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## **QEII Health Sciences, Halifax Spiritual and Religious Care**



### **Guidelines for Hospital Visitation For Faith Community Visitors**

**December 2, 2013**

## **Welcome and Thank You for Your Visits**

Patients who belong to faith communities are often grateful to have someone from their community visit them when in hospital. It helps them to feel connected and cared for when they are sick or undergoing medical procedures away from their homes. The hospital staff wants faith community visitors to feel welcome and appreciated when they come to the hospital and they will be happy to answer your questions. They also want you to be aware of procedures and hospital policies that everyone must follow to protect vulnerable patients.

Spiritual and Religious Care has prepared this booklet to support you in your visits to patients in the hospital. We hope you find it beneficial.

### **Some General Information before you begin:**

- You must have an ID badge before you start visiting patients on behalf of your faith community. Applications for ID badges can be picked up at the spiritual care office, 1<sup>st</sup> floor, Halifax Infirmary. Staff or security may request to see the tag to identify you. The security of your ID is your responsibility. If for any reason you are no longer involved in this ministry, your ID must be returned to the Spiritual Care Office.
- Denominational/faith group patient lists can be accessed through the spiritual care secretary at the Halifax Infirmary, between 8am – 12pm and 1 – 4 pm Monday to Friday, excluding holidays. You must present your ID badge before accessing the list.
- General inquiries about specific patient room numbers can always be made at the information desks found at the entrances to each of the QEII buildings.

- Please Note: Denominational/faith group patient lists at Dartmouth General are available at the front desk. As above, you must present your ID badge before accessing the lists.
- The Personal Health Information Act (PHIA) (<https://www.gov.ns.ca/dhw/phial/>) is now law in Nova Scotia, so any information you obtain from the faith group list is private and confidential, not to be shared or removed from the hospital. Never throw lists, or notes containing patient information into the trash, use the shredder bins provided.
- Never discuss patient issues, information, etc. in elevators, hallways or cafeterias. You do not know who may be listening.
- In the event of an emergency, please follow the directions of the staff. Do not leave a nursing unit or use the elevator when an alarm is signaled, except at the direction of staff. Wait where you are for the “all clear” to sound.
- If the person you are visiting in the hospital could benefit from more support than you or your faith community is able to provide, you may refer the patient to the hospital chaplains by calling 473-4055.
- If you have questions, concerns or issues you wish to discuss, please call the Professional Practice Coordinator, Buffy Harper at 473-7033.
- For general inquires please call the Spiritual and Religious Care secretary at the Halifax Infirmary 473-4055.

## **Before You Visit:**

### ***Things to Consider:***

- Be sensitive to what ‘being a patient’ means. You need to consider the loss of privacy, independence, dignity and freedom. A patient can feel they have no control in the hospital.
- Ask at the nursing station if it is a good time to visit and check for the patient’s location.
- Rest is very important for healing. Be aware that on some floors there is a posted **Rest Period** for patients, for instance at the Halifax Infirmary it is from 2:30 – 3:30 pm.

### ***Infection Prevention***

- Please ensure that you clean your hands with alcohol sanitizer or soap and water between every patient, even those in the same room, and when you enter and leave the building. It is also important to use the hand disinfectant frequently in the hospital, for example after touching door handles, stair railings, and elevator buttons. The purpose of hand hygiene is to avoid spreading infection throughout the hospital, and also to ensure the safety of staff, patients, visitors and volunteers. The hand disinfection dispensers are found in each patient room and at regular intervals in the halls.
- Look for signs that say ‘Contact Precautions’ at the door of the room before you enter; you may have to wear gloves, gown and mask. Please ask staff if you require assistance. You cannot take anything out of these designated rooms, so you may want to bring a photocopy of a prayer or ritual which can be left in the room. If you are unfamiliar with the procedure for infection control / isolation / contact measures, for instance “how to wear the gown”, check at the nursing station.

## ***Hospital Restrictions***

- Community visitors only visit members of their own faith community, parish or pastoral charge. City/town and postal code are provided to ensure that you are able to identify those persons from your faith community.
- Lists are divided by denomination. Please do not access lists of denominations other than your own.
- Some floors have restrictions on flowers and/or food. Always ask before bringing anything in. Your patient or their roommates may have allergies. Safer gifts are books, magazines, puzzles, blanket or shawl.
- Don't give the patient food or drink without checking with the nurse. They may not be able to swallow. This may include Communion.
- If the patient offers you food from their tray, say 'No'. Staff may be monitoring intake. Apple sauce may contain the patient's medication.
- If a patient wants to get out of bed, call the nurse. They may be too weak to stand.
- It is inappropriate to accept any gifts or money from patients.
- There is no proselytizing allowed in the hospital. This means that you cannot try to convert patients to your particular faith tradition.
- Please do not leave literature with anyone except members of your own faith community who have requested it.
- Each person's problems and grief are unique to them. The patient's beliefs and faith practices may differ from yours. When people are sick in the hospital it is not usually the best time to teach doctrines of faith. The goal of faith group visitation is to provide support and connection to community.

- Be careful about making assumptions about their needs. Always ask before offering prayer, religious readings or religious rituals.
- Visit when you are well and rested yourself so you are the most benefit to the patient.
- **Do not visit** the hospital if you feel unwell or have cold or flu symptoms such as fever, sore throat or a new cough.

## **During the Visit**

### ***Entering the Room***

- If the door is closed or curtain drawn all around the bed check with the nurse about visiting. Knock on the door or announce your arrival outside the curtain. Respect patient privacy.
- Be respectful of the patient's need for rest. If they appear to be asleep, ask the nurse before you wake them up. You may want to leave a calling card.
- On entering the room or the bedside, call the person by name and determine if this is a good time for a visit. Ask the patient 'Is this a good time to visit?' Respect their choice.
- If you are unacquainted with the patient, identify yourself briefly ("I am here on behalf of ..... Faith community").

### ***Considerations during the Visit***

- If there is a chair, ask the patient's permission to sit down. Do not sit on the patient's bed.
- You may visit a patient who is in a crisis situation. The way they are coping with it may differ from how you would cope. Do not become

too focused on fixing the situation or their feelings. Respect where they are at the present time.

- Be careful in making assumptions about family relationships, for instance the couple may not be husband and wife, the young woman present may be a wife not a daughter.
- If the doctor, nurse or other health care professional arrives, it is best to leave. Patients sometimes have waited all day for their doctor to come. Therapy is also an important part of the recovery process. You can, of course, return later.
- Sick calls are short calls. 15 - 20 minutes is a good length of visit unless the patient asks you to stay longer.

### ***Conversing with the patient:***

- Ask open ended questions – How are things going for you? What is that like for you?
- Use discretion when sharing personal information with patients.
- Take the patient's lead in conversation. The patient may *not* want to talk about what you think they *should* want to talk about.
- Be mindful of the lack of privacy in semi-private and/or four bed wards and do not introduce personal information into your conversation.
- A patient may not wish to discuss a medical problem with you. It is not appropriate to give medical advice or ask intrusive medical questions or compare this situation to someone else you know.
- If you think a prayer or reading would be appropriate, ask the patient if they would like a prayer or sacred text reading. The patient may be just too tired or ill. Keep a prayer or reading short. Ask the patient what they would like to pray for. Try to bring into the prayer the things

you have talked about. You may wish to close with a common prayer that the patient knows, so they can join in prayer with you.

- Attend to communication differences. Not everyone comprehends the words and phrases we use. Check to see if you understand each other. Ask for clarification and use short clear sentences.
- During the visit, talk little and listen more. Listening is a skill. It begins with a genuine desire and readiness to be present to another person. Pay attention to what the person is saying, not what you will say next.
- Accept the other person as they are and where they are right now. Many people question their beliefs when they are in crisis. They would benefit the most from your compassionate, respectful, nonjudgmental listening. You do not need to have all the answers nor do you need to offer advice.
- You are visiting this patient because of your faith and religious beliefs. Patients need to feel loved and supported by their faith community in a non judgmental way. Some types of statements can be upsetting to the patient or family, for example:
  - a. Suggesting it is the patient's fault they are sick or they would be healed if their faith was stronger can have a detrimental effect on recovery.
  - b. Delivering platitudes such as, 'God helps those who help themselves,' can be unhelpful. Note – sometimes patients are helped by a platitude such as 'God doesn't give us more than we can handle', but let it come from the patient, not from you.
  - c. Avoid saying 'Everything will be alright.' It may not be.
  - d. Don't deny their situation – that is a sure way of cutting off communication. Allow them to cry if they need to.



## ***General Visiting Tips***

- Be a non anxious presence. Keep yourself calm. If you can remain calm you can have a calming effect on the patient and/or family members.
- A ministry of presence means there are times when conversation is not necessary. Learn to be comfortable with periods of silence, especially before and after prayer.
- Be yourself. You are visiting because you are a compassionate person. Make that apparent in the visit.
- Be respectful about touching. Some people do not want to be touched. Take cues from the patient, for instance they might reach out for your hand. Hold their hand in a manner in which they can remove their hand if they wish to.

## **After the Visit**

- If you have any concerns about how your visits went, contact your faith leader or the head of the visitation committee.
- Respect the patient's confidentiality. Nothing can be shared that is personal or health related without the patient's permission. This includes putting the patient's name on a prayer list in your place of worship and sharing any news about the patient with a friend. The patient must give permission in order for you to share information about them. Even the fact they are in the hospital is confidential. There should be no sharing of email addresses, picture taking and social media contact such as Facebook or Twitter without the patient's permission.

- If the patient has expressed a particular need, such as a visit from their pastor/faith leader, follow up by contacting the pastor/faith leader if you said you would. Return if you said you would visit again.
- A faith group visiting committee is recommended. Visiting people who are sick or shut-in can raise feelings, issues and questions for the visitors as well. Getting together with others who visit, to share your visits (always keeping everything confidential) is an opportunity to provide support to one another, and to learn from each other. It may also provide an opportunity to invite in guest speakers on topics such as dementia, mental illness, end of life care, etc.