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# Healthcare Chaplaincy Program Annual Report 2018-2019



**SpiritualCare**

Meaning | Comfort | Strength

GREY BRUCE HEALTHCARE CHAPLAINCY COUNCIL

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GREY BRUCE HEALTHCARE CHAPLAINCY COUNCIL

## Chair of Grey Bruce Healthcare Chaplaincy Council— Philip Smith

As I pause and reflect through my years of all the visits to the ER, Surgery and the number of Nurses and Doctors that have helped my family and me personally, I am overwhelmed by the care that we have been given. So, I want to start by giving a huge shout out to all our Doctors, Nurses and support staff (at our 11 sites) who go above and beyond every day with the care they give to the residents and guests of Grey Bruce and area. Our prayer as a Spiritual Care Board, is that, coupled with the excellent care that our Spiritual Care Providers, on-call personnel, CPE students and staff give, we will see healthier people in every area of their lives – Body, Mind, Soul and Spirit. Meaning less over-time and more time for the Doctors, Nurses and Support staff to have with their own families. Why? Because #WECARE.

I am honoured to be a part of such a great team that has one focus and that is simply serving the people of Grey Bruce and area with meaning, comfort and strength. I say team as that is what we have been building with our newest members being our front-line administrator Evelynne Hazen and Maureen Pigeon. They are a great addition to the amazing leadership already given by Joan Silcox-Smith.

Over this past year we have worked hard to gain the clarity needed to continue to bring the much needed spiritual care to the people of Grey Bruce by: Reviewing and working on updating our bylaws, transitioning our books to be done through QuickBooks, creating better plans on how to better support the staff of the hospital(s), looking for ways to expand our funding base, continuing with the CPE education piece to ensure a well rounded approach to the bedside care we provide, reviewing our chapel space and how we can make it more friendly to all, continuing to strengthen our partnerships with GBHS, Residential Hospice Grey Bruce (RHGB), the South West LHIN and of course, continuing to bring strength and meaning to our amazing team (*Spiritual Care Providers, on-call personnel, CPE students*) as they are the true heroes that make all this a reality every day.

A huge thank you for the leadership that Joan Silcox-Smith (our spiritual care manager) has brought to the table, especially challenging us to continue to do better at reaching as many people possible across Grey Bruce. To Evelynne Hazen who has filled huge shoes with stride and has helped us transition for a bright future – thank you. To Ann Veyvara-Divinski and M. Pigeon for their exceptional care – thank you. A special thank you to all the Board of the chaplaincy council for their wisdom, expertise and many hours and hard work they have put in to bring clarity and stability around the Spiritual Care we provide. And a special thanks to all of you who are here today showing your heart for Spiritual care and willingness to be involved and support this great work.

May God continue to bless this work, and may it continue to be a source of meaning, comfort and strength to all.

Reverend Philip Smith—Chair—Grey Bruce Healthcare Chaplaincy Council



## Manager of Spiritual Care, GBHS, SBGHC, HDH—Joan Silcox-Smith

### Companioning those in Crisis

“Code blue, Code blue, Code blue”. A refrain our Spiritual Care Providers/Chaplains hear on a regular basis as they go about providing spiritual care to those in our hospitals. “Code blue” means that someone’s heart has stopped, or they have stopped breathing and are in urgent need of medical attention. It also means that they might be dying. As well, it means that there is a whole team of medical staff whose adrenalin is kicking in so they can respond quickly and may be stressed out by what they are about to experience. “Code blue” can also mean that there is a helpless family or loved one standing by, not knowing what is happening. Sometimes the family are feeling like they are in the way, but can’t go elsewhere. There is something happening in that room. They are scared and worried. Sometimes they are alone...until the Spiritual Care Provider arrives.

Then there are those who are in a hospital bed for days or weeks on end. Nothing is urgently wrong, but nothing is getting better either. They are tired of being away from home, from being away from the familiar, from being told that things aren’t getting better, from being kept from their normal self. Who are they as they sit in the bed, take this medication, endure these tests and treatments? Who are they as they contemplate how their life has changed, maybe forever? Where is their support? What does the future hold? Where is God? These are questions they share with their Spiritual Care Provider who offers them companionship on this challenging journey and a listening ear to their concerns.

These are just a couple of examples of the ways and places that our Spiritual Care Providers companion those in crisis.

We give thanks to our many supporters that allow us to offer this kind of specialized care. We thank the individual donors, the Churches and faith groups from our communities who value Spiritual Care. A special thanks to the United Church of Canada who have given generously through their Mission Support Grant to make our ministry and work possible. We thank Bruce Peninsula Health Services Foundation, Centre Grey Hospital Foundation, Hanover & District Hospital Foundation, Meaford Hospital Foundation, and Saugeen Memorial Hospital Foundation for their ongoing financial support and who encourage us in our work. We thank Community Foundation Grey Bruce for supporting our student program this past year where we offered Clinical Pastoral Education under the leadership and wisdom of Rev. Warren Litt.

As we companion those in crisis in faith and love; as we make a difference in the world, one patient, one family, one staff member at a time, we remember and gives thanks for all those helping us to make this happen.

May you be enriched, encouraged, excited and spiritually empowered as you read through this report which helps to give voice and image to the ministry at work in our communities.

I remain,

Your faithful servant,

Rev. Joan Silcox-Smith



## **GBHS-Owen Sound—Spiritual Care Provider Maureen—(Mo) Pigeon**

Recently a young man and his family received a call from the police that someone had been killed in a motor vehicle collision. They believed this person to be a relative of theirs. The family were to meet with police at the hospital for identification. As chaplain it is common that we are called to attend to this kind of encounter. I entered the chapel with the family present. The young man had an emotional response when he saw his loved one. The other family member, gently placed his hand on the deceased and whispered “I love you” as silent tears fell. I remained with the family offering Spiritual Care support along with the police officer. This is the ministry of compassionate presence in a crisis, as people pass from one reality into a whole new altered reality within their lives. It is my calling to walk with them.

This spring a patient, with whom I had been journeying, was dealing with a difficult diagnosis and was questioning her future. She was concerned for her family without her. She was concerned about the pain and suffering she was going to encounter. She requested that I be with her and her family when she passed. I was honored and touched that she would want the chaplain to be with her at this sacred moment. Together we made this journey. A community clergy, and myself, journeyed together with this patient and family in various spiritual care capacities. That was a good team work that we all did together. It was a profoundly moving experience. I’m grateful that we have our Spiritual Care Manager, Joan, to de-brief with after the fact when needed. She is one of the most wonderful Manager’s I have ever worked with (and I have had some really great managers in the past...but we all say often...how blessed we are to work for Joan.)

There is also the sweetest elderly woman who just smiles and laughs and asks me to pray with her every time I see her, and I always walk away from that patient’s room with my heart full of gratitude and laughter and joy.

Companionship with compassion; it is the greatest honor and holds such sacred moments of blessing. This is why I love coming to work at the Owen Sound Hospital as part of this Spiritual Care Team: to comfort with the comfort I myself have been comforted with. Thank-you so very much for this Sacred Opportunity day in and day out.

Maureen (Mo) Pigeon



## GBHS-Owen Sound—Oncology Spiritual Care Provider—Ann Veyvara-Divinski

I have many people ask me how I find working as a Spiritual Care Provider? Is it draining? Is it rewarding? It can't be fun can it? My answer to them is YES, all of the above!

It's been a great year for growth, experience and challenge. I was fortunate to be accepted into the Canadian Association for Spiritual Care (CASC) Clinical Pastoral Education unit offered at the Owen Sound Site. After eight months of further exploration of best practices in spiritual care I can't believe how many new practices I have adopted. I am grateful for the opportunity to participate in the unit.

This year has been one of transition with the retirement of the other day spiritual care provider and a delay in the arrival of the new provider. I did feel some of the challenge of being "the only" spiritual care provider, but the staff was simply tremendous and I'd like to thank the on-call spiritual care providers for their support during that time.

Each day that I'm here in the hospital it never ceases to amaze me the people that I come in contact with. Many are simply challenged by being in the hospital, even if it be for a brief test, so having a calm, smiling face walk them to the department they need is so rewarding to both them and me. Once a week I spend a portion of one day in the GBHS Cancer Centre department and that work I find the most enjoyable. The journeys that I take with each patient and their care givers/family is something they comment on that they least expect to happen. They find the meaning making conversations so beneficial while they are waiting for the physician or for treatment.

GBHS Communications has had a corporate initiative entitled "Inspired by Passion" this past year. I was fortunate enough to be chosen as one of the highlighted individuals in a department. It has been my pleasure to have the opportunity to put Spiritual Care out front in people's minds as they see and read the poster. I believe that it's an important element of any program to promote and educate others on its mandate and ongoing work. I am pleased to be able to do that for the Spiritual Care Department.

Shalom,

Rev. Ann Veyvara-Divinski



## **GBHS-Markdale—Spiritual Care Provider—Adam Nickell**

As I write this year's report of chaplaincy work at Markdale Hospital, I can't help but be grateful for the presence of Markdale Hospital in our community and for the surrounding community. The hospital is more than just a place for sick people to heal. It is in many ways, a meeting place, a community hub, a place of care and connection when people find themselves needing care and connection the most. It is a privilege to be a part of that caring and connecting in my role as Spiritual Care Provider. Thankfully, I'm not the only "provider" of spiritual care in the hospital. Many staff members, volunteers, and community clergy all help to provide care to the spiritual needs of patients and staff. Yet my intentional role is very much being a companion to those in crisis and it is a sacred privilege.

Most of the patients at Markdale continue to be elderly with a number being fairly long term at the hospital as they await placement in LTC facilities. I remember doing a visit in a ward room with three patients present, and I calculated almost 300 years of life lived between the 3 of them! It is a privilege to come along side of some of our community's most senior people when they need care and someone to talk to.

I remember also experiencing this year my first patient to patient referral. A patient on the floor wanted me to go and visit a friend of theirs who was also on the floor. This patient then, got up out of his bed, unplugged his oxygen from his bed, plugged in his oxygen to his portable tank that was attached to his wheel chair, and proceeded to walk me down the hall, and introduce me to his friend. The patient (thankfully) was very happy to meet me and we had a good chat. These are just a couple snapshots of being a companion in crisis to patients at the hospital. I also was able to come alongside of a number of staff members this past year and attend a number of staff retirement gatherings and the staff Christmas potluck.

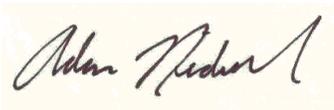
This past year I experienced for the first time in pastoral ministry a 3 month sabbatical rest. During this time Rev. Terry Goudy filled in the Day Chaplain role at Markdale and he did an amazing job! Thank you Terry for your spiritual care from August through to the end of November 2019.

This past year we also received our training to do our charting electronically. Personally I welcomed this training and the opportunity to chart digitally. I think the records of our visits will be better tracked using this method. I am enjoying learning the ropes of the charting program. It does take more time but I think it is worth it.

It remains an ongoing privilege to serve as Day Chaplain at Grey Bruce Health Services – Markdale site! Many thanks to the Hospital Foundation for its ongoing support of Spiritual Care on site! Thanks so much to Rev. Dr. Joan, to Evelynne in the office, my fellow Day Chaplains, and the Council for all of your prayers, encouragement, supervision, and support. May God continue to bless your ongoing commitment to Spiritual Care in and through all of our hospital sites.

**Yours in Christ,**

Adam Nickell



## **GBHS-Meaford—Spiritual Care Provider—Erika Mills**

I've been warmly embraced by the staff at the Meaford Hospital as their new Spiritual Care Provider and it's obvious that my predecessor, Wes Frizzell, was a well respected chaplain. In addition to my time spent learning the referral system and electronic charting, my priority is to get to know the staff and develop my place on the team as a resource and calming presence. I've noticed that Meaford's small health team have close relationships and the nurses care well for their patients and each other; I often hear from patients that they know their caregivers personally from the community. On a couple of occasions I've been able to spend time eating lunch and talking with the staff, as well as being part of rounds when possible.



Over the past couple of months my referrals have included: assisting a woman and her family with Advanced Care Planning, companionship with a family who had to withdraw life support in an unexpected death, praying with an elderly woman who is eager to die naturally, companionship with a newcomer to Canada who spoke limited English and supporting a young father who doesn't know his medical history because of his own adoption. In another recent visit, a patient was telling me about the excellent spiritual care she received in Southhampton from Rev. Moon, inspiring her to request spiritual care at the Meaford hospital. Often, our impact as hospital chaplains remains unknown and we trust that others will water the seeds of comfort and hope we plant in people's lives. I'm grateful to be part of a group of colleagues who have warm rapport together. I'd like to affirm Joan as a wonderful mentor and supervisor, who has been so approachable and available for me in my new role. The recent spiritual retreat she planned for the team at Huron Feathers fostered growth in our relationships and developed our self-care skills. I'm looking forward to being part of this inspiring team of wise men and women in the years to come.

Erika Mills

## **GBHS-Lion's Head—Spiritual Care Provider—Alan Barr**



Greetings from the Lion's Head Hospital. This is a four bed facility nestled in the village of Lion's Head and serves much of the Northern Bruce Peninsula. The majority of patients that I visit have made quite clear their thankfulness for the Lion's Head Hospital. Often a patient is in transition, either going to, or coming from another care facility within the larger catchment area of Grey/Bruce: or in recovery from an illness of setback; and/or awaiting placement in another more long term care facility. Whatever the case may be I am struck by their words of praise and gratitude for the dedicated work of the doctors, nurses and staff at the Lion's Head Hospital.

Patients are visited two afternoons (usually Tuesday and Friday) a week. Often the discussions we have during our visits centre around the patients, how they are doing in terms of their care, and their objectives. Patients will sometimes share with me, the implications of decisions that

## ... Spiritual Care Provider—Alan Barr cont'd

have been made, or will have to be made regarding their care and future. Sometimes patients just like to share their story, or life moments that have been meaningful to them. At times patients wish to talk about things of a spiritual, but not necessarily religious nature, and issues having to do with the end of life. In almost all cases prayer is offered (with the patient's permission) for the care and future of the patient.

Family times and visits are important in the ongoing recovery and feeling of wellness among patients, and so effort is made not to disrupt those times. Yet, it is often important to meet family members of the patients, and sometimes those family members will share with me the present and future plans that have been made regarding the patient's care. Sometimes conversations with patient's families are about and revolve around, end of life decisions. There are also times when the closest family member is hours away by car and so waiting for the arrival of a son or daughter can be long, and patients need encouragement, support and in some cases someone to talk to, in the meantime. Of course, there are those who do not wish to talk or to share their situation, and their wishes and desires for privacy are respected.

So what I want to say in conclusion is that spiritual care is important, to the total well being of patients (and staff) and so is part of the total care offered at the Lion's Head hospital. It has been a great privilege for me to visit patients at the Lion's Head hospital, and to get to know many of the staff there, and surely to hear the stories and hopes of those who wish to share them, be they patients or staff.

I want to thank the doctors, nurses and staff at the Lion's Head hospital for their dedicated care and work, and also for the assistance they have given me.

Alan Barr

## GBHS-Southampton—Spiritual Care Provider—Chuck Moon

*"Therefore, since we have been justified through faith, we have peace with God through our Lord Jesus Christ, through whom we have gained access by faith into this grace in which we now stand. And we rejoice in the hope of the glory of God. Not only so, but we also rejoice in our sufferings, because we know that suffering produces perseverance; perseverance, character; and character, hope. And hope does not disappoint us, because God has poured out his love into our hearts by the Holy Spirit, whom he has given us." Romans 5:1-5, NIV*

During this year, I have learned a lot from visiting patients and their families at Saugeen Memorial hospital, Southampton. They have taught me how people could rejoice in their most difficult days. That joy is not the opposite of suffering. They were sad to say good bye to their loved ones, yet in spite of their sadness, they were grateful that their loved ones had a wonderful life and peace in their end. During this year, I have learned (relearned) that human sadness does not take away joy from our heart. It can deepen our love and appreciation for our life. We can cry and smile at the same time. As a chaplain, I witnessed how people could laugh with



## **GBHS-Wiarton—Spiritual Care Provider—Phil Dwyer**



During the year the Wiarton site has been quite busy as have other sites in the Corporation. The Complex Continuing Care program has provided patient care and improvement of quality of life to patients from all over Grey and Bruce Counties. The people come to us with varying degrees of mobility some of which need a couple of weeks of care to many months of care. And of course, there are many medical/surgical patients who require care.

As Day Chaplain I visit all patients in the hospital. This report will hopefully allow you to get a sense of what that entails.

I saw a patient whose daughter was in the room with him. I introduced myself to him and he responded that he was an atheist, had been for a long time and he wasn't going to change. He went on to say that that he didn't want to waste his time or mine arguing about things we wouldn't agree upon. I told him I was not there to argue with him or to try and change his mind. I told him that since I visit all patients in the hospital, if it was ok with him, I would just drop in and say hello the next time I was in the hospital. He said that would be ok.

One of the Complex Continuing Care patients that I had been visiting with over a couple of months was being discharged. The person's health and well being had improved greatly during their stay. The person told me that they had just been told their cancer was now in remission. While being treated for the cancer, this was not the primary reason why she was in the program. We said a prayer thanking God for this news.

Because of the length of stay a number of patient experience, I started providing a worship on Sunday. This is open to all patients and staff. It is now in its third year. Attendance varies. Only once there was just one person. Many times, there are five to eight or ten in attendance. Within the last year, hymn singing was introduced. One of the Complex Continuing Care patients, another Minister, for many weeks playing the piano until she was discharged. (I invited her to preach any time she wanted, but she said it was so nice to hear someone else preach for a change. ☺)

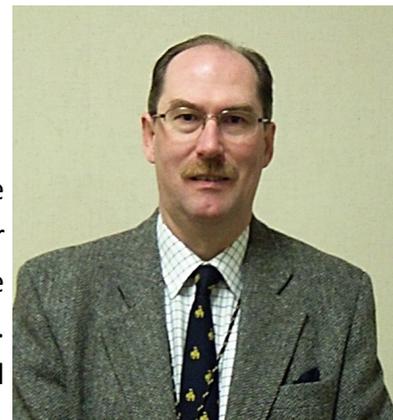
It is interesting to observe how these services evolved over the years. Now when a new patient arrives, the others encourage the new person to stay for the service which is held after lunch in the same area. And I've noticed that a few patients will stay after to discuss the scripture reading that was used.

The Wiarton site frequently has students from the nursing program at Georgian College on site to gain practical knowledge. They are on site once a week for about three months. They are supervised by one of our registered nurses. On one occasion, the supervisor asked if I would talk to the students as they were asking what a chaplain did. I spoke to the students (10 or 12) for about 25 minutes explaining the role of a chaplain in the circle of care provided to patients. They were surprised by what a chaplain does. What I found interesting was that during the rest of their training time at the hospital the students were much more open to making eye contact with me and asking further questions.

Phil Dwyer—Spiritual Care Provider—GBHS Wiarton

## **SBGHC-Chesley—Spiritual Care Provider—Douglas Gebbie**

If familiarity lessens stress, then this has been a stressful year at South Bruce Grey Health Services-Chesley. There have been changes due to the new Senior Care Unit. There have been changes due to new members of staff as some familiar faces retire. There have been infrastructure and use of space changes. Changes which will benefit patients for years to come; yet, still changes and still stressful.



The great thing has been that the stress stops at the door of the patient's room. Care is as focused as it has always been. As the Spiritual care Provider (SCP), I have seen the swanlike serenity of staff as they interact with patients and have known what hectic paddling was going on below the surface.

However, staff are not the only ones who do the swan thing. Patients can be very good at it too. They should be by definition. For, like so many other medical terms, patient is from Latin; it means "one who suffers without complaint". So, when one asks patients how they are, the reply is often "Good" or "Fine". The problem, then, is that their responses do not ring true as they are, after all, taking up hospital rooms. Admittedly, there are those who do not quite get the "without complaint" bit. But even then, the complaint (verbal) often has little to do with the complaint (medical). No matter the face being put on things, obfuscation can be the enemy of spiritual care. The spiritual care question is "How are you doing beneath the surface?".

Sometimes, the answer is that it is none of the SCP's business; and that answer is obvious even before the question is broached. Other times, the conversation is about something completely different; and the elephant, feeling neglected, leaves the room for a while. Yet other times, patients want to say what is going on under the surface out loud: perhaps, just to hear if it sounds as bad in the ear as it does in the mind. Whether the problem is unspoken, avoided, or expressed, SCPs know in themselves, and can often inform the patient, that there is One to whom the hidden struggles are no secret.

Douglas Gebbie

## **SBGHC-Durham—Spiritual Care Provider—Jeff Elford**

It is through my ministry as a Spiritual Care Provider that I try and fulfill the commandment to "Love your neighbour as yourself"; as recorded in Luke 10:27. Our neighbour can sometimes be someone that we would least expect to need our assistance, or maybe at another time someone we feel least comfortable in the presence of. Jesus taught that our neighbour is anyone of any race, creed, or social background who is in need.

I received a phone call from the our hospital one evening just before dinner asking me if I was able to come by and visit a patient who had been asking to see a Spiritual



## **SBGHC-Durham—Spiritual Care Provider—Jeff Elford cont'd**

guard outside his room. In a state of confusion and anxiety one thing he desperately needed was a companion that would listen and show interest in him. After building some trust with our young patient, he shared with me concerns he had over an incident with his step mother the evening before and possibly this would be the reason why he was now in hospital. Where will I go from here? How long will I be in the hospital? What will happen to me now? These are the kinds of questions going through his mind during our time together. I was not in a position to answer many of the questions asked, but I was able to listen and offer a spiritual presence that was very much appreciated. In it is times like this when my services are most needed; A companion at a time of crisis.

Regards, Jeffrey Elford

## **SBGHC-Kincardine—Spiritual Care Provider—Kenneth Craig**

Sometimes I see the frustration on the faces of the nursing staff but most times I see a smile.

Sometimes I hear a word of frustration from the lips of the nursing staff but most times I hear encouragement.

Sometimes I witness an abruptness in the care given by the nursing staff but most times I see women and men that love the patients to whom they give care and I witness the lengths to which they go to provide what is needed in a patient's recovery.

What do the nurses see in me? I know that they watch. I know that I'm not invisible (most days). I know that they assess my worth as part of the care team. What do they see?

Sometimes they see frustration as I reflect the frustration of patients. I pray that they see more smiles than frowns.

Sometimes they hear words of frustration as they listen to the challenges I, and my colleagues, face. I pray that they hear more encouraging words than discouraging.

Sometimes they witness an abruptness, a lack of enthusiasm, when I come to provide spiritual care. I pray that they witness the actions of a spiritual care giver that truly cannot wait to listen to the hopes and fears, the joys and the frustrations of patients, family members, and staff of the Kincardine site.

I pray that the staff will continue to be blessed by God's Presence as I am blessed by theirs.

Respectfully submitted,  
Rev Kenneth Craig



## **SBGHC-Walkerton—Spiritual Care Provider—Gary Lund**

Overview of visitations at Walkerton Hospital for the 2018 portion of the year.

The initial part of the year was consistent with previous years in that we had 25 beds and it was my objective to meet with and console every patient on the floor. In addition I supported family and patients who were in a palliative state. On some occasions that service lead to outside the hospital where I was asked to perform funeral services.

Review of new challenges at Walkerton Hospital for latter months of 2018/2019 year.

Walkerton experienced a reduction in beds from 25 to 15. It is my understanding that patients were first directed to Chesley, overflow to Durham and then when needed, to Walkerton. This has greatly affected our patient count at Walkerton. The surgical floor is now supported by 2 charge nurses with alternate schedules, which appears to be good support for the floor.

An example of patient care on second floor in Walkerton.

Patient A, was admitted with brain damage, spoke very little and kept to himself. Age approximately 35 years old. After consulting with the nursing staff, I made it a priority to meet this patient each shift and get to know his likes and dislikes. Before this patient was transferred, he was receptive to my visits and looked forward to it, whereas in the beginning, I got no response. He indicated by sign language I Love You to me on more than one occasion.

Patient B, who had overdosed on several occasions from alcohol intake, I spoke to him concerning alternate coping mechanisms through faith based methods, such as prayer and meditation. I also presented him with a wooden cross for support.

Former nurse looked me up through Cameron Funeral Home and asked if I would perform a burial for a sister and niece. I had ironically called on the sister, a patient in Walkerton, the day before her death, offering her consolement, and a prayer. The following day she passed. Three days later, her daughter, whom I had not met, committed suicide.

I would like to share with you comments by Erin Zorzi, my contact in GBHCC. Erin is a great support each month with her positive comments and feedback. Attached is an example, her June 2019 comments.

Wow, I cannot believe you have assisted in 90 visits in June. That is so many relationships and situations and emotions and faces to manage through. Thank you so much for the care you have delivered, the peace and comfort you have provided. I think upon all these folks, patients and staff alike, and know you have helped them through some tough moments.

Gary Lund



## Hanover & District Hospital —Spiritual Care Provider—Lyndsay McGregor



It is always a privilege to Companion those in Crisis; those who are facing a change in their health and now find themselves entering the hospital facing a turning point or crossroads in their journey of life.

Unit One patients have various health concerns. Being in a hospital bed often gives people time to slow down and think through their situation. This allows me to come alongside of them and to provide a listening ear as I help them work through the impact their health is having on their life.

In Day Surgery, visiting with patients allows them to share their stories and their fears as they await their surgery. It is an opportunity to encourage them, to visit with family and friends in the waiting area, and to listen as they share life.

It is a delight to be in the Obstetric Unit and to welcome a newborn into this amazing world. There have also been crisis moments when families are looking for support and they invite me in to journey the hard road ahead with them.

In the Emergency Room, I serve as a companion to patients, their family, and hospital staff as they face unexpected intense moments. In these moments I am so thankful to be part of the Hanover Team – working together to support the people of this community and surrounding area.

With common gratitude  
Lyndsay McGregor

## Chapman House —Spiritual Care Provider—Maureen (Mo) Pigeon

I answered the Call to this position during a time of tremendous transition for the staff and volunteers at hospice. This made for a challenging beginning. My primary focus is strong Spiritual Care Support of residents and their loved ones. During my first few months, more time and energy was required in supporting staff and volunteers, than I would have *initially* predicted. After almost six months, and many staff and volunteer changes, as vision was shared and new processes are being set in place, my gut instinct is that: Hospice has really begun to settle down again into a New Normal, after a period of transition. I can now happily report that with residents, families, and staff, I am finally feeling that I am really becoming their Chaplain. This is a quietly, joyous feeling. In this process, it has been one of my conscious goals to remain open, to keep listening in Spirit, to be open to learn and grow under the guidance of my manager, and to experience Spirit's guidance and care flowing out right where it was meant to flow. I am now able to focus primarily on resident, family and bereavement support, with just the occasional staff support. With the strong support of my manager, our Executive Director, and Administrative Assistant, it feels like things are starting to fall beautifully into place.



## ... Spiritual Care Provider—Mo Pigeon cont'd

I am highly optimistic and excited about all the excellence that is yet to come for hospice. I have a vision of a wonderful future for hospice, as we grow together.

Here is a quick overview:

-134 residents and their families between April 1<sup>st</sup> and August 16<sup>th</sup> 2019 waited on average 25 days or admission, with 116 individuals with cancer diagnosis. -Average occupancy of 92% with average length of stay of 11 days.



There are a number of highlights from the Spiritual Care Programs:

We have bibles, hymn books, CD's, Copies of the Qur'an, Bagavhad Gita, Muslim prayer mats & other sacred texts in our Quiet Room and Spiritual Care office. There is now a 'healing space' where credentialed volunteers can offer Reiki, Shiatsu, meditation and Complimentary Services, which boasts a massage table, quiet music, and mats to make everyone feel welcome. I have introduced some Indigenous Educational Teachings in support of our increasing number of Indigenous Residents. I have developed and will be adding to a Bereavement Package that I hope will be given to families upon admission of the resident, for supportive services offered in the community after a death.

On-call chaplains provide coverage, as Community clergy from all spiritual and religious backgrounds continue to visit members of their faith groups.

As Chaplain, I offer religious and spiritual support of family members; prayer with individuals; frequent Psycho/Socio/Spiritual Care Individual Assessments; and Spiritual/Religious/Therapeutic Interventions of distressed family members. I also use the office to provide religious, spiritual and emotional support and comfort to family members who are experiencing distress, or angst when family of origin issues arise, or who are experiencing understandable anticipatory grief. The Rev. Harry Huff also regularly provides individual bereavement counseling sessions; and Volunteers use it for bereavement telephone support calls.

I am considering with the E.D. and my manager topics such as SC Vision, and potential future team building events. Thank-you for this beautiful, sacred opportunity to continue to stretch and grow as your new SC Coordinator and Chaplain.



## Psycho-Social Spiritual Care Outreach Team—Kathy Underwood

We as a small team of ‘secondary-level spiritual care providers’ have been meeting with patients and their families in their homes for over a year now. We have accepted over 180 referrals from palliative and family physicians, complex care coordinators and primary nurse liaisons, among others. As a team, we cover the entire geography of Grey and Bruce as follows:

Terry Goudy (southeast Grey)

Erika Mills (north east Grey)

Durham (Surya Mellor)

Hanover and south Bruce (Ralph Schmidt and Lyndsay McGregor)

The Lakeshore (Ann Veyvara-Divinski)

The Peninsula (Sue McCullough)

Owen Sound and wherever I’m needed (Kathy Underwood, and up until recently, Dana Benson)



We are a diverse group of people who have long and varied experience in providing spiritual care in a variety of settings. It is our mandate to provide a comprehensive spiritual care assessment, develop goals with the patient and/or family, and establish a plan that will help them to meet these goals. The goals can vary from restoring estranged relationships, finding meaning and spiritual answers to questions brought on by illness and suffering, taking on legacy activities for the ones they leave behind, helping the patient choose what they want to wear when they die, or helping people discern the values and beliefs by which they can make decisions about their care and their deaths.

The majority of people we serve do not have a connection with a faith tradition other than historically. As much as possible, we aim to reconnect them with faith communities. However, often, they choose not to reconnect in which case, if there are goals to be achieved, we find ways to visit them often enough to support them in their goals.

This important work is made possible by the Grey Bruce Palliative Care Outreach Team who identified spiritual care as an important component of care a number of years ago. As a result, the Southwest LHIN compensates the Chaplaincy Council for the work of the PSSC team. We are grateful for the partnership with the LHIN and especially with the PCOT team whose vision for comprehensive end-of-life care included psycho-social-spiritual care. Thank you to Sarah Gurney, PCOT Manager, Joan Silcox-Smith and Evelynne Hazen who provided invaluable assistance to getting our PSSC team up and running.

We look forward to continuing to provide PSSC as well as building the capacity of our respective communities to provide good end of life spiritual care.

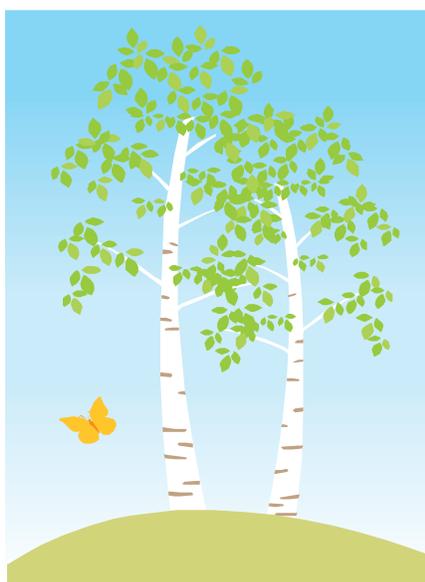
## Psycho-Social Spiritual Care Outreach Team—Kathy Underwood cont'd

Here are some statistics from the Psycho-Social-Spiritual Care team of the Palliative Care Outreach Team (funded by SW LHIN):

- Our PSSC team began to respond to referrals in June 2018.
- Since then, we have responded to 175 referrals and averaged 12 referrals per month.
- Referrals come from Bruce County (35%), Grey County (35%) and Owen Sound (30%).
- Approximately 30% of those referred for PSSC identified as having a specific faith affiliation (all Protestant and Roman Catholic). Of these, almost half stated that while this was their background, they had no interest in being reconnected to that tradition or any other.
- Religious affiliation, however, does not correlate with individuals sense of being 'spiritual' or having spiritual needs. Many with no religious affiliation considered themselves spiritual or having a set of beliefs that guided them. Many of those referred, whether with or without a religious affiliation were receptive and appreciative of the support offered to them by the PSSC provider.
- Many of the individuals referred for PSSC are looking for support in how to make healthcare and end of life decisions that reflect their own personal values (whether these are faith-related or not is irrelevant). Helping people to have conversations that explore their underlying values is a critical part of PSSC. Many others are looking for non-medical guidance to address sadness and anxiety which can be found in mindfulness, meditation, walking, and/or various types of prayer.

With gratitude,

Kathy, Spiritual Care Coordinator (PSSC Team)



Palliative Care Outreach Team

## Spiritual Care Statistics 2018-2019

	Total Number of Visits	Total Number of Referrals
<b>GBHS Sites— 7 - Day Chaplains (Grey Bruce Health Services)</b>	4971	978
<b>SBGHC Sites—4 - Day Chaplains (South Bruce Grey Health Centre)</b>	1793	34
<b>HDH—1 - Day Chaplain (Hanover &amp; District Hospital)</b>	270	69
<b>GB Residential Hospice—1 - Day Chaplain (Chapman House)</b>	1101	55
<b>Volunteer Chaplains (GBHS-Owen Sound only)</b>	409	—
<b>GBHS-Owen Sound After-Hours Referrals</b>		22
<b>GBHS-Owen Sound Patient Self Referrals</b>		269
<b>The Spiritual Care Department facilitated over 2500 in-hospital visits to Community Clergy across Grey and Bruce Counties.</b>		

## The Spiritual Care Office

The GBHCC would like to thank Evelynne Hazen for taking over as our office Secretary and Bookkeeper in November 2018. Evelynne contributes to the ministry of caring through her daily work and commitment to the Spiritual Care goals. We are very grateful that Evelynne has chosen to be part of the team.



## Thank You to Incoming GBHCC Members

Many, many thanks to Jimelda Johnston and Darlyne Rath for choosing to join the GBHCC as new Council members. We value their contribution and the prospective and experience they bring. We look forward to more new members joining us in the next year.

## Clinical Pastoral Education Unit 2018-2019

A Supervised Pastoral Education Training Unit was lead by Certified Spiritual Educator Reverend Warren Litt, from September 2018 to April 2019. Seven students participated in spiritual care in a healthcare setting. CPE is an adult learning program that combines clinical spiritual care with qualified supervision and group reflection. It involves learning the art and skills of spiritual caring, theological reflection and an understanding of the human experience. Interns assess and respond to client needs during times of crisis, celebration and life change. They reflect upon their experience as a way of exploring their attitudes, values and beliefs as they cultivate their clinical practice. This program's educational and practice hours assist with preparation for application to The College of Registered Psychotherapists of Ontario (CRPO).

**Back Row left to right: Heather McCarrel, Ann Veyvara-Divinski, Certified Spiritual Educator Reverend Warren Litt.**

**Front Row left to right: Nicholas Forrester, Surya Mellor. John Paul Markides, Nick Metivier, Andrew Marttinen**



**Report to our Partners in 2018-2019...**

- Grey Bruce Health Services
- Hanover & District Hospital
- South Bruce Grey Health Centre
- Chapman House (formerly Residential Hospice of Grey Bruce)
- Psycho-Social Spiritual Care Outreach Team



**Donations:**

**\$20,000+**

- **United Church of Canada Mission Support Grant**



**\$10,000—\$19,999**

- Bruce Peninsula Health Services Foundation
- Hanover & District Hospital Foundation
- Meaford Hospital Foundation



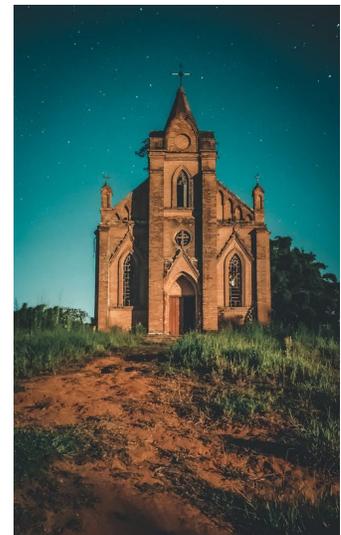
**\$5,000 to \$9,999**

- Saugeen Memorial Hospital Foundation
- Saugeen Memorial Hospital Auxiliary
- Centre Grey Hospital Foundation



## ..Donations from local churches with gratitude

Allenford, United	Hepworth/Sauble Beach United Church	St. Andrew's Presbyterian
Annan, Trinity United	Kemble United Church	St. James Anglican Church Fairmont
Calvary Evangelical Missionary	Kincardine United	St. John's Lutheran
Chesley, St. Mark's Lutheran	Owen Sound, St. George's Anglican	St. John's United
Clifford, UCC Pastoral Charge	Owen Sound, First Baptist	St. Matthew's Lutheran
Crawford United Church	Owen Sound, Canadian Reformed Church	St. Thomas Anglican
Desboro, St. Peter's Lutheran	Owen Sound, Church of the Nazarene	Tara United Church
Durham Baptist Church	Owen Sound, Lutheran Church of our Saviour	The Community of Christ Church
Erskine Presbyterian Church	Owen Sound, Rockcliffe Pentecostal Church	Thornbury, St. Paul's Presbyterian
Faith Lutheran Port Elgin	Owen Sound, First United	Thornbury, Grace United
Flesherton, Gentle Shepherd Community Church	Owen Sound, Georgian Shores United	Tiverton Baptist Church
Foursquare Gospel Church	Paisley Baptist	Trinity Evangelical Lutheran Church
G.S. Dexter	Paisley United Church	Warton, Community of Christ
Grace United Church	Parkhead United	Warton, St. Paul's Presbyterian
Hanover Evangelical Missionary Church	Port Elgin United Church	Williamsford, St. James Lutheran
Hanover Mennonite Church	Shallow Lake United Church	



## Grey Bruce Healthcare Chaplaincy Council Members 2017-2018:



Pastor Philip Smith—Chair



Mary Margaret Crapper



Erin Zorzi, CFP



Michelle Moreau



Rev. Cathy Miller



Dianne Jackson



Kim Lawson



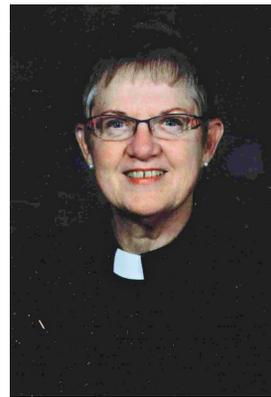
Rev. Joan Silcox-Smith



Rev. Heather McCarrel



Ziyaad Khan



Rev. Darlyne Rath



Jimelda Johnston



Grey Bruce Healthcare Chaplaincy Council  
c/o Spiritual Care Department  
Grey Bruce Health Services  
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