Effective Hospital Visitation

for

Pastor/Elder/Deacon/Deaconess serving as “Visitation Ministers”

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Curated Information

from Del Dunavant, Internet Sources and Clinical Pastoral Training

Getting the Call

* Thank you for being available to extend the ministry of Jesus and the ministry of your church and your pastor.
* Some people may not think they were visited if “the pastor” didn’t show up. Let them know…in a humorous way… that only the most gravely ill are on the pastor’s schedule. “Sir, You don’t want to be that sick.” (Rick Warren)
* Officially you are a “Minister of Visitation” for your church.
* Church ought to provide the following information in the referral.
  + Name, with correct spelling
  + Spouse Name, if any
  + Cell Phone Numbers
  + Admission Day and Date
  + Hospital Name, Address, Main Switchboard Number.
  + Room Number
  + (You need not know their illness, injury or diagnosis. Do not ask. If you learn it, Do NOT share it with others.)

Preparation

* Memorize a couple of Bible Verses of Encouragement: Scripture Songs help.
  + John 14:1-3
  + John 3:16, 17
  + Philippians 3:20, 21
  + Romans 8:38, 39
* Call the Hospital to be sure patient is still there. Hospital stays get shorter and shorter. Ask for the visitation hours. However, your title as “Visitation Minister” will open most doors.
* Identify yourself to hospital staff as “The visitation minister from \_\_\_\_\_\_\_\_\_ Seventh-day Adventist Church.”
* Inquire about the patient’s treatment schedule, so as to avoid being there when they are away at a test or procedure.
* Pray for the patient before you go and/or as you travel.
* Transportation: You might be driving…or taking transit. Plan your travel. Bay Area Note: BART and MUNI!
* Dress Appropriately. Business Casual.
* Avoid Perfumes/Colognes or other scents. People in hospitals have respiratory ailments that can be affected.
* Bring along two 3x5 cards and a pen (for leaving a note).
* If you are sick…DO NOT GO. STAY AWAY. Phone visit only…or refer.

Arrival

* Park in visitor parking, or a clergy reserved space. (Plan on being there only 10-20 minutes.)
* Identify yourself at the reception/security desk. They may give you a visitor badge. “I’m here to see \_\_\_\_\_\_\_\_\_\_\_\_”
* Write down the room number. Don’t speak patients name, room number out loud in transit.
* Privacy laws limit the information you can be given about patients.
* Make your way to the nurse’s station…and again identify yourself. “I’m \_\_\_\_\_\_, visitation minister from church…here to see Mr./Mrs. \_\_\_\_\_\_\_\_\_\_\_.”
* If the visit is in ICU, you will need to communicate (often by a pick up phone) that you are here and who you wish to see.
* Keep an eye out for any family that may be present in a nearby waiting room.
* Read any signs at the door. You may need to gown up, glove up and/or other wear protective gear. Sometimes there are signs “No Visitors”. This usually does NOT mean pastor/elders there for brief spiritual encouragement and prayer.
* Wash your hands…before and after the visit. Sanitize too!

Entry

* Knock gently on the door or door jam.
* If there is no response…peek in…they may be sleeping.
  + Do NOT wake a sleeping patient. (Sleep is a brief respite from pain.)
  + Now is the time to write a note…and leave it quietly on the bedside table. “I stopped by to see you. You were dozing, so I said a prayer for you. Read encouragement in Philippians 3:20, 21 Pastor Kris Widmer.”
* If they respond “Yes/Come In” Announce yourself. “\_\_\_Name\_\_\_\_. This is (Your Name). I’m from church. May I visit with you?” Respect their answer. They may be in treatment or with medical staff.
* If it is a shared room, be sensitive to the other patients need for quiet and privacy. Sometimes the second patient may ask for prayer too. Honor that request.
* If other family are present in the room…introduce yourself and learn their names and relationship to the patient.
* If medical staff is present and working…ask “How long will you be? 10 min. O.K. I’ll be back in a few moments.” Visit the Hospital Chapel, walk the grounds, find the snack bar, etc. But…Wash Your Hands Again!

The Visit

* Having entered…do NOT sit on the bed. Just don’t!
* If it is mealtime…do not stay. And do not eat any food from their tray…even though they beg you to! (Calorie intake is monitored)
* If the TV is on…ask if you can turn it down for the visit.
* Position yourself in line and view of the patient’s vision. Sit, Stand, Crouch.
* Position yourself on the side opposite the IV insertion point.
* Let the patient initiate any physical contact: handshake, hug, etc.
* Listen…more than you talk.
* Instead of asking “How are you feeling?” ask “How are things going today?”
* Avoid being drawn into speculation about their condition, prognosis or hospital procedures.
* The visit should last no more than 5-10 minutes, unless it is a “death bed vigil”. Then you may stay longer, keeping vigil with the family where appropriate. If the patient is alert, comfortable and conversant…a longer visit would be permissible.
* Never probe about why they are there and what procedures are in their past or future. You are there to help them with **their feelings of being there and to be the tangible presence of God** in that moment.
* Never share you own or other’s medical history with the patient. It’s not about you. It’s about them.
* Be sure your visit is encouraging: don’t discuss the recent plane crash or the death toll of the earthquake, etc.
* Be alert to the patient’s body language. Yawning? In Pain? Medication Induced Sleepy? – then cut the visit short!
* Do not try to reposition the patient, or help them out of bed for any reason. Call the nurse/assistants.
* Try the Fordyce Detamore Method of being PRESENT: Visit can be short…but relaxed. Take off your coat. Lean In. Look like you are “staying a while.”
* When it’s time to leave, offer to pray for the patient. Make it clear that you will pray…and they only need listen and join in the Spirit. When possible hold hands gently, or touch the patient’s forearm or shoulder. Avoid the side of the body where the IV is inserted.
* Experiment with prayer in other locations in the visit timeframe. Beginning, Middle, End. Don’t let it be the “ministerial kiss-off” moment.
* In prayer, be specific and comprehensive.
  + Healing and Wholeness
  + As much health…for this time of life.
  + Freedom from pain.
  + Family Concerns
  + God’s will in this and all things.
  + Hope for new bodies in the new earth.
    - “When Jesus comes in glory, there’s something grand He’ll **do**…
    - He’ll fix all of our problems as He’s making all things **new**.”
* Ask if they would like to be PUBLICALLY prayed for at church the next Sabbath. Only those who say “Yes.” do you pass on to the appropriate person to make that happen. All others are on the “private” prayer list.
* If you sing, sing a hymn or Scripture song as part of your prayer. Acapella. Go for it. I’ve seen patients in coma’s eyes move in recognition of a song.

Exiting

* Greet nursing staff as needed.
* Wash your hands. Sanitize
* Drop of Visitor Badge at Front Desk
* Remember where you parked.

When Not to Visit

* If you are sick.
* If you are going out of sense of obligation/duty…rather than love/concern.
* If you have unresolved issues with the patient or family.

If the Patient is Terminal/Dying

* Be honest about your feelings of helplessness and grief.
* Don’t be shocked by anything the patient or family may say or do.
* Assist in the vigil: Child Care? Coffee? Physical Needs? Airport Pick-up?
* If the patient is saved: discuss the glory of heaven and Jesus’ embrace. “The Great Physician Will See You Now.”
* If the patient is not saved: offer to share and lead them to Christ, repentance and salvation. The Sinner’s Prayer.
* So you have to ask “Are you at peace with God and your future?”
* It’s is O.K. for YOU to conduct an anointing with oil.
* Even if they are in a coma…be aware - the last sense to shut down is HEARING! Talk. Sing. Pray. Encourage the family to talk to their loved one.

Frequency of Visitation

* Local Hospital: 1-2 times a week.
* Distant Hospital: 30 miles – 1 time a week
* Rehab Facility: 1 time a week.
* Terminal: 1 time a week.
* Death Bed: Vigil…depending on family’s needs.

Family Care

* Get their names and phone numbers. Call Them.
* Find out when they will be there…and join them at the start of their visitation window.
* Having built a relationship, you would be welcome during any death-bed vigil.
* Be available and Meet Needs.

Reporting

* Notify your pastor visa text or email.
* Report to Church Office

Post Death Care

* Mortuary Care?
* Burial or Cremation? Funeral or Memorial? Now or Later?
* Life Sketch Writing + Email Confirmation
* Preaching: A Trumpet in the Darkness!
  + Now is NOT the time for a “State of the Dead” Proof Sermon.
  + But…you can mention the truth.
  + Lazarus – Nain – Jairus’ Daughter
  + “Jesus Had Already Been There.” Sermon
* Grave Side Services
* After Meal

**Visitation Report Form (Sample)**

**Return to Church Office After Discharge or Death**

Today’s Date:

Your Name:

Patient’s Name:

Admission Date:

Hospital Name:

Room Number

Family Names:

Family Cell Phone Numbers:

Visit Report Paragraph

Area Hospital List

Sutter Phone

Address

John Muir – This Town Phone

Address

St. Helena Phone

Address

Queen of the Mountain Phone

Address

Faith Lutheran Phone

Address

Holistic Hospice Phone

Address

Ron’s Rehab Phone

Address

Golden Acres Nursing Home Phone

Address

Pastor Surname Phone

Address