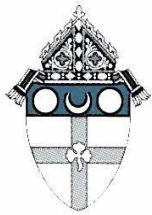


Building Parish Communities of Healing and Caring

Parish Resource Manual





DIOCESE OF HARRISBURG Secretariat for Catholic Life and Evangelization

FAMILY MINISTRIES • MINISTRY DEVELOPMENT AND EVANGELIZATION • RESPECT LIFE
SPECIAL MINISTRIES • WORSHIP • YOUTH AND YOUNG ADULT MINISTRY

May 2008

Dear Friends in Christ,

“Heal the Sick.” (Mt 10:8) The Church has received this charge from the Lord and strives to carry it out by taking care of the sick as well as by accompanying them with her prayer of intercession. She believes in the life-giving presence of Christ, the physician of souls and bodies. This presence is particularly active through the sacraments, and in an altogether a special way through the Eucharist, the bread that gives eternal life and that Saint Paul suggests is connected to bodily health. (New Catholic Catechism)

The context of fulfilling this command is the parish. The parish is the community of faithful under the guidance of the Holy Spirit where the Lord is manifest through the sacraments, the word of God, and social action. It is where evangelization takes place from early childhood. Its method takes on many forms. Each parish being very different in social and economic areas must do this according to its means. However, the mission is for all Christian communities.

By presenting this manual it is the hope of the advisory committee to provide help for the various ministries that are or could be available in a parish. May the Lord give you the wisdom to see and do what He wills.

Sincerely in Christ,

Very Reverend John Bednarik, O.F.M. Cap.
Secretary for Catholic Life and Evangelization

Parish Resource Manual

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“Saint Peter Catholic Church in Columbia benefits greatly from the Parish Health Ministry. A monthly newsletter is published on preventative healthcare and spiritual care issues, a monthly bulletin board is maintained with related topics and handouts and information for parishioners; monthly blood pressure checks are available to parishioners for health care related questions and needs. The unique aspect of this ministry in our parishes is the affiliation with the Saint Vincent dePaul Society. With the financial and human resources support of its members, the Parish Nurses are able to reach more parishioners in varied ways.

Volunteers assist in blood pressure checks, visitation to families, meal preparations to new mothers and families of the sick and dying, transportation to doctors and hospitals, and whatever other temporal or spiritual needs they can help with. This ministry then, in essence, can involve the entire parish family in the work of Christ in reaching out to one another.”

Reverend Peter I. Hahn, Pastor
Saint Peter Catholic Church, Columbia



“Our Parish Nurse works closely with other groups in the parish (e.g., Bereavement Committee, Eucharistic Ministers to the Sick) to provide a continuity of Services to our parishioners. Through regular communication with the clergy, the priests and deacons are made aware of families who might benefit from their presence and sacramental ministry. Our Parish Nurse also provides educational opportunities (through parish bulletins and monthly blood-pressure screening) to encourage parishioners to work toward wellness of body, mind and spirit.”

Reverend Chester P. Snyder, Pastor
Saint Joseph Parish, Mechanicsburg



Mission Statement

The Diocesan Helping Ministries Advisory Committee exists in the Diocese of Harrisburg to act as a forum for all the parishes in their efforts to advance Christ's healing and caring for members of their faith community and the community at large.

In response to the challenges of an ever changing world, we are striving to support the parishes in their role as a caring apostolate as they reach out to those who are in need.

The Helping Ministry Advisory Committee will:

- 4 Recognize the programs and the efforts of the parishioners as they share their unique talents within their faith community.
- 4 Support the current programs offered by various parishes and assist the dissemination of information about these successful programs to others.
- 4 Aid in the development of an integrated model to exemplify the programs under the banner of caring ministries.
- 4 Develop and conduct workshops throughout the diocese to address specific concerns and needs for resources presented by the parishes.



What is a Parish Nurse?

The American Nurses Association, “Faith Community Nursing: Scope and Standards of Practice (2005),” defines a Parish Nurse as “a professional, registered nurse who serves as a member of the ministry staff of a faith community to promote health as wholeness of the faith community, its family and individual members and the community it serves through the independent practice of nursing as defined by the Nurse Practice Act in the jurisdiction in which he or she practices and the standards of practice set forth in the ‘Faith Community Nursing: Scope and Standards of Practice’ document.”

Qualifications:

Graduate of an accredited school or college of nursing

Current licensure as a professional registered nurse (RN)

Three or more years of nursing experience in a clinical setting

Possession of a valid driver’s license

Role:

Health Counselor

Assists individuals and families understand and cope with health-related concerns. May visit with parishioners in their homes, in hospitals and long-term care facilities or at established times in a parish office.

Health Educator

Provides and arranges presentations, programs and discussions on health Related topics in an effort to promote the understanding of the relationship between lifestyle, faith and health.

Referral Source

Facilitates the connection of parishioners with resources and support services in the parish and surrounding community.

Facilitator

May coordinate volunteers and support groups within the parish.

Pastoral Partner

Works with and assists the pastor by assessing the health status of the parish community and responding as needed.



Suggestions for Programs

Personal and Home Health Assistance

Home visitation
Pre and post-hospital preparation
Nursing home and hospital visitation
Expectant and new parent visits

Health Education Topics

Drug information
Abstinence education
Mental health and depression
Chemical dependency
Death and dying issues
Nutrition and meal planning
Stress management
Caring for aged
Pre-school hygiene

Facilitator Volunteer Services

Caregivers support group
Hospital/nursing home visitation
HIV/AIDS support group
Bereavement support group

Provide Health Monitoring and Screening

Blood pressure screening
Cholesterol screening
Bone Density Testing
Influenza Clinic
Stroke Screening

Community Health Resources and Referrals

Health care services for uninsured
Transition to nursing home
Special needs resources
Hospital/clinic information
Hospice care options

Working with A Parish Nurse Coordinator:

In the Diocese of Harrisburg, Holy Spirit Hospital in Camp Hill employs a Parish Nurse Coordinator.

Holy Spirit Hospital, Camp Hill
(717) 763-3048

This coordinator is available as a resource to assist the parishes with their Parish Nurse Ministry in the following manner:

Assisting parishes in the development of Parish Nurse Programs.

Offering educational programs and activities through their respective institution.

Providing information, support, networking opportunities and continuing education to Parishes Nurses.

Coordinating available community and hospital resources as a referral network.

Provide consultation and leadership services to Parish Nurses for evaluation and assessment of parish programs.



Suggested Steps for Starting a Parish Nurse Program

- 1. Assess Resources**
Identify in the parish the financial and human resources available to be certain that the program will be able to function effectively.
- 2. Educate the Parish**
Parishioners should be aware that the Parish Nurse's message is one of wellness and specifically a wholistic health philosophy. This holistic health philosophy develops an understanding of the relationship of body, mind and spirit as it impacts faith and health within the parish community.
- 3. Establish an Advisory Committee**
Gather a core group to establish the purpose and goals of the program. Include professionals within the health care community.
- 4. Define the parish model**
 - Full or Part-time
 - Parish based Volunteer Coordinator of Parish Caring Community
 - Parish based Employee Report to Coordinator of Parish Caring Community
- 5. Develop a funding source**
Establish all costs, even if the program is volunteer. Consider the cost of office supplies, mileage reimbursement, speaker's fees, and informational materials.

Insurance and Liability Issues

Insurance coverage

If the parish directly employs the nurse or utilizes a volunteer parish nurse, then the diocesan insurance program automatically covers the parish and the parish nurse. This coverage only applies while the nurse is working or volunteering for the parish. This does not cover the nurse when working for other organizations.

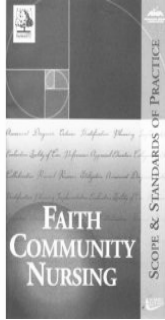
Transportation

Most Parish Nurses and volunteers will use their personal automobiles to carry out their activities. As such, they must maintain automobile liability insurance in the amount of \$100,000 per person, \$300,000 per occurrence and \$50,000 property damage per occurrence. Proof of this coverage must be on file at the parish.



General Guidelines for Faith Community Nurse Practicing in a Catholic Parish

(Adapted from the 2005 Scope & Standards of Practice for Faith Community Nursing)



The most common concern of a Faith Community Nurse which also may be known as a parish nurse is whether he or she is overstepping the boundaries of their profession. Adhering to the following guidelines will help reduce the risk associated with operating a Health Ministry within the parish.

A Faith Community Nurse:

1. Will collect information/data that is pertinent to the parishioners' wholistic health.
2. Analyzes the wholistic assessment data to determine areas to be addressed in the parishioner's situation.
3. Identifies a plan specific to the needs of the parishioner and the situation.
4. This plan will have strategies and alternatives to assist in the parishioner wholistic needs.
5. Implements the plan of action by coordinating care needs, health teachings and promotions, consulting community resources.
6. Maintains current Nursing Standards relevant to state statutes and regulations.
7. Continues to expand and explore his or her spiritual development by actively practicing their Catholic faith.
8. Collaborates with the parishioner, Pastor, Parochial Vicar, members of the parish and the greater community to meet the needs of the situation.
9. Integrates ethical provisions in all areas of practice.
10. Integrates research findings into practice.
11. Considers the overall safety and effectiveness and cost to the parishioner when planning and implementing care.
12. Provides leadership within the pastoral structure of the church
13. Always remembers to practice care within the general nursing scope and standards of practice under which he/she is licensed.

Please note:

Wholistic (holistic). Wholistic is the preferred spelling for this term when referring to the focus of care provided by faith community nurses in this specialty practice. Faith community nurses care for the integrated, whole person. Based on an understanding that patient is an interconnected unity and that physical, mental, social, and spiritual factors need to be included in any interventions. The whole system that is greater than the sum of its parts.



Guidelines for Developing a Caring Community in the Parish

1. Receive the approval of the Pastor and discuss the needs of the Parish.
2. Obtain from the Parish Office a list of all parish services and outreach programs currently being offered, with integration of these services and programs in mind.
3. Look for duplication of services.
4. Build a reliable core group of volunteers by parish announcements, pulpit appeal, bulletin inserts and personal contacts.
5. Develop an organizational list which should reflect the team leader for each area of service and the volunteers working in that particular area.
6. Inform the parishioners that the team is in operation via pulpit announcements, bulletin and mailings.
7. Develop a central clearing house for requests of services. Requests should come through the parish office, be forwarded to the Coordinator who then passes them on to the proper team leader.
8. The needs of the parish should drive the Caring Team in the services and outreach that are provided.
9. Keep the parish involved and informed. This can be accomplished through regular reporting sessions, newsletters, bulletin announcements or parish pastoral council reports.
10. Additional team requirements must be in keeping with the goals approved by the Pastor.
11. Insurance Coverage: If the parish directly utilizes a volunteer in a parish related ministry, then the diocesan insurance program automatically covers the parish and the volunteer. This coverage only applies while volunteering for the parish. This does not cover the volunteer when working for other organizations.
12. Volunteers who use their personal automobiles to carry out their ministry activities must maintain liability insurance in the amount of \$100,000 per person, \$300,000 per occurrence and \$50,000 property damage per occurrence. Proof of this coverage must be on file in the parish.



Method of Operation

All requests for Caring Team Services are filtered through the parish office to the Caring Team Director who determines the responsible team and notifies the leader. The Team Leader then assigns a team volunteer to the request.

If one team learns of further needs while fulfilling a request, this information is passed-on to the Team Director for final determination. This provides a Centralized and cohesive control center for efficient overall team function.

Please maintain a listing of outside sources for referral. There may be times when the needs can best be provided by a local municipality/county or state agency.

Please note:

The Caring Team is neither a Hospice nor a Visiting Nurses Association. If a team member becomes aware of a situation that requires that type of care, the team leader will be notified. It is the responsibility of the parishioner to seek professional assistance.

Helping Ministries Structure

Parish Nursing

Focuses:

- Health Education
- Health Promotion
- Health Counseling
- Parishioner Patient Advocacy

Example of Services:

- BP Screenings
- Discharge Calls
- Bereavement Care
- Health-related Support Groups
- Health Education Activities
- Health Column -- Church Bulletin
- Health Displays -- Bulletin Board

Caring Ministries

Focuses:

- Social service
- Home-related assistance
- Personal support
- Bereavement Program

Example of Services:

- Transportation
- Meals
- Food pantry
- Home management
- Visitations
- Phone calls
- Greeting cards
- Bereavement Outreach



Holy Name of Jesus Parish Model — Harrisburg, PA *Pastor, Parish Staff*

The Holy Name of Jesus Helping Ministry is a cooperative effort involving nearly 350 parish volunteers. Initial contact is made either through the Pastor of Parish Office Staff, who then passes the referral along to the appropriate Helping Ministry. Working together, these ministries represent the caring community of Holy Name of Jesus Church.

Parish Nurse Ministry

- Monthly blood pressure screenings
- Health Fairs
- Follow-Up calls upon discharge from the hospital
- Educational seminars

The Parish Nurse Ministry focuses on the emotional and spiritual needs of our parishioners, promoting wellness and good health.

Elizabeth Ministry

- Pregnancy Support
- Celebration of Birth
- Family Health Concerns
- Older Adult/Disabled Adult Support
- Meal Support
- Prayer Support
- Adoption Resources

The Elizabeth Ministry affirms, encourages, and assists families, providing like-to-like support through personal visits.

St. Vincent DePaul Society

- Financial support to needy individuals/families
- Christmas Give-Aways

The St. Vincent DePaul Society provides financial assistance to those in need. This aid may take form of intervention, consultation, referrals, or in-kind services.

Funeral Meals Ministry

- Luncheon provided for family/friends after a funeral or memorial service.

The Funeral Meals Ministry strives to provide a pleasant and caring environment for the family and friends of a deceased loved one to enjoy a well-prepared meal following a funeral or memorial service



Saint Joan of Arc Parish Model — Hershey, PA *Pastor, Parochial Vicar, Pastoral Staff*

Contact of these organizations, except where noted otherwise, is made by referral from a priest, from the parish office staff, or reference to the roster of parish organizations and contact persons found on the parish web site or published in the bulletin monthly.

<p><u>Parish Nurse Ministry</u></p> <ul style="list-style-type: none"> • Weekly follow-up phone call to hospitalized parishioners upon discharge • Monthly blood pressure screening • Annually provide first aid at parish festival • 2-3 times a year offer educational program to parish family on health related topic • Every other year offer a health fair • As needed — guidance on health related referrals 	<p><u>St. Vincent de Paul</u></p> <ul style="list-style-type: none"> • Perform any and all Corporal Works of Mercy for those in need • Meet the needs of those geographically located within the boundaries of this St. Vincent de Paul Society <p style="text-align: center;"><i>The St. Vincent de Paul Society is an International organization, therefore, it is not a parish organization, but the members are part of the parish.</i></p>	<p><u>Food Bank</u></p> <ul style="list-style-type: none"> • Food donated by parishioners is collected monthly by the Knights of Columbus • It is stored and distributed to the needy through the Derry Township Social Ministry in which St. Joan of Arc parishioners are volunteers
<p><u>Meals on Wheels</u></p> <ul style="list-style-type: none"> • Parish volunteers transport meals to those in need, taking their turn with other churches in the Hershey area. <p><i>Those wanting to volunteer contact the parish coordinator.</i></p> <p><i>Those wanting to obtain meals contact the Dauphin County Area Agency on Aging</i></p>	<p><u>Spring Creek Manor</u></p> <ul style="list-style-type: none"> • Parishioners reach out weekly to the elderly living at Spring Creek Manor by visiting and offering coffee and cookies • These elderly may or may not be parish members 	<p><u>Consolation Ministry</u></p> <ul style="list-style-type: none"> • Ministers to bereaved family by helping to plan funeral liturgy • Plans annual mass of remembrance
<p><u>Extra-Ordinary Ministers of Communion to Sick and Homebound</u></p> <ul style="list-style-type: none"> • Bring communion on a weekly basis to the sick and homebound parishioners 		



Saint John Neumann Parish Ministry Model — Lancaster, PA
Pastor, Parochial Vicar, Pastoral Associate, Parish Nurse

Parish Health Ministry

- Health Educator
- Home visits to shut-ins and recuperating parishioners
- Training programs
- Spiritual assessments
- Transportation to mass and medical appointments
- Meals to families in crisis
- Phone call follow-up to all hospital discharged parishioners
- Resource and referral to community agencies
- Congregational service projects
- Prayer chain
- Assist with insurance papers
- Influenza vaccines
- Bereavement counseling
- Hospital and nursing home visits

Other Ministries Coordinated with the Parish Health Ministry

- Saint John Neumann families
- Food bank
- Religious education
- Blood bank
- Mom's morning break
- Faith and Light
- Funeral luncheons
- Social action
- E-Team
- Coordinate special ministries to the sick
- Giving tree
- Grief support ladies
- Monthly blood pressure screening
- Health and information posters and bulletin inserts
- CPR training coordination
- AED maintenance and training coordination



Saint Joseph Parish Ministry Model — Mechanicsburg, PA
Pastor, Parochial Vicar, Pastoral Associate, Parish Nurse

Parish Health Ministry

Coordinator of several ministries:

- Health
- Transportation
- Bereavement
- Meals
- Prayer shawl
- Communion Ministry to the sick
- Visitation to the sick in homes, hospitals and nursing homes

(All, except for the Communion Ministry have chairpersons.)

Other Ministries Coordinated with the Parish Health Ministry

- Monthly blood pressure screening
- Health and information posters and bulletin inserts
- CPR training coordination
- AED maintenance and training coordination
- Scheduling health fairs
- Bereavement Committee
- Elizabeth Ministry
- Friendship Club
- Holy Name Blood Bank
- Jamaica Outreach
- Knights of Columbus
- Legion of Mary
- Leisure Club
- Social Justice
- Visions of Glory



Saint Katharine Drexel Parish Model — Mechanicsburg, PA
Pastor, Parochial Vicar, Parish Staff

Parish Nurse Ministry

- Hospital Visits
- Respite Care
- Health and Wellness Education
- Blood Pressure Screening
- Mass Coverage

Transportation

- To Mass
- Medical Appointments
- Grocery Store/Pharmacy

Greeting Card Team

- Sends card to sick
- College students
- Military

Home Maintenance

- Minor repairs
- Laundry
- Light housework (for those with permanent disability, chronic illness, temporarily incapacitated by illness or accident)

Outreach/Consoling

- Loss of a loved one
- New parishioner
- Homebound due to age, accident or illness

Funeral Lunch

- For families and friends attending a funeral at Saint Katharine Drexel

Visitation Team

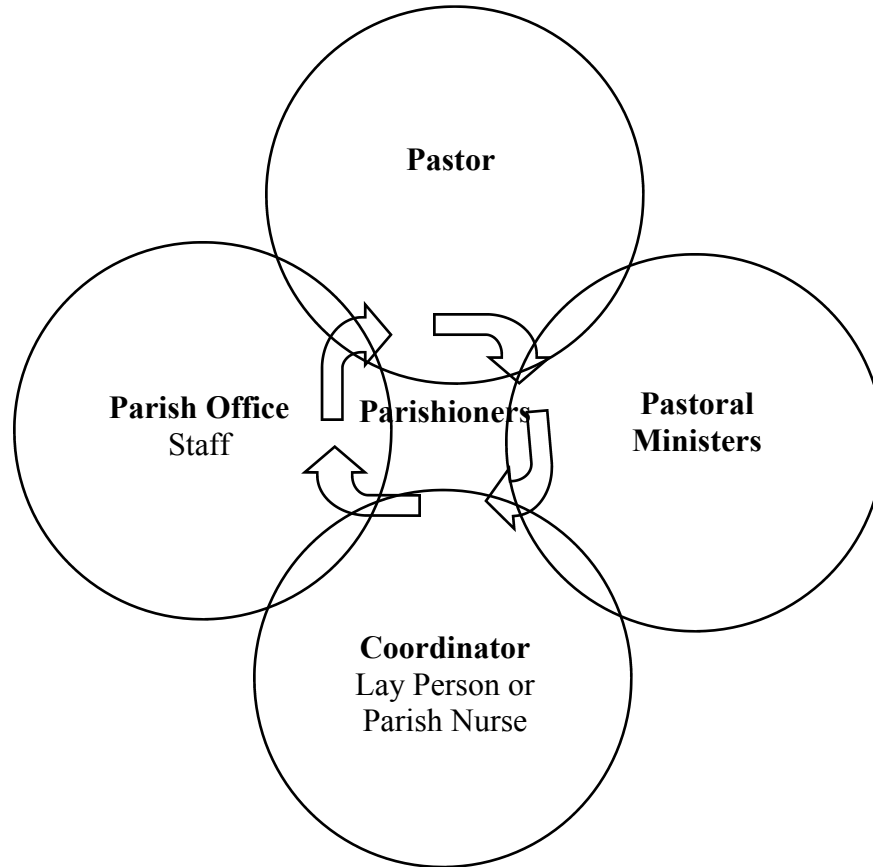
- Visit parish/family members at local nursing homes

Short-Term Meals

- During illness or death in family



Operational Structure



Services provided through existing resources

Community Resources

Examples: Area food banks, Dept. of Aging, Crisis Intervention, health-related agencies, others....

Parish Resources

Examples: St. Vincent dePaul Society, Respect Life, CCW, Elizabeth Ministry, Legion of Mary, Scout troops, school/religious education student service hours, prayer groups, Dolphin Ministry, others...



Lay AED (Automatic External Defibrillator) Programs

Should your parish consider purchasing an AED and establishing a program?

The American Heart Association 2005 Guidelines make these suggestions in regard to Public Access and LAY AED Programs:

Lay rescuer AED programs will have the greatest potential impact on survival from Sudden Cardiac Arrest if programs are created in locations where SCA is likely to occur.

Recommended sites have greater than 250 adults over 50 years of age present greater than 16 hours per day.

The following elements are recommended for lay rescuer AED programs:

- A planned and practiced response; typically this requires oversight by a healthcare provider.
- Training of anticipated rescuers in CPR and use of the AED
- Link with the local EMS system
- Process of ongoing quality improvement

To be effective, AED programs should be integrated into an overall EMS strategy for treating patients in cardiac arrest. Because the improvement in survival rates in AED programs is affected by the time to CPR and to defibrillation, sites that deploy AEDs should establish a response plan, train likely responders in CPR and AED use, maintain equipment, and coordinate with local EMS systems.

For more information please refer to the American Heart Association.
www.americanheart.org



Parish Needs Assessment

Do your parishioners need...?

- Transportation to the doctor, clinic or hospital?
- Transportation to Mass?
- Transportation for essential services?
- Visited after discharge from the hospital?
- Visited because they are sick and recuperating or homebound?
- Visited after the birth of a child?
- Assistance filling out complex medical/insurance forms?
- Support during crisis situation - facing sudden illness or death, marital tensions, etc.?
- Assistance with meals for a time during illness, grieving, or after childbirth?
- Telephone contact with a caring person regularly or on occasion?
- Short-term or emergency childcare?
- Bereavement support?
- Answers to common medical questions such as...
 - Should I go to the doctor for...?
 - What did the doctor mean when I was told...?
 - What is this medicine really for...?
 - Do I really need this medicine...?
- Short-term financial assistance for housing, food, other necessities?
- Assistance to meet the needs of special populations?
(seniors, children)
- Others



Parish Resource Assessment

Does your parish have a ...?

- Bereavement Committee
- Caring Community Ministry
- Elizabeth Ministry
- Food or Clothing Bank
- Friendly Visitor Ministry or Group
- Parish Council of Catholic Women
- Parish Health Ministry or Parish Nurse
- Social Justice committee
- St. Vincent de Paul Society
- Support Groups
- Other: _____
- Other: _____

Include all parish organizations, committees or ministries that offer some form of outreach to the parish. The purpose of this assessment is to eliminate duplication of services and provide coordination of the outreach ministries, programs and activities offered in the parish.



Caring Community Volunteer Survey

Name _____

Address _____

Home phone _____ (day or evening)

Work phone _____ (day or evening)

Occupation _____

List areas of interest, talent and Parish involvement

Are you currently a member of the Caring Community? Yes ___ No ___
If yes, in which activities are you participating?

Are there other programs in which you would like to participate?

Would you like to:
add other programs or ministries? Yes ___ No ___
change committees? Yes ___ No ___

Please specify



Caring Community Volunteer Survey Continued..

Currently, is your time and talents being:

___utilized well ___ under utilized ___over utilized

How much time are you able to commit? (please be specific)

_____hours per week _____hours per month

Please circle the days you are available and list time of day beneath each day.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Is there a specific time of the year you are not available due to job, school, travel, etc?

Please list any special needs or restrictions you may have.

Do you need transportation? Yes ___ No ___

Do you have a Van or Truck that could be used if needed?

Yes ___ No ___

Are you willing to receive training for visitation, respite care or other applicable ministry?

Yes ___ No ___

Please list any suggestions you have to improve the Caring Community.

(This survey may also be used as an interview outline.)



Helping Ministries Glossary

Parish Care Ministry
Parish Health Ministry
Caring Community
Caring Team of the parish.

An umbrella name used to include any and all organizations and individuals who provide “care” of any nature to members.

Parish Nurse Ministry
Faith Community Nurse

Professional Nurses organized to serve as health educators, health counselors, and resource and referral persons. The Parish Nurse Program may be included under the umbrella described in Caring Community.

Consolation Ministry
Bereavement Ministry

Provides support to individuals who have lost a loved one through death. This ministry is carried out through group support, counseling, cards, etc.

Transportation Team

Provides transportation for parishioners unable to transport themselves.

Home Team
Friendly Visitors

Visits homebound and nursing home residents to let them know they are still connected to the parish.

Hospital Team

Visits hospitalized parishioners.

Short Term Meals

Team Provides meals on a temporary basis to those unable to prepare their own.

Home Maintenance

Team Provides routine home maintenance to those in need of short-term assistance or minor repairs.

Health Educator

Provides opportunities for parishioners to learn about health issues and options.

Health Counselor

Responds to emotional, physical, and spiritual needs of individuals and families.

Mercy Service

Provides a meal to families after a funeral.

Mass Coverage

A Nurse is present at each Sunday and Holy Day Mass to provide first aid.

Elizabeth Ministry

Provides support to pregnant women and new mothers with support, prayer, meals, phone calls, gifts, and offers encouragement to the families.

Arimatheans

Parishioners committed to attending all Funeral Masses in the parish as a show of support, prayers and love of the parish community.



Resources Helping Ministries

- Prayers for Care Givers; Patti Normile; St. Anthony Messenger Press, 513-241-5615. Web Site: www.americancatholic.com.
- Visiting the Sick, A Guide for Parish Ministers; Patti Normile; St. Anthony Messenger Press, 513-241-5615. Web Site: www.americancatholic.org
- 124 Prayers for Caregivers; Joan Guntzelman; Saint Mary's Press, Christian Brothers Publications, 800-533-8095. Web Site: www.smp.org.
- Handbook for Ministers of Care; Marilyn Kofler, S.P., Kevin O'Connor; Liturgy Training Publications, 800-933-1800. Web Site: www.ltp.org.
- Speaking About Death; Poetic Resources for Ministers of Consolation; Rev. William Fitzgerald; ACTA Publications, 800-397-2282. Web Site: www.actapublications.com.
- A Minister's Handbook of Mental Disorders; Joseph W. Ciarrocchi; Paulist Press, 800-218-1903. Web Site: www.paulistpress.com.
- Pastoral Care in Hospitals; Neville A. Kirkwood; Morehouse Publishing, 800-877-0012. Web Site: www.morehousepublishing.org.
- The Making of a Pastoral Person; Rev. Gerald R. Niklas; ALBA House, New York, (212) 732-4140. Web Site: www.albahouse.org.
- Who Cares? Simple Ways You Can Reach Out; Marcy Heidish; Ave Maria Press, 800-282-1865 ext. 1. Web Site: www.avamariapress.org.
- I Was Sick And You Visited Me; A Spiritual Guide for Catholics in Hospital Ministry; Fernando Poyatos; Paulist Press, 800-218-1903. Web Site: www.paulistpress.com.
- Living a Gentle, Passionate Life; Robert J. Wicks; Paulist Press, 800-218-1903. Web Site: www.paulistpress.com.
- Parish Based Health Services for Aging Persons; The Catholic Health Association of the United States, St. Louis MO, 202-296-3993. Web Site: www.chausa.org.
- The Parish Nurse; Granger E. Westberg; Augsburg Books, 800-328-4648. Web Site: www.augsburgfortress.org.
- Healing As A Parish Ministry; Leo Thomas, O.P., Jan Alkire; Ave Maria Press, 800-282-1865 ext. 1. Web Site: www.avamariapress.org.
- Ethical and Religious Directives for Catholic Health Care Services; National Council of Catholic Bishops; Publication #029-X, 202-541-3000. Web Site: www.usccb.org.



Guidelines To Be Used When Inviting Individuals or Health Related Agencies Into The Parish

Before inviting members of the local business or civic community, efforts should be made to ensure that whatever group (s) or organization (s) the person represents or the individual's public associations are not in conflict with the values and teachings of the Catholic Church.

Before inviting any public official or other public figure to a parish his/her "official" position on any of the pro-life issues, including embryonic stem cell research, should be ascertained. Efforts should also be made to ensure that when members of the local business or civic community are invited to the parish that neither the group nor organization the person represents nor his/her own public associations are not in conflict with the values and teaching of the Catholic Church. Sufficient background information on any invited guest should be obtained to provide reasonable assurance that the guest would not be an embarrassment to the parish or diocese.

When inviting an individual or agency into the parish you may wish to use the form included with this statement to ensure there is no conflict with Catholic Church teaching. Before endorsing such efforts by any organization, the parish needs to know if the requesting organization adopts any policies that conflict with the Catholic moral teaching.

Information on a particular organization can be retrieved through their web-site or published materials.

Please note, when fund-raising for an organization or group, you should now be using the Form for Organizations Seeking Funding Support from Catholic Parishes/Schools/Institutions, developed by the Pennsylvania Catholic Conference and approved by Most Reverend Kevin C. Rhoades for use in the diocese. This should assist you in ascertaining an organization's position on life issues (i.e. abortion, stem cell research, etc.) and whether their philosophy and mission is contrary to that of the Catholic Church.

Pennsylvania Catholic Conference
www.pacatholic.org
223 North Street, PO Box 2835
Harrisburg, PA 17105
717-238-9613



Form To Be Used When Inviting Individuals or Health Related Agencies Into The Parish

Organization Name: _____

Contact Person: _____ Title: _____

Phone number: (____) _____ Fax number: (____) _____

E-mail: _____ Web address: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

Nature of organization or mission statement:

Name of individual or agency being invited into the parish: _____

In order to preserve faithfulness to the teachings of the Catholic Church, parish in conjunction with the Diocese of Harrisburg cannot provide support to any organization whose policies and practices promote objectives that are in conflict with fundamental moral teachings and doctrine of the Roman Catholic Church. Therefore, we are asking you to provide some basic demographic information on your organization as well as detailed information on the policies of your organization with regard to the following issues/concerns (please provide written support documentation when appropriate).

Do you or does your organization either directly or indirectly:
 (please respond yes or no)

- _____ 1. Support, promote or fund the practice of surgical or chemical abortion?
- _____ 2. Support, promote or fund the practice of embryonic stem cell research?
- _____ 3. Support, promote or fund the practice of human cloning?
- _____ 4. Support, promote or fund the practice of artificial contraceptives?
- _____ 5. Support, promote or fund the practice of pornography?
- _____ 6. Support, promote or fund the practice of assisted suicide or euthanasia practices?

 (Name of person completing the form)

 (Date)



“The Caring Community helps our parish put into practice the faith we celebrate as a worshipping community and share with others the many blessings the Lord has shared with us. It is truly a blessing for our parish.”

Reverend Paul C. Helwig, Pastor
Church of the Good Shepherd, Camp Hill



“The Parish Nurse Ministry at St. Joan of Arc Parish has been and continues to be people caring for people. This group of women takes the time every month to help parishioners with their blood pressures, raise awareness for healthy living, contact parishioners after their hospital stay and help them meet their needs, and inform other caring organizations in the parish of specific needs people may be experiencing. Our Parish Nurse Ministry also coordinates the annual celebration of the Sacrament of the Anointing of the Sick at the Church. We are most grateful or their dedicated, loving and caring ministry to people and pray for God’s blessing on their work.”

Reverend Philip G. Burger, Pastor
Saint Joan of Arc Parish, Hershey





Visiting the Sick

DO'S AND DON'TS FOR THE HEALTH CARE MINISTER

Mary Ann O'Donnell, Director
Office for Ministry Development and Evangelization

A little girl lost a playmate in death and one day reported to her family that she had gone to the sorrowing mother. "What did you say?" her father asked. "Nothing," the child replied, "I just climbed up on her lap and cried with her."

What an unforgettable visit the little girl had with her friend's mother. She was able to be present to this woman in an extraordinary way. Yet what happened was a very simple expression of feelings. Words were not necessary or important. The experienced health care minister knows that a simple approach to a visit is the most helpful.

THE VISIT ITSELF: What to Do and Say

If visiting in an institution, it is a good idea to identify yourself to the nursing personnel. They should be able to inform you of any dramatic change in the patient's condition or outlook. In many cases nurses are even aware of an expressed spiritual need.

Try to learn all you can about the person you will be visiting. This includes any special interests, hobbies, limitations and needs.

If it is a first visit, be sure to introduce yourself and explain the purpose of the visit. All people are sensitive about their names, and they want to be sure they understand the visitor's name. Keep your relationship friendly but professional. Terms like "Mom" or "Pop" and "Honey" are inappropriate. Use of the first names only is not advised unless the person prefers that. Respectful terms like "Mr. Brown" or "Mrs. Smith" are preferable. This impresses upon the one visited that they are a whole person and that they can recognize and respond to their own name. It is a first step in getting to know one another.

The first visit is really crucial in establishing the proper rapport between the persons and it goes a long way towards creating a warm and friendly relationship which should be the aim of every visit.

If, after entering the room, other visitors are present, judge whether it would be better to return another time. If the patient is dying or critically ill, relatives may be comforted by the visit of the Health Care Minister. At other times, the presence of a number of business acquaintances might make a visit inappropriate.



Visiting the Sick Continued..

If the patient is alone, appears well enough for a visit and accepts the visit, initiate the conversation. Chaffing about ordinary, everyday affairs helps to break down the feelings of isolation and unreality that are so much a part of the cold, impersonal atmosphere of institutions. It makes persons visited feel more at home to hear someone tell them news of the outside world, what is going on in their neighborhoods, churches, and schools, and perhaps what is new in fads and fashions, in sports, amusements or politics.

Lonely shut-ins appreciate friendly smiles and pleasant facial expressions. They will react by gladly interrupting their TV programs. “Let me shut this off” are some of the first words they will say as they turn to welcome you. After all, the TV is on all day mainly in order that they can hear the sounds of another human voice talking to them.

Keep in mind that the conversation should be related to the patient, his or her condition, concerns, etc. However, the patient may just want to be quiet and this should be respected. An initial visit may have to be less personal. If this appears to be the case, after a short exchange, excuse yourself and suggest returning for a visit at another time.

If possible, establish a regular pattern for your visit or call. Remember they are looking forward to your visit or call. Don’t disappoint them.

Most of all, don’t feel discouraged if your first effort is not successful. It may take many efforts to bring a response.

Visit regularly, preferably once a week, spending about an hour or a little less with each shut-in or nursing home resident. Leave earlier than this if you notice marked restlessness or tiredness. Longer visits often tire the elderly.

The Health Care Minister also learns early in the visiting the importance of ritual, especially in the lives of the elderly. Perhaps, it is for them their “Linus blanket” but many enjoy the safe and pleasant feeling that comes from saying and doing the same things in the same way every day. For example, I know when I visit Mrs. A. that I should always begin with: “How’s your arthritis today, Ann?” She likes me to begin this way because it gives her a chance to tell me how she is accepting it or battling with it, how successful she has been in controlling it, how she has conquered it by her exercises and the like. Or it may be an especially hard time and she will actually find some relief in telling me how bad the pain has been, what the doctor has prescribed and we may end up by praying together that the dear Lord will ease the pain for her,

It is not necessary to have answers for the concerns the patient is expressing. Often the fact that the patient is able to say something about a concern to someone who is not emotionally involved may be all that is needed. Affirmation on the part of the minister is helpful, whenever possible: “Yes I can see that that would console you.”

Ask the patient if he or she would like to pray. Such a prayer might commence with a short scripture reading and follow with spontaneous prayer relating to information received during the visit.

For example:

“Lord, Mrs. Smith is concerned about the welfare of her three daughters while she is in the hospital. Care for them and give Mrs. Smith peace of mind in the knowledge that they are in your care.”



Visiting the Sick Continued..

If you are uncomfortable with spontaneous prayer, the Lord's Prayer or another prayer from a book of prayers might be used. Initially, the Health Care Minister might feel uncomfortable praying with a patient, particularly in spontaneous prayer. Ease comes with practice. It is important for the Health Care Minister to know that he or she is more aware of any personal discomfort in this area than those with whom he or she is praying.

Be cheerful, faithful and patient. Remember to respect their confidence and privacy. Be a good listener, be objective and understanding. Don't be overly sympathetic, encourage them not to feel sorry for themselves, and guard against personal jokes. Show your respect for them as an individual.

Accept people as they **are**, not as you'd like them to be. Be aware of your own feelings and prejudices so that they don't get in the way. The other person's interests, likes and needs should take top priority. Respect their views and their right to decide for themselves. You are not out to change overnight the habits of a lifetime or to pass moral judgments on their way of life.

Be careful not to promise more than you can deliver but keep the promises that you do make. It is not always good for you to visit if you would have a cold or any other illness. Call and make other arrangements so they will know you haven't forgotten them. Don't fail to keep the appointment.

Watch for signs of fatigue, using your own judgment. Your next visit could always be a little longer. Never criticize the condition of the home, and try not to get involved in family matters. Just listen. Notice and admire cherished possessions, including plants, pets and family pictures.

Don't sit on or jar the bed. Never offer food or drink without clearing it with the family. Doing so can really do the person harm if she or he is on a special diet. Even when they say they can, double check.

Please do not take food or drink when visiting without permission. Also, do not smoke without asking. Respect others wishes.

Visiting the Visually and Hearing Impaired

Since there is a likelihood that the Health Care Minister will visit some persons who are partially or even entirely blind or hard of hearing, perhaps a few tips for helping them would be in order. In regard to the blind, always make your presence known. Identify yourself when entering the room. Be natural and talk to the blind person as you would to one who sees. Your voice should be moderate. In conversation, address the person by name for if they are expected to reply they may not always realize that the remark is directed to them. Help the blind person to become familiar with their surroundings. They are at ease when they know where they are.

Leave doors open as you find them. In guiding the blind, offer your arm. The movement of your body helps to guide them and helps them to know whether to step up or down. For the hearing impaired, face them directly on the same level whenever possible. Do not talk from a distance or from another room. Speak in a normally loud, clear tone of voice. Shouting does not help and often causes distress. By acting natural and normal, you help the blind or hearing impaired person feel natural and normal.



Visiting the Sick Continued..

Visiting Persons with Visual Impairments

Providing information in larger print may be helpful. This may be particularly important where forms are concerned. Also remember that good lighting is key and ask the person with a visual impairment where the best place would be for you to sit.

Visiting Person who are Deaf or Hard of Hearing

Persons with a hearing loss communicate in a variety of ways and it is good to ask prior to your visit if the person uses and understands sign language or if he/she prefers to use spoken language and lipreading. If the person uses sign language, writing back and forth may be used to communicate basic information, but using a family member who signs or a sign language interpreter is really the best way to communicate and is the most respectful of the person's communication choice.

If the person uses spoken language and can lipread, sitting face to face on the same level is best. Be aware of proper lighting and stay away from background lights that are too bright (such as a sunny window) which will interfere with lipreading. Speak in a normal voice and don't exaggerate your lip movements. Be alert to the presence of background noise (such as a TV), which may interfere with understanding. Check frequently for understanding and use writing if your message is not clear to the person with a hearing loss.

After a good relationship has been established and depending on circumstances, the Health Care Minister may be able to engage in some activities with his/her friend. Some persons who have been avid readers and now find their sight impaired, may greatly enjoy someone reading aloud to them their favorite books, magazines or newspapers. They may also appreciate at certain times, especially before the holidays, to have someone write letters for them. Generally though they appreciate simply having someone talk with them who is kind, interested and gives them full attention. There are other times when they are ill or worried and all they want is the presence of an understanding person whom they can appreciate as a loving, silent companion. Sometimes too, when they are filled with anguish and pain, they may even ask the Health Care Minister to pray with them. These moments are truly sacred when the impact of Christ's words come home to the one who ministers with a heightened awareness:

“Whatever you do for the least of these, you do for me”

Matthew 25:40

Always know the person's physical limitations. Don't encourage activities that would place an undue strain on them. If you don't know the restrictions, find out before encouraging them to do different things.

Often speech will be difficult for the stroke victim. Ask those who are knowledgeable to assist you in learning to communicate.

NOTE:

Please do not give medications, complicated physical care, in-depth counseling. Instead, arrange communications between the visitee and those qualified to handle such things.



Practical Do's and Don'ts

If you shop for them, first find out exactly what is wanted and what price they feel is right. Give them a receipt for the purchases. But insofar as possible, encourage them to shop for themselves. They need the dignity and satisfaction in being able to do as much for themselves as possible. If they are on a controlled diet, as many alcoholics and diabetics are be especially careful before buying anything for them. Get reliable information on the limitations. For confused persons, any “sharp” like scissors can be hazardous and should be avoided.

Don't give gifts of money. If the person has financial problems and wants help, refer them to a responsible family member or institution representative. Do not help the parishioner with any banking which includes writing or cashing checks or signing of legal papers. You may go to the grocery store, pharmacy or do other small errands, as previously mentioned. You are not expected to pay the bills. Be sure you have the money for the errands before you leave the house.

When you have come to know the ones you are visiting, an occasional small gift (flowers, candy, tokens of friendship) especially on anniversaries and birthdays, can be welcome. Since the recipient may want to give as well as receive, you may accept these yourself. But the person should never feel obligated to reciprocate and very often will be unable to. Expensive gifts should always be avoided.

Do not take a person from his or her home without family approval. Please do not help them with any personal care such as shampooing hair, bathing, back rubs, etc. Do encourage personal and general appearance. The Health Care Minister is not to do any household chores as washing floors, cleaning house, dishes, etc.

Don't discuss their problems or their home situation with outsiders. Be very cautious when giving advice. Some may ask you to tell them what to do and to decide important things for them. This is flattering and an easy trap to fall into. But it is seldom helpful. You may help to guide the conversation along if there is an obvious need for some direction. Sustained silence on your part may leave the impression you agree with everything said. You can disagree without being disagreeable.

Troubled people often do not feel at ease with themselves. Treat them with respect so that they can build up their own self respect. Avoid being paternalistic or materialistic in a manner that seems to say that you will take care of everything for them.

Try to determine how much you are told is factual and how much is not. Sometimes the aging process clouds perspective and limits the ability to be objective. Some may be unable, unwilling to talk about themselves personally but they may enjoy telling stories about others. If this is what they want, if it meets their needs, you should be willing to accommodate, sit back, relax and let them do the talking.

Do not hurry those you visit. Work with them at their own pace, in a relaxed way. Do not show impatience or irritation. Don't be critical. Older persons especially are sensitive to criticism.

Listen to what is said as well as to the feelings that are expressed: the fear, the anger or the hopefulness. To acknowledge this may be more helpful at the outset of a relationship than offering what might turn out to be false reassurance.

Don't interpret all rebuffs as a personal affront. Encourage the person to express themselves, especially if they seem withdrawn or passive. Do not be overly insistent.



Practical Do's and Don'ts Continued

Don't bring your problems to the people you are supposed to be helping. They usually have enough of their own. Your purpose is to help them. Relate in a natural friendly way, but avoid burdening them with your problems. This is not to say that you can't mention your family and briefly share an interesting personal experience or an anecdote. Mainly, conversation should center on the concerned people, their triumphs and hopes, socially as well as economically.

Don't get involved in controversial subjects like politics or religion where there is a possibility of arousing strong feelings that could defeat the purpose of the visit.

Uncontrolled emotions are counterproductive. Better to try to understand what the other person's feelings mean to them. If they are angry, why? At whom? What part does anger play in their everyday life? If you become overly emotional yourself, better step back and look again at those you are trying to help. Get yourself out of the way. Refer doubtful situations to those better qualified in that particular area.

When it comes to humor, it is better to let the one visited take the initiative. At least in the beginning. There is a time and place for this but it is important to have a feel for the right circumstance.

Very often, they enjoy a sense of humor on the part of the Health Care Minister. It can be rewarding to take time during the week to discover a good joke book and have a few of the best jokes ready to share. It is surprising sometimes to find out that once these lonely ones get started, they can entertain you with better jokes than you know. Interested, relaxed attitudes on the part of the visitor are important in getting the person to want to talk to you.

If visits must be discontinued, either temporarily or permanently, explain the situation in advance first with your parish supervisor and then with the visitee.

If significant disagreement, conflict or emotional involvement (depression, etc.) develop in the relationship and you cannot, after honest effort, accept the person as a friend, ask to transfer to another individual. It is human enough to have personality conflicts occasionally. Do not interpret such as failure.

However, do not leave the impression that you are discontinuing because of something the other person may have said or done. In addition to the losses most persons have experienced, this apparent rejection can increase their insecurity. If for good reason you have to have another person replace you, let the person know why and who is coming in your place.

Telephone calls between visits can provide a welcome break in the routine if the person is receptive to these. It is another way of assuring your continued friendship.



Your role as an advocate

After you have been visiting an individual for a period of time and have developed a relationship with the person, you may become aware of situations where you can become an advocate. The individual may be eligible for services from the Office of Aging, the Visiting Nurse or from other sources. Inquire gently whether the person has a case worker, especially if the person lives alone, and if the case worker has suggested the services of a home maker, help with shopping or assistance with bathing. Do they have a PACE card for prescriptions or taxi tickets for reduced fares to take them to the doctors? If the individual lives with others, be aware if they seem neglected or even abused, verbally or physically. You need not take on yourself the responsibility of changing such situations but you should discuss them with your pastor, or Health Care Coordinator. This is an area that requires that you use good sense and discretion, but your consciousness and caring may improve the quality of life for the person you visit.

Last but not least, please avoid extremes in dress when visiting. As a Health Care Minister, you are representing the parish, and as such should keep that uppermost in mind when planning your wardrobe.

Conclusion

In conclusion, the prospective Health Care Minister should be encouraged in the realization that he/she can do a great deal to help the old, sick and lonely enjoy a fuller life during their remaining years. How people age is greatly a matter of attitudes, life style and life vision—their way of looking at life. At 80, despite physical handicaps, some people are still vigorous and very much alive. At 45, some are old and ready to give up. Years of age cannot be the criterion. Psychologists tell us that it is necessary for all of us, especially older people, to know how to use our “adaptive energy” (the ability to adapt to new situations and circumstances). The rate at which we use up this adaptive energy largely determines how we will age. A life style which is too rigid and set may make a person age faster because of more stress and tension which necessarily consume more adaptive energy. Those who cannot learn to adapt to new ideas and methods are more affected by the aging process.

Health Care Ministers have a golden opportunity to help others develop and exercise their own capacities. In doing this, they themselves learn from their contacts with other individuals and with the help of God’s grace, as they share their time and talents, their own lives in the present world are made richer and more rewarding for the life to come. They can look forward to hearing Christ’s words addressed to them:

“Come, you blessed of my Father, receive the Kingdom prepared for you from the foundation of the world.”

Matthew 25:34

ACKNOWLEDGEMENTS

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“Here at Saint John Neumann Parish we are indeed fortunate to have a very active ministry dedicated to Parish Health. We began this ministry in 1997 and since then it has grown considerably showing the definite need for such services. We have added a full-time nurse and a part-time assistant. This ministry is available to all parishioners in dealing with any health concerns: Mind, Body and Soul. I cannot imagine how we got along without it. In a parish this size with many health care professionals it is a great blessing to our people, especially our seniors. May God who has begun this good work, keep it going.”

Reverend Monsignor Richard A. Youtz, Pastor
Saint John Neumann Parish, Lancaster





Extraordinary Ministers of Holy Communion

Diocese of Harrisburg

The required diocesan Training Sessions for new Extraordinary Ministers of Holy Communion are held throughout the year. All those to be mandated must attend one of these sessions. It is required that the parish or institution also hold a practice session subsequent to this diocesan Training Session. The pastor or chaplain (not the individual) must submit the required special registration form and application for mandate. Please contact the Office of Worship for more information and registration materials.

At the end of the diocesan training session mandates are distributed to each candidate to be taken to his/her pastor/chaplain, signed by him and kept on file at the parish/institution. A copy of the signed certificate of completion and mandate should be given to the Extraordinary Ministers of Holy Communion for their records. A commissioning ceremony is to be held in the parish or institution at one of the principal Masses.

The mandate of the Bishop continues in force until decided otherwise by the pastor, or the Extraordinary Ministers of Holy Communion, or the person leaves the parish or institution which would then end the mandate. The mandate for a high school senior is for the current school year.

The mandate is effective only for the parish or institution designated. Extraordinary Ministers of Holy Communion may function both in a parish and/or institution, but only with the proper mandate from the Bishop for each location. Nursing homes and hospitals which are ministries of a particular parish are included in the mandate for that parish.

The Official Ritual for Communion of the Sick may be purchased at any Catholic book Store.

For questions or additional information please call the Office of Worship (717) 657-4804 ext. 353.



Liturgy for Communion to the Sick

Before the arrival of the Extraordinary Minister of Holy Communion to a sick person at home, certain preparations should be made. Close to the sick person there should be a small table covered with a linen cloth, upon which the Eucharist is to be placed. Candles and a cross may be placed upon the table. The candles should be lit before the liturgy begins.

In preparing the prayers and readings for the rite of communion of the sick, keep in mind the condition of the sick person. The rite leads those present to a deeper understanding of the mystery of human suffering in relation to the dying and rising of Jesus Christ. Bringing communion to the sick is a powerful symbol of the unity between the local faith community and its sick members. In ordinary circumstances the rite of communion includes:

INTRODUCTORY RITE

Greeting

The minister approaches the sick person and greets him/her and the others present in a friendly manner, using one of these greetings:

Peace to this house and to all who live in it.

or

The peace of the Lord be with you.

ALL: And also with you.

Penitential Rite

The minister says:

**My brothers and sisters, to prepare ourselves for this celebration,
let us call to mind our sins.**

After a brief silence, the minister uses the following:

Lord Jesus, you healed the sick:

Lord, have mercy.

ALL: Lord, have mercy.

Lord Jesus, you forgive sinners:

Christ, have mercy.

ALL: Christ, have mercy.

Lord Jesus, you give us yourself to heal us and bring us strength:

Lord, have mercy.



Liturgy for Communion to the Sick Continued

ALL: Lord, have mercy.

The minister concludes:

May almighty God have mercy on us, forgive us our sins, and bring us to everlasting life.

ALL: Amen.

LITURGY OF THE WORD

The minister reads the Word of God for the current Sunday or Weekday.

Reading

Response

Gospel

The Prayer of the Faithful may take place.

General Intercessions

LITURGY OF HOLY COMMUNION

Lord's Prayer

The minister introduces the Lord's Prayer in these or similar words:

Now let us pray together to the Father in the words given us by our Lord Jesus Christ.

OUR FATHER...

Communion

Then the minister shows the Holy Eucharist, saying:

This is the Lamb of God who takes away the sins of the world.

Happy are those who are called to his supper.

The sick person says: Lord, I am not worthy to receive you, but only say the word and I shall be healed.

The minister goes to the sick person and, showing the sacrament, says: **The Body of Christ.**

The sick person answers: Amen.

After Communion a period of silence should be observed.



Prayer After Communion

Let us pray:

All-powerful God we thank you for the nourishment you give us through your holy gift. Pour out your Spirit upon us and in the strength of this food from heaven, keep us single minded in your service. We ask this through Christ our Lord.

ALL: Amen.

Blessing

The minister invokes God's blessing, and crossing him/herself says:

May the Lord bless us, protect us from all evil and bring us to everlasting life.

or

May the almighty and merciful God bless and protect us, the Father, and the Son, and the Holy Spirit.

ALL: Amen.

In celebrating the Rite of Communion of the Sick in a hospital or institution, care must be taken so that this rite is not diminished to the absolute minimum. When it is not possible to celebrate the full rite, the following may be substituted:

Antiphon (May be said at the first room only)

I am the living bread come down from heaven. If anyone eats this bread you will live forever. The bread I will give is the flesh for the life of the world.

Greeting

Lord's Prayer

Communion

Prayer After Communion (May be prayed at the last room only)



Ministry to the Sick and the Homebound *Extraordinary Ministers of Holy Communion*

Great care must be exercised in any parish to assure that the needs of the total Christian community are met. If the Eucharist is to be the center of the Christian life, then those who cannot attend the Eucharistic liturgies because of age or sickness must be provided with more frequent opportunities to receive the sacrament of the Eucharist. “Pastors should see to it that the sick and aged, even if not seriously sick or in imminent danger of death, be given every opportunity to receive the Eucharist frequently and even daily, if possible, especially during the Easter season.” (Chapter 1, No. 46, “Rite of Anointing and Pastoral Care of the Sick”.) With the introduction of extraordinary ministers of Holy Communion into the parish to assist the priests, such service to the elderly and ill becomes a reality.

The needs of shut-ins confined by illness, disability or advanced age can be well served by the lay minister. For such people, the sense of aloneness, of isolation from the community may be more debilitating than their physical condition. They may feel that they have been forgotten while life goes on without them. Believers feel this most keenly on Sunday. Televised rites are a hollow substitute for participation in worship in the company of friends and neighbors. Yet Sunday is the one day when priests are least available to make Communion calls.

The Christian community cares for its own. This care is by its very nature a proclamation of solidarity, a pledge that in Christ there is no isolation. Extraordinary Ministers of Holy Communion go from the celebration of Eucharist to feed the sick and homebound persons of the parish not only the Body and Blood of the Lord but also with the Word and with their very presence. These three actions: Sharing the Word, the Host and the minister’s presence, bring about one result, that is, the strengthening and comforting of those members of the parish who cannot be present to celebrate Eucharist with the whole community. The lay minister visiting a sick room or a nursing home on Sunday not only brings the nourishment of the Eucharist but the tangible evidence that the community remembers, cares and prayerfully supports its members.

Responsible for the care of only a few individuals, the Extraordinary Ministers of Holy Communion take the time to enrich the lives of those they visit with the news of the community, insights from the homily and the greetings of other parishioners. These visits have far-reaching effects. Besides ministering to the sick and the shut-in, Extraordinary Ministers of Holy Communion may take the opportunity to be aware of other family members. Anxiety, loneliness, and other emotional feelings are burdens experienced by the whole family of someone who is ill or homebound. Alleviation of some of this burden does not fall on the shoulders of the ministers of Communion alone, but is the responsibility of the whole parish community. Looking around and reaching out in a parish community and even in the larger community parish leaders will find many services which could be tapped. It takes interest, time and energy on the part of some parish members to discover the many resources available and make them known to those who need them. Those parishes within the diocese which have developed a vibrant “Network of Care” have within them a system to provide a more loving care for the sick and elderly.



Ministry to the Sick and the Homebound Continued Extraordinary Ministers of Holy Communion

Like the Extraordinary Ministers of Holy Communion in service at Mass, the minister visiting the sick does not replace the priest but is another extension of the community's concern. Care should be taken to offer reassurance to the shut-ins that the availability of the clergy will not be diminished in any way by the visits of the lay minister. A personal introduction of the new minister by the priest is ideal, especially in nursing homes or hospitals. In some cases a letter of explanation has to suffice.

In enlisting ministers to the service of the sick, special care should be exercised in choosing Persons who have special sensitivity to the needs of others and who can convey the compassion of the Lord to the ill.

In order to allow the Eucharist to be more fully the sacrament of love and unity, the parish Leaders ought to seek and initiate ways and means to keep the needs of the suffering members of the parish in the thoughts and prayers of the rest of the Christian community.

A praying family is an image of the Church. Some parishes have found that Communion calls accompanied by the minister's family have special warmth and deepen the sense of communal care. The lives of the elderly especially are often brightened by the freshness of children who seldom enter their world. Therefore, it is recommended that the entire family of the special minister of Communion accompany him or her when the Eucharist is brought to the sick or homebound. The various members of the family can share in the prayer and the reading that takes place during the Rite of Holy Communion Outside of Mass. This will not only make the sick person feel part, of the family and parish. It will also help the family of the special ministers identify with the sick of the parish by becoming part of this important ministry.

For your information, a Catholic who has received the Most Holy Eucharist may receive it again on the same day only during the celebration of the Mass in which the person participates. (Canon 917)

Redemptionis Sacramentum, the 2004 instruction on certain matters to be observed or to Avoided regarding the Most Holy Eucharist reminds us that:

“A Priest or Deacon, or an extraordinary minister who takes the Most Holy Eucharist when an ordained minister is absent or impeded in order to administer it as Communion for a sick person, should go insofar as possible directly from the place where the Sacrament is reserved to the sick person's home leaving aside any profane business so that any danger of profanation may be avoided and the greatest reverence for the Body of Christ may be ensured. Furthermore the Rite for the administration of Communion to the sick, as prescribed in the Roman Ritual, is always to be used”.
(Redemptions Sacramentum 133)



Ministry to the Sick and the Homebound Continued *Extraordinary Ministers of Holy Communion*

MINISTRY IN PRIVATE HOMES

Following the example of Christ the Lord, “who went about doing good works and healing” (Acts 10:38), Christians have always shown a special solicitude for the sick in their midst. The practice of taking the Eucharist from the Liturgy to the sick and homebound is very ancient. Around 150 A.D., St. Justin wrote:

“When the president has finished praying and giving thanks over the bread and wine and the people have all signified their assent, those whom we call “deacons” distribute the bread and wine over which the Eucharist has been spoken to each of those present. They also carry them to those who are absent.”

The practice so faithfully recorded by the early martyr was highly commended in the Vatican’s 1967 Instruction on the Worship of the Eucharist:

“It is fitting to provide the nourishment of the Eucharist for those who are prevented from attending its celebration in the community. They will thus feel themselves united to this community and sustained by the love of their brethren.”

There are two basic forms of the rite for giving Communion to the sick and homebound. You use the longer form in private homes when time permits an extended visit. You use the shorter rite when you are visiting many rooms in a hospital or nursing home when you have to go to a large number of private homes, or when the comfort of the communicant calls for the shorter rite.

PREPARATION BEFORE THE VISIT

Call the homebound parishioner or contact person a day or two beforehand. If this is the first visit to this person, ask if there are any special arrangements such as letting yourself in or if the person is unable to swallow or has health problems you need to be aware of.

Take the following items with you:

1. The Hosts for all who will receive, in a pyx and a burse
2. A corporal and purificator
3. A text of the rite of Holy Communion to the Sick
4. A participation aid for the communicant(s) may be used: either a locally prepared one, or published one
5. The latest parish bulletin
6. The Bible. If you plan to use the reading of the day, you can find it in the lectionary and mark your Bible at the proper place.



Ministry to the Sick and the Homebound Continued *Extraordinary Ministers of Holy Communion*

ON - SITE PREPARATIONS

After exchanging a friendly greeting with the homebound person, friends and caregivers, place the corporal on the table with the cross up. If necessary, fill a small glass with water and place it on the table.

THE CELEBRATION

A. Greeting and Penitential Rite

Give the simple greeting, such as, found in the outline. After the response, “And also with you,” proceed with the penitential rite, as in the ritual book. This may be the “I confess to Almighty God, or one of the many options with the “Lord have mercy/Christ have mercy.” Conclude the penitential rite with the prayer “May Almighty God have mercy on us...”

B. Liturgy of the Word

If the homebound person is able and willing, they may read the scripture passage. If it seems desirable, you may comment briefly on the reading. It is especially good to have a short period of quiet reflection of the Word before continuing with the general intercessions. The homebound person and their companions may wish to offer petitions for particular needs. Remembering that every liturgical action is a celebration of the whole Church, you should offer one or two petitions for universal needs if no one else does. Of course, it is perfectly acceptable to depart from the customary sequence and begin with a petition for the needs of the homebound person and companions. Conclude the intercessions with the usual summarizing prayer.

C. Holy Communion

Lead the group in the recitation of the Lord’s Prayer - Take a Host from the pyx, hold it at chest level and invite the faithful to partake of the Sacred Food by saying, “This is the Lamb of God...” After the “Lord, I am not worthy...” give Communion to the homebound person and other persons who wish to receive.

D. Prayer after Communion and Conclusion

After a suitable period of quiet reflection, offer the Prayer after Communion and follow it with the invocation of God’s blessing on all present. Do not bless those present with the pyx.



Ministry to the Sick and the Homebound Continued Extraordinary Ministers of Holy Communion

AFTER THE CELEBRATION

Immediately following the home visit, return the sacred pyx to the church. Remaining Hosts are returned to the tabernacle. The empty pyx is purified, washed and returned to its proper place.

The above material is reprinted with the permission of the Worship Office, Archdiocese of Cincinnati, 100 East Eighth Street, Cincinnati, OH 45202.

MINISTRY IN HOSPITAL, NURSING HOMES AND PRISONS

The Lord is present not only in the Eucharist, but also in His Word, and the Eucharist itself comes into being only through the Word of God. For this reason, the Eucharist should normally be received within the context of at least one reading from the Sacred Scriptures. Our Consciousness of our unworthiness of so great a gift prompts us to include a penitential rite in our preparation whenever possible.

The Church provides an extremely abbreviated rite which consists only of the Liturgy of Holy Communion, beginning with the Greeting, followed immediately by the Lord's Prayer, the "Lord, I am not worthy..." and Communion. The rite concludes with the Prayer after Communion and the invocation of God's blessing as the rite for the homebound.

There is no on-site preparation and the only off-site preparation involves bringing with you the pyx, a text of the rite, a participation aid, the latest parish bulletin, and the Bible (if you expect to read from it).

The official rite offers the option of adding parts taken from the longer form of the rite for Communion of the sick. If time permits, it would be good to add a penitential rite and/or a short Sacred Scripture reading. However, in this ministry, the comfort of the communicant should always be assured. The age of the communicant is also important. For example, if the communicant is a child, it is best to use a text of the Bible suited to children.

When ministering to the sick in the hospital, always be sure to check with a nurse before giving Communion to someone if there is doubt. The Eucharist may be broken into a smaller piece to aid a sick person.



Website Resources

Catholic Health Association of United States

www.chausa.org

When accessing this site, scroll to the section on Parish Nursing. There are many links, too numerous to list, but all very good resources for Parish Nurses.

Pennsylvania Catholic Health Association

www.pacatholic.org/pcha/index.htm

International Parish Nurse Resource Center

205 W Touhy Suite 124

Park Ridge, Illinois 60068

1-800-556-5368

email: ann.solari-twadell@advocatehealth.com

National Health Information Center (NHIC)

www.health.gov/nhic/

MedlinePlus

www.medlineplus.gov/

National Aging Information Center (NAIC)

www.nasua.org

Last Acts Partnership

www.caringinfo.org

Association for Community Health Improvement

www.communityhlth.org

Hospice Foundation of America

www.hospicefoundation.org

National Family Caregivers Association

www.thefamilycaregiver.org

American Music Therapy Association

www.musictherapy.org

Medscape

www.medscape.com

A weekly index of new clinical articles in various clinical specialties.

The National Association of Catholic Chaplains (NACC)

www.nacc.org/



NURSING NEWSLETTER

This is a free monthly Nursing Newsletter that can be sent to you via e-mail.
www.allnurses.com

CATHOLIC NEWSPAPER

CATHOLIC HEALTH WORLD

Catholic Health Association's semi-monthly newspaper with the latest health care information from the Catholic health care organizations across the country.

CHA'S Journal

Health Progress

www.chausa.org

(314) 427-2500 Or (202) 296-3993

COUNTY BOARDS OF ASSISTANCE (Department of Public Welfare)

The County Board of Assistance can provide information of Food Stamps, Medical Assistance (Medicaid), the General Assistance program and many other special resources.

Adams
Gettysburg, 17325
717-334-6241
1-800-638-6816

Juniata
Mifflintown, 17059
717-436-2158
1-800-586-4282

Northumberland
Sunbury, 17801
570-988-5900
1-800-368-8390

Columbia
Bloomsburg, 17581
570-387-4200
1-8077-211-1322

Lancaster
Lancaster, 17604
717-299-7411

Perry
New Bloomfield, 17068
717-582-2127
1-800-991-1929

Cumberland
Carlisle, 17013
717-240-2700
1-800-269-0173

Lebanon
Lebanon, 17042
717-270-3600
1-800-229-3926

Snyder
Selinsgrove, 17870
570-374-8126

Dauphin
Harrisburg, 17110
717-787-2324
1-800-788-5616

Mifflin
Lewistown, 17044
717-248-6746
1-800-382-5253

Union
Lewisburg, 17837
570-524-2201

Franklin
Chambersburg, 17201
717-264-6121
1-800-921-8839

Montour
Danville, 17821
570-275-7430

York
York, 17405
717-771-1100
1-800-991-0929



Directory of Area Agencies on Aging

Area Agencies on Aging provide and coordinate services for older persons. Call your Area Agency on Aging for information regarding transportation, health care, homemaker services, employment, legal aid and other programs for the elderly. The Area Agencies on Aging function under the guidance and partial funding of the Pennsylvania Department of Aging.

CENTRAL PA

Adams

Adams Co. Office for Aging, Inc.
318 Middle Street
Gettysburg, PA 17325
717-334-9296

Cumberland

Cumberland Co. Office of Aging
Human Services Bldg.
16 W. High Street
Carlisle, PA 17013-2922
717-240-6110

Dauphin

Administration Building, 3rd Floor
Dauphin Co. AAA
Two S. 2nd Street
Harrisburg, PA 17101-2025
717-780-6130
1-800-328-0058

Franklin

Franklin Co. AAA
218 N. 2nd Street
Chambersburg, PA 17201-3098
717-263-2153

Lancaster

Lancaster Co. Office of Aging
150 N Queen; Suite 301
PO Box 83480
Lancaster, PA 17608-3480
717-299-7979

Lebanon

Lebanon Co. Area Agency on Aging
710 Maple Street
Room 209-Senior Centers
Lebanon, PA 17046
717-273-9262

Mifflin, Juniata

Mifflin/Juniata Area Agency on
Aging, Inc.
1 Buena Vista Circle
PO Box 750
Lewistown, PA 17044-0750
717-242-0315

Perry

Perry Co. AAA
Rhinesmith Building, Center Square
PO Box 725
New Bloomfield, PA 17068
717-582-2131

Union, Snyder

Union/Snyder Co. AAA
116 N. 2nd Street
Lewisburg, PA 17837
570-524-2100

York

York CO. AAA
141 West Market Street
York, PA 17401
717-771-9610
Toll free -- 1-800-632-9073

Columbia, Montour

Columbia/Montour AAA
702 Sawmill Road, Ste. 201
Bloomsburg, PA 17815-7727
570-784-9272
Toll free -- 1-800-598-5001

Northumberland

Northumberland Co. AAA
2154 Trevorton Rd.
Coal Township, PA 17866
570-644-4545
Toll free -- 1-800-479-2626



Catholic Charities Counseling Offices

COUNSELING OFFICES
KIRK REIDER, LCSW, ACSW

CAPITAL REGION OFFICE
223 NORTH STREET
HARRISBURG, PA 17101
233-7978 FAX 233-4194

CHAMBERSBURG OFFICE
533 SOUTH MAIN STREET
CHAMBERSBURG, PA 17201
263-3765 FAX 263-3226
CAROLYN GEORGE

LANCASTER OFFICE
925 NORTH DUKE STREET
LANCASTER, PA 17602
299-3659 FAX 299-1328
299-3660 392-2113 (espanol)
MICHELLE MADDON

LEBANON OFFICE
503 CUMBERLAND STREET
LEBANON, PA 17042
273-8514 FAX -273-5942
DEACON JOSEPH DELEON

NORTHERN OFFICE
815 WEST CHESTNUT STREET
COAL TOWNSHIP, PA 17866
570-648-6431- FX 570-648-9610
MICHAEL McGRANAGHAN

ONE MARIA DRIVE
DANVILLE, PA 17821
570-275-3667
FAX 570-275-6015
MICHAEL McGRANAGHAN

YORK COUNSELING OFFICE
253 EAST MARKET STREET
YORK, PA 17403
845-2696 FAX 843-3941

FAMILY BASED PROGRAMS
HEATHER TETER, L.S.W.

FAMILY OUTREACH PROGRAM
336 PHILADELPHIA AVE
CHAMBERSBURG, PA 17201
264-2332 FAX 264-0654
TARA BYERS

CUMBERLAND/PERRY FAMILY BASED
14 N. WALNUT STREET, 2ND FLOOR
MECHANICSBURG, PA 17055
796-9201—796-9202 FAX 796-9203
SANDRA HOLLAND

DAUPHIN COUNTY FAMILY BASED
806-A SOUTH 29TH STREET
HARRISBURG, PA 17111
564-9450—FAX 564-9456
SANDRA HOLLAND

LANC IN-HOME PROGRAM
417 POPLAR STREET
LANCASTER, PA 17603
392-3619 FAX 392-4198
CHRIS VANDENBERG

LEBANON FAMILY FOCUS
1431 WALNUT STREET
LEBANON, PA 17042
273-3011 FAX 273-8518
JAN EDWARDS

YORK/ADAMS FAMILY-BASED PROGRAM
253 EAST MARKET STREET
YORK, PA 17403
845-3373 FAX 845-4101
JOSEPH TOLOMEU

YOUTH SERVICES
BRADLEY HYDE, M.S.

ADOPTION SERVICES & SPECIALIZED FOSTER CARE
806-C SOUTH 29TH STREET
HARRISBURG, PA 17111
564-7115 FAX 564-7180
NANCYJAMISON-DIRECTOR
KELLY BOLTON - FOSTER CARE PROGRAM MANAGER

INTENSIVE DAY TREATMENT
47 S. MULBERRY STREET
LANCASTER, PA 17603
295-9630 /9631/9632
FAX 295-9525
BRADLEY HYDE

INTENSIVE FAMILY SERV.
26 EAST COLLEGE AVENUE
YORK, PA 17401
843-7986 FAX: 699-0020
CONNIE DODSON

MEDIATION SERVICES
26 EAST COLLEGE AVENUE
YORK, PA 17401
854-6727 FAX 854-4579
STEPHANIE FRY

PARADISE SCHOOL
6156 WEST CANAL ROAD
ABBOTTSTOWN, PA 17301-8982
259-9537 FAX 259-9262
MICHAEL LANGLEY, M.P.S.Sc

RESIDENTIAL PROGRAMS
ANNETTE MARTIN, M.H.S.

EVERGREEN HOUSE
100 EVERGREEN STREET
HARRISBURG, PA 17104
238-6343 FAX 238-4161
LYDIA PORTER

HOPE HOUSE
1509 CRESCENT AVE.
LANCASTER, PA 17601
293-9089 FAX 293-1425
SISTER MARIE AIMEE, RSM

LOURDESHOUSE
1611 BOAS STREET
HARRISBURG, PA 17103
236-3417-FAX 236-4548
RENEE RAMP, PRGM MANAGER

IMMIGRATION & REFUGEE SERV
900 NORTH 17TH STREET
HARRISBURG, PA 17103
232-0568 FAX 234-7142

JONATHON WITMER
Employment Services Manager

SARA BECK
ESL Manager

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**ALMIRA RZEHAK**  
**Refugee Resettlement Manager**  
717-909-5544  
Mira Lukic 717-909-4219  
FAX: 717-909-0968

**INTERFAITH SHELTER**  
1002 HEMLOCK DRIVE  
HARRISBURG, PA 17110-3588  
236-6783 FAX 236-3271  
**LINDA GRUDI**





## *Diocese of Harrisburg Natural Family Planning Resources*

### **Diocesan NFP Coordinator**

Grace Targonski, MTS, FCP  
Diocese of Harrisburg  
4800 Union Deposit Rd.  
P.O. Box 3557  
Harrisburg, PA 17105-3557  
(717) 657-4804 x314  
gtargonski@hbgdiocese.org

### **Sympto-Thermal Method Teachers:**

#### **Cumberland/Perry Deanery**

Aleta Lazur  
3229 Andrea Avenue  
Harrisburg, PA 17109  
(717) 657-3889

#### **Dauphin Deanery**

Anna Dale  
2205 Schoolhouse Road  
Middletown, PA 17057  
(717) 944-6391  
adale@bigplanet.com

Brian & Mary Metzger  
2311 Williamview Drive  
Harrisburg, PA 17112  
(717) 652-4949  
bmetzger@bmbrcpa.com

Martin & Mary Smith  
4177 East Main Street  
Belleville, PA 17004  
(717) 935-5256

### **Franklin Deanery**

Marcia Moyer  
11825 Orlando Circle  
Waynesboro, PA 17268  
(717) 762-7421

### **Lancaster Deanery**

Michael & Mary Theresa  
Squierdo  
119 Swarthmore Drive  
Lititz PA 17543  
(717)-626-9267

### **Lebanon Deanery**

Ellen & Larry Kramer  
101 South College Street  
Myerstown, PA 17067  
(717) 866-5425  
Classes 1st & 3rd Monday

Karene Robinson  
1318 Bradley Avenue  
Hummelstown, PA 17036  
(717) 566-6693  
karene0811@yahoo.com

### **Northern Deanery**

Greg & Kimberly Burke  
505 Locust Lane  
Danville, PA 17821  
(570) 271-1545  
drgburke@pdt.net

### **York Deanery**

Jill Pokrivka  
33 Valley Street  
Glen Rock, PA 17327  
(717) 227-1145  
jpoo68@yahoo.com

### **Creighton Model FertilityCare™ System**

Spirit FertilityCare™ Services  
Center for Women's Health  
Holy Spirit Hospital  
423 N 21<sup>st</sup> Street  
Camp Hill, PA 17011  
(717) 763-9880

#### **Coordinator:**

Dorice Millar, RN, CFCP, FCEI  
dmillar@hsh.org

#### **Practitioners:**

Kim Lane, RN, BSN, FCP  
Patti Katzenmoyer, CRNP,  
FCP, NFPNP  
Erin Donley, M.Ed., FCP  
Grace Targonski, MTS, FCP

#### **Medical Consultants:**

Dr. Ann Marie Manning, MD,  
FACOG  
Dr. Faith Daggs, MD, FACOG  
Dr. Mark Stegman, MD,  
FACOG  
Dr. James Long, MD, FACOG

### **Couple to Couple League**

Martin & Charlene Doman  
(717) 244-7124  
(information only)

### **Billings Ovulation Method Teachers**

David & Judy Clement  
604 Vista Court  
Waynesboro, PA 17268  
(717) 765-8707



# *Office of Ministry with People with Disabilities*

## **Mission Statement**

The Diocese of Harrisburg celebrates and promotes the gifts of people with disabilities who help weave the unique tapestry that is known as the Catholic Church. Through the Office of Ministry with People with Disabilities, the Diocese is committed to working toward full

## **Goals**

The Office of Ministry with People with Disabilities promotes awareness, acceptance, accessibility and advocacy by engaging in the following activities:

- Encourages understanding of and respect for persons with disabilities to create a true spirit of welcome and inclusion within the Diocese and individual parishes in liturgy, education and social activities.
- Coordinates all facets of pastoral outreach to person with disabilities and interact with other diocesan offices and social service agencies.
- Establishes and maintains parish advocacy programs.
- Establishes a diocesan Advisory Board to the Office on Ministry with People with Disabilities.
- Collects information about numbers of persons with disabilities.
- Provides information, training and continuing education regarding disabilities and Catholic social teaching.
- Acts as a resource to the diocese, parishes and individuals regarding disabilities, accommodations, etc.
- Networks with disabilities ministries and programs at local, state and national levels.

### **For more information contact:**

Office of Ministry with People with Disabilities  
Diocese of Harrisburg  
4800 Union Deposit Road  
P.O. Box 3557  
Harrisburg, PA 17105-3557  
(717) 657-4804 ext 317  
[vduncan@hbgdiocese.org](mailto:vduncan@hbgdiocese.org)



# How can Holy Spirit Hospital help your congregation?

## **Faith-based nursing program - 717-763-3048**

- Create a faith-based nursing ministry program to meet your needs
- Train volunteer nurses from your congregation
- Provide support and resources
- Provide networking opportunities for your nurses and other interested volunteers

## **Pastoral Care Services - (717) 763-2118**

- Bereavement programs available
- Volunteer opportunities including pastoral care visitors, ER Family Support program, Special Minister of the Eucharist, or caller to the churches

## **Other Services**

- Palliative care for inpatients – (717) 763-3048
- Center for Women's Health – (717) 763-9880
- Spirit FertilityCare™ – (717) 909-9414
- Crisis Intervention – (717) 762-2222 or (866) 350-HELP (4357)
- TEENLINE – (717) 763-2345 or (800) 722-5385
- Diabetes Services – (717) 763-2466
- Maternal/Child Education Classes – (717) 763-BABY (2229)
- Nutrition Counseling – (717) 972-4253
- Holy Spirit Hospital – (717) 763-2100



**[www.hsh.org](http://www.hsh.org)**



## *Health Privacy Regulations*

### **What is it?**

Comprehensive privacy legislation, known as the Health Insurance Portability and Accountability Act (HIPAA), was passed by congress in 1996. It was finalized on December 28, 2000 and received its final modifications on April 14, 2002. It became effective on April 14, 2003.

The basic intent of HIPAA is very simple: to keep a firm grasp on the confidentiality rights and needs of patients and making certain that the patient understands all of his/her rights about care and the necessary release of information to provide that care while still protecting the patient's privacy.

### **Visiting the Sick**

A parish minister may visit parishioners at two hospitals, yet the hospitals appear to have different rules. In some instances, policies and releasing names of patients and patient information to clergy and laity taking Holy Communion to the sick may change without notice being given.

How a hospital or institution carries out these new regulations may vary from one institution to another. Some hospitals may ask that you wear a badge, supply a picture and/or give your contact information where others may ask you to register or sign in when visiting a patient. Who is permitted to come into the patient's room with the minister may also be restricted depending on a particular hospital's rules. Check with each hospital you visit and find out their new procedures.

### **Clergy's Responsibility**

The issue for the pastor, under the new HIPAA regulations, is confidentiality of the patient's condition/issue. This can be a delicate situation at times, especially around prayer chains, bulletin prayer lists, etc. For example, if you include someone by name in prayer, make sure that it is the wish of the patient. Additionally, when you have parishioners bringing specific (by name) concerns to you, be cautious, check it out with the individual/family before an announcement is made. It is important to tell your parishioners that they need to either inform you prior to an elective hospitalization, or indicate preference of notification (with signature) on their admission papers. Hospitals will typically not give this information out. Please use the diocesan brochure, entitled, "*A Check List When Entering The Hospital Or Undergoing Outpatient Procedures And Surgery*", as an opportunity to educate and inform your parishioners regarding admittance procedures, etc.

### **Release of Patient Information to Clergy**

Under the new Federal Privacy Rule, clergy can still have access to certain patient information. Clergy can receive the following information (w/o patient authorization).

- |                                                   |                                                                   |
|---------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Patient name             | <input type="checkbox"/> General condition (one word description) |
| <input type="checkbox"/> Location in the hospital | <input type="checkbox"/> Religious affiliation                    |

However, if the patient said that they didn't want to be part of the patient directory, or expressly said that they didn't want visits from the clergy, the request must be honored.



## **HIPAA and the impact on Parish Nurses and Parish Health Ministers Visiting the Sick**

As written, the law does not appear specifically to reference parish nursing/health ministries. Essentially parishes are not considered a “covered entity” and are not bound by these regulations. This is primarily due to the fact that fees are not rendered for the services provided by our parish nurses and others on the health team in our parishes. It does mean keeping medical records of all types confidentially locked and secure to protect the privacy of those individuals. Also, when talking with an individual about their medical condition, screening results and/or test results, make sure you do it in private where others won’t overhear the conversation. Parish nurses need to be vigilant about protecting an individual’s health information both oral and written.

Sharing information regarding a parishioner’s medical information with other parties is permissible, if for the purposes of treatment. In the parish for example, it would be permissible to contact someone’s physician with a screening result or pertinent information from a home visit, as this is important to ongoing care and treatment of the parishioner. This does not permit the sharing of patient information for the sake of conversation, even with the best of intentions.

### **Patient Condition Reports and Information**

Patient condition and information may be provided consistent with the limitations imposed by the HIPAA privacy standards. The American Hospital Association has suggested the following one-word descriptions and explanations of a patient’s general condition.

|                                |                                                                                                                           |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>Undetermined</b>            | Patient awaiting physician assessment.                                                                                    |
| <b>Good</b>                    | Vital signs are stable and within normal limits. Patient is conscious and comfortable. Indicators are favorable.          |
| <b>Fair</b>                    | Vital signs are stable and within normal limits. Patient is conscious but may be uncomfortable. Indicators are favorable. |
| <b>Serious</b>                 | Vital signs may be unstable and not within normal limits. Patient may be unconscious. Indicators are unfavorable          |
| <b>Critical</b>                | Vital signs may be unstable and not within normal limits. Patient may be unconscious. Indicators are unfavorable.         |
| <b>Treated and Released</b>    | Received treatment but not admitted.                                                                                      |
| <b>Treated and Transferred</b> | Received treatment. Transferred to a different facility.                                                                  |

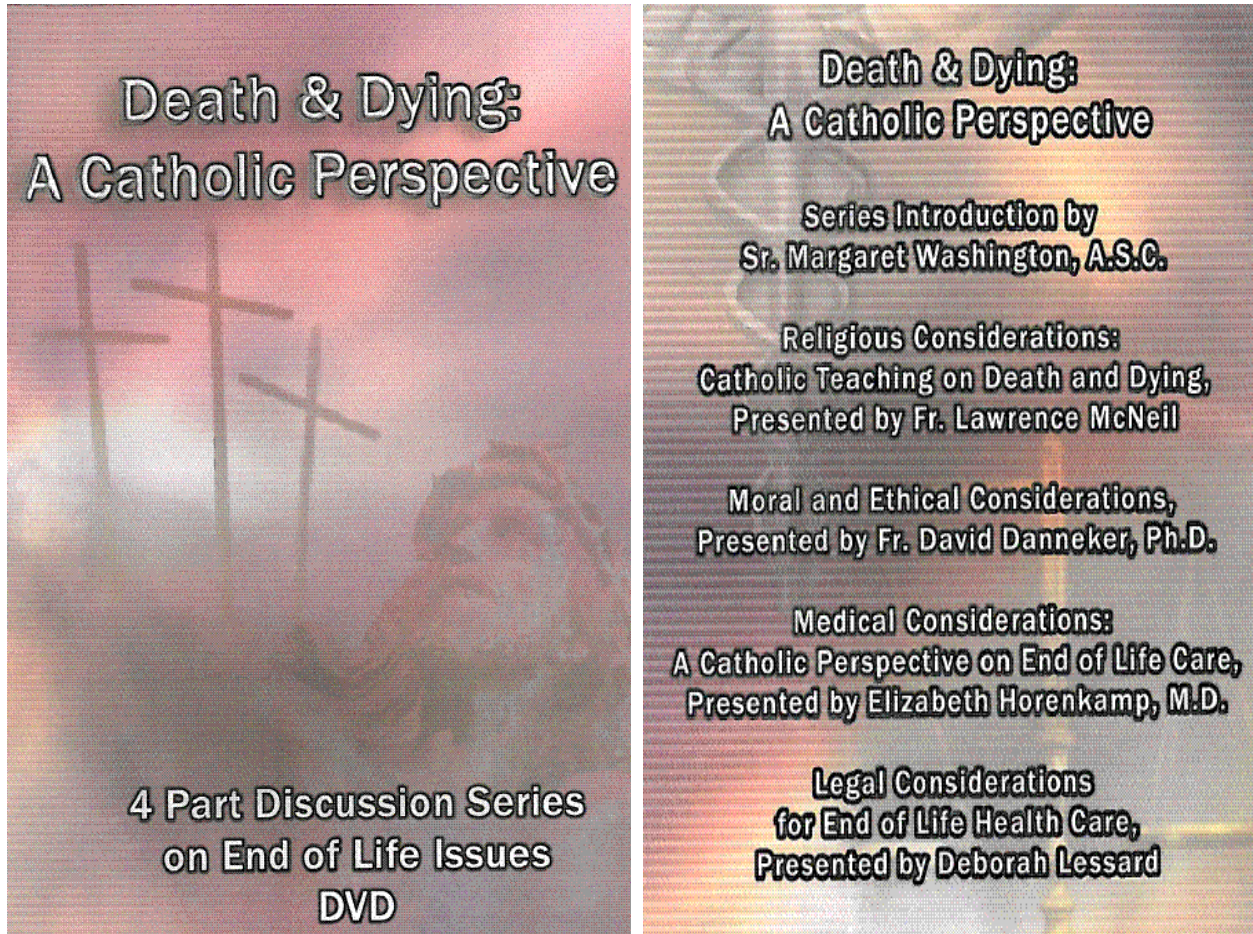
Excerpts from [www.pcusa.org](http://www.pcusa.org) web site, used with permission.





## *Death and Dying: A Catholic Perspective*

*4 Part Discussion Series on End of Life Issues DVD*

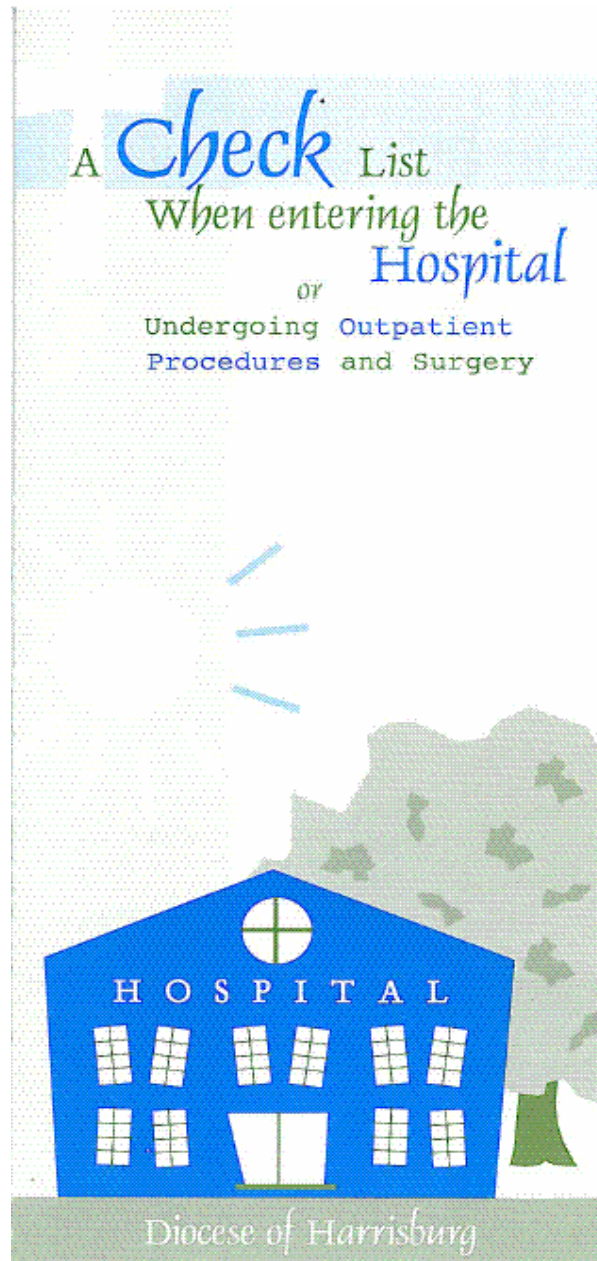


To order (no cost), please contact: Office for Ministry Development and Evangelization  
P.O. Box 3557  
Harrisburg, PA 17105-3557  
(717) 657-4804 ext. 316



This brochure will assist parishioners entering the hospital with a checklist of information helpful to their stay and may also be utilized for home visitations. There is space on the back of the brochure for a parish phone number to be added.

To order (no cost), please contact: Office for Ministry Development and Evangelization  
P.O. Box 3557  
Harrisburg, PA 17105-3557  
(717) 657-4804 ext. 316





This Parish Resource Manual was produced by:

Office for Ministry Development and Evangelization

**The Helping Ministries Advisory Committee**

Diocese of Harrisburg

**(717) 657-4804 ext. 316 Fax (717) 657-4041**

[www.hbgdiocese.org/ministrydevelopment](http://www.hbgdiocese.org/ministrydevelopment)