**Basics for Hospital/Home Visits**

*Covid protocols have changed visiting norms. A call or Face Time will have to suffice for a time. If your visit is to a home, it might be possible for an outdoor visit. Call the person or their family member to determine what’s best in this time.*

1. Usually, but not always,\* contact the person in advance to ask if/when you may come, especially if you’re visiting their home. Arrange for an *approximate* time. If you are delayed or cannot make it *call to tell them so*. Allow ample time for the visit; you need to be fully present, not rushed.
2. This sounds obvious, but: make sure you know where you are going. What is the parking situation? If it’s a hospital, check in with the spiritual care department to introduce yourself. You can inquire there about clergy parking.
3. **Wear** your clericals, especially in hospitals/nursing facilities. The collar provides instant credibility for your presence and allows access to places a non-clergy person cannot go. **Bring** your prayer book. (Keep one in your car.)
4. Remember that you are entering a person’s personal space, even if it is a hospital room. **ALWAYS** knock before entering, just as you would at their home. If medical personnel are in the room, wait in the hallway until the workers are finished.
5. Observe the house/room. Are there family photos? Cards or flowers? These can offer talking points, or just help your awareness of the person’s situation. It can reveal if your parishioner has support or not.
6. Sit or stand where the person can comfortably see you. **DO NOT** sit on the hospital bed.
7. **Timing:** Typically, keep the visit brief, especially in hospital. 15 minutes is or less is optimal. If there are family members present, chat with them as well. *However*, be available for longer, should the patient need to process concerns. Often the issue a person is most concerned about will only surface toward the end of the visit.
8. **Pray:** At some point in the visit, not necessarily at the end, ask the person if they would like a prayer. If so, ask them if there are specifics to include…then be sure to include them! They may want to verbalize a prayer as well. Ask for permission to anoint. Invite others who are present to join in prayer. Use the prayer book! Episcopalians find great solace in the BCP prayers.
9. **Communion:** depends on circumstances. We encourage the acceptance of communion provided by LEVs, however at certain times the clergy might bring it, particularly in hospital.
10. **Pre-surgery:** Prayers & anointing before surgery are powerful pastoral care. Find out time patient is to arrive, as well as time of surgery. Usually about 30 minutes after arrival time is a good time for clergy to show up for prayers. Invite others who are present to join prayers; occasionally staff will stay for prayers.
11. **Listen, listen, listen.** Sit with your parishioner in their questions; don’t offer platitudes, shallow answers or advice. You *may* offer more questions, to help them dig deeper and process their concerns. The truth is, you *don’t know* why “this” happened to them or their loved one; you *don’t understand* how they feel—unless you’ve actually experienced the same thing. You *don’t know* what they should do next. Your listening, loving, accepting presence is the most important gift you bring to the moment.
12. For **off-site pastoral visits**, i.e., not home, hospital, church, choose a site that is public, yet where a private conversation can be held. Examples include a (not isolated) park, a restaurant or coffee shop, a library, or public patio. You want the parishioner to feel safe, yet your interactions need to be easily observed by others.

\*If you sense that a parishioner might feel the need to clean their house or prepare a snack for your visit, it can be best to just drop in.

**Statements Hospital Patients Would Rather NOT Hear**

By Chaplain Virgil Fry, M. D. Anderson Cancer Center

Wow, look at all the flowers in here. Looks like you’re getting ready for a funeral!

I’ve just got a second to say “hi.”

Who is your doctor? Have you checked them out?

Did you know massive doses of vitamins could have prevented this?

Hospital food is always terrible.

I hope you appreciate all the trouble I went to to find this place.

It sure is hot in here. I’ll tell the nurse to adjust the thermostat.

At least you’re getting a break from the kids.

All the nurses are just sitting around out there.

I’ve never seen you with your hair not combed and without makeup. Wow.

My uncle had \_\_\_\_\_\_ disease, too, and he died.

You don’t mind if I sit on the bed, do you?

I’d give you a hug, but I’m afraid I’d get sick.

At least you don’t have as many stitches as my grandmother did! (any statement that begins with “At least…”)

Isn’t what you had done considered minor surgery?

My cousin had the same surgery and he never even took a pain pill.

I don’t want to philosophize, but it could always be worse.

I’m sure you don’t need anything from me but call me if you do.