-in-progress and in the data analysis stage. Participants' knowledge was measured before and after the training with a goal of increasing participants' knowledge by 20% and a post-intervention pass rate of 80% (17/21). Participants who scored less than 80% on their post-surveys met with the project lead after the training to review content related to the missed questions and then completed the survey again. Because these participants will volunteer providing care in an APRN-led FCN TCM clinic, their increase in knowledge strengthens a shared understanding about wholistic care and how to successfully operate a clinic.



Conclusions

An APRN-led FCN TCM clinic is a strategy to address hospital readmission rates. The first step in establishing such a clinic is educating and assessing participants who will volunteer. Education establishes a common understanding of the APRN-led FCN TCM clinic's vision, mission, and goals, and also encourages its participants and the congregation to use shared terminologies and increase familiarity about wholistic care. The next step is establishing an APRN-led FCN TCM clinic for the community using the results from the knowledge assessment after the education session.



References

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¹ YKC is a clinical nurse at Salinas Valley Health Medical Center, Salinas, CA. This project was part of her Doctor of Nursing Practice (DNP) Capstone and not conducted at the medical center.

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