

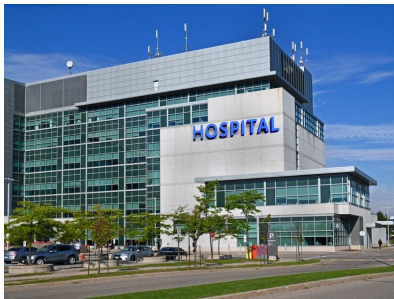
Chaplains Training

March 20, 2025



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Hospital or Care Facility Ministry



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Hospital or Care Facility Ministry

What the Ministry is:

- **On-call Ministry:** You will be notified when there's a need to visit, and you'll respond by going to the hospital or care facility.
- **Extending Care:** This is about providing comfort and support to those in pain or facing challenges.



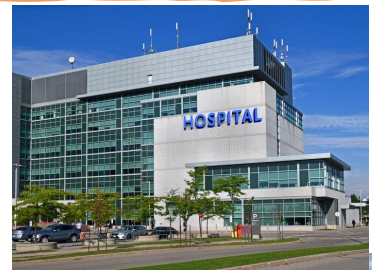
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Hospital or Care Facility Ministry

What the Ministry is not:

- **It is not a time or place to engage in Theological or Philosophical Discussions:**

It's important to focus on the patient's emotional and physical well-being rather than engaging in deep theological or philosophical conversations.



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Hospital or Care Facility Ministry

What the Ministry is not:

- **It is not a Counseling or Therapy Session:**
 - You are not there to answer the question “Why?”
 - If asked "Why?" A simple and honest answer could be, “I don’t know... But I’m here because I care.”



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Hospital or Care Facility Visitation

The Role of Your Presence:

- "Being There" is the most important part of the visit. By your presence, you have a chance to extend care and comfort to a comrade and or a comrade’s family.
- Remember, you're representing not just yourself but also your VFW post and family, so convey that they are thinking of and praying for the patient.



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Hospital or Care Facility Visitation

Preparation for the Visit:

1. Gather information

- Write down the patient's full name (avoid nicknames).
- If possible, obtain names of family members.
- Note who notified you to visit the patient.
- Gather key information about the facility.

(Name, phone number, room number, reason for visit)

- Write everything down legibly.



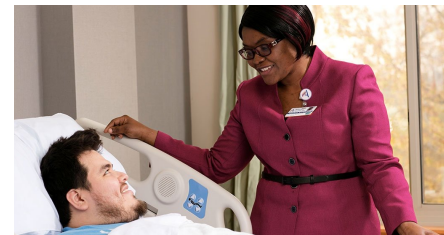
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Hospital or Care Facility Visitation

Preparation for the Visit:

2. Dress Appropriately

- Look professional
- Remember, you represent yourself, your post, and the VFW.



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Hospital Visitation Protocol

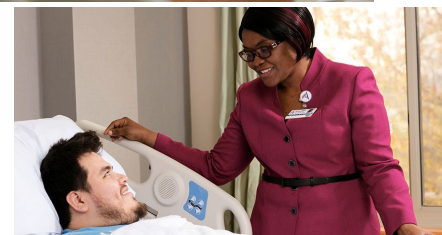
- Call before visiting the patient
- Take appropriate note card and your business card
- Sign in and get a visitor's badge
- Stop by the Nurses Station prior to your visit
- Pay attention to door notices that are posted
- Wash your hands before and after your visit
- Wear Personal Protective Equipment (PPE) when appropriate (Masks, Gloves, Gowns)



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Hospital or Care Facility Visitation

- Be patient centered
- Practice good attending and listening skills
- Do not sit on the bed
- Avoid shaking/holding hands unless the person wants to
- Do not ask them about their condition



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Visitation Etiquette

- **Knock Gently:** When entering the room first knock softly to avoid disturbing the patient, especially if they might be resting.
- **Respect Privacy:** If there are medical staff present, wait outside until they have finished.



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Visitation Etiquette

- If Medical personnel enter to do a procedure, you should excuse yourself and exit the room.
- Mealtimes happen
 - If the person is eating (unless they are nearly done); you might offer to come back in 15 minutes.
 - If you are visiting a person and a meal tray arrives, cut your visit short.
- Become familiar with hospital signs and symbols



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NPO

- From Latin *nil per os* and means nothing by mouth

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NPO

• Things you need to know about NPO

- 
1. NPO means "nothing by mouth"
 It refers to the time before an exam or procedure during which you can't eat or drink.
- 
2. NPO is a safety precaution
 If your stomach isn't empty and you get nauseous during a procedure, your stomach contents can flow into your lungs.
- 
3. The length of time varies
 NPO can begin at midnight the night before an exam, or as little as an hour before. It depends on the specific procedure or exam you are having.

• The person you are visiting may ask you for a drink

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Visitation Etiquette

- If a patient is sleeping when I arrive to visit them, I generally do not wake them.
 - Find a waiting room, check your email, get a coffee and return in 20-30 minutes.
- When there are two patients in the room, make sure you greet and acknowledge the other person.



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Pre-Surgical Visits

- Patients now arrive in the surgery area the morning of surgery and are usually eager to be ushered right into wherever it is they must go.
- There is a tight schedule and multiple medical personnel that need to attend and communicate with the patient.
- If you attempt to see them prior to surgery, you will be in the way.
- Call the person or try to meet with the patient the day (or sometimes two days) before surgery. Why sometimes two days? For some surgeries, the patient must take laxatives or other medicine. The resultant situation is not conducive to a visit!



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Acute Care Visits

- Different culture with its own language
- Remember, you are on their turf
- Abide by rules & signs
- Most ICU and Acute Care units will ask you to keep your visit to 10 minutes. I suggest you keep it to 5 minutes.



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Hospice and Palliative Care

- These two terms are often used interchangeably, but it is important to understand there is a distinction between the two.
- Both hospice and palliative care are available for an individual who is suffering from a chronic disease, such as but not limited to dementia, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), and/or cancer.
- The goal of both hospice and palliative care is to focus on symptom management and ensuring the patient's comfort.
- Palliative care permits the patient to continue to consult with their specialists and physician for ongoing treatment of the illness, hospice is provided for those who have decided to no longer pursue aggressive treatments of their disease process.

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Be a Good Hospice or Palliative Care Visitor

1. Call ahead and ask when you should come. Ask if you can bring a certain food, candy, or gift.
2. Sit, don't stand. Take off your coat. Be at eye level with the patient and make eye contact.
3. Greet as you always have: a big hug or a handshake.
4. Don't be anxious. Talk about a time you have shared, or mutual friends who wish them well, or even the weather. You are bringing the gift of presence; the sound of your voice or the touch of your hand.
5. Talk about shared memories. A good phrase to begin with: "What I know I'm going to remember is ..."

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Be a Good Hospice or Palliative Care Visitor

6. Visit more than once, or visit in other ways: by phone, in texts or email, in short videos or an old-fashioned letter.
7. Let the conversation go where the patient wants it to go. Listen to their anger or fears or tears.
8. It's OK to laugh.
9. If they do trust you with their feelings, do not correct or pontificate or talk about your feelings. You are there to listen.
10. If they are in another world, join them. A veteran may be re-fighting a battle; a 93-year-old woman may think she's in the house with her mom and dad. Don't reason with them. You could ask questions about what they are experiencing. Or, gently assure them, in touch and tone, that they are safe, and that you are right here.

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Be a Good Hospice or Palliative Care Visitor

11. It is good to remember that conversation is not the most valuable part of your visit. You might not know what to say. Your loved one or friend might not be very talkative while you're there. This is okay. Your presence is the most meaningful thing.
12. If a conversation is awkward or isn't going to happen, simply sit with the person. Do not take it personally. This isn't your fault. Know that your presence is still meaningful, even when a visit feels more awkward than usual.
13. Don't promise to come back unless you will. Say what's true: that you love them, or are praying for them, or are thinking of them, and that you are glad you visited.

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Hospice Care and Hospice Care Companies

- Hospice care is a great thing. And as hospice care has developed it has become big business. In 2014 it was reported to be a \$17 billion industry. In 2021, hospice was a \$23 billion industry according to a report that Bank of America (BofA) Global Research shared with Hospice News. Hospice care is needed, and hospice care is a good thing. I am not against hospice care companies.
- However, as hospice care companies developed and competition for clients grew, they realized there was a niche market they needed to target. That segment of society, consisting of older veterans, is an easy target as they seek to expand their business. Hospice companies began to specifically target Veterans. From my research, these are for profit companies that are specifically targeting veterans in addition to other hospice clients.

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Hospice Care

- Hospice Care companies provide a good service and most I believe are operating in good faith, While targeting and wanting to care for veterans is not necessarily a bad thing, I want you and our comrades to be informed consumers.
- In an effort to get the word out to veterans and their families, a representative from a particular hospice company may contact VFW Commanders and Chaplains and ask to make a presentation at Department, District, and/or Post meetings, or to have you distribute literature about their services to veterans.
- I am not sure the hospice companies that are targeting veterans provide anything more for veterans with regard to “hospice care” than they other hospice companies would do for the average citizen.

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Hospice Care

- Keep in mind the sales pitch of hospice companies targeting veterans is designed to leave the consumer with the impression that they are in business to honor and care for veterans. These are for profit companies that exist to make a profit by providing hospice care.
- I am not sure there is any significant savings to the veteran by using one of these companies. Just because they “honor veterans” doesn’t mean there is a cost benefit to the veteran, or a better service provided for the veteran.
- The hospice companies targeting veterans say they will provide information and get the veteran VA benefits to help cover the cost. Providing information on VA Benefits can and should be done by one of our VFW certified Service Officers. There is no extra or added benefit by getting the information through a hospice company.

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Hospice Care

- Today, when families hear that a company services and caters to veterans, they can automatically jump to the conclusion that they will be getting a discount or some special care. This may or may not be true. They should shop around and compare services and costs.
- As VFW Chaplains we should be involved in the end-of-life care of our comrades. Whether in the hospital, a care facility, or at home, we should be there to offer supportive care to dying comrades and their families. Help them and their loved ones as they transition to glory and assure the person that he or she will not suffer or die alone. During this time of transition, as Chaplain, encourage the expression of personal feelings, anxieties, and thoughts concerning dying and the afterlife.

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Hospice Care

- See the letter on *Choosing Hospice Care When the Time Comes*
- Be familiar with the following terms:
 - Advanced directives or Living Will: Are legal documents that allow you to spell out your decisions about end of life care
 - POLST: Physicians orders for life sustaining treatment.
 - DNR: Do not resuscitate

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Convalescent Hospitals and Care Homes

- Physically disabled
- Cognitive decline: Dementia and Alzheimer's.
- Aggressive behavior?
- Lonely, bored

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Closing Thoughts

- Faith or Church affiliation
- Prayers
- HIPPA
- Know your limitations

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