Mission Statement
The Parish Nurse Newsletter serves to:
• create a bond between parish nurses and the staff of LCMS Health Ministries
• report creative programs developed in the field
• inform parish nurses of resources available from various sources and encourage them in their vocation.

MESSAGE FROM MARCY
Multiplication Through Division

It does not seem possible that I have been privileged to serve the Lord as national coordinator for LCMS Parish Nursing since late 1988. During that time it has often seemed like watching the grass grow. As I waited “patiently” it often seemed that nothing was happening. But before long I was interrupted by a flurry of activity. The truth is that I am a dreamer, a planner and a collaborator. Much has happened and continues to happen.

LCMS Parish Nursing has grown in many ways. Our numbers continue to increase. Basic parish nursing opportunities are expanding. More frequent invitations to be part of Synod task forces have been received. Increased collaboration exists with groups such as Lutherans in Medical Missions, Lutheran Parish Nurses International, NFP (LPNI) senior ministries and ministerial health, and other entities with mutual interests.

LCMS Parish Nursing is developing relationships with parish nurses and potential parish nurses in the global community. Some can be done through online communications. Others require travel.

God has blessed LCMS Parish Nursing with many varied opportunities. All are important. The time has come for the coordination of LCMS Parish Nursing to be a “job share” so we can divide the challenges and opportunities.

Beginning July 1, Karen Hardecopf, currently the LCMS Northern Illinois District representative, and I will share the duties of coordinating LCMS Parish Nursing. The areas of responsibility will be flexible, determined by the needs at the time. In general, Karen will work with district representatives, the Parish Nurse Council, domestic task forces and similar activities. I will primarily work in areas related to education, consultation and international parish nursing. We will work together to balance the load and provide a unified approach to the coordination of parish nursing within the LCMS and outreach to the international Lutheran parish nurse community.

Opportunities have multiplied but we are confident the division of our responsibilities will enable us to respond to the increasing opportunities. We look forward to the future and to where the Lord will lead.

May God bless your service!

Marcia (Marcy) Schnorr, R.N., Ed.D.
Coordinator, Parish Nursing
LCMS Health Ministries
A Pastor’s Perspective: I Didn't Know I Needed a Parish Nurse!

BY REV. BILL HARMON
KING OF GLORY LUTHERAN CHURCH
WILLIAMSBURG, VA

There I was, sitting in my office preparing for Sunday events when a new church member knocked on the door. Lana was smiling and ready to share what was on her heart. She came into the office and said, “Pastor Bill, I won’t take much of your time. I just wanted you to know that I am your new parish nurse.”

It was that easy! Sometimes you have to beg people to serve. Other times you make several announcements. And then there are those glorious times when someone comes knocking on the door. I didn’t know I needed a parish nurse at the time. We had to figure out just what she would do.

This is no easy task, as pastors like to convince themselves that they don’t need help or that they can’t accept help because people expect them to do all of the care. Of course, this is not the case. As shepherds, we have the privilege of leading and guiding the priesthood of believers to care and support each other all the while offering care and support ourselves.

This is why a parish nurse was an obvious addition to the care team at King of Glory. We have developed a vision that everyone at King of Glory receives a certain standard of care. Whether you founded the church or have been visiting our congregation, everyone should receive care. To achieve this goal we use a small army of folks to send cards, make phone calls, prepare meals and visit. What was missing from the team was a set of eyes and ears that not only could offer care and support but also understand medicine.

As a pastor I can walk into the hospital room and gladly connect with a patient, but I don’t fully understand what all the machines are doing, the verbiage the nurse is using and the medications flowing into the parishioner. There are aspects on the medical side that would be helpful to know and understand as we care.

The parish nurse has the great ability to provide to the care team information that we may not know or understand ourselves. When Lana goes on a visit to the hospital or sees a parishioner at home, she understands what the medications are doing, she comprehends the doctor’s directives and she is able to offer support for those in our care that we might not be able to give. The parish nurse provides a perspective to care that allows the church to more fully appreciate the circumstances of the parishioner.

For me personally, when Lana comes back from a visit she will share with me an honest assessment of the situation. Each time her assessment has been spot on and helped me and the care team offer the best care we can.

I didn’t know our congregation needed a parish nurse … but am sure glad we have one!

I Wish I Could Go to Church, But ...

BY MARILYN SWAIN, R.N., B.S.N.

Many people have disabilities or barriers that prevent them from participating in the joyous time of worship in their Father’s house. LCMS Health Ministry’s Disability Task Force indicates that in our U.S. population, 3 percent of people have developmental disabilities, 4 percent are blind or visually impaired, 7 percent are deaf or profoundly hard of hearing, 15 percent have a learning disability, and one in four families is affected by mental illness.

When we look at the five senses that God has given us, we can find areas in which we can help. Large print bulletins and good sound systems can help those with vision and hearing loss. Parish nurses making home visits can be alert for those who may have lost some of their sense of smell due to aging.
Do they have operating smoke detectors? God gave us a sense of taste. Are there sugar-free items at the coffee and donut station following the worship service? What about touch? Some folks don’t welcome it but others love a hug!

Mobility problems can make it hard for some who come to church to get to the pew. It would be helpful if each church could offer a wheelchair. Space can be left at the end of pews so those who have trouble walking don’t have to struggle to get to the middle of the row. Perhaps extra cushions could be available for those who need them.

Several districts in the Synod have developed programs to help those who wish to worship at home. In the LCMS South Dakota District on Sunday mornings, the “Kids’ Crossing” and “Main Street Living” programs are aired between 9 and 10 a.m. The first half-hour has a Sunday school lesson plus activities and crafts. During the next half hour, one of our South Dakota pastors presents the liturgy and delivers a previously taped sermon. A choir sings hymns with the words projected on the screen.

Three years ago at Bethlehem Lutheran Church, where I serve, pastor Josh’s daughter, Zoe, was born prematurely at 26 weeks. She has a rare type of cerebral palsy. There was a need for a van with a specialized wheelchair lift. The LCMS South Dakota District office published a notice for a benefit fund raiser titled, “Zoe’s Ride,” to meet the cost of the vehicle. More than $47,000 was raised and the van was delivered in January 2014.

The South Dakota District Board of Directors also has established the “President’s Mercy Grant Fund” to assist professional church workers who have experienced extraordinary or catastrophic circumstances, which require financial resources that otherwise are not covered by their salaries or retirement benefit plans. The district has asked our South Dakota congregations to provide assistance to this fund through special offerings or through a budgeted gift as well as individual donor support.

Perhaps the most loving goal for helping those with disabilities is to “love the Lord your God … and your neighbor as yourself” (Luke 10:27 ESV) so that all of us may remain faithful as brothers and sisters in Christ. For more information on resources to reach out to people with disabilities, visit www.lcms.org/disability.

Outreach Ideas

BY RONDA ANDERSON, R.N.
LCMS IOWA DISTRICT EAST PARISH NURSE REPRESENTATIVE

Our pastor has been using Vimeo, a video-sharing website, to record weekly lessons for the confirmation students to view prior to attending confirmation. He can track if they log on and watch the video. This allowed for more time to be spent in small groups, discussing the content. We had a Facebook page in place that our director of Christian education (DCE) and pastor often updated with pictures and posts. For $5 a week we learned we could “boost” our page and target a variety of people to see our church ad on the side of their screen while they were on Facebook. Using social media like this was appealing. My Facebook friends can share this link with their Facebook friends and suddenly we have people from all around the world watching a devotion that was done in Cedar Rapids, Iowa!

The devotional video idea came about when members of our congregation were telling the pastor about our former radio ministry. In years past, our budget allowed for tens of thousands of dollars to produce and air a daily devotional called, “Think About It.” This, of course, would air as far as the radio waves would carry.

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The pastor, our DCE and I take turns recording the weekly devotion that is posted on our Facebook page using our Vimeo account. I had little to no experience writing devotionals. Our pastor gave me a couple ideas and I quickly found myself thinking about everyday things that anyone could relate to, which had a health twist. I realized by having the Law and Gospel present along with encouraging health-filled words resulted in a short devotion. This has been a stretch for me but definitely a good stretch! I am slowly learning how to do the editing before posting ... so far our pastor has been walking with me through this process.
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LCMS Health Ministries
Attn: Parish Nurse Newsletter
1333 S. Kirkwood Road
St. Louis, MO  63122

News Welcomed!
We want to know what you’re up to, what issues you are facing, and what programs are working in your congregation or agency! We welcome story suggestions, questions, short articles or photographs that highlight achievements in parish nursing.

If you have news you’d like to share, contact Dr. Marcia Schnorr at marcyschnorr2009@gmail.com or 815-562-6823.
Please note: Editorial staff reserve the right to edit or decline articles.

Partnerships
BY RITA NICKEL, R.N.

“How two are better than one, because they have a good reward for their toil” (Ecc. 4:9).
“But Moses’ hands grew weary, so they took a stone and put it under him, and he sat on it, while Aaron and Hur held up his hands, one on one side, and the other on the other side. So his hands were steady until the going down of the sun” (Ex. 17:12).

God loves partnerships. Two are better than one. Many workers make a plentiful harvest. God created us to be together. He created us to worship together, pray together, grow together, love together, serve together and live eternally together. We are the Body of Christ, the Bride of Christ. As powerful in the Lord as Moses was, he needed Aaron and Hur beside him. Harvest fields surround us, no matter if we live in Nepal, Nigeria or Nebraska. They can only be gleaned if we labor side by side.

Hyattsville, Md., is a harvest field, planted in the greater Washington, D.C., area of Prince George's County. In this expensive, historical and multicultural community, 27 percent of the population has a household income of less than $35,000 a year. The large number of struggling elderly, single parent and minority households touched the hearts of two LCMS congregations, Trinity Lutheran, Mount Rainier, Md., and Redeemer Lutheran, Hyattsville. Seeking new opportunities for community outreach, the congregations partnered with the Lutheran Mission Society of Maryland (LMS) to open a compassion center on Redeemer’s campus. LMS has seven compassion centers in Maryland and one in Pennsylvania. The centers provide food, clothing, health services, disaster relief, chaplaincy and Christian counseling, serving nearly 500 walk-in visitors each day.

The new center at Redeemer is open 24 hours a week and provides food, toiletries, gently used clothing and household items to those in need. Trinity and Redeemer members volunteer their time and talents. With other area churches, they provide food and other goods. Weekly chapel services are held in English and Spanish on a rotating basis, with counsel, prayer, Lutheran literature and Bibles always available. What an example of partnership — God’s children working together to reach the lost with witness, mercy and life together!

Last winter, after learning about this ministry in Hyattsville, several of us began praying for a way to add a community health education component to the center.
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How wonderful it would be to offer classes and information on healthy moms, healthy babies and healthy families, or to spend fun time with children, teaching them all about hand washing and demonstrating good oral hygiene with a giant set of teeth. We saw it as an opening for building relationships, which lead to sharing God’s love with brothers and sisters from the other side of the world, brothers and sisters who are homesick and desperately trying to fit into a new and often unfathomable culture. Over the last year, those prayers were answered when Lutherans in Medical Missions (LIMM) and an Angel Tear Ministries grant from Concordia Lutheran Ministries, together with LMS and the LCMS offices of National Mission and International Mission, partnered to provide funds for the addition of a community health education and wellness program at the Hyattsville center. This brand new program will be led by Jeanine McGraph, a parish nurse. Jeanine, a registered nurse with vast experience in community health education and in leading support groups, is new to parish nursing. She recently completed her first parish nurse course. She said she is excited to be part of a new program. “My prayer,” Jeanine said, “is that God will steer me.”

The first draft of her job description is in the process of reviewed as I write this. A meeting is scheduled with church pastors, Deaconess Robie Hillhouse of LMS and various members of Redeemer to coordinate some first steps in community outreach, such as health fairs, Prince George’s County resource seminars, etc.

Partnership! The people of God are working together for His Kingdom. What greater task is there? What greater way to live?

The Ministerial Care Coalition:
Walking with Ministries in Caring for Church Workers

There are more than 400 LCMS parish nurses who serve LCMS churches throughout the nation and serve within congregations and communities. Parish nurses are trained to care for people physically, emotionally and spiritually. (Many are trained through Concordia University Wisconsin, Mequon, Wis., which emphasizes LCMS theology.) As part of providing one-on-one care, the parish nurse often has access to community resources to further support the person and/or family. Since the parish nurse serves in team ministry with the pastor(s) and other church workers and key leaders within the congregation, they have a unique opportunity to support and care specifically for church workers who are going through a difficult time in their life.

With this background of service, parish nurses fit nicely into the intentional care plan of the recently formed Ministerial Care Coalition (MC2), a collaborative effort of Concordia Plan Services and the Lutheran Church Extension Fund. The need for MC2 came about from visits by the Rev. David Muench, director of ministerial care for Concordia Plan Services, conducted with LCMS district presidents. David sought their insights as to how Concordia Plan Services might grow its efforts to “walk with ministries in caring for church workers.” Out of those one-on-one meetings, David established the coalition to provide a forum for interaction among people who represent their district or area of ministry in ministerial care. “There is a pressing need,” he said, “to elevate the level of well-being among ministers struggling with challenges from the wear and tear of everyday life and ministry.”

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– David Muench, director of ministerial care for Concordia Plan Services

Karen Hardecopf, parish nurse and certified lay minister, represented the LCMS Northern Illinois District at the MC2 conference last fall. It was during that conference that Karen realized the advantages of having parish nurses and the coalition collaborate for the well-being of LCMS church workers. Karen and David connected recently and discussed possible networking opportunities between the two groups. The parish nurse is a professional who could be used as a resource or support for the district team (including being actively involved in proactive preventive care initiatives), as well as someone who might be available to serve in a holistic manner for the person and/or family who is going through a crisis or chronic situation.

Dr. Marcia Schnorr, coordinator for LCMS Parish Nursing, said most of the LCMS’ 35 districts have a designated parish nurse representative. The goal is for parish nurse representatives to contact members of the coalition when a crisis or chronic
A Different Kind of Nursing Cap

BY MARCIA SCHNORR, R.N., ED.D.
COORDINATOR, LCMS PARISH NURSING

I am old enough to remember the capping ceremonies that took place when a student nurse finished the probationary period of nurse training. Receiving the cap was a moment for celebration! We wore our caps with pride. Perhaps you, like me, had to starch your caps and spread them out on the top of the freezer to dry and stiffen. It was a tedious job but we knew we were among the privileged to perform this task.

In time, nurses stopped wearing caps. I am not advocating for the return of the cap on the head. I am advocating for the return of the sense of pride and commitment with which they were worn.

The nursing process is familiar to nurses with the steps of assessment, planning, intervention and evaluation. We do this (formally or informally) with each care we provide and with each class we teach. “Scope and Standards for Faith Community Nursing” reminds us that assessment is part of our professionalism as parish nurses. Even so, it is a step that many of us either complete without recognizing its importance. Or we don’t do it all. Assessments (evaluations) are important regardless of whether the parish nurse serves in a paid or unpaid position, part-time or full-time, or whether the evaluations are mandated by others or initiated by the parish nurse.

Historically, nurses are familiar with caps. Therefore, Comprehensive Assessment Plans (CAPS) should be familiar as well. Assessments can be quantitative or qualitative. The regular statistical reporting is quantitative. CAPS is usually more qualitative. While numbers served are important, the quality of service by the parish nurse is the primary concern. Just as Jesus cared for individuals, much of what parish nurses do is for individuals.

CAPS demonstrates the desire for accountability but it also provides an intentional way to review what the parish nurse ministry is within the congregation. It is an opportunity to enhance the team ministry with the pastor and others. Consider how you may already be using some or all of the steps … or how you may begin to incorporate them. I have found the CAPS process important in my parish nursing at St. Paul Lutheran Church. Rather than feeling intimidated by a tedious evaluation process, it is a source for motivation, encouragement and renewed commitment.

C stands for congregation (or the recipient of care). You may want to consider informal “happiness indexes” as determined by comments made, notes received or “coffee pot chatter.” You also may want to periodically ask the congregation for ideas of topics or activities you would like them to address. This makes them feel included. Be sure to
then respond with something that addresses the interests identified. You may want to follow up with individuals served to determine how they are doing and if they found your service helpful. If you offer a class or a group, determine if the participants found it helpful.

A stands for administration. The decision about who to include will vary with the organization of the congregation. Parish nursing is a team ministry with the pastor. He is important to include. If you have more than one pastor, the pastor will probably be the one with whom you work most closely. But it could be the senior pastor. The administrative evaluation conference may also include the chair for whatever board the parish nurse reports to on a regular basis. In some cases, the evaluation conference could include others as determined by the responsibilities of the parish nurse. This is more of a conference related to the offerings and their relationship to the ministry of the congregation. It is not to critique your nursing judgment or skills.

P stands for peers. Peer evaluation for parish nurses is usually informal and requires some planning. Unless the parish nurse serves on a team of parish nurses there is no other parish nurse that actually observes the care and commitment shown. Peer review can be through discussions at district, regional, national or even international conferences. Peer review can be through participating in online discussions or perhaps a scheduled call with one or more peers to discuss questions and share ideas.

S stands for self. Self evaluation is a time to reflect upon our commitment to the ministry. A friend shared an item, which I have posted on the wall in my office. It is called, “What’s the Difference,” and has a series of statements to help sort out the difference between a job and a ministry. Did you set goals for the year? If so, were they met? If not, why not? There are times when change is needed so it is appropriate to make adjustments. Are you still growing in your walk with the Lord?

S also can remind us of the need to remain active in worship, Bible study and Christian fellowship. It is often said that “you cannot give what you do not have.” This is especially true for parish nurses because the intentional care of the spirit (soul) is the defining characteristic of a parish nurse. We need to continue to grow in our faith and in our commitment to share the mercy of God in all we do.

Where In The World Will You Find Lutheran Parish Nurses?

This is just one of the questions of interest to LCMS Parish Pursing and Lutheran Parish Nurses International, NFP. The LCMS has the most known Lutheran parish nurses in the United States but the Evangelical Lutheran Church in America and the Wisconsin Evangelical Lutheran Synod also have active parish nurses. Lutheran parish nurses also are found in Australia, Canada, Finland, India, Madagascar, Palestine and Papua New Guinea. We know several other countries that have parish nurses but it is not known if there are Lutheran parish nurses among them. Perhaps there are countries with no parish nurses that may become interested in considering parish nursing. We will try to provide a glimpse of Lutheran parish nurses in other parts of the world. Our prayers can be valuable in encouraging them.
Announcements

Concordia Conference for Parish Nurse and Congregational Health Ministries

The 22nd Annual Concordia Conference for Parish Nurse and Congregational Health Ministries will be May 28-29, 2014, on the campus of Concordia University Wisconsin. The conference’s theme, “Reflecting God’s Love,” is based on Eph. 5:1-2. To register, contact carol.lueders.bolwerk@cuw.edu.

Educational Opportunities

- “The Concept and Practice of Parish Nursing and Congregational Health Ministries” (through Concordia University Wisconsin) is a basic course for parish nurses and others interested in congregational health ministries. The course is tentatively scheduled twice this spring (pending sufficient registration). The class will be held Monday, March 24, through Thursday, March 27, at St. Paul Lutheran Church in Rochelle, Ill., and Monday, May 12, through Thursday, May 15, at Concordia University Wisconsin. For either course, advance registration is required. Contact carol.lueders.bolwerk@cuw.edu.

- “Introduction to Parish Nursing (in a Lutheran Setting)” is offered through LCMS Health Ministry and uses a series of DVDs, a curriculum guide and individualized mentoring. Registration is required to obtain the curriculum guide and mentoring. This also is available by portfolio review. For more information and to register, visit www.lcms.org/health.

- A portfolio option is available for those who have done extensive self-study. Registration is required. The two theology DVDs that are part of the “Introduction to Parish Nursing” class are available and required as a part of the portfolio documentation.

LCMS parish nurses who took a basic parish nurse course from a program not affiliated with the LCMS are highly encouraged to view the two theology DVDs to add to their preparation.

LCMS Rural & Small Town Mission

Maggie Karner and Marcia Schnorr shared the value of parish nursing in a webinar for Rural & Small Town Mission on February 20, 2014. The webinar has been archived at www.lcms.org/webinars. If you or someone you know is in a rural or small town setting, this is a good resource.

Lutheran Parish Nurses International, Lutheran Parish Nurses International, NFP Study Tour

The tour of Germany is set for July 28-Aug. 5, 2014. The tour will include meeting with parish nurses in Germany and visiting various Martin Luther sites. Full information and a registration form is available from www.lpni.org.