

PARISH NURSING NOTES



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The One “Thing” that Does not Change

“Jesus Christ is the same yesterday and today and forever.” Hebrews 13:8

Change and Transition at the Program Level

Many of you may have noticed that there have been a few changes within the LCMS Parish Nursing during the past fiscal year (ending June 30, 2019). The usual quarterly newsletter was not published. The archived video lectures were still available, but no new ones were recorded. Those who were enrolled in the Introduction to Parish Nursing (through LCMS Health Ministries) were getting frequent reminders from me to not fall behind in the timeline. Some may have wondered if LCMS was disappearing. I can assure you we are not!

Several situations including the long-time vacant position of the Director of Life and Health Ministry led to a decision to reposition Parish Nursing. Similar situations led to similar decisions with other programs within LCMS. We are not alone in this sea of change. LCMS Parish Nursing is now under the leadership of an all voluntary Parish Nurse Council. The tasks previously done by Karen Hardecopf and me as Co-Coordinator for Parish Nursing is now done by a council of twelve individuals. Karen and I remain on the council as consultants for the same areas we previously coordinated and are encouraged by the enthusiasm with which the others have accepted the change. Our pastoral advisor, Rev. Fred Zimmermann has also remained on the council. There will be a change in the format and distribution of many of the resources, but the purpose and quality remain Christ-centered and consistent with the theology and practice of the LCMS.

Some parish nurses have asked what they can do to help with the change. I recommend the following: (1) Do not be discouraged. It is contagious. (2) Do not be disappointed. Be grateful for those who have stepped up to new appointments. (3) Do not doubt. Be enthusiastic about new opportunities. (4) Do not have dis-ease. Work with confidence. (5) Be patient. (6) Be in prayer. (7) Persevere. (8) Be professional. (9) Be committed. (10) Be compassionate. (11) Be consistent. (12) Be Christ-like.

Remember—change is neither good nor bad. Change brings both challenges and opportunities. Most importantly, remember that our vocation is to serve the Lord and His people, and He never changes. May God bless each of you as we move forward in service.

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Change and Transition on a Personal Level

Change, roughly defined, is to make something different. From the time we are conceived there are multiple changes. At that time those are all physical and chemical, and they continue throughout the lifespan. Some changes are for the better and some less so. Transition roughly defined is a period or stage of change.

My granddaughter Claire, who is 5, lost her first tooth on July 4th. She was staying that night with the other grandparents so no Tooth Fairy until the next night. She has a Tooth Fairy pillow and knew where it was, but since she was not sure what the Tooth Fairy might leave in the pillow where her tooth had been, she put her tooth in a special place in her room for safe keeping until. When I asked her mother what the Tooth Fairy was going to leave, she had not decided as yet. This was a transition for which she had not totally prepared. In her defense the tooth had come loose only that morning.

Learning of and observing change that occurs to others is a good lesson, too, and helps to raise awareness of the potential or eventual change one will or may experience. An example of this is that Claire's 3 year old brother Bennett, kept checking and feeling his teeth all day on the 4th. He didn't want to be surprised or miss out on the loose tooth phenomenon that had just occurred to his sister. He was preparing!

As one nears the other end of the lifespan, changes are much less exciting than losing that first tooth. There are dental losses or changes at the least; however, those dental losses seem not to interest the Tooth Fairy any longer. There are other losses and physical changes too, such as bone loss, skin changes, hair loss, sensory change and more. There is also the psychosocial aspect of change in work life, friendships, relatives, etc. that is life changing or at least life altering. Some of these are transitions for which preparation is important and may take some time for adjustment. Again, learning from others can be helpful.

Preparation for change and transition often does take time and sometimes that time is cut short or even essentially absent. Anticipating change and transition is a good idea but not always possible. Having available resources and resourceful people is a real plus. Some of the assistance with change and transition comes from very unlikely people and places. Being open to them is the challenge. These are the times when help comes along and is definitely a "God-thing" the right person or resource came along at exactly the right time or right way that was needed. Those are the on-the-spot "Thank You, Lord!!!" events.

Our God and Lord does help us in times of change and transition. We can rest assured that the unchanging God and His unchanging and ever present promises and directions for our lives are consistent. As Hebrews 13:8 tells us, "*Jesus Christ is the same yesterday, today and forever.*" Thanks be to God!

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Changes and Transitions: Home Health, Palliative Care or Hospice?

The Parish Nurse is a resource for the Church and sometimes is asked for assistance in areas in which she/he is unfamiliar. How does one know which level of care is best for any situation? The Center for Medicare Services regulates all levels of home care so the limitations are not questionable. The following discussion may help.

Home Health can be covered by insurance or Medicare. This requires an order from the physician to the Home Health facility. The physician instructs the Home Health agency in the care the patient is to receive in the home. The most important key is that the patient is homebound, unable to drive or go to a facility for specific care. The care ordered by the physician can be from multiple disciplines such as: nursing, physical therapy, occupational therapy, psychiatric nursing, and possibly an aide for personal care. The caregivers from these disciplines come to the home and work with the patient until he/she is able to travel to outpatient facilities. There must continue to be a need for skilled care for Home Health to continue such as: wound care or blood sugar checks. The physician orders the care and any changes (medications or equipment) must go through the patient's physician.

Palliative Care is ordered by the physician when the patient desires to continue receiving curative care (chemo, blood transfusions, IVs, etc.) while needing assistance with pain, nausea, or other medication needs. The Home Health or Hospice with a Palliative Care program is then brought in to assist the patient. The agency must apply to Medicare to be able to offer this program and is very prohibitive with the care that can be provided. Specialized pain teams are the most often used, as cancer patients have higher needs with pain control or nausea control. The orders continue to come from the patient's physician. Medications and needed equipment are easily arranged.

Hospice Care is available when the patient/family/physician has decided to stop all curative treatments and turn to comfort care. This also requires an order from the patient's physician to begin this care, although many physicians then hand over patient care to the Hospice physician for further orders. The patient and family then have a team that works with them, consisting of a Registered Nurse, Home Health Aide, Chaplain/Counselor, and a Social Worker. This team works to bring comfort to the family and to the patient in body, mind and spirit. The Case Manager (RN) works closely with the Hospice physician to offer many levels of comfort. Medications (pain, nausea, constipation, and anxiety) as well as all medications that are connected to the primary diagnosis of the patient are paid for by the Hospice agency. These medications are changed or increased with cooperation of the Hospice physician and the family. The equipment and personal supplies are also placed without an order from the physician. While the Hospice patient is typically told that they will pass within 6 months, and is usually without the care of the Hospice team. Some will last a little longer due to the medications for comfort or they may pass quickly when they are finally comfortable. Each level of care is needed for Home Care of the person and the level of care depends on the desired outcome of the patient and family. Having someone from each type of agency in the community talk to groups within the Church is valuable.

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News, Notes and Next

Thanks to all who attended the 27th Annual Parish Nurse Conference in May. Our attendance included 87 people from 20 different states. For our in-gathering, we collected nearly 30 prayer shawls, and over 1400 greeting cards. Since 2012, First Immanuel Lutheran (FIL) Church in Cedarburg has given over 750 prayer shawls to people who need them. The annual parish nurse national conference supplies prayer shawls that last throughout the year and contributes much to the prayer shawl ministry at FIL. A special thank you for all of you who donated to these ministries. Please continue to donate these items for the 28th Annual Parish Nurse Conference in May 2020.

The theme for our May 2020 conference is *Filled to Overflow: Serving, Sharing, and Telling*. The theme verse is John 7: 38, *“Whoever believes in me, as the Scripture has said, Out of his heart will flow rivers of living water.”* At this time, former Wisconsin Governor Marty Schreiber will be one of our keynote presenters sharing his journey with Alzheimer’s Disease as he takes care of his wife Elaine. Following this keynote, Beth Propp will present on how we can *“Create a Dementia Friendly Church.”* Mark your calendar for May 20-21, 2020. Our goal is to have 100 participants. Prayerfully consider attending, and if you cannot attend, prayerfully consider supporting the conference with a small donation.

Basic Parish Nurse Education Opportunities

Both of the following courses provide a Certificate of Completion and will entitle participants to be listed in the LCMS Parish Nurse Directory upon completion.

- **Concordia University Wisconsin** offers a comprehensive 4-day intensive course on-site at the campus in Mequon, WI. The course integrates a Christ-centered framework introducing wholistic congregational health ministries to faith-based institutions across the nation. The teaching team of Dr. Rev. Dan Paavola and Dr. Carol A. Lueders Bolwerk features the aspect of Christian caregiving in equipping nurses, clergy and others with resources and skills to begin congregational health ministries. For more information, contact carol.luedersbolwerk@cuw.edu
- **Introduction to Parish Nursing Distance Education** is offered as a distance learning course through the collaboration of LCMS Parish Nurse Council and Lutheran Nurses Association of Australia. For more information, contact marcyschnorr2009@gmail.com

The Lutheran Parish Nurses International (LPNI) Corner

- There is a Health Topic and Devotion for each month and can be found at LPNI.org.
- 2019 LPNI Study/Tour will be going to Singapore in October.
- 2020 LPNI Study/Tour will be going to central Australia July 8-14. Itinerary is on-line at LPNI.org
- 2021 LPNI Study/Tour will going to Williamsburg, VA and the DC area September 15-21.

Article Submission Guidelines

We invite articles for the newsletter to be submitted in 12-font New Roman Times in a Word document and emailed to Jamie Spikes jamiespikes@gmail.com. All articles will be reviewed by the Education Team of the LCMS Parish Nurse Council prior to publication.

Disclaimer: The information contained within this newsletter is selected for the insights and understanding of parish nursing within a confessional Lutheran setting. However, the views expressed are not necessarily those of the Lutheran Church-Missouri Synod. Please read with discretion and discuss any questions you may have with an LCMS pastor.

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