

Visitation Care Team Ministry Guide

St. Paul's United Church of Christ

Robesonia, PA

Last Revision: March 10, 2020



Biblical Mandate:

³⁴Then the king will say to those at his right hand, 'Come, you that are blessed by my Father, inherit the kingdom prepared for you from the foundation of the world; ³⁵for I was hungry and you gave me food, I was thirsty and you gave me something to drink, I was a stranger and you welcomed me, ³⁶I was naked and you gave me clothing, I was sick and you took care of me, I was in prison and you visited me.' ⁴⁵Then he will answer them, 'Truly I tell you, just as you did not do it to one of the least of these, you did not do it to me.'

~ Matthew 25:34-36, 45

¹⁴Are any among you sick? They should call for the elders of the church and have them pray over them, anointing them with oil in the name of the Lord.

~ James 5:14

Purpose:

The purpose of this policy is to give guidelines and a reference document to provide appropriate, consistent, and quality spiritual care to our members by our lay Visitation Care Team Ministry (VCT).

Acronyms:

VCT = Visitation Care Team Ministry

VCTM = Visitation Care Team Ministry Member

C2C or CTC = Called To Care

Who Is Visited:

When appropriate and when in reasonable driving distance, at this point in time, all members are visited by a member of the Visitation Care Team Ministry when hospitalized, when in a rehabilitation care facility, when on hospice, when returned home from the hospital, when homebound, and in other similar times when spiritual caregiving is notably needed.

Members of the Visitation Care Team Ministry:

As is found in the Elder ordination vows, Elders are "to visit the sick and the afflicted." As such, all Ordained Elders of St. Paul's UCC are to assist with the lay visitation ministry unless excused/relieved from this duty by the Spiritual Council, Pastor, or SafeConduct Coordinator.

The Spiritual Council provides oversight to provide structure and to approve/disapprove of additional individual members participating in the Visitation Care Team Ministry.

Training:

As per our "SafeConduct Policies" and as we are caring for people in vulnerable states of various ages, all Visitation Care Team members are to have CHYLD Worker status. As of July 1, 2016, all Elders are to have CHYLD Worker status.

As of February 1, 2019, all Elders and all other Visitation Care Team Members are to complete at least sessions #1 and #2 of the Called To Care program prior to visiting. All Visitation Care Team Members are to strive to complete the other five sessions in a timely manner, and are to complete all seven sessions within two years of beginning in the Visitation Care Team Ministry.

Coordinators:

The Spiritual Council will appoint a Homebound Visitation Coordinator to oversee the home communion and homebound visitation ministry.

The Spiritual Council will appoint a Visitation Care Team Coordinator to oversee the daily/weekly visitation ministry.

The coordinator for the Prayer List is the Office Secretary (Geri Gammel).

The coordinator for the Prayer Chain is appointed by the Worship Committee. (The current Prayer Chain coordinator is Robin Henning).

Homebound & Shut-in Members:

All homebound and shut-in members are assigned an Elder to provide on-going spiritual care and connection with their home faith community. The Homebound Visitation Coordinator ensures that each homebound member has a Visitation Elder assigned to them, and reports additions and changes to those assignments to the Pastor, Spiritual Council, and Office Secretary. The Office Secretary will maintain the database as to which Elder is assigned to which homebound member.

For continuity of care, that assigned Elder remains as that individual's Visitation Elder indefinitely, as long as the care-receiver, care-giver, and Spiritual Council are affirming of that appointment.

The Visitation Elder should visit and offer communion to their homebound member at least once a quarter, and should be visiting with them 4-12 times a year.

Please note, that some homebound members do not wish to be included in the bulletin's listing of shut-in members, and therefore the bulletin's list is generally not a complete list of our homebound members.

Acute Care:

A Primary and Secondary (Backup) Visitation Care Team Member will be assigned each week by the Visitation Care Team Coordinator to provide spiritual care to members in need, including those who are: hospitalized, receiving in-patient or out-patient rehabilitation, on hospice, recently home from the hospital, or is in a situation of similar need. The Primary and Secondary should not be of the same family.

The purpose of a Secondary Visitation Care Team Ministry member is: (1) the Primary VCTM might be the one who is hospitalized; (2) a close relative or friend of the Primary VCTM might be the one hospitalized; (3) the Primary VCTM might be ill; (4) there might be an abundance of care needs a particular week that exceed the capability of one individual; (5) an interpersonal conflict/situation between the Primary VCTM and the hospitalized parishioner; or (6) another unanticipated situation/loss/emergency might arise for the Primary VCTM.

If the Primary Visitation Care Team Ministry member knows in advance that they will not be able to provide care during a particular week, that individual should swap weeks with another qualified Visitation Care Team Ministry member, and inform the following of that swap: Visitation Team Coordinator; Office Secretary; and Pastor.

If the Primary VCTM and the Secondary VCTM is not able to fulfill their visits that week, it is the Primary VCTM's responsibility to identify someone to provide that care. If the reason is due to illness, family death, tragedy, etc in the Primary VCTM's life, then the responsibility falls upon the Secondary VCTM to ensure care giving takes place that week. If a similar circumstance is taking place in the Secondary VCTM's life, then thirdly the responsibility falls upon the Visitation Care Team Coordinator to find a replacement.

Initial Visit and Frequency of Ongoing Care:

As hospitalizations are often short, the VCTM should visit within 36 hours of learning of a hospitalization.

Hospitalized members should be visited by the VCTM approximately every other day (2-3 times a week).

Members in *in-patient rehab* should be visited by the VCTM 1-2 times a week.

Members in *out-patient rehab* should be visited about by the VCTM once a week.

Members on *hospice* should be visited 1-3 times a week (possibly daily when death is near).

Members *home from the hospital not receiving rehab*, should be offered at least one visit by the VCTM when they return home to provide closure and to help to be sure that the transition home has gone well.

In general, *home visits to new mothers* should be very brief, when the VCTM is in good health, and should not expect to hold/touch the newborn. Bringing a casserole or similar meal to the new parents can often be a helpful reason to call upon them.

A phone call should precede a visit to a member's home, but should *not* precede a visit to the hospital or rehab. However, because hospitalizations are brief, it is recommended that you call hospital information to make sure that the member is still a patient.

Bereavement Care:

The following care schedule primarily refers to when a “first-degree relative” of a member dies (spouse, parent, child, or sibling), or other emotionally-close individual, and could potentially include “second-degree relative” (grandparent, grandchild, aunt/uncle, niece/nephew) depending upon the relationship.

The VCT should at least provide follow up on the following schedule (if appropriate and helpful, more visits can be made): (1) at the time of death (usually briefly, being mindful of the family needing to make funeral arrangements, handle legal matters, be with family, etc); (2) three weeks after the death; (3) three months after the death; (4) six months after the death; and (5) within a week after the one year anniversary of the death. The VCT may also want to supportively check-in: for the birthday of the deceased, birthday of the bereaved, and/or the wedding anniversary (when the deceased is a spouse). For continuity of care, the case remains open until at least the one year anniversary of the death. The VCT may also want to organize members to provide casseroles or other food, especially within the initial two weeks of the death.

If the death follows a hospitalization, member who was the VCT for the patient, becomes the VCT for the bereaved. If it is not appropriate for that VCT to be the VCT for the bereaved (or if that VCT is unable to provide care for the bereaved), then the appropriate transfer of care should take place, as outlined elsewhere in this guide.

The VCT is encouraged to familiarize themselves with Carecard #26 “Grief” in the *Called to Care* manual pages 221-225. If there is a concern about the grieving process of the bereaved, please be in contact with the Pastor and/or the VCT Coordinator.

For information purposes: the office secretary mails a series of four booklets entitled *Journeying Through Grief* on behalf of the Pastor on the following schedule: 3 weeks after the death, 3 months after, 6 months after, and 11 months after the death. This mailing includes a cover letter from the Pastor.

Continuity of Care:

When a Primary VCTM begins seeing a parishioner, they become the Designated VCTM for that parishioner until: (1) the parishioner is back to full health; (2) reaches a new baseline; (3) dies; or (4) is passed to the care of another VCTM (due to vacation, conflict, etc).

If the new baseline is to become a homebound member, then the ongoing care is assigned to an Elder by the Homebound Visitation Coordinator (which potentially could be the Primary VCTM that had been visiting that member, but does not need to be).

If a parishioner’s Designated VCTM goes on vacation, becomes ill, or is otherwise unavailable for a particular week, the Primary VCTM for that particular week provides the lay visitation care that week. If it is an expected absence (such as for an upcoming vacation), the VCTM should inform the parishioner that someone else will be providing care for them that week. The initial VCTM will be the primary person to continue with that care once that week of vacation has ended; or should coordinate with the covering VCTM if a change of care provider is to take place. If there is uncertainty/conflict over who should be primary VCTM, the Visitation Care Coordinator can be asked to mediate and is authorized to arbitrate the decision. Additionally, when appropriate, more than one VCTM can provide care.

Example: John Smith is admitted to the hospital in the first week of October and is discharged the first week of November. George Doe is the VCTM for the first week of October. George would visit John that first week, and continue to visit John 2-3 times a week throughout October while John is hospitalized, and then George should offer to visit John at home at least once when John returns home. If John was participating in out-patient physical therapy, George would continue to be his VCTM until therapy ended. After recovering, if John ended up back in the hospital a year later, the VCTM for that week would now become John’s VCTM. If John did not fully recover, but instead moved to a nursing home for indefinite care, the Homebound Visitation Coordinator would assign John an Elder (which could be George, if that worked well for John and George).

Continuity of Care - Reporting Care:

Visitation Care Team Members and Homebound Visitation Elders are to use the “Caregiving Record Card” to document their visit: (1) so that the Spiritual Council can be sure that members are being provided care and not slipping through the cracks; (2) for communion records; (3) to communicate needs/suggestions to future caregivers for this individual as a part of continuity of care; and (4) to know when a case is “closed” or still “open” for future VCT assignment.

The “Caregiving Record Card” can be used in e-mail (pdf) or hard copy (paper) form.

If there are particular needs/concerns/issues, that information should be communicated to the Pastor directly.

Care-Giving to Non-Members:

Unconfirmed children of members fall into the category as members.

Care-giving to non-members is especially encouraged for persons who are Associate Members, Prospective Members, spouses of members, Friends of St. Paul's, and others who have a close relationship to the church. This provides a great opportunity to help them experience God's love through God's church.

When someone is a member of another church, visitations should only take place if it does not interfere, compete, confuse, or otherwise get in the way of the ministry and care-giving of their home church.

Mutual Ongoing Support:

Beginning in 2018, the Spiritual Council has instituted a structure for regular gatherings of VCT members to meet with one another for prayer, discussion, learning, and mutual support.

The "Homebound Visitation Coordinator" and "Visitation Care Team Coordinator" will be the chair/co-chair of these regular gatherings. They will organize at least 6 gatherings each year (roughly one every-other month). They will use the guide found in *The Big Book on Small Groups* by Jeffrey Arnold for the meeting structure. These gatherings can include case presentations; discussion of the "carecards" found in the *Called to Care: A Resource for Lay Caregivers* resource book; guest speakers on a particular caregiving topic; and the like. These gatherings are to include opportunities to check in with one another, ask questions/suggestions, seek mutual support, etc.

Elders and VCT members are encouraged to participate in at least four of these gatherings each year, and are to keep themselves apprised of new information/updates about caregiving practices and policies here within St. Paul's UCC.

For Your Awareness:

Homebound members weekly receive a bulletin and *Hometouch* newsletter. They have their choice of regular print or large print bulletin, of which the secretary keeps record. The *Hometouch* newsletter is only available in one font.

The secretary keeps record of communion preference: wine, grape juice, or no preference.

Homebound, hospitalized, and other individuals can watch our Sunday worship service live anywhere where they have internet access by going to www.sprucc.org and clicking on the "worship" tab. Usually that worship service can be watched on our YouTube channel later in the day, as well.

A person generally remains on the prayer list for four weeks, unless there is a request for a longer or shorter period of time. Members and non-members alike are equally welcome to be included on the prayer list.

History and Previous Meetings:

Called To Care is a UCC lay visitation ministry program. It is used in many different congregations of different denominations throughout the country. It was created in 1991, and revised in 1998 and 2007, with the latest revision being 2008.

Part of our decision to call Pastor Motz to only part-time ministry included the expectation for the ordained elders to actively share in the visitation ministry. More importantly however is that we believe in the "Priesthood of All Believers" and affirm visitation ministry as a ministry that should be shared within the congregation (and not just done by an ordained minister), and our lives are blessed when we visit and pray with those in need. Part of our Five Year Growth Plan is to train elders and others to share in the visitation ministry. Training helps the visitor and the visitee get the most out of the prayerful visitation experience. As part of our Five Year Growth Plan, we are seeking to develop training in all aspects of our ministry, not just in visitations.

Called To Care has been used for many years at St. John's (Hains) UCC and Phoebe Berks. This past February all those who have been ordained as an elder of St. Paul's UCC were encouraged to participate in a "Called To Care" workshop led by the Rev. Dr. Jon Fogle of St. John's Hains UCC in Wernersville to evaluate whether or not we would like to implement this program here at St. Paul's. All interested members were also invited to attend this free workshop, as well as members of other local churches (members from St. Daniel's ELCA and Zion's UCC attended).

At the March 2017 Consistory meeting, the Spiritual Council in consensus voiced support to begin the Called To Care program here at St. Paul's. In November 2017, the "Visitation Care Team Guide of St. Paul's UCC" was adopted with the Called To Care program as its foundation. In November 2018, a meeting of all the church elders and VCT ministry members was called, and the use of *The Big Book on Small Groups* with coordinator leadership was adopted as the structure for ongoing support, growth, and learning.