Dear Colleagues in Ministry,

We are pleased to provide you with this February/March edition of our Connections e-newsletter. Here you will find information on upcoming events at Advocate Lutheran General Hospital and Advocate Lutheran General Children’s Hospital. We hope you will join us for the webcast “Cancer and End of Life Care” presented by the Hospice Foundation of America, here at Olson Auditorium on March 24th. Our time together will also include a live panel of ALGH staff. The conference and lunch are free; you need only call to reserve a place. (See attached flier) This is part of our ongoing effort to reach out to you, our valued colleagues in the faith community.

With this edition we welcome a new member to our editorial staff, Ms. Catherine Feuerstein. Catherine, who has done Clinical Pastoral Education training here at Lutheran, graciously stepped in to cover work previously done by Chaplain Charitey Simmons, who died late last year after a brief but valiant battle with cancer. We thank God for the contributions Charitey made to the ministry of ALGH and for her life and witness among us.

Also in this edition you will find an article by Dr. Douglas Propp, Chair of our Emergency Medicine Department, in which he reflects on the spiritual aspects of his work. In our Question and Answer section, Kathie Kobler, APN, Pediatric Palliative Care, provides valuable information about the services we provide to complement your own pastoral care when couples experience the loss of an infant.

As we in the Christian tradition prepare for Lent, members of the Mission and Spiritual Care Department have shared their talents in writing and preparing a Lenten Daily Devotional Booklet which will be provided to patients, families and staff. As in previous years, we will be offering a worship service and imposition of ashes on Ash Wednesday, as well as Good Friday and Easter Sunday worship services that will be broadcast to patients via our closed circuit television.

Please let us know how we might better serve you; we welcome your questions and suggestions. We remain grateful for the partnership we share in caring for those whom we are privileged to serve.

Rev. Kathie Bender Schwich
Vice President
Mission and Spiritual Care
As I care for patients who unexpectedly present to the Emergency Department with great fear, pain, disability and pre-terminal suffering, I am impressed with the unique ways they focus on what ultimately matters in their lives. Although I do not consider myself a religious person I have learned to recognize the value of spirituality. Religion and spirituality are overlapping concepts; however I don’t view them as synonymous. I agree with those who define a religion as organizing common beliefs and practices for a group of people into a system of traditions. I consider spirituality a broader personal process including the quest for meaning and purpose, perspective, transcendence, connectedness and values.1,2

In medical school I spent long hours in solitude learning the hard sciences, providing little time for my reflection and experiential learning of the meaningful lessons of young adult life. In private academic pursuit, I remained envious of how my non-medical contemporaries learned to navigate the “real world” many years ahead of me. I believe the intense focus on the “hard sciences” might restrict the typical cloistered young physician understanding and appreciation for the “softer science” building blocks which ultimately form the spiritual elements in all of us, including the patients whom we serve. So it is not surprising to me that as I have matured and been allowed more time for reflection, I have learned to appreciate the patients’ spiritual needs (never explicitly identified in their chief complaints) and connect with them in a richer way.

The optimal practice of emergency medicine requires efficiency of thought, interaction and time which threatens our ability to invest in relationship building, the “spiritual currency” which many patients expect and deserve. Although not a common occurrence, I have learned to cherish those opportunities to connect on a higher level with patients and their families.

How can I forget the young woman who presented to the Emergency Department severely short of breath, predicting her own demise, which occurred a week later despite heroic efforts by many talented clinicians? My attempt to save her life and comfort her, recognizing the possibility of the inevitable allowed me to form a special relationship with her and her parents, who were left to deal with the loss of a child for their eternity. My attempt to comfort the parents of a youngster who was killed when struck by a car had nothing to do with the “hard sciences” which I had spent years honing. Only my ability to touch them, both literally and emotionally, acknowledging them as the real patients would give me any opportunity to heal. My ability to frankly and compassionately converse with a family matriarch, surrounded by her loving adult children when I believed she was at the precipice of life and death gave me reason to believe that I was doing good for others. My attendance at the funeral of a young child who succumbed to a congenital genetic disorder was not only appreciated by his family but also allowed me to participate in the rich but unfamiliar ritualistic celebration of his brief life. Recently, my leadership in my own family’s decision to allow my dear uncle to die with dignity, offering palliative care rather than high risk, disabling, major emergency surgery tested my spiritual connection with my own loved ones.

Early in my career, I lacked the perspective and skills necessary to participate in connecting with patients on a spiritual level. Over the years I have learned to appreciate the elements of the spiritual care that deserve as much if not more attention than the “hard sciences.” I remain forever grateful that I have been allowed to engage in the very private spiritual thoughts and emotions of those patients whom I hope to comfort and serve, as I continue to grow.

Bibliography:
Lutheran General Updates…

Parking

Updated campus parking maps/information sheets for Advocate Lutheran General Hospital/Advocate Lutheran General Children’s Hospital were developed to answer questions often asked by patients and visitors about parking. The new campus parking resources are attached.

Musicare

Musicare now has four channels that make music available to patients 24 hours a day, 7 days per week with no commercial interruptions:

- Channel 78 Easy Listening
- Channel 79 Classical Music
- Channel 80 Jazz

Channel 77 provides a harp relaxation music program plus a relaxation music program with nature photography. These Musicare channels are supported by The Lutheran General Hospital Service League. For more information about Musicare and Music Therapy call 847-723-7265.

Au Bon Pain opens on the first floor of the new patient tower

The 5,600-square-foot café, which seats 100 customers, is now open from 6 a.m. – 11 p.m. and offers a full menu for breakfast, lunch and dinner. Included are: hot and cold salad bar; fresh fruit drink bar featuring fruit smoothies and juice; newly developed mini pastries as well as a line of full-size baked goods; made-to-order as well as grab-n-go sandwiches and salads; 10-12 soups daily and a full coffee/espresso bar.

In addition, a full-service restaurant opened a "Parkside Satellite," located in the former flower shop space near the Parkside lobby. All items are grab-n-go, including soups, coffees, soft drinks, baked goods, sandwiches and salads. The satellite will be open 24 hours a day Monday – Friday.

Temporary Hospital Visitor Restriction Lifted

The temporary restriction that prohibited visitors under the age of 18 has been lifted. The restriction was placed to help stop the spread of H1N1.

Key reminders:

- Visitors at the bedside should be limited to two persons at a time
- General visiting hours are 11 a.m. to 8 p.m. except for established hours on specific units
- Children under the age of 12 are prohibited from visiting. Exceptions may be granted from the Nursing Unit.

Thank you for your understanding and patience during these past few months. Please note that we will continue to monitor the situation and may re-implement restrictions as needed.

Mission and Spiritual Care News…

‘I’ll take you there’ program is big patient satisfier

They’re appearing more frequently around the hospital – those big yellow buttons appearing on staff uniforms that say “I’ll take you there.” It all started last June in a radiology patient satisfaction committee meeting. “Because radiology is on the ground floor and we connect to the parking garage, we were getting lots of lost people,” said Sue Schall, BSRT (R), operations manager for inpatient imaging services. “We had patients in tears because they thought they might miss a test, or visitors who didn’t want to miss a loved one before going in for a procedure,” she explained. “So we decided to make the commitment to physically take people where they need to go – not just give them directions – since they can still get lost.” The program guidelines are simple: Ask people wandering in the hall if they need help. Walk them to where they are going and reassure them it is not an inconvenience; you are here to help them.

And the movement is growing well beyond the radiology department. After all, Schall reasons, “Every patient is our patient.”

Lutheran General Hospital Strategic Plan

Advocate Lutheran General Hospital/Advocate Lutheran General Children’s Hospital are in the initial stages of developing a long-term strategic plan designed to articulate a clear vision for the hospitals and ensure their future success. An essential early component of the process is to capture insights and input from physicians and key stakeholders at the hospital, Advocate and within the community that will be used to help guide the future direction and initiatives of the strategic plan. Consultants from the Chartis Group have been engaged to assist with the interviews and the planning process. The objectives of the strategic plan include: fostering widespread participation/endorsement of the hospital’s future direction; advancing Lutheran General/Lutheran General Children’s Hospital as a strong tertiary/quaternary brand; “Best in Class” quality and service; and hospital/community outreach expansion and engagement.

Community Events

Infant Massage Class
Tuesdays, February 16, February 23 and March 2
10:30 a.m. – noon
Labor and Delivery Conference Room
To register, call 1-800-323-8622

Senior Breakfast Club Meeting:
“Over 50 and Fall Free”
Friday, February 19
8:30 a.m.
Old Country Buffet
8780 W. Dempster Street, Niles
To register, call 1-800-323-8622
Mention code 8S12

Senior Breakfast Club Meeting:
“Everyone Else is getting a Bail Out, Why Not You?”
Friday, March 19
8:30 a.m.
Old Country Buffet
8780 W. Dempster Street, Niles
To register, call 1-800-323-8622
Mention code 8S14

Cancer and End-Of-Life Care
Live-via-satellite and webcast with live panel discussion
Wednesday, March 24
12:30 – 3:30 p.m.
Lunch served at 11:30 – 12:20
Advocate Lutheran General Hospital’s Olson
Recently a request came from a colleague planning to baptize a newborn from his congregation; the infant was not expected to live long. He wondered what resources hospital chaplains might have to share as traditional resources seemed inadequate. My first thought was to share my colleague Kathie Kobler’s groundbreaking work on ritual in perinatal and pediatric death. Kathie is an Advanced Practice Nurse specializing in pediatric palliative care and bereavement care. She is integrally related to our Department of Mission and Spiritual Care through her leadership in our Christian memorial services for infants and children who have died. What follows are Kathie’s thoughts on our colleague’s questions:

Q: Describe the dimensions of ritual in perinatal and pediatric end-of-life care?
A: Meaning is often thought of as something that one searches for or finds, when in fact, ritual provides a unique opportunity to co-create meaning. The unfolding of ritual has a way of drawing participants into a special community, transforming the situation at hand. Ritual can become a powerful tool of healing and of hope, even in the midst of a tragic situation. In clinical encounters when a baby or child is dying it is important to be mindful of the three dimensions of ritual: meaning-making, intention and participation. The use of symbols creates individualized meaning for each participant. The intent of the ritual should always be focused on what the family is hoping to accomplish, not on what we think would be best. Finally, ritual is most effective when each individual participates at the level in which they are most comfortable. Participation can occur through reflection, listening, speaking, touching or other ways of being present with the dying infant or child.

Q: When a pastor is called to baptize a child with a life-limiting condition, either in the hospital, home, or congregation, how might he or she incorporate these dimensions of ritual?
A: The most meaningful co-creation of ritual occurs when the facilitator takes time to enter into a relationship with the family, learning what they are holding dear in their minds and hearts for their baby. Simply asking, “Help me to know what is most important to you right now,” or “Tell me about your baby,” will usually provide insight into the relationship between parent and child that could then be incorporated into the ritual.

Q: In planning the funeral of a baby or child how might these dimensions of ritual come into play?
A: We encourage parents to think about how they would like to honor and celebrate their child’s life when planning a funeral. Incorporation of items that symbolize special attributes or meaning for the child can add to the richness of the ritual. We provide families the opportunity to create keepsakes with their child, including the use of ink prints, plaster molds, photographs, special clothing or blankets, which can be on display or acknowledged during a wake or funeral.

Q: In guiding the congregation in supporting bereaved parents into the future how might these dimensions of ritual be realized?
A: Bereaved parents are often most grateful for opportunities to acknowledge or honor their baby or child who has died. Congregations should remember that these parents are holding their dear little one close at heart, but may not always outwardly express their thoughts. Being mindful of those silent grievers is important, especially when holidays or special celebration times during the year unfold. Mother’s Day and Father’s Day will be upon us before we know it, a perfect time when bereaved parents in a congregation could be honored as their children are remembered.


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.
Hosted in our Community by:

Advocate Health Care
Mission & Spiritual Care, Advocate Hospice and Advocate Parish Nurse Ministry

at
Advocate Christ Medical Center
4440 West 95th Street
Oak Lawn, IL  60453
(Please enter the auditorium via the Kilbourne entrance.)

and

Advocate Lutheran General Hospital
Olson Auditorium
1775 West Dempster Street
Park Ridge, IL  60068

A boxed lunch will be provided from 11:30a.m.-12:20 p.m.
(No food allowed in the auditoriums.)

Continuing Education Available!
Low-cost continuing education is available for nurses, social workers, case managers, funeral directors, clergy, and others!
Please verify CE availability at your local site and your professional or state board approval.
There is a $25 online processing fee per certificate, per participant. Online CE instructions will be provided to you on March 24.
The processing fee through the mail with HFA is $35. Checks, written out to HFA, will be collected on the day of the broadcast. There is a $10 charge per participant for each additional certificate requested.

This program and lunch are offered FREE of charge.

Registration is required.
To reserve a place or for more information, please call:
Advocate Mission & Spiritual Care Office at 847-384-3513
Advocate associates may register online at:
ALEX: Title of the course: HFA Teleconference: Cancer and End-of-Life Care
Activity code: ADP-1007
(Please specify which location you would like to attend)
Welcome to Advocate Lutheran General Hospital and Advocate Lutheran General Children’s Hospital. Here is information about our parking and campus services to assist you during your visit.

Center for Advanced Care Parking Garage
This four-level, 535-space garage is on the southwest corner of Dempster Street and Luther Lane. The entrance is on Luther Lane. This parking is convenient for patients using outpatient services in the Center for Advanced Care and the Adult Down Syndrome Center. There are direct links from the garage to each floor of the Center for Advanced Care. The garage also is for visitor, conference and vendor parking. Handicapped permit parking is located on the first floor-north deck. An attendant is on duty Monday through Friday from 6:30 am to midnight, and Saturdays from 6:30 am to 10:30 pm. During all other hours, there is a cash-only automated vending machine by the first floor elevators of the garage.

Main Parking Garage
This three-level, 511-space garage is in front of the hospital. The entrance is on the front drive. This parking is convenient for inpatients, their visitors and patients using outpatient services in the hospital and Parkside Center. (Conference, vendor and work-related visitors must use the Center for Advanced Care Garage.) The garage is open 24 hours a day with an attendant on duty Monday through Friday from 7 am to 1 am, and Saturday and Sunday from 7 am to 11 pm. Handicapped permit parking is on the top deck and the ground floor-east level next to the tunnel access to the hospital. A second tunnel on the ground floor level leads to the Parkside Center. Both tunnels are open Monday through Friday from 5 am to 8 pm, and Saturday and Sunday from 7 am to 8 pm.

Yacktman Pavilion Parking
This free patient-only parking lot is accessible from the east side of the back drive, immediately behind the Yacktman Pavilion.

Emergency Department Parking
Patient-only parking is accessible from the back drive, immediately behind the emergency department entrance. Free parking is limited to emergency patients only. Permits are required and available from the public safety staff at the emergency department entrance.

Garage Parking Rates
Cash-only fees are $2 for the first two hours plus $1 for each additional hour, with a maximum fee of $9 per day.

Patients scheduled for outpatient services at the hospital, Center for Advanced Care and Yacktman Pavilion receive free parking. Please bring your parking ticket to the point of service to be validated.

Patients seeing physicians in the Parkside Center receive a maximum of three hours of free parking. Cash-only rates outlined previously apply for stays beyond three hours.

“Extended Stay” parking passes are available for families of patients who have extended inpatient hospital stays. Extended stay passes are valid for two weeks from the date of purchase and allow unlimited in-and-out privileges. Passes are $25 per vehicle and may be purchased in the public safety office on the first floor of the hospital. Fees are payable by cash or check.

Valet Services
Cash-only valet services are available at the main entrances of the hospital and the Center for Advanced Care. Payment is due upon arrival. The fee is $5 per day.

Hospital valet services operate Monday through Friday from 6 am to 6 pm.

Center for Advanced Care valet services operate Monday through Friday from 7:30 am to 5 pm.

Wheelchair Assistance
is available at the main hospital entrance, the Parkside Center, the Center for Advanced Care and the south entrance of the Yacktman Pavilion. Call guest services at 847.723.5624 to make arrangements.

Please note: Advocate Lutheran General Hospital is a totally smoke-free environment. Smoking is prohibited on the entire hospital campus including the parking areas.