

Transcript

Dr. David Sundeen Interview

21.04: "Dr. David Sundeen on the Upcoming Baptist Homes Hospice Ministry"

Andy Braams: Well, today I am with Dr. Sundeen and Dr. Sundeen has been brought aboard Baptist Homes and Healthcare Ministries to help lead and facilitate the new hospice ministry. David, could you just introduce yourself and share a little bit about your background prior to coming to Baptist Homes and Healthcare Ministries?

David Sundeen: Absolutely. Well, I was,... I tell everybody I'm a product of the Midwest. My mom's family, when they immigrated in, and all that, immigrated into Minnesota and Iowa area. My dad's family, when they immigrated in, they went to the Nebraska area. So Nebraska, Minnesota, Iowa, is where my heritage is: my Swedish heritage.

So, my dad grew up on a farm in Nebraska, but he tried his hand at farming and it didn't work well for him. So he went with the United State's Department of Agriculture. So, from [00:01:20] all of my remembrance, I remember going to the farm, my grandparents farm, but I didn't grow up on the farm.

But my dad worked for the Department of Agriculture and with that, we got transferred around a lot. So, most of my relatives are still in the Nebraska, Minnesota, Iowa area. But yeah, you know, my family, we traveled around getting transferred about every two years: Minnesota, Nebraska, Iowa, Puerto Rico, Maryland, but my dad finally quit transferring when I was in going into seventh grade [and] we went into Slidell, Louisiana. And, of course, you do your junior high, your high school, and your first two years of college there, that for a long time, that was home. I have no more family in Louisiana. They've all moved back to the Nebraska area.

And so, the only ties I [00:02:20] have now to Minnesota are, I mean, to Louisiana, are just memories and people who contact me, who remembered me growing up there, but I don't really have any ties to Louisiana anymore. All my ties now are basically Minnesota and Missouri.

So, I accepted Christ early in life [at] about five years old. I was baptized at 12 or 13. I was on a mission trip and felt the strong call into the ministry that sustained me all through junior high and high school. I went to the university of New Orleans for a couple of years because you know, I was told you need to get your bachelor's first. Then you can go to seminary.

Well, then I found out they have these Bible colleges. So I transferred out of UNO (University of New Orleans) and went to St. Paul Bible College in Minnesota. I was the seventh of my family to actually go. [00:03:20] And I think there's been about 15 of us now in our extended family, that, that have been to the college. It's now called Crown College.

But I went there and I got a double major: a bachelor's in Bible and also one in theology. But one of the best things [was] in [the] registration line, I met a girl named Julie and we've been married now for 41 years. A little over 41 years. [We've] got four grown kids, all married...

Andy Braams: [It's a] different kind of registration is what you're saying.

David Sundeen: Yeah. I won't tell you the opening line on the podcast, but I'm surprised she even talked to me. But anyway, I've got four grown children, all married, and six grandkids at this point. So it's [a] fun time of life. But after we graduated from college, we went to Appleton, Wisconsin. [00:04:20] I was a youth minister there for a couple of years, and then I felt like I didn't have enough education.

So since my folks were still living in Louisiana right outside New Orleans, my wife and I, and two kids at the time packed up and moved to Louisiana to do seminary at New Orleans. So I did my MDiv there and I was going to go into the doctoral program, but it was like, you know, it's time to make a little money.

And so that's what we did. We moved back to Minnesota and made a little money. I was with the home mission board at the time and I was a church planter. So [I] spent 10 years in Southwest Minnesota pastoring a church there and planting churches around us. I tell people that in the 10 years we were there, we were able to actually grow the church up to where it could sustain itself.

And then we were able to also plant 10 other churches around us. [00:05:20] But I also put the caveat in there. We really didn't know what we were doing. And so, it's like every year I was trying to plant a new church and I really did not know how to put together a church that could sustain itself. So, at this point, of all those churches, there's only three of them that are left up there after 30 some years.

But that put me on a track of where the denomination was taking notice. They weren't asking how healthy those churches were. They were just saying, "Wow, he planted 10 churches in 10 years. That's awesome." So, I became director of missions in Northern Minnesota where I spent nine years there kind of honing some of the church planting skills but still having some still realizing we're not getting this right by this time I was with the North American Mission Board.

They started coming [00:06:20] up with some new ideas and training and stuff that, which was very helpful. But I wanted to advance further. After nine years there, I went to the Minnesota, Wisconsin State Convention Office in Rochester, Minnesota, and I became the Evangelism Director, the State Evangelism Director.

And while I was...the thing that was fun about it was...working with churches, I was still mostly working with church planters, trying to increase their evangelism efforts. And during that time, I earned my doctorate here at Midwestern in church planting, and my focus was evangelism.

So I tell people, evangelistic church planting, which really is an oxymoron. I mean, it should be, you shouldn't have to say evangelistic church planting. That's what it should be. But I was doing that when I graduated, because my [00:07:20] dissertation was because we were

so spread out in Minnesota, Wisconsin convention my dissertation involved me doing training and things with online.

Andy Braams: Oh, okay.

David Sundeen: So, I tapped into Midwestern's online portal, which was nothing like it is today. I remember it was horrible. And so, I had to do a lot of punting. But we got it done and this kind of caught their attention. And then they asked me if I would help develop some online courses and teach. That was in 2010 [and I] did that for three years.

And then they asked me if I would move to Kansas City to become the Dean of Online Studies. Well, they asked me to direct the program. Then I became the Dean later. So I did that for just shy of eight years. I was the Dean of Online Studies and Teaching here at Midwestern.

I'm still a professor at Midwestern, [00:08:20] but I no longer have the academic responsibility or no longer have the administrative responsibilities because a few months back, Dr. Harrison, who had actually recruited me to come to Midwestern, he had become the president of the Baptist Homes Organization, Baptist Homes and Healthcare Ministries.

And he wanted to start a hospice program. And he asked me if that was something that I would be willing to come and join him. And at first it was like, "No, I don't know anything about the medical field. I'm a doctor, but not that kind." But anyway, after a while, then you're praying about it and all I decided, and so on August 1, I became the Executive Director of Baptist Homes Hospice, which, at this point, does not exist, but we're putting it together.

So that kind of catches you up on my background.

Andy Braams: Yeah. Wonderful. And so, obviously, at some point after the hospice program [00:09:20] is working, we'll have you back on so that you can give us some more information about that at that point. So again, I appreciate that giving us that background, but now that you have been brought on by Baptist Homes and Healthcare Ministries...we're still getting used to saying it that way, right?...let's talk big picture for a minute and then, then kind of drill down. 100 years, plus what the Baptist Home and now Baptist Homes and Healthcare Ministries has been [has] never ventured into healthcare ministry or into hospice ministry before. Why hospice and why now? Why is now the right time for that?

David Sundeen: Okay. Well if you go back to the 108-year history of the Baptist Home, all right, it started, and I know that you guys have talked on other podcasts about the history and different things of the Baptist Home and how it advanced and, and all; but it was [00:10:20] designed not to be taking any outside funds with the government. All right.

And so, they started with just people giving and things from our churches and stuff, but they weren't taking in, I don't even know that there was any, government help when they started. But as it progressed, they stayed within that mold and they never got into like Medicare, Medicaid things along those lines. They never got into that.

And now that we're going into our 109th year and we've got people who have worked their entire lives, been paying into their social security, Medicare, all those benefits and things, to tell them that they would not be able to use that in their nursing home, different policies...there's a lot of different levels here...[00:11:20] but to say that we couldn't do that, that's really not a good business model. And it also doesn't take advantage of what they have paid into for, for all these years. And so, there was that shift where we knew that if Baptist Homes was going to be viable, it was going to have to also tap into the benefits that our people have earned.

So that is the process right now where we're doing the paperwork; that's not one of the things that I'm doing. Thank goodness. I've got other people working on that, but in order to turn us into a Medicare, Medicaid payee, we can take advantage of those and help more people.

So that's one thing. But the big issue here, and I like the way Dr. Harrison says it: "In the past, we have told people, you come to [00:12:20] us and we'll take care of you the rest of your life." But now we're moving into more of a great commission idea of going. And so, it still is true. If you come to us, we'll take care of you the rest of your life. But now we're emphasizing, "We can come to you and take care of you the rest of your life."

And the way we're starting this off is with the hospice program. And so, the hospice program is going to have the ability to allow people to stay in their homes. And we, then, will send the medical personnel, the spiritual personnel, the social workers, the aids, all of these types of things.

Once a person has been declared to be eligible for hospice, we now can go into their homes and they don't have to come to our facilities, but we can go to theirs. But there's another issue here too. [00:13:20] It's not just a home hospice that we're looking at. We've got these (right now) seven nursing homes, two of them are being updated right now and we don't have any patients in them.

So they're being remodeled and they're gonna look really good. One of our new ones is actually being remodeled while we do have some residents there. So they're having to shift things around. That's the one in Independence, but the one in Adrian and the one in Smithville, those are empty buildings right now, and we're working on those to update those, to get them open.

But one of the issues is, so you have someone who's in your nursing home and the doctors say to them, you are now eligible for hospice. So in other words, in order to be eligible for hospice, what they're basically saying is there really isn't anything else that we can medically do to extend your life? [00:14:20] And if the disease or the medical situation that you're dealing with, if that continues the way it is now you have six months or less to live. All right. So, a basic hospice. Now there's some other things involved there.

So, you have someone in the nursing home and the doctors have said, "Yes, they're eligible for hospice." Now at this point, when you're eligible for hospice, the government, then

Medicaid will pay for your hospice. But if the institution that you're in is not set up as a payee, then you have to bring in an outside organization. And so, we'll just say, for instance, we've been taking care of someone for five years and they have learned to love our nurses and they love the chaplains there and all this. But once they go into [00:15:20] hospice, they're still in the same room. They're still in the same bed, but now they have a different organization from the outside coming in. And we just think that it is to our residents' benefit that when they go into hospice, that they're able to then tap into the finances of hospice, which will then help our institutions.

But they will be able to keep their same nurses, their same aids, their same social workers, their same chaplains, all of that. And they just transition into the hospice program and we don't have to have another outside agency come in to take over. So that's part of the reasoning too, just for the sake of our residents there.

And if you've got them taking up a room as a nursing home, but they're in hospice, then the pay then goes to the hospice agency. [00:16:20] And if it's us, then that would take care of their needs and their room and all of that. And we don't have to rely on the church's gifts and all to maintain that.

Andy Braams: And having two payments. Because they're still paying you for the room and they're paying the outside agency for the other. So yeah, there'd be two different aspects of payment rather than the single payment for Baptist Homes.

David Sundeen: Exactly. And so, I mean, there's different levels even of that. You know, we don't need to get into all of that, but it's good for Baptist Homes for their long-term viability, but it's also really good for the residents, because it just doesn't seem like much of a shift to them because we'd be using the same people they've grown to love.

And in our Baptist Homes, we have a level of care there that is phenomenal. And when it would go into hospice, then it would become a different type of care. [00:17:20] But it would still be at that same wonderful level. And it would be good for the residents.

And so, this is why, kind of summing it up, it is good to be [the] Great Commission in going out. All right. And so now we want to go to people, but it's also good for our residents in our nursing homes because it will be seamless. There won't be a new organization coming. [It will be a] click of a button. It's not a phone call to a hospice agency anymore. It's a click of a button and the hospice is there. So yeah, we're looking forward to that.

Andy Braams: Well, part of the conversation that you just shared with me, I'm guessing prior to August 1, you couldn't have shared, I mean, you're learning a lot during this time in so many ways. [00:18:20] What are you specifically doing right now as you prepare for this venture?

David Sundeen: That's a good question. So I was, when I came on, you know, I had planted a lot of churches. I'd started a lot of things. And so when I came on, I had this idea that if I read enough, if I talked to enough people, I would be able to get this figured out.

Then it became very apparent to me that starting a hospice with all the governmental levels and hoops we have to jump through, was not like starting a church. And so, we are now contracting with a consulting firm that will help. And so I've been talking with them. So, if you talked to me like two weeks ago, I was pretty I was swamped. I mean, I had gone under and I was raising my hand and, [00:19:20] you know, I remember the old cartoons going down.

And so I talked to, I talked to Dr. Harrison about it and he was like, "Of course you can't do this yourself." So now we're partnering with different people in different agencies that are going to be able to help us walk through all of the licensing procedures, all the Medicare, Medicaid approvals all the different things that you have to do to get this program up and running. And I guess when I was looking at it, I could see, all right, there's seven things I have to do, but they're not numbered 1, 2, 3, and it's like, they all seem to intersect. And it, it was not like you could just concentrate on one thing and then move to the next.

You kind of had to concentrate on all of them together. And so, the good thing is that is now happening and we're going to be moving forward, but this is a long process. [00:20:20] It's not like just starting a church and starting to meet. Before we get fully certified, we're probably talking now about 10 to 12 months.

Uh, you know, it's like you get this document done and you turn it in and they say, okay, we've got it. But it'll be three to four months for us to evaluate and all of this. And once you get done with that, then you go into the next step and that might take six to eight weeks. Then you go into the next step, which may be months again.

All this time you're sitting there just doing your manuals, doing your policies, procedures, all of this, getting everything ready to go. And then you have to actually have, before you get your final approval, you actually have to have five patients. So you've got to have all of your personnel in place even before you can start getting paid by the government for hospice.

[00:21:20] You know, you do this on your own. You pay your people and you take care of at least five people. And then after that, they do an evaluation. And if all that goes well, then you can start billing Medicaid for the hospice. But this is one of like a lot of people try on their own to start hospice programs and they fail because they don't have the \$100,000 to \$300,000 necessary to be able to sustain themselves while they're going through this process.

Andy Braams: Okay.

David Sundeen: All right. But because Baptist Homes is committed to this, we're not just out on our own. We are under the Baptist Homes and Healthcare Ministries, and they have said, "Yes, this is what we want. And we're going to make sure we have the financial backing to make this happen." So that's a good thing for us.

Andy Braams: I've heard Dr. Harrison say before that, apart from nuclear energy, there is [00:22:20] no other industry that has more regulations than healthcare and hospice care and all that kind of stuff. So, you kind of mentioned what you're doing organizationally.

What are you doing personally? You mentioned before we turned on the recording that you're doing CPE work and that kind of stuff. What does that entail? And how's that going?

David Sundeen: Okay. Well, you know one of my strengths, of course, is the ministry component. And as I begin this hospice, one of the things that we have to have; we have to have chaplaincy in this. We have to have chaplains going in providing for the spiritual care of people and that's one of my strengths.

For example, I can't do the nursing part. So, I'm going to have to hire someone to do the nursing, right? I'm not going to go in and do the aids, but I can do the spiritual care. And I want to be endorsed by [the] North American Mission Board. Now I can be as a volunteer chaplain, but I actually want to be an actual-endorsed [00:23:20] chaplain by [the] North American Mission Board. And everything to do that I'm already qualified for, except for one thing, I do not have any clinical pastoral education.

Andy Braams: Okay.

David Sundeen: All right. They require that you [have] at least have one unit, which is one year, one unit of CPE education. So, I am now doing my CPE training at KU Med. I do [that] every Saturday [and] I'm there for about five hours. Every two weeks I have an overnight (a 16-hour shift) where I'm on call overnight.

Then during the month, I need to do rounding, you know, going around on different floors and just meeting with people, writing reports, reading books, you know, all of those kinds of things, as I earn that CPE credit. You know, I don't know if I'm going to go ahead and do all four units of CPE, but I believe that [00:24:20] I want our hospice to have chaplains that are NAMB-endorsed.

And that kind of leads to another thing of how we're going to partner with churches. So, remember to bring us back to that. Okay. But since that is my area of strength, that's how I want to be able to, not only as I'm managing this, but I want to be the spiritual input to this.

Here's the way that I try to explain it to people. There's a two word phrase, as I was thinking about this and praying about it, there's this two word phrase that just kept coming to me and it's: "Home Safe." And so, when I'm dealing with the hospice, we want to be able to go to somebody's home and make sure that they can live out the rest of their life at their home safely.

[00:25:20] And so, there's a lot of things that go into that with the medical equipment, the medical personnel, the training education of the family members who are taking care of them, supplying the medicine, doing all of these different things that the hospice would do to help them live out the rest of their life safely at home.

So Home Safe. We have an advantage with Baptist Homes Hospice that a lot of other agencies do not have. And that is we have seven nursing homes around the state. And so, if we come into a situation where either we cannot [endorse] the structure of their home or it just cannot work for them to be home safe, we can provide a new home for them where

they can be safe in one of our nursing homes. Okay. And being that they're spread out and that we're growing, almost anywhere in the state of Missouri, you're somewhat [00:26:20] close to one of our places. So now we can provide, if we can't keep you home safe, we can provide a new home for you where you'll be safe.

Andy Braams: Okay.

David Sundeen: All right. But the final component, which is one of the most important for us at Baptist Homes Hospice is that our ultimate goal is for you to be home safe, your eternal home, to be safe, eternally in heaven. And so, that's one of the things that I'm looking forward to in being the spiritual care director also.

Now later on, I won't be able to do, as we expand, I won't be able to do all of that. But I'm starting off and that's going to...that's one of the places where I just am going to love going in and just taking care of the spiritual needs of our residents or patients there. And I'm looking forward to that.

But in doing the CPE, that [00:27:20] also puts our hospice at a higher level of spiritual care. Now, I'm going to go back to the partner with the churches right now, since I'm thinking about it.

So Andy, imagine this, that you know, you're pastoring and you have a beloved member of your congregation, who you have been ministering to for years. You love this person. You know their health has declined over the years, but you are their pastor. You're visiting them at their home. If they've gone into the nursing home or whatever, you have been there for them. All right.

Well, when they go into the hospice, yes, we do have our spiritual care people. We do have our chaplains, our hospice chaplains. But I don't want to be like those hospices that say to the pastor, "Look, this isn't your area anymore. We have this." [00:28:20] And I know some of you are going to be listening to this and say, "Why would anyone do that?" We have seen it happen. Even in our nursing homes where they have said to our chaplains in the nursing home, "You stay out. This is now ours."

All right. And that's pretty infuriating, but now what I'm going to be able to do is I am going to be able to honor the years that you've had in with this person. And I am going to be able to contract with you as the hospice chaplain. And we want to be able to provide some training and different things for our pastors, but we want our pastors who have been already taking care of their members and stuff to be able to provide that care also under the umbrella of hospice.

We also want our pastors to lead their churches to start volunteering help for hospice patients. And these are just simple things. I mean, you can come in and just [00:29:20] sing hymns with them. All right. You can come in and sit with them while the family members are able to go out and have a break, you know, and of course there's the things where you can go and you can do the yard cleanups and mow the grass and rake the leaves and different things.

And maybe do some repairs on a house that's needed. Those are [the] kind of volunteer things that we would be able to provide, but we want to partner with the local church so that it's not like, "We have a member here who now has gone over into hospice and we have no ministry with her anymore. We still can minister to our member and their family by doing volunteer work." And we were going to be coordinate that with our churches so that our churches have the sense that we are still ministering to our members. "We're still taking care of them by partnering with Baptist Homes Hospice and Baptist Homes and Healthcare Ministries [00:30:20] in order to provide ministry and comfort and care all the way to the end." So those, those are some exciting things that are going on.

Andy Braams: I think that's really helpful David, because depending upon where the person goes, and obviously with the traditional Baptist Homes, they had to go elsewhere.

David Sundeen: Right.

Andy Braams: Now, like you said, the number of facilities are expanding. They're getting closer locally to various people, but churches would tend to lose touch with some of the people as they would move elsewhere. And so, I think there's a kind of "everything coming together, gelling together" with more localized places in different parts of the state now doing that. So that sounds wonderful.

What is something that surprised you that you've been learning so far? Something that you just really did not anticipate in these last couple of months since you joined the organization? [00:31:20]

David Sundeen: Well, I guess I was very surprised at the number of hoops that we have to jump through. You know, the more I learn, the more I realized that that is critical. That is important. I mean, there are certain standards. You don't want people out there just coming up with some hospice program who are not able to really take care of people. So, all these hoops, certifications, licensed, and all that, it's absolutely necessary. But I didn't realize just how extensive it was. So that was a surprise.

But another surprise to me was, as I began my clinical pastoral education teaching at being at the hospital, I guess this shouldn't have surprised me, but it was a beautiful "aha" when I start to see the medical personnel, whether they [00:32:20] are believers or not, just to see the level of care and concern that they have for their patients. Okay. All right. Whether it's a COVID patient, whether it's a trauma patient, whether it's a heart patient, whatever there's...I mean, you think about all that KU Med does.

And I get to be a chaplain there with a badge that opens almost every door. You know, I can go just about anywhere. And when I'm ministering to the patients, I'm not only administering the patients, but I'm ministering to the workers there too. And to see their heart for this. And to realize, wow, these people are choice people. And we're going to have that too. With our hospice program, we're going to have people who are even more engaged in that.

The other thing that, and this is something that I knew, but I didn't experience it that much. [00:33:20] But [in] the process of dying, I have found that those people who have no faith, this is a traumatic experience for them.

But those who have faith, even though it's still traumatic, there is that sense of peace in knowing that the time is coming. And I have a future that is beyond this body. And I have a future with my Lord and Savior Jesus Christ in heaven. And this is a transition. I've known that, but as I am seeing and being with people who are coming to the end of their life, just that sense of peace, that understanding (it may not be with the family yet), but the patients they just have their faith. They know where they're going. [00:34:20] They know they're right with Jesus. And if they're not, they want to get that way.

Andy Braams: Sure.

David Sundeen: But just to see that peacefulness, as we transition from one life into another that has been, I don't know if I'm going to say it's surprising, because intellectually I knew that, but now I have experienced that with many, many people.

I experienced it with my mom and dad. They both had hospice before they left. And, you know, they were both ready to go. And it was, it was a good thing. So...

Andy Braams: ...to be safe at home...

David Sundeen: ...to be safe at home, "Home Safe." That's right. So, I'm looking forward to this. I really am. I'm learning a lot.

We're jumping through the right hoops because we are going to be, if I have anything to do with it, which I do, we are going to [00:35:20] be the best hospice program around, especially with the backing of Baptist Homes and Healthcare Ministries behind us; we're going to have an awesome hospice program.

Andy Braams: So, you shared already, David, a little bit about what you're doing now and even what you're going to be doing in the future, directing, even being the spiritual care director for now, and then kind of handing that off as you grow. Project five years out. What is David Sundeen doing? What [will] Baptist Homes Hospice look like five to 10 years out?

David Sundeen: Well, ultimately, what I'm working on right now is to make sure that every one of our nursing homes has available [the] hospice program from Baptist Homes. Okay. And we want to be able to, [and] I'm going back to my church planting terminology, but we want to be able to plant hospice programs, so that [00:36:20] everybody in Missouri can have access to Baptist Homes Hospice.

There's a certain...you know, wherever you're located...you can go out a certain distance and you can go into certain counties depending on how they line up. And there's all these regulations. But my goal is to continue to start new hospice programs around the state so that every, and this isn't limited just to Southern Baptist. Okay. But I want to make sure that every Missouri Southern Baptist, when they come to the point where they want to, or need

hospice care, that they will be able to, no matter where they live in Missouri, they will be able to turn to Baptist Homes Hospice, and we will be able to take care of them. I don't know, Andy, if that's possible in five years, but I know it's possible in 10.

[00:37:20] Okay. And so, we will be able to get this done. And then, you know, the whole idea of partnering with our churches and partnering with [the] Missouri Baptist Convention. Oh. That just being back there with them and the support, it's quite a task that I see that we are going to not only be able to have these hospices, but when you look at our churches and you see all the medical people within our churches, all right, now, I want to be able to give them an option to be working in a competitive medical field with competitive benefits and all of that, but working under the umbrella of Baptist Homes and Healthcare Ministries, so [that] they are working for an unashamedly Christian organization. [00:38:20] They can work anywhere. We know that. But we want to draw people who have servant hearts and who want their job to be more than just taking care of the medical.

They want to be part of the process. Where, yes, they're taking care of physical needs, but they also have their fingers in a ministry to the spiritual needs of those people. And so five, 10 years, [I] don't know where we'll all be yet, but I know some of the places we will absolutely be; but we want to strategically put our hospices so that we have the ability to reach out whether it's crossing the...I mean, just in our radius that we can work to be able to cover every Missouri Baptist.

Of course there'll be other people too who come in, but I'm really committed to Missouri Southern Baptist [00:39:20] so that they can have hospice available to them through Baptist Homes Hospice, and Baptist Homes and Healthcare Ministries,

Andy Braams: So again, as you've already indicated in that last answer, It will be available to anyone.

I know you're still going through paperwork and all the hoops, as you've mentioned: 10 to 12 months out before anything is really final and you're really truly able to begin to grow from this process. Do you have any idea right now, you shared a little bit of this earlier, but what will allow somebody to qualify to get hospice?

Obviously if they're in the facility, you're going to take care of that automatically, you know, and you mentioned the six months of life and some other factors, but just generally speaking, if somebody was in their home and said, "You know, I'm not going to be in the Baptist Homes portion..."

David Sundeen: Right.

Andy Braams: "...but I want to receive hospice (just kind of generally this point)." What are your thoughts if somebody would qualify?

David Sundeen: [00:40:20] Sure, absolutely. So, any person who is having health problems, I mean, it doesn't, and this [is] not necessarily just older people. Okay. So I want our listeners

to realize that this could be a 20-year-old or a 30-year-old, that needs to go into hospice for various reasons.

But when you're working with your medical person, your doctors and your nurses and all, and it comes down to the point where they're saying to you, "You gotta make a choice. Either there's nothing more that we can do for you, or we can continue to do these things, but you need to decide on quality of life, what you want to do."

So when you're talking with your doctors about this, these are things which are automatically going to come up. Alright, doctors are trained in this. They understand this, and the medical personnel that you are working with [00:41:20] on your normal basis, they should be talking to you about your options.

And one of those options is hospice. And when they determined that, "Really, we need to stop trying to make you better. We need to keep you comfortable because you, if this, as this disease progresses, you have six months or less hospice automatically comes into the program. Alright?" Then they will. Then at that point, the person who wants to go into hospice has a choice of a lot of different hospice programs.

So, we need to be out there with Baptist Homes Hospice letting them know that we're available. But when they choose, if, when, they choose a hospice program, whatever it is, then the hospice program comes in, confirms with the doctors and all of that. And then they set up a program. And it's, I mean, it's like clockwork.

They know exactly what [00:42:20] needs to be done. Exactly when all the paperwork, all of that, you know, the legal issues that counselors talk with the family about, about wills, and, you know, "do not resuscitate," those types of things. They deal with all of that, because we know that when you come to that point in your life, or you come to that point in the life of your loved one, you don't need to be trying to figure this all out yourself.

Because it's already figured out for you. You just need to be presented with the options and then choose your options, what you want to do, and then move forward. Not having to worry about the finances of it, not having to worry about all the, you know, who's going to bring the bed and where do we get a wheelchair?

Where do we get the lift? All that's taken care of. So, once a doctor certifies that [00:43:20] there is six months or less to live, then hospice can kick in and hospice then, working with, of course, the government with Medicaid also then pays. So it's a big relief off of the family because they no longer have to pay for any of this.

All right. Yeah. Yeah, Medicaid comes in and takes care of this. And if they last more than six months, that's okay. They can be recertified. Sometimes people go into hospice and amazingly, they get to get out of hospice. God has done something or something has happened and they get off of hospice.

They may go back later, but they're no longer on hospice because they've somehow gotten better, you know? But most of the time honestly, people wait too long to be on hospice.

[00:44:20] Okay. They wait and, you know, sometimes people come into hospice and they're only in hospice for two or three days [when] they could have been being taken care of and had their needs met way before this. So that's just a part of the educational program that we're going to be having.

And that's one of the things that we will be providing with Baptist Homes and Healthcare Ministries, the education that we provide to our churches. We're going to have people who can come to your church and talk about the hospice program. I've told pastors, I said, "You may not find availability for me to come in and preach to your congregation, but I can come in and talk to your senior adult Sunday school class."

I'd be glad to do that and talk to them. Cause they're the ones that are more interested in hospice because they're the ones that realize, "Yeah, [00:45:20] I may use this or I have someone..."

Andy Braams: "...statistically I'm closer."

David Sundeen: Absolutely. Absolutely. And it doesn't mean a 20-year-old can't be in it, but you know, a 90-year-old that's having failing health is thinking way more about what's going to happen in the future than a 20-year-old is. So, but we [are] available to come and talk to you, churches...

Andy Braams: Are you available now, even?

David Sundeen: Oh yeah, absolutely. Now the thing that I would tell them is I can tell you about it and I can tell you what's coming, but you gotta hang in there because we're not.

Andy Braams: And again, give us kind of a date once your projection understanding is a projection, right? Lots of hoops left to go, but...

David Sundeen: I believe that if we sit down one year from now, not only will we have been dealing with patients, but we will have all of our certifications and everything will be a full-blown hospice program.

[00:46:20] And the first one is starting in the Smithville area. And once, because we're tying in with the campuses. Smithville, which is going to be a you know, a Veterans home. Okay. Uh, we're going to tie in their office there. I office in Jefferson City and [I'm] also officing in Smithville. Right now I don't have an office there because they're remodeling it, you know?

And so, I don't actually go there for my office work, but that'll be our first hospice. And that one will be you know, 10 months to get up and running from now. But then after that, I think that our next ones will go much quicker. We'll already have done the paperwork and the different things, and it's just going through some of the different locations.

Okay. So, within five years we should have many [00:47:20] hospice programs around with 10 years. Like I said earlier, I'm hoping to be able to cover every Missouri Southern Baptist in the state. So they have access.

Andy Braams: Okay. Okay. Um, we've covered a wide range of things generally. Anything else that I haven't asked you that you think you would like to share today with those who are watching or listening?

David Sundeen: Yeah, I would say I know that there are a lot of senior adults who are in our churches who've kind of sat down and they've said, "You know, I've put in my time, I don't have the energy to keep up with those kids in Sunday school." They look at the opportunities for service in the local church and they say, "You know, I just don't [00:48:20] feel like I want to be a part of that anymore."

And a lot of them just sit down and are not doing much in ministry. But when it comes to the hospice, we're going to need, I mean, we're going to need prayer warriors, all right. We are going to need people to just take care of their own. We're going to need volunteers. And it's not like you have to be there, you know, every day or every week.

We just need a corpus of volunteers that our volunteer coordinator will be able to call on. And especially being willing to serve your own members in your own church with some volunteer work and that ministry outside the walls of the church. That's what I just want to say to people.

You've served the Lord and you've served the Lord faithfully. And I don't want you to be sitting back and thinking, "Oh, these [00:49:20] old bones, you know, I'm just dried and shriveled up." God still has a ministry for you. And one of those areas will be in the area of hospital, I mean, a hospice ministry.

Sometimes it could be in the hospital. Sometimes it could be in a nursing home. Sometimes it could be at their home, but you still have the ability just to be a friend and to say kind words and read scripture, sing hymns, bring a meal, just different things to help minister to the family as they're going through the hospice time.

Andy Braams: Yeah, that's good. Prayer. Obviously, as you just mentioned, long-term prayer for those people. And for those, especially that generation, that know how to pray that need to teach us youngers, you know, how to pray more effectively and what not. But what are some things right now that those listening could pray for David Sundeen for Baptist Homes Hospice in general? [00:50:20] What are some prayer requests you would share?

David Sundeen: Okay. Remember, and I know people have talked about this before, but 20 years ago, The Baptist Home left the Missouri Baptist Convention. And when that happened, a lot of people, they quit praying, they quit supporting, they quit thinking about The Baptist Home. But now that Baptist Homes is back, we're asking you to pick up. All right.

You used to be concerned. You used to get our information. You used to pray for us and all. We want you to start that, but we also want you to be excited about this. And to be talking about it with people, because we have a generation in our Missouri Baptist churches who do not know about the ministry of Baptist Homes, all right.

Andy Braams: That's true.

David Sundeen: That is true. You know, for 20 years, they were separate. [00:51:20] And now Baptist Homes is back and we need to educate a lot of people who've never even heard about them before. And so, I would say, you know, get the newsletters. Get the magazine [to] look [and] see. Pray about Baptist Homes and Healthcare Ministries in their expansion; pray for the staff; pray for all of that.

There is a transition going on right now and growth always brings need for prayer. Uh, pray specifically for Baptist Homes Hospice that we will be able right now. I mean, even start right now. Pray for the process as we're going through it. Pray that God will bring me, [because] I mean, I have to have medical directors. I have to have directors of nursing. I have to have nurses aids. I have to have all these people. We're not ready to start hiring them now, but when we're ready, we need God to just open up the doors and show us the people. And I know they're going [00:52:20] to come from our churches.

So, maybe you're a medical person right now, and you're listening to this and you've made it all the way through the end of this podcast. And you're thinking, "Hey, when this thing goes, I want to look into it." Pray about your work in it. But just lift us up in prayer. Ask God to open the doors and open the windows and make the path straight so that we know where to go, what to do, how to do it.

And that we have favor with all the agencies that we need to work with so that we can provide this ministry and this service to Missouri Southern Baptist and beyond.

Andy Braams: Dr Sundeen, I appreciate your time today and I'm sure when we get down the road somewhere, we're going to have you back on to give us an update.

David Sundeen: Anytime.

Andy Braams: So again, thank you for your time today.

David Sundeen: You are welcome. Thanks for having me.

Andy Braams: You're welcome.