Dear Colleagues in Ministry,

I hope you enjoy this edition of Connections, the e-newsletter of the mission and spiritual care department of Advocate Lutheran General Hospital and Advocate Lutheran General Children’s Hospital. It contains information that will assist you as you prepare to visit members of your congregation who are hospitalized and services that are available to you and your members here and within our wider community. Also included are articles written by those who live out their daily calling in this place of healing ministry. We at Lutheran General are blessed not only with physicians of superior knowledge and clinical skills, but also with many physicians who are people of deep and profound faith. Recently David Thoele, M.D., a pediatric cardiologist on our staff, shared with me a devotion he had written based on Galatians 2: 15-21. I am delighted to share it with you. (see page 2).

Please let me know how we can more effectively serve with you in providing seamless spiritual care to those who are hospitalized. We value your partnership, and remember you in prayer as we serve among you.

With thanks to God for all you do,

Rev. Kathie Bender Schwich
Vice President
Mission and Spiritual Care

Prayer Services

The mission and spiritual care department frequently conducts prayer services to meet the spiritual needs of patients, families and staff. In addition to our weekly prayer service on Wednesday mornings at 9 a.m., the staff recently held a multi-faith service in recognition of the annual National Day of Prayer on May 6th. We continued on May 13 with a blessing of the hospitals renovated orthopedic unit and May 14 with a blessing of the new Family Resource Library. A Memorial Day Service of Remembrance was held on June 1st and on June 30th many gathered in prayer for all affected by the Gulf of Mexico oil spill. We also distributed monthly Interfaith Awareness information flyers about upcoming religious and faith observances that may affect care of patients and family and interactions with other staff members.
Reflection on Galatians 2:15-21  
Dr. David G. Thoele, M.D., pediatric cardiologist

I am a perfectionist. I strive to do an excellent job all the time, make all the right decisions, and never, ever make a mistake. Now, you might think this is a good thing, since I am a pediatric cardiologist, caring for kids with heart problems. No one wants to make a mistake, especially if one is dealing with the precious hearts of little babies.

But I have a problem. Even though I want to be right all the time and never make any mistakes, I am a human being. So unfortunately, from time to time I do make mistakes. There are times when I miss the simplicity of my earlier years. In school, I always loved getting a perfect score of 100 percent, a smiley face, or an A. The message was that I was doing a good job; I was OK. In fact, I liked school so much that I continued through the 27th grade! Eventually I stopped getting letter grades, which made things a bit more confusing for me.

Our society lauds perfection: the quest for the perfect diet, the perfect spouse, the perfect job. But what does perfect mean? Even if I can somehow define “perfect,” how can I know if I achieve it? Moreover, it seems a lot easier to recognize mistakes that have already happened than to recognize potential problems going forward. Life has to be lived going forward, and it’s not always clear what is the “right” thing to do.

Lately this perfection model seems to have a few flaws for me. The Bible tells us that Adam and Eve started out in a perfect place, but they weren’t happy with what they had, and they blew it big time. Being human means making mistakes. I was taught that “all have sinned and fallen short of the glory of God.”

It is important for me to remember who is in charge in this world, and that it’s definitely not me. It seems I am actually setting myself up for failure if I insist on somehow being perfect. In Paul’s letter to the Galatians he writes that we are “justified by faith, and not by the works of the law, because no flesh will be justified by the works of the law.”

I do believe that it is important to try to do good in this troubled world of ours, to aim high, and to be my best. But somehow I also have to accept my limitations, my humanity. I am hoping to find a spiritual solution for this perfectionist dilemma of mine. For ultimately, I will never be justified by my perfection, but by my faith in Jesus.

Patient Safety at Advocate Lutheran General Hospital  
By Chaplain Lee Joesten

In 1999, the Institutes of Medicine (IOM) reported that a large number of patient deaths each year are due to medical errors. In response to that IOM report, hospitals across the country, including Lutheran General, launched patient safety programs to prevent unwarranted injury to patients and assure the best possible clinical outcomes.

Lutheran General’s patient safety program consists of the following: 1) immediate reporting of all adverse medical outcomes to the office responsible for patient safety; 2) a careful analysis of the details of the event; 3) corrective measures to prevent recurrence; 4) a truthful and clear explanation of the adverse event to the patient and/or family. When patients experience an unanticipated, adverse outcome, which may or may not be due to a medical error, their continuing confidence in our ability to care for them depends greatly on clear and honest communication.

In a recent book entitled “Every Patient Tells a Story”, Dr. Lisa Sanders writes about doctors’ need to be keen observers and careful listeners to their patients’ stories. Along with the “right treatment for the right disorder,” patients need to be heard in order to receive the reassurance and encouragement that are critical to healing. The careful listening that you give to your congregants can also contribute to their overall health and well-being.

We invite you, our colleagues in the community, to partner with us as we try to create a safe, transparent and healing environment for our patients. If you have a congregant who questions the quality of care he or she received at Lutheran General, this is what you can do: 1) Encourage them to talk directly with their doctor(s) and ask for a clear explanation to their questions; 2) If they are hesitant to do that, you may call the Office of Mission and Spiritual Care at 847-723-6395 and consult with either the Rev. Kathie Bender Schwich or myself for other ways to get your congregant’s questions addressed.

Rev. Lee Joesten has been a chaplain and CPE supervisor at Lutheran General since 1972. He is currently working halftime on a disclosure project that helps clinicians communicate effectively with patients and family members when there has been an unanticipated, adverse medical outcome.
CPE Resident Integrative Projects

By Susan Gullickson

A white flag flies in tandem with the Stars and Stripes near the hospital’s main entrance only on certain days—the days a family has decided to donate their loved one’s organs to save the lives of others through the Gift of Hope. In late July, the flag marked a particularly poignant gift of the organs of a five-year-old child who died in an accident. Anne Edison-Albright, a 2009-2010 clinical pastoral education (CPE) resident, took leadership in developing this program to help mark these sacred events. The family is also given a smaller, garden-size flag imprinted with the Gift of Hope emblem.

Anne’s work on this project fulfills requirements for an “integrative project” which weaves together clinical experience, practical theology and reflective practice. Four other CPE residents joined Anne in working on their Integrative Projects.

Jeremy Wright, an Evangelical Covenant chaplain in the Illinois Army National Guard, completed two projects this summer. He developed a theology of prayer and a small handbook of prayers for patients. In particular, he highlighted the concept of “prayer as attentiveness,” describing prayer as “a hospitable space to listen to what the Divine may have to say.” Jeremy also used his residency experience and his MBA to consult with mission and spiritual care departmental staff regarding a revised on-call schedule.

Greg Dubow, a Unitarian Universalist, has developed a presentation outlining an existentialist philosophical theology for working with those encountering traumatic news in the emergency department. Based on his own ministry there, he asserts: “In those first crucial hours...it is the responsibility of spiritual care providers to engage [with the family in] the horror of the moment, or more precisely, the reality of non-being.” He is cautious about the vulnerability of one’s core beliefs at such moments; he believes people will ultimately make sense in their own ways.

Johnny Gillespie’s project is titled, “Back in my day: using narrative methods with the elderly in providing spiritual care.” Combining literature review and one-to-one conversations with elderly patients, he plans to demonstrate how listening for key aspects can shape one’s plans for spiritual interventions. Johnny, in the “in care process” with the United Church of Christ, was recently employed as a critical care staff chaplain at Advocate Good Samaritan Hospital.

“How to listen to returning veterans,” a workshop aimed at congregations and health care personnel, is David Pyle’s project. David, himself, is a veteran and a recently-ordained Unitarian Universalist chaplain for the U.S. Army. In his work at Rainbow Hospice, he has encountered several WWII veterans, and has both gifted them and been gifted by listening to their legacies. In early August, David is scheduled to present his findings to both the psycho-social and nursing teams at Rainbow Hospice.

Rainbow Animal Assisted Therapy Dogs

Once a week, Advocate Lutheran General Hospital and Advocate Lutheran General Children’s Hospital welcome very special staff to work in the pediatric, adult rehabilitation, and adolescent and geriatric psychiatry units- they are the dogs of Rainbow Animal Assisted Therapy Dogs. Rainbow AAT programs use the unique bond between dogs and humans to work with patients in group settings or with visits to individual patients. Rainbow works with hospital staff to identify patient goals that may be oriented to emotional growth, such as self-control, or physical skills including reaching for or grasping objects.

While visiting children in the pediatrics unit, the dogs, through cuddling and petting, will bring a smile or laugh to a child’s face and make the hospital room feel like home for a few minutes. In addition, the dogs help to refocus the children away from their disability or disease, providing a happy respite from the rigors and challenges of daily life. Rainbow dogs also perform skills for the child, creating a magical visit.

Adolescent psychiatry welcomes the dogs for a one-hour interactive group therapy program. The dog handlers and teens sit on the floor, hugging and petting the dogs; almost everyone has a favorite dog story to tell. Dog handlers have the dogs do tricks and then have each patient instruct the dog to perform the trick for them. Rainbow dogs provide powerful motivation as well as a lot of fun.

In adult rehabilitation, the dogs work with patients who need motivation to continue their therapy. A physical therapist, with the dog handler, may have a patient walk the dog to help the patient with this skill. Many times patients will perform for the dogs tasks that they would not ordinarily do for anyone else.
Safety Tips for Back-to-School, from the American Academy of Pediatrics

Walking Safety
- Plan your child’s walk to school making sure it is a safe and simple route with well-trained adult crossing guards at every intersection. Then, do a dry run with your kids.
- If your child is young or is walking to new school, walk with them the first week to make sure they know the route and can do it safely.
- Bright-colored clothing will make your child more visible to drivers.
- Teach your kids to keep away from vacant lots, fields and any other locations that have few people around. Make sure that your kids do not walk alone, especially if they are young.

School Bus Safety
- Wait for the bus to stop before approaching it from the curb.
- Check to see that no other traffic is coming before crossing.
- Make sure to always remain in clear view of the bus driver.
- Children should always board and exit the bus at locations that provide safe access to the bus or the school building.

Bike Safety
- Always wear a bicycle helmet, no matter how short or long the ride.
- Ride on the right, in the same direction as auto traffic.
- Use appropriate hand signals.
- Respect traffic lights and stop signs.
- Wear bright-colored clothing to increase visibility.
- Know the “rules of the road.”

Backpack Safety
- Choose a backpack with wide, padded shoulder straps and a padded back.
- Pack light. Organize the backpack to use all of its compartments. Pack heavier items closest to the center of the back. The backpack should never weigh more than 10 to 20 percent of your child’s body weight.
- Always use both should straps. Slinging a backpack over one shoulder can strain the muscles.
- Consider a rolling backpack. This type of backpack may be a good choice for students who must tote a heavy load. Remember that rolling backpacks still must be carried up stairs and they may be difficult to roll in snow.

Save the Date

Gala is ‘Groovin’ and Growin’
The Advocate Lutheran General Hospital Gala committee invites you to attend the 2010 Gala: Groovin’ and Growin’ to be held on Saturday, October 2 at the Sheraton Chicago Hotel & Towers. The event will feature live music as well as a fantastic silent auction. One of the premier silent auction items featured is a three-night stay for two guests at the Grand Palladium Resort in Riviera Maya, Mexico – this trip was donated by Travel Gallery, Inc.

This year’s event will benefit the Adult Down Syndrome Center. A program of Advocate Medical Group, the clinic provides comprehensive medical care to adolescents and adults with Down Syndrome. Since it opened in 1992, they have seen over 4,500 patients. It is the oldest and largest clinic of its kind, and the only one in the Midwest.

For registration information, contact Christy J. Santos, director of development, Advocate Lutheran General Hospital, Advocate Charitable Foundation 847-723-8682
John Wilson, critical care chaplain, provided Connections with answers on how you, the pastor, can most effectively serve your parishioners in the emergency department (ED) at Advocate Lutheran General Hospital.

**Q:** How do I access my parishioner when I get to the hospital?

**A:** The admitting desk, located in front of the waiting area, is the first stop. Tell admitting who you are there to see and who you are, including, most importantly, that you are the patient’s pastor.

**Q:** What should I expect and/or do once I have entered the ED?

**A:** Expect some chaos, as you may already know the ED is constantly busy. In the room there is a whiteboard identifying the nurse. Introduce yourself to the nurse, as the patient’s pastor; ask for the patient’s status and offer/ask how you can help the nurse to care for your parishioner.

**Q:** OK, I’m involved in the medical part, but I want to spiritually serve. What’s next?

**A:** Ask the nurse to page the chaplain. We are your colleagues in ministry and want to help you provide spiritual care to your church member.

Take time to sit and listen to your parishioner tell you what is happening. Remember, any patient is now in a new and strange land of crisis. They will have questions and fears; this is the best opportunity to provide comfort with your presence and for you to assimilate medical information with your parishioner’s experience. With these two tools of knowledge, you can be an advocate for your parishioner.

**Q:** How do I work with the chaplain?

**A:** Offer the information you have gathered and begin to strategize with the chaplain on the next steps. We, as your partner, are able to walk with you through paper work, assist you in following the patient through the hospital and help facilitate communication with the medical staff.

This is also the time to sort out what spiritual issues may be coming up. Discuss with the chaplain advance directive issues; will a DNR be needed; tips on talking with the family and suggestions for handling family dynamics. Talk to us about how to follow your parishioner, and family, throughout the hospitalization; be a liaison during surgery, and how to get involved with all family/doctor meetings or any meeting that may bring up ethical concerns.

**Q:** When the chaplain isn’t with me, how can I work with the medical staff?

**A:** Be available to the nurse and doctor, letting them know who you are. You can also talk with a social worker; this will give you the opportunity to be involved in long term care decisions and the return of your parishioner to their own community. If you think you have information that is critical to the welfare and treatment of the patient, your best contacts is the nurse; please share this information with the nursing staff.

As the primary spiritual care provider, you are best able to help merge the immediate experience with the long term effect it will have on your parishioner. The patient and family members will be with you in the future and may have continuing questions about decisions that were made in the hospital; did we really do what Dad wanted? Your shared hospital experience will continue to develop their spiritual life. We are here to help you and your church member get through the crisis and return back to their worshiping community.

We look forward to answering your questions. Please send them to LGH-Mission-SpiritualCare@advocatehealth.com and watch for your answers in the next issue of Connections.

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**Advocate Lutheran General/ Advocate Lutheran General Children’s Hospital Offers Urgicare Services**

Lutheran General’s emergency department now offers a non-urgent treatment program. Adults and children over the age of five can receive treatment from 9 a.m. to 9 p.m. seven days a week. Nurse practitioners provide treatment for sprains and simple fractures, minor lacerations, stitches, cold or flu, upper respiratory infections and conjunctivitis. In addition, all patients are evaluated by an emergency department physician. The urgicare center’s goal is to have all patients discharged in less than 90 minutes.