

# VFW Chaplain's Workshop

Presented by VFW district 3

**Topic:** *“hospital visits, nursing home visits, private home visits, & hospice spiritual care”*

## Goals

1. Increase your confidence
2. Clarify your role in this context
3. Provide some basic tips you can easily remember and put into practice right away.

I'll make my notes and PowerPoints available to any of you interested

**Changing nature of healthcare.** Older generations have hard time understanding the changes. I spent 40 years healthcare and have seen major changes. For example an appendectomy used to be a week stay in the hospital and a gall bladder removal was a major surgery with 10 days in the hospital. Now both of the procedures are done laparoscopically are typically just an overnight stay in the hospital.

What drove these changes? The shift to managed care where bean counters make medical decisions about care instead of doctors. You need to get insurance approvals for everything now. Second is technology. Things like CT and MRI decreased the need for exploratory surgery and make surgery more precise and predictable. Laparoscopic or Key Hole surgery now make it possible to do surgery in out patient surgery centers where you go home the same day, which is a great improvement in that the recoveries are shorter and patients recover better in their own home.

Personal touch is now decreased due to staffing decreases and the shift to electronic documentation which take eyes off patients and onto computers. Its much more impersonal.

Some implications; the average hospitalized patient is much sicker now and has a shorter hospital stay, so they may be too sick or in too much pain for a visit. And if you do visit be sensitive to their condition, The best strategy may be to keep the visit short in order to not tire them out.

**Visitation principles.** Need to be client centered. Its their agenda for the visit; not ours! We are there to listen more than talk. If you don't spend most of your time listening, then you are not doing your job. If you don't know the person well, find out what her world view is. Don't assume they have the same beliefs as you. They might be of a different faith that you or even an atheist. Make sure you know what you are dealing with. If you aren't sure how to do a visitation here is the best advice I can give you is be a friend. Visit them just like you would visit a sick friend. Be a friend and you have the most important skill you need. And we all do that.

When visiting hospitals please dress in a professional manner. Not a suit but not sloppy. A VFW polo would be a good look and good advertisement and even open opportunities to minister to other veterans. In fact I suggest you ask if there are any other veterans that might like a visit. Great ministry opportunity and VFW promotion to the community. Remember many people think VFW is only a bar. We have an opportunity to change that inaccurate image.

### **Acute Care Hospitals**

Visiting clergy have some privileges over other visitors and that is sometimes being allowed to visit outside of visiting hours and admittance to ICU where immediate family is only allowed admittance. Other than that you have no special privileges and you are not staff. Remember you are on their turf, not yours. It's a different culture with its own language.

It's a good idea to call the patient before going. They may not want or feel up to a visit.

Know the hospital rules and abide by them. Obey all signs. Such as isolation which may be to protect you from the patient or the patient from you. Either way find out what is required and if you are unsure about anything please ask the staff. You are there to help not harm.

Please follow hospital procedures and be courteous and cooperative with all staff. That makes you an ally, not a nuisance. Don't do anything without checking with nursing staff first. For example "fall risk" "fluid restrictions". *Examples*

If possible sit next to the patient rather than stand. Hospital staff are all in a hurry and stand next to and above the patient. You, by sitting, are now at eye level and your sitting communicates you are not in a hurry to leave.

Please don't bring a 10 pound study Bible. That scares some people and we are not there to do a Bible study we are there to visit. A small Bible or Promise Book would be more appropriate. Don't forget to minister to the families. They may be in greater need of your care than the patient.

### **Spiritual Care in the Health care setting**

If the patient is asleep when you arrive don't wake them. Hospitalized patients are chronically sleep deprived. They really need their rest. We are there to help not harm.

Remember they are sick and very weak and tired, please take a hint if they are not up to a visit.

Try and avoid meal times. If they are eating when you arrive give them their privacy and time to eat, perhaps wait in the lobby or cafeteria.

Bring a business card and leave it with the patient or family so that they can get a hold of you. These also come in handy if you show up at the hospital and the patient is sleeping or away from the room for testing. This way they know you came to visit and they can contact you if they want.

## Convalescent Hospitals and Care Homes

These facilities are for the more severely disabled person that can no longer care for themselves or are too heavy a burden for families to care for. This is especially true with dementia and Alzheimer's. These disorders can lead to aggressive behavior. Be aware and cautious of this potential problem.

Issues: decreased mobility and cognitive function. They can be very confused. They may feel abandoned and lonely. Longer visits and perhaps a bible reading would be appropriate in these settings. But once again the visit has to be patient centered. Its their agenda that is most important. They might enjoy you talking to them or reading to them for example.

## Hospice

This can be in a hospice facility or in home hospice.

Issues. Many families are surprised and dismayed that this does not include 24 hour nursing care. This is something that would likely have to be arranged for and paid by family.

End of life issues to be aware of include being aware of the five stages of death and dying, based on the work and book by Elizabeth Kubler Ross. Its very helpful knowing what the normal process they go though is. Sharing that knowledge is usually done by hospice care, They typically provide some booklets on what to expect. This helps prepare families and lessen anxiety.

Hospice care is typically very good about providing materials on what to expect in the dying process. A small book considered a classic and I highly recommend for those grieving the loss of their loved one is *Good Grief*.

At this point there are orders in place to prevent resuscitation or invasive procedures, rather the focus is on comfort, not the prolonging of death. This is a good time to bring up a variety of legal documents patients may have in place even before this stage directing healthcare and EMS what they do and do not want done to them. I cant emphasize the importance of this enough. We all need to have these in place because none of us know when we might be in a condition where we are unable to make decisions for ourselves. By having these in place your wishes will be followed regardless of what arguing family members may want. Believe me I've seen some nasty arguments over this. I wrote mine at 40 years of age, because being in health care I knew the fragility of life and the burden these decisions put on family members. I don't know about you but I don't want my death prolonged if it is probably hopeless and as a Christian I see death as a promotion. Being in heaven is better than any day on earth.

One example is

**Advanced directives** = Advance directives are legal documents that allow you to spell out your decisions about end-of-life care ahead of time. These are the bet because in addition to check

boxes of a bunch of yes or no boxes you can add as much specific information as you want. The more specific you are the better.

The great thing about these two is anyone can fill them out, you can download the forms or get them for doctor's office etc and you don't need a lawyer, just two witnesses that are not beneficiaries ( people that get part of inheritance)

There are many things you can do yourself or help coordinate for the patient and family doing this last phase of life. Delivering meals, respite care. i.e. giving family a break such as staying with the patient while they go to the store go out to lunch, go for a walk take a well needed nap etc. This is a huge help to an exhausted stressed out family member, And you don't need any special training to do these wonderful things.

### **General principles and closing thoughts**

Keep in mind that many post members do in fact have a church and they would be the appropriate ones to notify in case of terminal illness or a funeral need. That person would be most familiar to the member and therefore the most appropriate. In fact, when encountering such issues always ask if they have a church they want notified or involved. This also applies to different faith groups of many kinds.

Another very important thing to remember is that you don't have the legal right to share medical information unless they give permission. Or in the case of someone unable to speak and immediate family member can give you permission to share. This can really benefit the member as once they know a member is sick they may get more visitors at the hospital or at home.

**HIPPA Law.** Health Insurance Portability and Accountability Act. In essence it means don't share any personal information without their, or family's, permission. So ask if you can share with the post, share on a prayer chain etc.

**Prayers;** It is assumed that chaplains come to pray. That is true that we offer to pray but we don't force it on anyone. Granted you expect to pray and the family expects you to, but that may not be what is wanted. I want to give you the best advise I got out of a chaplain's book many years ago. Ask the person "would you like me to pray for you now or some other time?" that gives them a polite way out. You would be surprised how many people choose the latter option. And that's OK. We don't want to make anyone uncomfortable. Never assume!

How to pray? Be brief. Build a prayer based on your conversation and what they share, what their concerns are etc. That's much more personal than a generic prayer.

Remember to make visit **client centered**, they set the agenda. What they want and need is the priority! Example of Dog prayers.

**Know your limitations.** Some people are naturally squeamish and cant deal with the sights and smells of sick or dying people. Or maybe you've had a traumatic experience in your past that makes this very difficult. If this is you that's OK, maybe visiting the sick isn't for you. You can

ask another post member or chaplain to fill in for you. This is not something to be ashamed of. That's why not all of us become nurses or paramedics. Focus on what you are good at and feel comfortable and ask for help in those areas you need help with. And perhaps you can work something out with a neighboring post chaplain that if he visits hospitals for you, you can help him or her out with some things. Remember you are not alone, we are a team and I'm an available resource for District 3.

### **Bibliography** in PowerPoints