

U.C.C. WELLNESS MINISTRIES TOOLKIT
Section 3

EXEMPLARS OF WELLNESS MINISTRIES ACTIVITIES

Spiritual Health and Wellness

Title: *Supporting a Person Receiving Hospice Care at Home*

Age group served: Adults

Reason for development and implementation:

Many older adults live alone in their homes. When diagnosed as terminally ill, a person can be referred to hospice care.

Hospice care focuses on providing comfort and quality of life by reducing pain and supporting physical, psychological, social, and spiritual needs rather than cures. In addition, bereavement services and other types of counseling are available to the family and other loved ones.

Hospice services are available in both the home and inpatient settings. Most hospice care is provided at home with a family member typically serving as the non-medical primary caregiver. However, some people have no family members available to help them.

Sharing the story: Going Home

Sarah had been an active member of her congregation her whole adult life. She lived alone and enjoyed caring for her yard and flower gardens. She became ill, and after a series of medical interventions, her doctors recommended that she enter hospice care. Both inpatient and home care hospices were available.

Sarah desired to spend her final days in the comfort of her home, viewing her rose garden. Visiting Nurse Asso. (VNA) Home and Hospice Care was contacted by the discharge planning nurse at the hospital. The VNA declined services to Sarah since she had no family living with her.

The Faith Community Nurse (FCN) talked with the hospice coordinator at the VNA. It was clarified that a “family” member must be present at all times, but they did not have to be a relative. The FCN then gathered Sarah’s church friends and explained the situation. After learning the non-medical responsibilities of a “family” member, some friends committed to being Sarah’s “family.” The FCN agreed to coordinate and support them. The FCN notified the VNA hospice coordinator and the hospital’s discharge planner.

Sarah was discharged home to a dedicated group of her church family members and was never alone again. The FCN ensured that volunteers were fulfilling their hours and felt comfortable in their role. A week later, Sarah died peacefully in her bed, surrounded by caring friends and viewing her roses.

Evaluation:

- Because a small group of church friends agreed to be oriented by the VNA to fulfill the family role of non-medical care, the VNA home hospice team provided medical support to Sarah within her home.
- By providing ongoing care and support to the volunteers, the FCN enabled the volunteer “family” members to take on this unique ministry to Sarah.
- The willingness of all parties involved, Sarah, the small group of volunteers, the FCN, and the VNA Home and Hospice medical providers, made this successful.

Next steps:

- This unique situation enabled a small group of volunteers to minister to Sarah at an exceptional time.
- The commitment to take on the role of a family member is not a commitment to be entered into lightly. Thoughtful assessment and planning must occur before individuals commit to caring for another in this way.
- Just as some family members can't always provide direct support to a loved one in home hospice, neither can all volunteers. After discussing the possibilities for service with the Minister of Wellness, the volunteers for this specific ministry self-selected to provide direct support to Sarah or indirect support by meeting the needs of those staying with Sarah.

Resources used:

- [Advance Care Planning: An Introduction for Public Health and Aging Service Professionals](#) provided by the Center for Disease Control
- [Hospice Center](#) provided by Center for Medicare & Medicaid Services
- [Hospice Care: Comforting the Terminally Ill](#) provided by The Mayo Clinic
- [What are Palliative Care and Hospice Care](#) from the National Institute on Aging provides information and print resources in English and Spanish.
- [Differences between non-profit and for-profit hospices: patient selection and quality](#) is available from the NIH National Library of Medicine