



# Parish Nurse/ Health Minister Letter

April, 2011

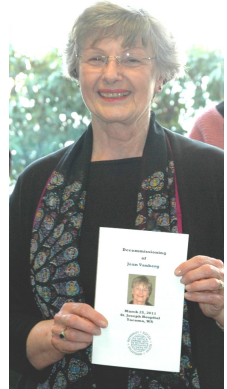
Partners in Healing,

This is a time of transition. Some old familiar faces are receding into the background and new faces are moving into the forefront.

In terms of the executive director position at NPNM, the deadline is past for people to apply; however, if someone asked to be considered, the Search Committee would welcome their application. The Search Committee will review candidates, conduct a phone interview and recommend a slate for personal interviews for the board meeting on April 30, 2011. The hope is to have the new person in place by June 1.

Several long-term Coordinators are also transitioning from their positions.

- Rachel Hagfeldt retired last December from Albany General Hospital.
- Jean Vanberg completed her years of service at St. Joseph Hospital in Tacoma at the beginning of April.
- Pam Tibbitts is also wrapping up her tenure at Sacred Heart in Eugene.
- Nancy Haughee, retired as the Parish Nurse at Pilgrim Lutheran Church last year and will teach her last Basic Preparation for Faith Community Nurses/Health Ministers Class at Pacific Lutheran University beginning April 18, 2011.
- Terry Bennett, who has been instrumental in putting the Basic Preparation Class together at Pacific Lutheran University will retire at the end of this school year.



*Jean Vanberg*

Plans are in process for filling the Coordinator positions. In some cases, hours are being added and areas of responsibility expanded. NPNM is looking for a Faith Community Nurse in the Seattle/ Tacoma area with a Masters Degree to take the faculty training in St. Louis this summer. That person would then serve as faculty for the PLU classes and hopefully a class in Seattle. If interested and qualified, contact Sandy Madsen at: [sandym@npsnm.org](mailto:sandym@npsnm.org) or 503-413-2341.

We are seeing a number of Faith Community Nurses relinquish their license and retiring. In some cases without any succession planning, which presents a challenge for sustaining a health ministry program. Faith Community Nursing in the Pacific Northwest is also going through a developmental transition. The more Faith Community Nurses we train, the more challenging it is to sustain professional standards and maintain connectedness. Yet we know health ministry does not thrive in isolation but finds purpose and meaning in community and is enriched when people have the opportunity to tap into the collective wisdom of those engaged in this ministry. Our interconnectedness is in reality a source of strength and healing.

Health care itself is going through major transitions. Most hospitals have as part of their strategic initiatives for 2011, in one form or another, the following emphases:

- Medical literacy -- “the ability of professionals and institutions to communicate effectively so that community members can make informed decisions and take appropriate actions to protect and promote their health.”
- Transitional Care – smooth and supportive processes to help people navigate successfully from acute to community care or from one health care professional to another.
- Patient and family centered care – sees patient and family as partners in healing
- Health coaching – respects people as experts on their own health and assists people in accessing what they know is best for themselves.
- The engaged patient – includes self-care and self-management. Our phrase for it is *Everyone a Health Minister!*

For more information on the above material, go to:

<http://q-corp.org/programs/hospital-collaboratives/otcc>

Clearly the health care systems are beginning to take more seriously whole person health, to recognize the importance of each person in his or her health and healing and to appreciate how structure and environment enhance or undermine healing. These are fundamental characteristics of health ministry. The time is ripe for Faith Community Nurses to become more integrated in the health care system. To do that effectively, we need to connect with one another and recognize that we have something of value to contribute.

We invite each of you to consider the following:

- Stay connected to your local network and share resources.
- Submit your monthly activity reports as a way of demonstrating what you do and how you make a difference. (You can download the form from our website [www.npnm.org](http://www.npnm.org).)
- Become a member of NPNM, if you haven't already. Your membership reflects your professional identity, acknowledges your connection to a larger community and makes it possible for us to *educate, nurture and network Faith Community Nurses/Health Ministers*. (Download an application from the above website)
- Tell us how we can serve you best.
- Let us know if you are inactive or retired so that we can update our records.
- Take advantage of the opportunities to become leaders in evidenced-based programs, such as: Living Well, Powerful Tools for Caregivers, A Matter of Balance, Health Coaching, etc., to mention only a few.
- Enter into dialogue with the health care system around transitional care, whole person health and health partnerships. We are doing that on the local and state level in Oregon and parts of Washington.

In his book, ***Transitions: Making Sense of Life's Changes***, William Bridges describes the nature of transition in the following: *All transitions are composed of (1) an ending, (2) a neutral zone, and (3) a new beginning...*

*Every transition begins with an ending. We have to let go of the old thing before we can pick up with the new one--not just outwardly, but inwardly, where we keep our connections to people and places that act as definitions of who we are...*

*First there is an ending, then a beginning, and important empty or fallow time in between. That is the order of things in nature.*

Transitions are normal. Transitions are natural. God grant us the faith to go with the flow.

*Bruce*

*Sandy*

## Basic FCN/Health Ministry Classes for 2011

Place	Date	Contact
Pacific Lutheran University Tacoma, WA	April 18-20, 2011	Terry Bennett 253-535-7683 <a href="mailto:bennettl@plu.edu">bennettl@plu.edu</a>
Tuality Health Education Center Hillsboro, Oregon	August 24-27, 2011	Sandy Madsen 503-413-2341 <a href="mailto:sandym@npsnm.org">sandym@npsnm.org</a>
Health Ministries Network St. Joseph Medical Center Bellingham, WA	October 7-9 & Oct. 29-30	Jeanne Brotherton 360-788-6408 <a href="mailto:jeannebrotherton@gmail.com">jeannebrotherton@gmail.com</a>
<b>Summit/Retreat</b>		
Wyoming Health Ministry Summit <i>Integrating body, Mind, Spirit: Building the Foundation</i> Little America Hotel Cheyenne, Wyoming	Saturday, April 30, 2011  <a href="http://www.wyhc.org">www.wyhc.org</a>	<a href="mailto:ahubbard@wyhc.org">ahubbard@wyhc.org</a> 307-632-3640 800-584-9192
Retreat – Bend, OR <i>The Power of Vulnerability: Strength Made Perfect in Weakness</i>	May 14, 2011	Nikki Wafford <a href="mailto:nik_nik3@q.com">nik_nik3@q.com</a>

A limited number of partial scholarships are available in Washington and Oregon for Basic FCN/Health Ministry Classes. To apply, contact Sandy Madsen: [sandym@npsnm.org](mailto:sandym@npsnm.org) or 503-413-2341.

### **Documentation Update**

Thanks to the generosity of the Faith Community Nursing Network at Henry Ford Macomb Hospitals in Michigan, NPNM received a free trial subscription for up to 20 users in their Documentation and Reporting System. This program is web-based, in the clouds is another way of saying it, and can be accessed anywhere from a computer with an internet connection. At the moment, 20 Faith Community Nurses are documenting their activities on this system. They are able to generate regular reports to give to their congregations, while NPNM can access network reports of all the users. There is also a Cost Savings/Avoidance component to this program. The information will be invaluable when approaching foundations and other funding sources. We hope to get additional funding to expand this program to other NPNM members.

### **Church Health Reader**



A helpful resource for health ministry in congregations is Church Health Reader. It covers a wide variety of subjects related to health with a focus on Health Ministry, Living with Disease and Wellness. Topics of interest include: worship, food, books, walking/running, clergy health, parish nursing, and recovery. Deborah Patterson, Executive Director of IPNRC, has a column titled: *Ask Deborah: Health and Worship*. You can access the webpage by going to: [www.chreader.org](http://www.chreader.org). *Church Health Reader* is an online and print publication that is a part of the outreach efforts at the Church Health Center in Memphis, Tenn.

### **Faith and Fitness**

A small study from the U.S. Department of Health and Human Services found that exercise programs that incorporated the faith of the participants caused them to be more active. Dr. O. Kenrick Duru, the study's lead researcher, is convinced that a strong, spiritual, religious background, ". . . can be advantageous in terms of helping achieve behavior change."



### **Ethical Dilemma: Is this a reportable illness?**

*The following are excerpts from an article written by Elizabeth Lien, RNC MSN, FCN, Church of the Annunciation, Milwaukie, OR.*

This story revolves around a possible norovirus outbreak in a parish superimposed on the last days of a beloved member of our pastoral team. What would you do given the circumstances we faced in our parish?

The Sunday before Fr. J's repose, our church held its usual Liturgy followed by a hospitality hour during which beverages, hot food and dessert items were served.

Monday, I received an email note from a family regarding a flu bug that they thought was going around. Wanting to

avoid further spread of the flu, I sent out a message to the parish reinforcing the need for parishioners to take care of themselves, stay home until they felt better, and reiterating the importance of good handwashing, all points made the previous year in response to the potential H1N1 epidemic. Tuesday, I received a note thanking me for the alert because of the illness of another person. Late Wednesday I received an email from a parishioner who had gone to the ED because she thought she had food poisoning but was found to be positive for norovirus.

. . . Wednesday and Thursday I received more messages from people who had fallen ill earlier in the week but were recovering. . . . Friday, I was able to review the notes I had received regarding the flu and check the CDC and local health department websites for information on infectious disease. It appeared to me that we had a classic norovirus type virus going around. . . . After much discussion, I persuaded [my pastor] to allow me to send out an email advising the parish of the need to remain home for 48 hours after feeling better, as well as informing the parish of the plan to host a simplified hospitality hour on Sunday following disinfection of the parish hall and sanctuary by a cleaning team on Saturday. . . .

As it dawned on me that we had some sort of outbreak, (my numbers by this time were over twenty-five), I began collecting information from those reporting their illness to me, including: onset of illness, symptoms and what they had eaten/where they had gone during the services on the previous Sunday. It was apparent that we had a common exposure date, incubation period and symptoms, but no common source. . . . The only possible common source that I could identify was the report of a person who was visibly not feeling well that Sunday and had participated in both the service and hospitality.

What is a FCN to do? We had an impending funeral at which we expected more than 300 mourners coupled with some sort of GI illness that, thankfully, appeared to be self limiting. Issues regarding reporting were not clear to me after perusing both the CDC and state health department websites. One site stated that norovirus is common and not necessarily reportable while another says hospitals, schools, etc. should report all outbreaks. And norovirus is not listed as a reportable infection. Suspected outbreaks are reportable but by whom? The physician who identifies the virus? The FCN? Making it even more difficult was the lack of pastoral support; my pastor was insistent that this was "what was going around" and I was being an alarmist.

Wishing to take no chances that our environment was to blame, on Saturday morning, our janitor, my husband, ( also a member of the pastoral team and a biologist), and I cleaned all common surfaces in the church and parish hall with the bleach solution regimen recommended by the CDC. Sunday morning I asked all church school teachers to do a lesson on handwashing technique with their classes. . . .

The next week was a flurry of activity preparing for Fr. J's funeral and reception. A small team gathered in the parish kitchen and deep cleaned everything. We were ruthless. All utensils and dishes were rewashed and sent through the dishwasher for sanitization. Folks commented that the odor of incense was being replaced by the scent of bleach! . . . Plans were made to review all food handling procedures and monitoring of personnel and equipment by our hospitality team as the reception was prepared. I put up additional hand-washing signs throughout our parish hall. . . . Best of all, no cases of illness were reported for over a week and everyone had recovered without need for medical attention. Friday and Saturday, over one week after the onset of the illness, the funeral and reception were held.

Retrospectively, I continue to ask myself, did I do the right thing? Should I have called the health department? What would I do in the future? I am confident that we have disinfected our environment; in fact we probably overdid it. We are in the process of writing protocols for food handling using the guidelines determined by the public health department. Together with our hospitality directors, I am putting together a training program for all of those who use the parish kitchen. We are staffing all hospitality hours so that we can assist those preparing the food and beverages in maintaining the cleanliness required to prevent outbreaks of food borne illness. We have devised a regular schedule of disinfecting the parish hall and kitchen. Our janitor is following an especially rigorous cleansing schedule for the next thirty days.

There is supposedly a *silver lining* to every event. If that is true, then I am hopeful it involves having the importance of thorough handwashing and staying home when you do not feel well emphasized among members of my parish. But the question remains, what would you do in a similar situation?

Addendum: I called our county public health department to review our outbreak and learn about the responsibility we hold as FCNs when an infection spreads through our congregations. Speaking with a community health nurse who investigates infectious disease outbreaks, I was informed that churches generally hold "benevolent waivers" and, unless they have licensed kitchens, are



outside of the jurisdiction of health departments. The only exception would be if an extremely dangerous infection was suspected; such as by those organisms listed on the public health website. She reiterated the point that norovirus is extremely common and infinitesimal amounts of virus are required to spread the virus from person to person when a non-food source is suspected. I was advised that they would gladly provide consultation but that we were "out of their jurisdiction" and that the steps we took to investigate and mitigate our outbreak was in keeping with the guidance they would have offered. Finally, the take home message is that handwashing remains the single most effective means of preventing the spread of illness among groups of people.

## Walk Deepens Congregations' Connections

January 9<sup>th</sup> was the kickoff date when the Fremont United Methodist congregation began to collectively walk, run, bike or aerobic exercise the 5,700 miles from Portland, Oregon to Jerusalem, with the goal of reaching our destination by Easter. Fifty-five organizing packets were distributed



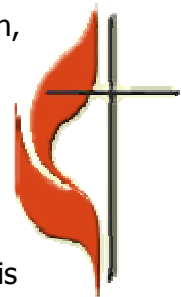
and each included weekly cards to keep track of miles and a devotional booklet for spiritual renewal. Devotional booklets were also given to those who are unable to walk so they can share in the experience. A world map is displayed in the church narthex with a ribbon marking our weekly progress. Each week, an article is posted next to the map giving information about our destinations.

We were amazed that in the first 3 weeks we had collectively walked 2,800 miles! . . . We have had so much participation in this project that it has been possible to wind our way around Northern Africa. We have become more energized spiritually and physically because of our journey together. We have learned about the lives of the people in countries such as Niger, Chad, Northern Congo, Rwanda, Ethiopia, and Egypt. The poverty, the need for clean water and sanitation in many of the countries has inspired us to raise funds during this Lenten season for an Advanced Special project in the East Africa Annual Conference of the United Methodist Church in Rwanda.

The Walk to Jerusalem has deepened our congregations' connection with one other. Here is what one of our congregation members had to say about the experience:

"The Fremont Walk to Jerusalem was the 'right thing at the right time' for me personally, and I am so grateful to everyone who made it happen. As I "walk through" a season of personal loss, it has helped me know that others are always with me on my journey. For me, walking with anyone has always been a staple of my life. But now, walking has taken on an even more important meaning for me, as something comforting. It's so great that we are celebrating the idea of health being part of our spiritual practice. There is not a focus on any achievement, but only on our personal journey. Our destination is a spiritual one: arriving at a place of meeting Jesus on our own path."

Our thanks go to our Parish Nurse, Claudia Michel, for giving us this opportunity. She tells us, "Walking is mentioned 247 times in the Bible. Our bodies are made for walking: we were built to stand upright. Our organs function best when given room to work, and joints need movement to maintain good range of motion. Regular walking can prevent depression, lengthen lifespan, lower stress levels, relieve arthritis and back pain, strengthen muscles, bones and joints and improve sleep. The Walk to Jerusalem is a great way to exercise the physical body by walking, exercise the spiritual body by praying, and exercise the mind on our journey together"



We will arrive in **JERUSALEM by Palm Sunday**. A big celebration is planned with special breads served in the "Bread for the Journey" hour as we praise the Lord for this opportunity.

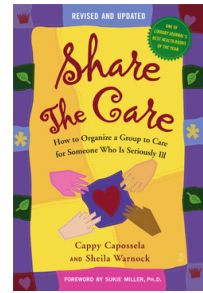
## Nurse of the Year Award Added

In 2011, the Annette Stixrud Parish Nurse of the Year will be awarded to a nurse in Regions 4-7, and a similar award, The Carol Story Parish Nurse of the Year, will be awarded to a parish nurse in Regions 1-3. (Check NPNM website for regions) The recipients of each award will be announced at the Humor and Health Fests in Portland and Seattle, October 14 & 15, 2011. The criteria and nomination forms can be downloaded at [www.npnm.org](http://www.npnm.org) or email [sandrad@npnm.org](mailto:sandrad@npnm.org) or call 503-413-4137. All parish nurses are allowed to nominate candidates. The deadline for nominations will be August 30, 2011.

## Literature and Links

### Share the Care

A revised, updated edition of *Share the Care: How to Organize a Group to Care for Someone Who is Seriously Ill* is now available. This model offers a simple, effective, pragmatic approach to caregiving at a time when the medical establishment is overburdened, when grown children live far away, marriages split up, friends relocate, and immediate family members are already stressed. It is based on the true life personal experiences of the authors and 20 other women who came together to help a terminally ill friend. For more information go to: [www.sharethecare.org](http://www.sharethecare.org).



### A Framework for Wellness



As the debate over health care continues, this new book shows the relationship between a person's physical health and spiritual well-being. Written by Dr. G. Scott Morris, founder of the Church Health Center in Memphis, *Health Care You Can Live With* puts a human face on the topic of health care. Making the argument that healing—both physical and spiritual—is a key aspect of the Christian faith, Dr. Morris provides both a biblical framework for wellness and encouraging real-life stories of those who found a better life within the overarching love of God.

### Map Your Neighborhood

Map Your Neighborhood is an award-winning program implemented by the State of Washington's Emergency Management Division (EMD). MYN provides a step-by-step process that groups of neighbors can work through together to prepare their neighborhood for disasters. It takes just one person to begin this process by personally inviting the neighborhood to his or her home for a 90-minute preparedness meeting. For more information: <http://emd.wa.gov/myn/index.shtml>.



### Hilarious Insights on Growing Old

If you're facing 60 years and then some, here's a book for you. Virginia Ironside's often hilarious insights will prompt you to say, "Growing old isn't so bad after all!" Sixty-plus years is a time to celebrate stiff joints, frequent naps, and numerous changes and adjustments. The subtitle tells the story: "20 reasons why growing old is great!"

### Novel Comfort

As part of her own healing, Ann Wood has written a novel centered around a women's knitting circle. It is a powerful story for women who have experienced a loss. Mary, a knitter whose daughter recently passed away, finally finds comfort and hope through conversations with ladies from the group. This heartwarming story can bring relief to the grieving.



*A joyful heart is good medicine, but a crushed spirit dries up the bones. Proverbs 17:22*  
Attending Humor and Health Fest in Portland or Seattle is good for your health.

**Take care! Be there!**

[www.npnm.org](http://www.npnm.org)



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**Tuality Healthcare**  
*Building a healthier community.*

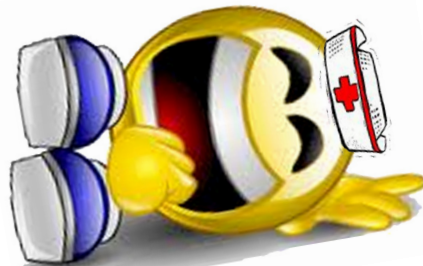


**PROVIDENCE**  
Health & Services

# LAUGHING FOR THE HEALTH OF IT!

**October 14, 2011**  
@ The Museum of Flight  
Seattle, Washington  
Humor and Health Fest PS

**October 15, 2011**  
@ Red Lion Hotel on the River  
Jantzen Beach, Portland  
Humor and Health Fest VI



**SAVE THE DATE**

**FUN**raisers featuring storyteller Philip Gulley ([www.philipgulley.org](http://www.philipgulley.org))