

HEALTHCARE CHAPLAINCY PROGRAM ANNUAL REPORT 2016-2017



SpiritualCare
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GREY BRUCE HEALTHCARE CHAPLAINCY COUNCIL

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Chair of Grey Bruce Healthcare Chaplaincy Council—Harry Zantingh

As I write this report for the annual general meeting, I recognize that this may well be my last meeting with the Chaplaincy Council in an official capacity. I have served on this council for 6 years and according to policy, am now required to step down. I do so with mixed emotions because this has been one of the best committees/boards that I have sat on. So it is with some sadness that I depart from something I have enjoyed so much.

But I also go with great gratitude that I have been part of something which has served people in such a profound way, giving meaning, comfort and strength when needed most. To patients in the hospitals, but also to staff, to colleagues, and to the community. I marvel at the integrity and ability of the chaplains as well as fellow council members. What an honour to work alongside and with them.

I think this past year has been one of steadiness and stability. We have been capably led by Dwight Biggs in an ongoing visioning process. We have slowly strengthened our financial position through the ingenuity and resourcefulness of a number of people. We have incrementally increased the awareness of our presence in the hospital community. We have been working towards bolstering the educational component of our mandate. We have also continued to have gifted, passionate and skillful chaplains serving on the front lines.

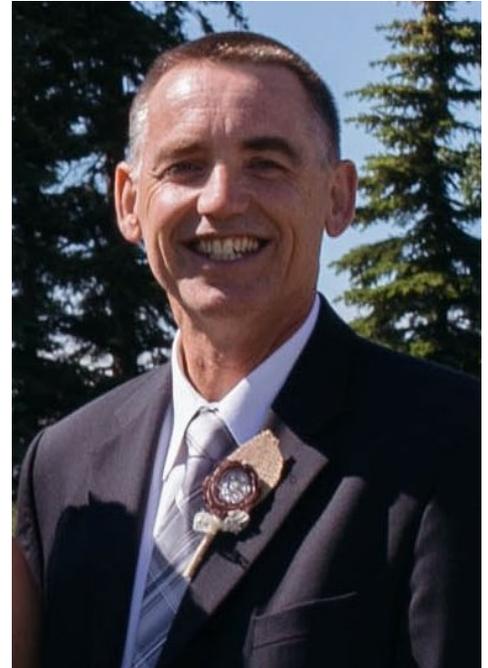
I would like to take this opportunity to thank the many people involved in this unique service we give to the hospital and community. There is none like it which is able to especially speak to the spiritual side of life. If healing and health is to be complete, then it must address the whole of life, and that includes the spiritual.

Thanks to Dwight for all he has done as spiritual care manager. He has done much more than just manage, but has been walking along side of people in a personable, compassionate and gracious way. Thanks to Patti Wilcox for her very capable administrative talents, which have kept the office going. We have been able to give her a few extra hours over this year and we have greatly benefitted from them. But as always, there is so much more to be done in that area. Thanks to the members of the chaplaincy council for the hours and work they have put in.

And thanks to all of you who have a heart for this work, for your involvement and support. It is greatly appreciated.

May God continue to bless this ministry and may it be a source of meaning, comfort and strength for many.

Harry Zantingh



Manager of Spiritual Care, GBHS, SBGHC, HDH, CGMH—Dwight Biggs

What a wonderfully full year of activities this has been for the Grey Bruce Healthcare Chaplaincy program. There have been many joys in the fruit of our work and several blessings as we persevered through the challenges we faced. In it all I am thankful for the huge group of people I have the privilege of working with, formally and informally, who help to make hospital and hospice spiritual care a meaningful ministry in our region. Working diligently behind the scenes with a smile on her face is our administrative assistant Patti Wilcox who keeps our office and many facets of our program in good order – thank you. Our fourteen day chaplains who offer spiritual care in our hospitals and residential hospice are a gifted group of individuals bringing comfort and support to patients, families and staff in their times of need – thank you. We have a dedicated group of volunteers who make up our Chaplaincy Council and grant oversight and support to our regional spiritual care program – many thanks to those who are retiring, those continuing, and those new to the Council this year. We also have a variety of volunteer chaplains, hospital colleagues and designated liaisons working on our behalf – thank you. To our many community partners, hospital corporations, foundations, auxiliaries, and residential hospice, thank you for working in partnership with us to enable the significant and meaningful spiritual care we offer to others. To all of the faith groups, leaders and lay visitors from our region, thank you for being a face of spiritual care in our community and extending that care collaboratively with us in the hospice and hospital settings. We also had a team of five Clinical Pastoral Education students working diligently over the last year - while learning and deepening their spiritual care skills they were a great blessing to our program and the services we offer – thank you. Indeed, we have been and continue to be blessed with many wonderful and gifted people who help to make our chaplaincy program the dynamic ministry it is to, with and in our community. Thank you all!

Last year when I wrote my report I described how I felt as though I was just starting to find my feet as the manager of the spiritual care program. Today as I reflect on our program over the last year it feels as though we've been able to do a little walking together and find ourselves starting to go places. Part of this journey for the Grey Bruce Healthcare Chaplaincy Council has been to continue the visioning process we started in 2016. I believe we have made some great strides in this regard as we considered where we have been, who we are now and how we feel we're being called into ministry for the future. The Council has had some very rich conversations in this regard and has come up with five key areas they consider priorities in their work and planning for the future. These are: Education; Finance and Raising Funds; Policies, Processes and Personnel; Community-Mindedness; and, Multi-Faith Appreciation. I will briefly provide an overview of the Council's hopes for each of these areas.

Education

We hope to be a program that offers educational opportunities for those in our communities and hospitals who wish to learn about spiritual care and deepen their skills in this regard. This will occur through continued offerings of Clinical Pastoral Education units in our hospitals, education for lay visitors such as that offered in the past through Level I & II training, spiritual care workshops, courses in association with affiliated post-secondary institutions, and seeking other educational opportunities that would benefit our day chaplains in their provision of spiritual care.

Finance and Raising Funds

We continue to be grateful for the support of many individuals, groups and organizations who make our program viable through their donations and financial contributions. Of course, those in faith settings know that there are many competing charitable demands on people's resources these days and the support we could once expect from our members is not necessarily the same as it was. The chaplaincy program who once depended upon various sources of income also realizes that although these people and groups may wish to support our work financially, they simply aren't able to in the way they once were. As such, the Chaplaincy Council has formed a Finance committee to consider ways for us to remain financial viable for years to come while considering new ways of raising funds to support the program – perhaps some avenues that previously had not been considered like new community partners, grants and other sources of funding.

... Spiritual Care Manager Dwight Biggs cont'd

Policies, Processes and Personnel

As with any organization it is important for us to review regularly our policies and processes to ensure they aid in the effectiveness of our program. If they don't, revisions are welcomed. In some cases, as we grow and move in new directions with the chaplaincy program, it has been necessary for us to put into place new ways of doing things, which we put into conversation with the governance of the Council and the hospitals/hospice with whom we work. As we move forward in these ways it's also important for us to consider our personnel and what we can be doing to enable them to function most effectively in their work. All in all, we hope to be doing more of what is working and consider new ways of doing things that perhaps haven't been working as well as they should.

Community-Mindedness

It is the Council's desire to deepen our awareness of the partnerships we share with many people and organizations in our larger community. How might these be strengthened? What do we need to look at in our program to help our community partners offer spiritual care effectively in our hospitals and hospice? Are there other community groups who might help us in our spiritual care work in our hospitals and hospice? We also realize it is important for us to communicate regularly with the larger community the happenings of the chaplaincy program. It is hoped in doing these things we will continue to have a great spiritual care program in place that will help care providers from the community as they help others in their time of need.

Multi-faith Appreciation

As the population in our area becomes more diverse, so too are the faiths and religions represented in our patient population of the hospice and hospitals. Historically, our spiritual care program was founded with Christian roots as it served a predominantly Christocentric area. As our population changes, so must we give consideration to new ways of serving spiritual care needs of all patients and families. We have Christian and Muslim spiritual care providers (volunteer and day chaplains) serving in the program and number of liaisons from other faith backgrounds in the community who have made themselves available to us for other religious concerns, questions and practices as they arise. It is the Council's desire also to have some of these voices at the Council table as we work together to offer spiritual care support in our region through our program. Although it has been a slow process, some progress is being made and we're trusting the conversation will continue.

Indeed, this is a full agenda that has been set before the healthcare chaplaincy program and as the visioning process continues many aspects of these goals still need to be fleshed out. All of this work will require continued faith, energy and dedication if we hope to see the fruits of our labour. If our past is any indication of our future, we will get there, slowly and surely. As I hold all of our work together in regular prayer I would ask that you do the same. May continued blessings be with us all as we offer spiritual care in our hospice, hospitals and larger community!

Yours in faith,

Rev. Dr. Dwight Biggs



GBHS-Owen Sound—Day Chaplain Grace Young



Spiritual care is all about the journey! Coming alongside of another person to offer support in the most appropriate way. For many, it is to be a listening presence, allowing patients, family, and staff a safe place to voice their concerns and share their joys and sorrows. For others, it is through sharing scripture, prayer, and singing hymns, participating in a Smudging Ceremony, and at times, calling a church minister or Spiritual Leader to connect patients to their faith.

It has been my privilege to be a Chaplain at the Owen Sound site for eleven years. Staff members have accepted me as part of the team, and include me in patient rounds, family conferences, and give me referrals to provide spiritual support to patients and families. Being here for this period of time has afforded me the privilege of providing care to multiple family members. I am so blessed that people allow me into their lives to listen to their stories and come alongside to help.

During this past year, I conducted several celebration of Life Services. Two were for two cousins in their forties, who died suddenly, two months apart. Very sad, two sisters losing their sons. I conducted their grandmother's Service a year earlier.

There is good participation at the monthly Church Service on 4-6 Unit. One patient commented, "It gave me a good feeling and I felt stronger." Another said, "I connected with my faith and that's a good thing."

There are times when I am asked to be with family in ICU when care is being withdrawn from their loved one; To be with patients and families as they try to accept the cancer diagnoses and later have to say goodbye; To be with families as they view their loved one in the Chapel.

It is amazing when patients recover from an illness and continue on to make great progress and have renewed hope.

We are blessed with an incredible staff, who go the extra mile. Speaking of staff, it was my privilege recently to conduct the wedding ceremony for two of them.

I would like to conclude by saying "Thank you" to Dwight, Patti, and Council for your continued guidance and support.

Grace Young



GBHS-Owen Sound—Oncology Day Chaplain Ann Veyvara-Divinski

I It has been an honour and a pleasure to be part of the amazing team in Spiritual Care at GBHS Owen Sound since September of 2016 bringing comfort and conversation to those receiving infusions and chemotherapy in the Oncology Department.

In this unique area of the hospital patients are receiving treatment that can be challenging, uplifting, hopeful, scary or uncomfortable. The nurses, physicians, volunteers and support persons work together to make a functional, multi-disciplinary team where everyone is valued. I am so proud to be part of that team.

I never start my day knowing what I will encounter or what I may need or be asked to do.

It could be someone who will be in need of settling conversation or offer a prayer over a bag of chemotherapy drug, maybe it's to hold the hand of a first time patient as the IV needle is inserted, or sit with someone while they slept so they would have someone beside them when they awoke. On occasion I've written down the funeral plans of a patient only because their family couldn't bring themselves to. Many times is chatting the time away for some that just want the treatment to end often including family members in conversation when they only think I'm there for the patient.

If you asked me a year ago if I knew what a Chaplain's role was in Oncology at GBHS I could only have told you part of it, it's so much more. A smiling face, a helping hand, a positive energy, a laugh, a prayer, a quiet word or just to be present with them on their journey. Each journey is different, each patient, whether for infusion or chemotherapy, is valued, upheld and cared for and it's a joy to be part of all the journeys so far.



Respectfully,

Ann Veyvara-Divinski



GBHS-Markdale—Day Chaplain Adam Nickell

This past year of Chaplaincy at Markdale Hospital has been quite meaningful. I was present in a number of palliative situations throughout the year. Many of the families are very open to spiritual care and others were polite but clearly not wanting any spiritual care. Sometimes the situations really hit home like the 34 year old dying from a very painful form of cancer and who also used to be one of the young people in my youth group years ago. In one palliative situation I received a phone call from a patient's sister (whom I had never met) expressing her gratitude that I visited her brother. In another palliative case I happened to be present when two daughters came into hospital to visit their dying mother. They were very anxious and were hesitant to enter the room where their mother was because of a past experience when their father died. I was able to go in with them and help them to see their mother was peaceful and not experiencing any pain. The nurses were also very helpful with this. These two sisters really valued prayer for their mother and were just talking on the way into the hospital that they had wished they had contacted a minister to see their mom. Needless to say they were a bit "blown away" the hospital minister was present that same day. In this case, I was able to place a prayer shawl over their mother which brought them a lot of comfort and peace. Their mother passed away the following day.

I learned this past year the value of religious icons and objects like the prayer shawl to use in the spiritual care of patients. During one of my visits with a patient of Catholic tradition I found out she had left her rosary at home. Because I had a couple on hand I was able to get her one and it brought her a lot of comfort while in hospital. In another visit, I came alongside of an adult female who was dealing with the health effects of her alcoholism. She was able to connect back with some of her beliefs as a younger person in the Catholic Church and the prayers and a rosary I offered to her actually brought her to tears! So those icons and objects can be really important. Thank you Patti for keeping us well resourced!

Another significant visit and conversation this past year involved me being able to help a patient with ongoing anger against his estranged spouse. His anger and resentment was really eating at him and through my suggestion of him surrendering his spouse completely to God (so that she would be God's worry and no longer his) he found himself really comforted and helped. The next time I saw the patient, he thanked me for that conversation and prayer, for it had really brought him some emotional freedom. So I was so glad to be a part of helping in that key emotional area for him. Sometime as a chaplain you are able to minister to needs like this, but other times you yourself are "ministered" to. I visited a patient a number of times this past year who possessed a very strong and vibrant faith and who had suffered a debilitating stroke. Out of her suffering oozed a very strong faith and trust in Christ and it caused me to come away from our visits more encouraged than she! That is spiritual care for you!

This past year I was able to host a number of new clergy orientations to the Markdale site as new clergy move into the area. I also continue to connect with staff through the year as much as possible. A staff member who I've known well for the past five years made a special effort to "pull me over" and let me know of her retirement from nursing coming up. She had been nursing for 40 years! I was able to come in to see her on her final day of work at the hospital.

I also had a couple meaningful referrals and cooperative situations with Social Work this past year. I was contacted by Social Work the week before Christmas to see if I could help with a patient who was ready to be accepted into LTC but hadn't filed income taxes. They were not able to find someone to help with this and they were wondering if I knew of someone who could help. I did and they were able to do what was needed and everything worked out. Out of the time I spent with the spouse of the patient in this situation I noticed that they could perhaps be in need of some Christmas "cheer", and because of some contacts in our community I was able to drop off a Christmas hamper of goodies to her which were very appreciated. I received another call from Social Work not too long after this to help with another patient who needed some help transitioning to an apartment on her own in the area. It was meaningful to see this kind of networking between Spiritual Care and Social Work in our Hospital system.

Finally, a "warm and fuzzy" story for you. This past Fall I found a connection between two patients in hospital really fascinating. Two couples (both of their spouses were in hospital at the same time) and it turned out they knew each other quite well and in fact they were both married on the same day 59 years prior. They were married in the Town of Markdale, just one hour apart from each other – one at 10am at the United Church and the other at 11am at the Catholic Church. They both knew each other as couples for all of those years and both spouses were in hospital down the hall from each other at the same time. Oh the blessings of a small town hospital!

It remains an ongoing privilege to serve as Day Chaplain at Grey Bruce Health Services – Markdale Hospital! Thanks so much to Rev. Dr. Dwight Biggs, to Patti in the Spiritual Care Office, my fellow Day Chaplains, and the Council for all of your prayers, encouragement, supervision, and support. Thank you for your dedication to Spiritual Care in our hospitals.

Yours in Christ,

Adam Nickell



GBHS-Meaford—Day Chaplain Wesley Frizzell

I would like to start by acknowledging and thanking Dwight for his guidance and support, he is great to work with. Patti also is a great help and resource in her role in the office.

I have been providing spiritual care to patients, family members, occasionally staff and outpatients at GBHS Meaford for 10-11 years. I am mandated to serve in that capacity for 19 hrs/mth. or 4-5 hrs/wk.

I often attend 'bullet' rounds at 11:05 a.m. (M,W,F). Attending rounds is helpful to know where patients are at and I sometimes receive referrals from one of the team at these meetings. I want to say also that our Site Manager Martha Richards is very supportive of me and Spiritual Care, for which I am grateful.

There are 2 separate Ministerials connected with the Meaford Hospital, they are Meaford and Thornbury/Clarksburg. I aim to meet with each of these groups once a year to give updates, offer help and answer questions however the Thorn/Clark one has not met for a couple years. At one visit to the Meaford Ministerial I was asked to speak at the community Remembrance Day Service. I will contact community clergy if patient desires.

Some of my chaplain experiences:

I am happy to confer with staff regarding patient care and on occasion have been sought out by staff for their own spiritual care.

As Hospital Chaplain I organized and led a memorial service in the cafeteria for a staff member that died quite suddenly. There were about 70 in attendance including staff members 2 adult children. There were many positive comments on the service so feel it was helpful for the hospital staff family.

Charge nurse came to find me when palliative Patient died, she thought family that was there might like a prayer or something. I went to see them and talked with them a bit and prayed with them. They were very appreciative which I relayed to the nurse.

I visited an 18 yr old patient and his father was with him. It was a fairly short visit and I felt there was a bit of awkwardness in the room as they didn't have a lot to say. The reason became a bit more evident later when the father sought me out and voiced concern about son regarding depression wondering if I would go and see him while he went out. So I did and son opened up a bit but not to depth of father's concern. When I saw father return later I connected him with charge nurse re social work for mental health and they were going to start process by asking Dr.

I had a few visits with one of my high school teachers when he was in hospital. Though it was a challenge to make out his words at the last (his voice was a whisper) it was nice to talk to him again, encourage him and tell him again how much I appreciated him as a teacher. He dozed off and I talked with his daughter for a while.

On the lighter side I once dealt with a mouse that was terrorizing some female staff. That gave way to a few Spiritual Care related questions and comments.

Overall I feel the chaplaincy program is very well integrated and received at Meaford and serving the patients and staff well. I count it a joy and privilege to serve the Meaford Hospital-community in this way.

Chaplain,

Wesley Frizzell



GBHS-Southampton—Day Chaplain Darlyne Rath

All of us have many blessings in our lives and being a chaplain at the Southampton hospital is indeed one of my blessings. After being in this role for a year and a half I feel comfortable with all of the nursing and medical staff and feel like one member of an incredible team. In addition to doing rounds with all of the patients twice a week, I readily accept referrals from the staff to patients that are in need of spiritual care; for example patients that are palliative. As a former registered nurse I am comfortable in the hospital environment, but find the role of chaplain quite different from that of a registered nurse. It is a humbling experience indeed to be invited and allowed to hear the patient's joys, hopes and fears. Their stories have touched my life and it is my hope that I am making a contribution as a member of the health care team.



Probably the most meaningful change this year is the addition of music into the role of chaplain. It has been my experience both as a pastor and as a chaplain that music is the universal language and people sometimes find meaning in the words of a song or a hymn. Sally Kidson, the Executive Director the Saugeen Memorial Hospital Foundation, and I sing in the Chantry Singers Choir – a local community choir. And so, music is very much a part of our lives. At Christmas time I brought in my guitar and we sang Christmas Carols in the hallway. The patients and visitors indicated that they really enjoyed it.

And then in April, after praying with a palliative patient, she asked me to sing something to her. And so I brought in my mandolin and played and sang Amazing Grace, I Saw the Light and Swing Low Sweet Chariot. Her eyes brightened, her face lit up and she hummed along. She said that it lifted her spirits to hear the songs as she had always loved to sing. Based on the feedback from a few patients from the other rooms, who heard the music, Sally and I once again gathered together and sang about 8 songs in the hallway. Some of the patients then requested that we go into their room to sing to them because they wanted to hum along or hear the words up close and personal. As well, the feedback we've had from the staff is that they enjoy the music as well – it is uplifting for them to hear patients hum along. Sally and I will continue this from time to time.

The past year and a half has been exceptionally busy. I go to the hospital at least two mornings a week and more if there is a need and visit patients on 2 East. I have been called to the emergency department on occasion. I attend multi-disciplinary rounds each time I visit the floor and feel included as a member of the team. The staff appear to appreciate spiritual care as a significant part of total patient care. I have learned to appreciate the constant and continuous vigil that many families are involved in when a loved one is palliative. I am grateful that they have allowed me the opportunity to journey alongside as they keep the vigil with loved ones.

I appreciate the continuous encouragement and support from Donna Chapelle, the manager of the hospital and the funding support for this role from the Southampton Hospital Axillary and the Hospital Foundation. I extend a sincere thank you to them for supporting the chaplaincy role. I am truly blessed to be able to be a part of this important work.

GBHS-Lion's Head—Day Chaplain Alan Barr



I am new (4 months at the time this report is written) to the GBHS chaplaincy program, so not having had a lot of experience to date on which I can speak, I will speak generally in reporting on the activities of chaplaincy in this small 4 bed hospital.

The staff at the Lion's Head Hospital have been friendly and helpful to me. I try to visit in the hospital at least twice a week, and to date have spent an average of about 3.5 hours per month, offering pastoral care.

After years in pastoral ministry, it has been a blessing to be involved in this ministry. Chaplaincy is a ministry that affords us the opportunity and the blessing of spending time with people.

I wish to thank GBHS and the Lion's Head hospital for the opportunity to serve in this unique and important ministry. I also want to thank the staff and doctors at the Lion's Head hospital for their diligence and care for the patients there.

God's blessings to you all.

GBHS-Wiarton—Day Chaplain Phil Dwyer

A lot has happened at the Wiarton Hospital since I reported last year. The complex continuing care unit is now in its second year and still having great successes for patients getting closer to being independent in their lives. Many arrive from other hospitals unable to even stand or sit, let alone walk. To see the persistence in these patients to improve is heartwarming. Often when coming from another hospital the only clothes a patient has is a hospital gown. I was asked by the team if the Wiarton churches could supply some clothes. I took this request to the Wiarton Interfaith Group (Ministerial) and they made a financial donation to supply two sets of sweat pants and shirts in four different sizes. Recently the request was made again and the churches supported this request.

One patient who I had been visiting had cancer. Just before one of my visits the patient was told there was nothing more that could be done. When I went into the room she asked I knew this and I said yes. We prayed and asked God to watch over her, free her from pain and to be open to His plan for her. After we said Amen she said to me 'if this is His plan, it sucks'. I said 'you're absolutely right' and told her it was ok to be upset with God. On my next visit she was accepting of the situation and asked me to pray for her which I did.

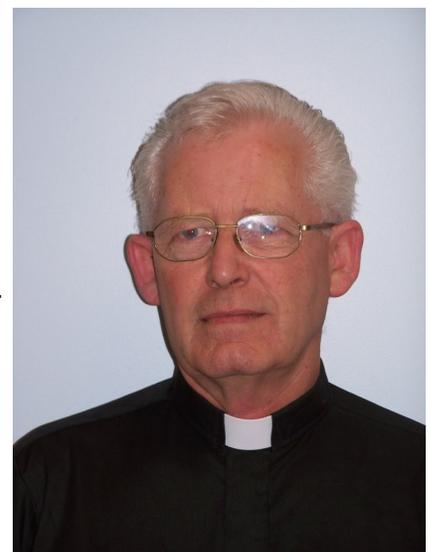
One of our nurses died after a ten year battle with cancer. She died on a Friday and I was contacted by the Administrator so see if I could do a service on Sunday afternoon. I went into the hospital Saturday afternoon to check on the staff that was working. They were ok but quite sad. I told them about the service the next day and they suggested that the family be invited as the nurse had requested no funeral. The family did attend and it gave some closure for them. Just as the service was ending two planes could be seen from the hospital. One was flying north/south the other east/west and their contrails formed a cross. The nurse's husband was the first to notice and pointed it out to everyone.

At the request of staff, I had obtained a prayer shawl for an elderly patient from the Lutheran/Anglican community. A nurse was donating a kidney to her mother. Staff asked if I could possibly get another prayer shawl for the nurse. I suggested that we get two, one for the nurse one for her mother which is what we did. So I arranged to get one from St. Mary's in Owen Sound and one from the Sauble Fellowship Community Church in Sauble Beach. By spreading around the requests for shawls the whole community becomes involved through prayer in the welfare of others.

There was a diabetic patient I had been visiting. On one visit she told me she was going to Owen Sound where her toes on foot would probably be amputated. She was very upset at this prospect. We prayed that God would look after her and guide the Doctors in their decisions. She came back with toes intact and we prayed thanking God for not having to lose her toes.

During this year I also covered the Lion's Head Hospital for about three months. The Spiritual Care Department arranged to have a copy of the patient list for Lions Head to be sent to the Wiarton printer so that I knew who and how many patients were there.

Also, through the generosity of the Hospital Foundation, my hours have been increased to more reflect the time I am visiting patients.



SBGHC-Chesley—Day Chaplain Douglas Gebbie



Chaplaincy work at SBGHC-Chesley involves regular visitation, being the on-call chaplain, and being the contact person for local clergy.

Patients come to the hospital for many reasons. Most take up the acute beds to receive active treatment for their conditions and their stay is not usually more than one week. Unless they have a chronic condition, which requires a number of stays, I might only meet that person once. Other patients are waiting for placement in a long-term care facility. Their wait can be for weeks or even months. Patients in the Restorative Care Unit stay for a few weeks. For those patients who cannot say 'They've said that I can go home tomorrow!', there is a sense of dislocation. That dislocation can be from home, family, friends, community, and church. By treating the hospital room as if it were the patient's home, and using the gift of time, chaplains try to take the edge off that sense of dislocation.

Similarly, the families of palliative patients often look lost; they are in a foreign country where things are done differently. A chaplain is there, should they wish a guide.

Scheduled visiting is done at Chesley in the evenings on Sundays and Thursdays. Since many of the patients/clients are in the Restorative Care Unit and are busy during the day, evenings work best. It also means that people who do not have visitors get the opportunity to speak to someone. Other visits are arranged or develop out of these scheduled times.

There is not much on-call work at Chesley. Most people who want a clergy person in an emergency know whom they want. Sometimes, I have been asked in to hold the fort until that person gets to the hospital. Other times, someone has asked for or been asked if they wish a chaplain. Living five minutes from the hospital makes being there easy. When a call does come, it usually means a very late night or a very early morning.

In the year since the last annual report, I have had the opportunity to present the work of Chaplaincy, along with that of the Chesley and District Ministerial Association, at the Chesley Fall Fair and Mid-western Ontario Agri-Fair.



SBGHC-Durham—Day Chaplain Jeff Elford

I have been providing Spiritual Care to the patients and staff at the Durham, Health Care Centre for the past 2 years. Previously, I had been a volunteer Spiritual Care provider at the Grey Bruce Health Services in Owen Sound for 5 years.

It is through the ministry of the “Spiritual Care Provider”, that I feel most able to fulfill the command that Jesus gave to Peter in John 21: 17. It has been a blessing in my life to be able to serve in this capacity during the past year.

I visit the hospital on a regular basis, this has created the opportunity to build good working relationships with the staff. Often times the nurses will suggest I visit a certain patient that could benefit from my care. Living in close proximity to the hospital has its advantages when I am called upon in short notice.

Approaching patients with care and offering to listen to them as they express their concerns, is something that the majority of people appreciate and accept openly. Sometimes, the first visit is an invitation to a second or third depending on the complexity of health care being received.

Many of our patients in Durham are elderly, often time’s their hospital stay can be lengthy. Visits from the Spiritual Care provider can provide an opportunity for the patient to stay connected with their world outside the hospital, through good conversation and active listening on the part of the service provider.

I thank my friend Dwight Biggs, my fellow chaplains and our Secretary Patti Wilcox for their encouragement and support over the past year.

Sincerely,

Jeff Elford



SBGHC-Kincardine—Day Chaplain Kenneth Craig

Not the sort of thing that you would expect to see at a hospital providing excellent care to the assortment of patients that come and go every day. Room after room after room with patients bundled up in sweaters, in warmed blankets, in favourite quilts from home. What was going on?

The South Bruce Health Centre – Kincardine was replacing (I was told) the boilers that provide all the heat for the rooms. A smart thing to do, particularly late in May, when the temperatures outside would be warm enough to support the temperatures inside. However, Mother Nature had other things in mind. Spring had not yet warmed up to summer temperatures so the expected warmth was not the same as the actual warmth. That explained all the extra blankets.

I compared the extra blankets, because of the unexpected becoming a reality, to the care of the nursing teams, the support workers, the chaplain, and medical specialists who have to be piled on when the unexpected becomes a reality. No one ever plans to be in the hospital as part of their life journey. Some may not be surprised because of previous medical encounters but, on the whole, admissions to the hospital require a willingness to accommodate changes in our physical, emotional, and spiritual wellness. I know that nurses and medical specialists embrace (sometimes hug) the patients as they make their way through the system. I pray that I can do the same.

Thanks this year continue to be extended to Dwight, Patti, Erin, and so many others that diligently work to provide oversight to the chaplaincy program.

Blessings,

Pastor Kenneth Craig, Chaplain, Kincardine



SBGHC-Walkerton—Day Chaplain Gary Lund



I started at the Walkerton facilities on September 1, 2011, I am now in my sixth year. My immediate supervisor is Dwight Biggs. I am currently at the 2nd floor ward on Tuesdays and Thursdays each week.

I have left my name for on-call when and if a local pastor is unavailable.

I find my time at SBGCH second floor is spent with 90% of the patients being over 65 years of age. I quite enjoy my time with all my patients and get good and favorable feedback from them as well as the nursing staff. I engage my patient visits with the family and friends whenever possible. When possible and if appropriate, I will also introduce humor into my visits.

It is my objective and goal to visit each and every patient on the floor for each shift. Not always possible as some need their rest. The challenge and reward has been in being an instrument of our Lord for those who are palliative. Being there for the patient and families through these life ending experiences has been my calling at SBGCH. This year was especially challenging.

case #1: A lady came in and she looked and acted healthy (not sick). She told me that she was dying from cancer and so we had long discussions on death and dying. Early on she asked if I would preside over her funeral and I agreed to do so. Several months passed and by this time the patient had lost a great deal of body weight. We continued to have spiritual and family discussions as her overall health was deteriorating. This person allowed me to process her final days with a sense of what was to come. She had a good death.

I worked with many palliative patients this past year and was asked to complete the cycle with giving them and their families a spiritual conclusion to their lives. I feel that my purpose is to comfort each and every individual who needs and seeks our spiritual support.

My goal as a professional spiritual care provider is to see ALL patients in the ward each and every shift I attend. The only patients I miss are those who are sleeping. Walkerton has become a busy ward as we now have 25 beds and it is not unusual to see 20 - 22 patients at one time.

I continue to enjoy and embrace my responsibilities as a professional spiritual provider at Walkerton as well as the broader church community.

Hanover & District Hospital —Day Chaplain Lyndsay McGregor

It has been another wonderful and enriching experience being the chaplain for the Hanover Hospital for the 2016-17 calendar year. I truly believe to be the heartbeat of chaplaincy is sincere care, non-anxious leadership and genuine listening. I have spent many hours coming alongside families and individuals in crisis or in need of care. Many of these wonderful people have found themselves at the mercy of unexpected scenarios and feel overwhelmed, while others experiences are less intense. In both kinds of situations I have tried to offer myself as a nurturing and non-anxious presence.

Throughout this year I have also invested in supporting the staff at the hospitals. We have such a wonderful and balanced team. I am proud to serve alongside them. I wish to be a steady support for them as individuals as they too have families and an active presence in the broader community.

Over the past couple of years I have personally navigated a dynamic balance in chaplaincy in both my private and professional life. I have come alongside many individuals and families struggling to know how to cope with death and many others who are learning to grieve. It is truly a great privilege to be invited into these delicate and sensitive moments.

Overall, serving as the chaplain of the Hanover Hospital is a great honour. I count myself blessed to be a part of the lives of so many dear and valued people. And I look forward to the year ahead and how I can be of service to our community.



Collingwood General & Marine Hospital —Day Chaplain Greg Armstrong



Well I'm almost there! Almost completed 1 year at CGMH as the Day Chaplain. And what a wonderful year (almost) it has been. When I came to CGMH, I did so with some experience with the On Call program and also the Pastoral Care Committee. What a great time of learning and growing and stretching this has been!

Since coming on staff with the hospital I have had the incredible opportunity to minister to patients and their families in a multitude of situations. Additionally there has been a significant focus on "Staff Care" because I believe we need to stay well to serve well. Some of the situations I have been involved with can be imagined while others have been profoundly difficult and even painful. It has been said that "some may experience a day of tragedy in their lifetime, while front line staff often experience a lifetime of tragedy in their day." This has played out on a number of occasions at this hospital as I am sure, due to the nature of our work we engage in, it has elsewhere. It has been in these situations that I feel uniquely equipped and honoured to be able to

offer Spiritual Care. In doing so we can offer what matters so much and that is in those things that minister to the soul: hope, healing, comfort and peace. What a blessing!

The staff at CGMH have been wonderfully warm and receptive to me and the role of Spiritual care and over this year I have been invited to be a part of new staff and student orientation. I do a one hour "Care for the Caregiver" presentation and orientation to what Spiritual Care can offer both patients and staff. This will be an ongoing role.

During Nurses week I was asked to do two "Lunch & Learn" sessions on Compassion Fatigue and Vicarious Trauma. These were both well attended and well received with a request for a third session.

Education wise, I completed a CPE through CASC with Dr. Angela Schmidt at RVH in Barrie. I also completed an Indigenous Cultural Safety (ICS) program.

Education that I provided included three separate Psychological First Aid courses for RVH and a presentation to CPE students.

I also had the honour of giving three Keynote presentations this year for Correctional Services Canada, The Canadian Critical Incident Stress Foundation and the North Simcoe Victim Services that allowed me to share a message of hope.

It's been an active year. Truly the best part of the year though has been through people connections and opportunities to minister. Three situations stick in my mind as I reflect. The loss of a staff member, the loss of a child, and a person journeying through cancer. In all of these situations I feel that I have been used of God in unique and meaningful ways, that only He could orchestrate, to do Spiritual care work that will have an eternal impact. Time and time again I am amazed at His timing, direction and "nudging" and the encounters that come as a result. I am humbled and deeply honoured that I get to be a part of this amazing work. Looking forward to what is ahead.

With Gratitude,

Greg



Grey & Bruce Residential Hospice—Chaplain Kathy Underwood

Last year I began my annual report with “the new hospice is coming!” This year I can say, “Chapman House is up and running!” What a year this has been as we prepared for our move then made our move into our new home. As we settle into this new space, we see every day the incredible care that was taken by the design team to ensure that our new home would be 100% designed with the needs of residents and their families fully at the centre. It is truly a privilege to work within this space—and to know that this little community of Grey-Bruce raised more than \$4 million to make this happen.



It is also a privilege to work at Chapman House because we as a hospice team know that we make a difference. In this past fiscal year (April 2016-March 2017), we cared for 109 residents (13% more than the previous year). Of these, 42% came from Owen Sound and 58% from the wider Grey-Bruce community (38% from Bruce, 31% from Grey). Most of our residents were over 65 (72%), had cancer of some kind (84%) and did not live alone prior to admission (27%). Once admitted, residents were with us for an average of 17 days although there is an incredible range as some people are admitted and live only one or two days while others may stay with us for up to three months. This year was significant because we also celebrated our first-ever renewal of wedding vows followed the very next week by an actual wedding. Both were bittersweet but poignant celebrations that I was honoured to be a part of.

As I reflect on the goals that I had set for myself in the previous year, I am both grateful for what has been achieved and frustrated by the lack of progress that I have made in some areas. With support from the Owen Sound and Vicinity Ministerial Association, I administered a survey to seek the input of community faith group leaders in what they need in Chapman House to feel welcome and well resourced. Using this input as well as my own experience, I worked with Wendy Bye and others on the Design Team to develop the ‘feel’ of the Quiet Room as well as the Spiritual Care Office. Unlike at our Seasons’ location, we now are able to offer rites and rituals that involve smoke, candles, incense etc. in the Spiritual Care office as well as on the outdoor patios associated with each room. I led tours for faith group leaders as part of the opening events of Chapman House and emphasized over and over that the Spiritual Care office and the resources that we collect there and in the Quiet Room are for every faith group leader and pastoral visitor in the community. It is not MY space. It is space from which we can deliver spiritual care as a community. We have implemented the sign-in procedure for Community Clergy that is used at the area hospitals and our Reception Volunteers are exceptional at reminding visitors to sign in and “Are you a clergy person or visiting lay person? You get to sign in twice!” I am developing relationships with M’Wikwedong Native Cultural Resource Centre as well as Southwestern Ontario Aboriginal Health Access Centre. I have connected via email with Rabbi Steven Schomblum who has recently moved to the Priceville area and is providing rabbinical sup-



... Day Chaplain Kathy Underwood cont'd

Still, there is much to be done and a few goals in particular are still outstanding:

1. Develop processes that will more intentionally integrate community clergy and lay visitors into the program of spiritual care at Chapman House;
2. Develop written resources to support staff in the provision of prayers at time of death when clergy/spiritual care providers cannot be present and when family request this;
3. Develop a lending library of resources for community faith leaders on dying, grief, bereavement;
4. Work with Rev. Dr. Dwight Biggs and the Chaplaincy Council to fully utilize Chapman House as a resource for spiritual care training and building the capacity of this community to provide spiritual care for those who are dying in hospice as well as in the community.



There is also much work to be done in continuing to build awareness about hospice AND to help people become more comfortable with the idea of death as a necessary part of our living. To that end, I have visited with some groups to facilitate conversations of this nature and often use the resource called “Speak Up: Advanced Care Planning Workbook, Ontario Edition” (available on-line at <http://www.speakupontario.ca/resource/acp-workbook/>). I am frequently asked, “but what do you DO as a hospice chaplain?” I reflect on this often on my own and with the support of the wonderful North group of chaplains. Together in April, we discussed the things we do and the symbols of what we do. I am indebted to this great group of people and especially Dwight Biggs, whose quiet humour and deep insights reflect his own call to ministry and compel me to greater reflection and learning in my own. Drawing on the insights of this group, I developed a liturgy for use at a service of covenanting that involved me, the Chaplaincy Council, Chapman House, and representatives of my denomination, the United Church of Canada. I offer you this liturgy with hopes that it will give you a glimpse into the incredible humbling experience of being a hospice chaplain.

A Bible and another sacred text or symbol from another tradition: (*The Rev. Harry Zantingh, Chair of Grey Bruce Healthcare Chaplaincy Council*)

“Kathy, take this Bible, tobacco pouch and prayer bowl. Be among us as one who knows and loves her own tradition and respects and supports the traditions of others.”

People: Amen.

Bread and wine: (*Zoe McDougall, RN, Chapman House*)

“Kathy, be among us as one who responds to the experience of physical and spiritual hunger and thirst.”

People: Amen.

Towel and basin: (*Betty Boice, Manager of Resident Care*)

“Kathy, be among us as one who serves with humility the needs of our residents, their families, our volunteers, our physicians, our staff.”

People: Amen.

Labyrinth: (*Patti Wilcox, Administrative support for Grey Bruce Healthcare Chaplaincy Council*)

“Kathy, be among us as one who comes alongside each one she encounters and walks with them for awhile.”

People: Amen.

Bungie cord: (*Dwight Biggs, Manager of Spiritual Care, Grey Bruce Health Services*)

“Kathy, be among us as one who engages in reflection and prayer with self and others, who is willing to stretch and grow in her faith and ministry, and whose ministry is marked by flexibility and resiliency.”

People: Amen.

Rev. Kristal McGee: “Toronto Conference, Northern Waters Presbytery, Grey Bruce Healthcare Chaplaincy Council, Chapman House and Kathy—let all of these be signs of the ministry that is ours and yours in this place.”

People: Amen.

With gratitude,

Kathy

Events



Dwight Biggs leads a workshop at the Tobermory United Church in October of 2016.



CPE Student Jason Ashby joins with supervisors Dwight Biggs and Mike Chow for a celebratory lunch in K-W.



CPE Students gathered for some wholesome reflection in Dwight's barn.



Spiritual Care Office:

Rev. Dr. Dwight Biggs, Oncology
Chaplain Ann Veyvara-Divinski,
GBHS-OS Chaplain Grace Young,
Patti Wilcox

Spiritual Care Statistics 2016-2017

	Total Number of Hours	Total Number of Visits	Total Number of Referrals
GBHS Sites— 7 Day Chaplains (Grey Bruce Health Services)	1784	4056	941
SBGHC Sites—4 Day Chaplains (South Bruce Grey Health Centre)	589	2838	69
HDH—1 Day Chaplain (Hanover & District Hospital)	161	165	34
CGMH—1 Day Chaplain (Collingwood General and Marine Hospital)	648	1324	58
GB Residential Hospice—1 Day Chaplain (Chapman House)	330	717	61
Volunteer Chaplains (GBHS-Owen Sound only)	850	1048	—
GBHS-Owen Sound Referrals	Patient Self-Referral Upon Admission 247	—	—

CPE Class of 2016-2017 — Extended Format



Five students participated in the Clinical Pastoral Education Training Unit (Sep 2016 to Mar 2017), which was lead by Rev. Dr. Dwight Biggs and Certified Supervisor-Educator Mike Chow.

Back Row: Erika Mills, Jason Ashby, Mike Chow, Rev. Dr. Dwight Biggs

Front Row: Leslie Byrd, Rev. Heather McCarrel, Carol McCurdy

Thank You to Outgoing GBHCC Members

Many thanks to Harry Zantingh, who retires from his position as the chairperson of the Grey Bruce Healthcare Chaplaincy Council, and to David Shearman who retires as the treasurer. Harry and David's many leadership skills and pastoral abilities made them well-gifted for their positions and their time serving in these positions is greatly appreciated.

We also extend a word of thanks to a number of other people who retired as Council members over the last year: Rev. Herb Klaehn, Rev. Keith Reynolds, Eileen Sunstrum, and Rhonda Ridgeway.

We will remember their work with the council and the time and talents they have shared. We trust they will know many blessings as they continue in their journeys.

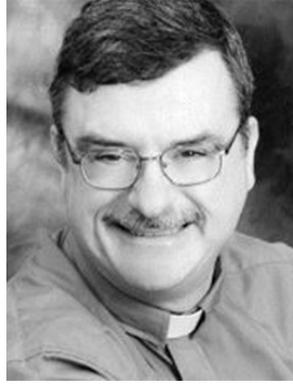
The Spiritual Care Office

The GBHCC would like to thank Patti Wilcox for providing us with another great year as the Administrative Assistant to the Spiritual Care Program during 2016/17. Patti has an incredible dedication to her work which she does with a smile on her face and a warm welcome to all who enter the Spiritual Care Office. She continues to be a tremendous support to the work of the Grey Bruce Healthcare Chaplaincy Council.

Grey Bruce Healthcare Chaplaincy Council Members 2016-2017:



Rev. Harry Zantingh



Rev. David Shearman



Rev. David Baker



Michelle Moreau



Stacy Hogg



Mary Margaret Crapper



Erin Zorzi



Dianne Jackson



Rev. Cathy Miller



Ziyaad Khan



Rev. Dr. Dwight Biggs



SpiritualCare
Meaning | Comfort | Strength
GREY BRUCE HEALTHCARE CHAPLAINCY COUNCIL

Grey Bruce Healthcare Chaplaincy Council
c/o Spiritual Care Department
Grey Bruce Health Services
1800 8th St. East
Owen Sound, ON N4K 6M9
519-376-2121 ext.2889

Report to our Partners in 2016-2017...

- Grey Bruce Health Services
- South Bruce Grey Health Centre
- Collingwood General and Marine Hospital
- Collingwood General & Marine Hospital Foundation
- Hanover & District Hospital
- Hanover & District Hospital Foundation
- Bruce Peninsula Health Services Foundation
- Saugeen Memorial Hospital Foundation
- Meaford Hospital Foundation
- Centre Grey Hospital Foundation
- Chapman House (formerly Residential Hospice of Grey Bruce)
- Toronto Conference, United Church of Canada
- Northern Waters Presbytery, United Church of Canada
- Waterloo Lutheran Seminary

... and to our Constituents

- The Churches and Faith Groups of Grey and Bruce Counties
- The Churches and Faith Groups of Collingwood, Stayner, and Wasaga

