



Stewardship

Updates from OhioHealth for
the interfaith community



Waiting...

Isaiah 40:31:

but those who wait for the Lord shall renew their strength, they shall mount up with wings like eagles, they shall run and not be weary, they shall walk and not faint.



Waiting is such a difficult thing. I speak from personal experience: this summer, I bought a house. The process takes a long time and the waiting has been difficult for me. I'm not sleeping well — I plan, and think, and worry — I just want moving day to come! This is a happy transition for me, yet it's still difficult to wait.

Our patients and families also struggle with waiting, often for less happy reasons. They are waiting for more medical information, waiting to go into surgery, waiting in the midst of grief, waiting for the doctor. From the smallest things, like waiting for a blanket, to the largest things, like waiting on a diagnosis, waiting is in the nature of being ill. Waiting makes us anxious, as we look into the unknown. When we don't have all of the information, or a situation is not yet resolved, we wait. And it's the unknowing that can be difficult to manage.

When I have been in times of prolonged waiting, when I feel anxious and out of control, I often turn to the scriptures, which are full of people waiting. For all of the "people of the book" (Christians, Muslims and Jews) there is a theme of waiting on God — of keeping hope even when things seem hopeless or difficult. Accepting loss and living with fear are some of the most difficult things we do. This can be especially difficult during times of grief. When we experience the uncertainty of change and loss, we cannot move time along as much as we might like.

When we become ill or get injured, there is loss. Some patients recover with the full function that they had before their illness or injury. Others might recover, but are not the same as they were before. Sometimes, in the midst of recovery, people lose the ability

to remember past events or lose the ability to function physically as they did before. That is difficult, and those losses must be grieved as a part of the healing process.

Our OhioHealth chaplains are trained to help patients and their families deal with the losses that come with illnesses and injuries. Knowing that patients can struggle with loss in many settings, we try to have chaplains cover as many areas as possible in our system.

In our last issue of *Stewardship*, we highlighted chaplain services in our ambulatory settings. In this issue, you'll meet one of the chaplains in our OhioHealth Rehabilitation Hospital, a partnership between OhioHealth and Select Medical Corporation. Stephanie Covitz assists patients and families as they work through life transitions upon admission to this setting. You can read more about her particular ministry on the back page.

In addition, we all know that waiting happens when we show up to receive care. We want to make sure that you are waiting for the right thing! Inside this issue there is a guide to receiving services within OhioHealth, to make sure that you are getting the right care at the right time and in the right place. We hope this helps you and others in your congregation as you work with the OhioHealth system. May God be with you as you wait... in whatever season in your life.

Blessings,

The Rev. Kristin Langstraat

System Director for Faith Community Relations

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OhioHealth
BELIEVE IN WE™

Finding the Right Care, at the Right Place and the Right Time

When you need care, choosing the right type from the start will give you the best results.

For routine care and nonemergency treatments, it's always good to have a relationship with a primary care doctor. Your primary care doctor will be familiar with your health history and can recommend specialists when you need them.

You can find the primary care doctor that's right for you at OhioHealth.com/FindADoctor.

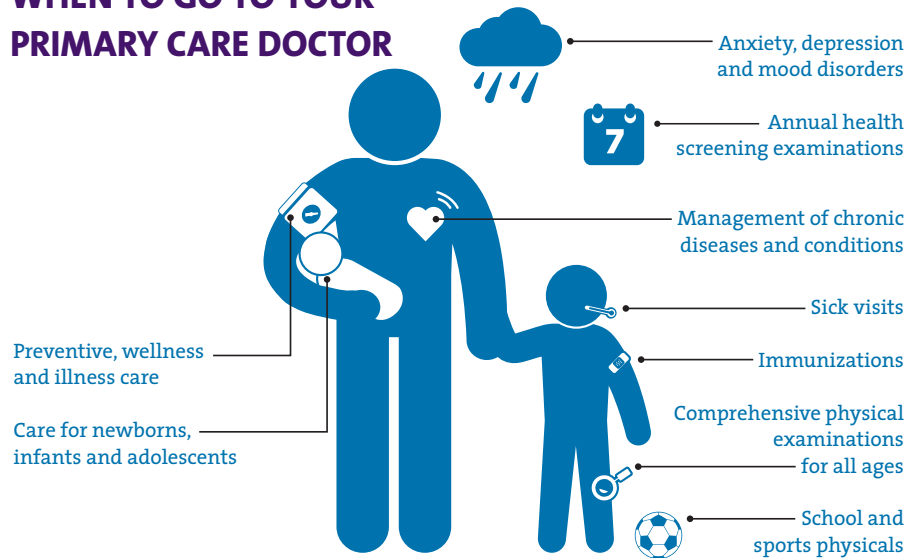
If you're injured or ill outside of your primary care doctor's regular hours, choose an urgent care center. Urgent care providers can treat sprains, strains and minor injuries and illnesses.

Emergency care should be used for serious injuries and life-threatening conditions. If you are experiencing a health emergency, call 911 or go to the nearest emergency department.

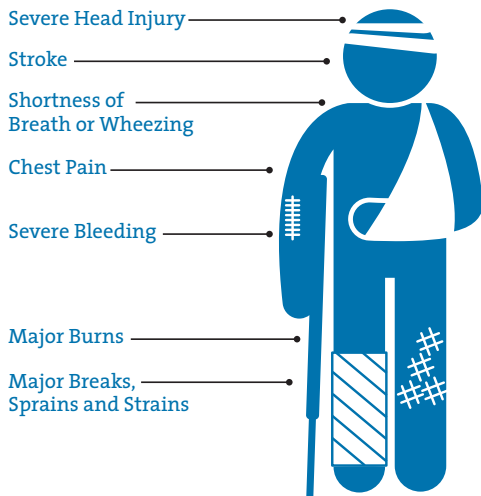
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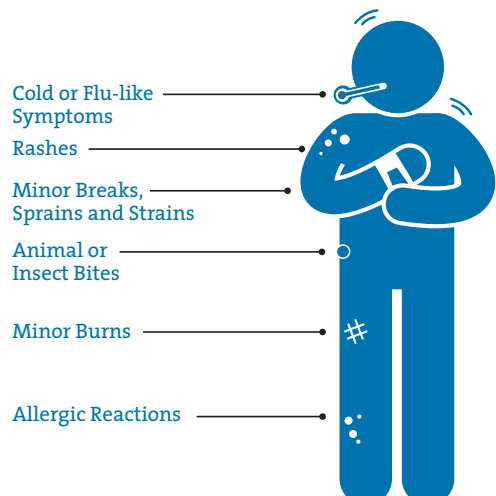
WHEN TO GO TO YOUR PRIMARY CARE DOCTOR



WHEN TO GO TO THE EMERGENCY DEPARTMENT



WHEN TO GO TO URGENT CARE





Supporting a Community in Crisis: Hurricane Harvey

Answering the call to volunteer, for needs both immediate and continuing, is something OhioHealth associates do quite often all over the world. OhioHealth is a healthcare ministry, and our faith-based values stem from our relationship with the United Methodist Church.

We believe in honoring the dignity and worth of each person, and doing all we can to support those in need, even if it means traveling across the country on short notice, like our volunteer associates did after Hurricane Harvey.

On Labor Day weekend, Dave Blom, president and CEO of OhioHealth, received word from Dallas-based MD Anderson Cancer Center that they needed help. Many of their medical technologists had lost their homes and cars to Hurricane Harvey, or were out helping families who were left with nothing. But hospitals never close, and MD Anderson still needed to run lab tests that had been ordered for their patients, so they and their doctors could determine their next course of cancer treatment.

Within hours, Steve Markovich, senior vice president of Acute Care Operations, and Marci Dop, system vice president of Laboratory and Support Services, sent out the call. MD Anderson needed nine techs right away, and the required skill set was very specialized.

Associates like Caroline Lerner, technical scientist at OhioHealth Laboratory Services, started stepping up to the plate. She received a text on Sunday from her manager, asking if she could deploy Monday. She quickly said yes.

“The response was overwhelming,” says Marci. “The deployed associates thanked us repeatedly for the opportunity, and the ones who had to stay back were

actually disappointed. I was so proud and honored to send such a great group of technologists with such great attitudes,” she says.

Caroline and her crew flew to Houston and trained on MD Anderson’s systems for the first few days. Then, they were assigned to specific departments and shifts. They continued to wear the signature red scrubs of their department at OhioHealth.

While working, Caroline heard some harrowing stories. On her way to and from the hospital, she could see the cleanup effort.

“You would go through some neighborhoods and see everything they owned on the front lawn. You would see the drywall pulled out. It was shocking to see that amount of loss,” says Caroline. The reality of the situation, responding to a natural disaster, quickly settled in for her.

Thanks to our relationship with MD Anderson, our associates felt comfortable jumping right in.

“The MD Anderson relationship is very important to OhioHealth,” says Marci. “They provide us the expertise we need to help our patients fight cancer. OhioHealth sending techs to Houston was a reflection not just of our strong partnership, but of the good will of our associates to want to help and serve the community.”

The deployed medical technologists came back September 16, and Caroline is glad she made the trip.

“I would definitely do it again in a heartbeat,” Caroline says. “It’s a real partnership, it’s not just on paper. There’s real people behind it.”

Meet an OhioHealth Chaplain



Q: What does being a chaplain mean to you?

A: There is a phrase in Judaism, “Livui ruchani,” which means “spiritual

accompaniment.” It is the foundation of understanding for what I do. Patients come to facilities like OhioHealth Rehabilitation Hospital and they have already been through so much. We do our best to get them feeling back to normal and accompany them on that journey, or at least the portion that is here at the rehabilitation hospital.

Q: How does your work in a rehabilitation setting compare to a chaplain in a traditional hospital setting?

A: It is very different. We get many patients who are in the recovery phase of their healthcare journey, including stroke patients, patients overcoming spinal cord injuries and general rehabilitation patients such as amputees. My experience working as a chaplain on an intensive care unit has given me an understanding of where our patients come from. In my previous roles, I focused more on spiritual and emotional healing with the families, but here, I spend a lot of time on patient and family healing because patients are closer to being discharged. I spend a lot of time helping our patients get comfortable with their new reality. It’s less about finding answers and more about walking with them on their healthcare journey.

Q: Why do you think having a chaplain at the OhioHealth Rehabilitation Hospital is so important?

A: I have received great feedback from staff about the addition of a chaplain at the facility. Because our patients have gone through such traumatic experiences, it is really important to have a chaplain on-site who can address the emotional and spiritual component. There is heavy emphasis on the physical component when patients come here to heal, and to have a chaplain available to address the nonphysical component is a crucial part of the puzzle.

Share it!

We have much more Health Ministry information on the OhioHealth website. For more information and to copy articles from this issue of *Stewardship* for use in your congregation’s newsletter, visit OhioHealth.com/HealthMinistry

Q: What other ways do you get involved with OhioHealth?

A: In addition to offering spiritual and emotional support to our patients and families, I am also responsible for providing support to our staff. I’ve found that not everyone is familiar with the role of a chaplain, so I am educating staff on how to use my services. I am always looking for more opportunities to get involved, especially teaching opportunities.

Q: How do you connect with families and patients at OhioHealth?

A: From the very beginning of a patient’s time at the rehabilitation hospital, I do what I can to familiarize myself with the patient’s situation and what their needs might be so I can serve them better. When I have a check-in visit with a patient on the first or second day of their stay, I see how things are going, providing the patient a chance to open up to me about what they are experiencing. Some of my most meaningful visits so far have been with patients who ask for prayer on a daily basis.

Q: How do you ensure that individuals of all faiths can benefit from your service?

A: As a rabbi, I regularly work with people who are not of the same faith background as I am. This has been really helpful in my work as a chaplain at OhioHealth. I use my chaplain title, instead of rabbi, and let my patients know that I work nondenominationally. When asked to pray, I use neutral prayer language.

Q: What is your favorite part of your job?

A: My favorite part is being part of a patient’s healing. The role of a chaplain can vary, but it can be very impactful to a patient’s journey. I also enjoy getting to meet so many different types of people.

Q: What are you looking forward to accomplishing at the rehabilitation hospital to spread great pastoral care?

A: I’ve been tasked with developing a spiritual care program at the hospital and that’s a really cool opportunity for me. In addition to supporting our patients and their families, I am starting a staff support initiative called Tea for the Soul. I am very excited about all of the potential here.

