**Extraordinary Ministers of Holy Communion to the Sick (EMHCS)**

**Minutes of Meeting**

**July 10, 2019**

**Present:** Claudia \_\_\_, Luz Berrios,Sr. Virginia Brooks, Carol Burdick, Tim Clay, Sandy Dempsey, Howard

 Dobson, Jean Dunn, Sheila Friedman, Peter Fulweiler, Fr. Volodymyr Klanichka, Elaine Levey,

 Joy Mbugua, Fr. John McVoy, Linda Riofski, Helen Tang-Yates, Stephanie, Thomas, Michele Watson,

 Martha Zazzarino

**Materials:** 1. agenda

| **TOPIC** | **FINDINGS AND CONCLUSIONS** |
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| **CALL TO ORDER**  | At 10:05 Fr. McVoy called the meeting to order with a prayer. He also invited everyone to take refreshments from PureBread Deli to their seats.  |
| **VOLUNTEER SERVICES (Pascale Larouche)** | All employees and volunteers at Christiana have been assigned an 801 identification number for Christiana Care. This means that all EMs have a new Volunteer Badge, Pascale distributed them to the EMs who attended this meeting today. If you were absent, please pick up your new badge at the Volunteer Office at the Christiana site. When you read these minutes.  |
| **REVIEW OF****MINUTES** | The expanded minutes of the Feb. 11, 2019 were accepted as written.  |
| **LANGUAGE SERVICES (Claudia)** | Claudia, Manager of the Language Services Department of Christiana Care, gave a presentation on resources Ems should freely utilize in communicating with non-English speaking and special needs patients to serve all parties seamlessly. Claudia is available 24/7 in a dual role as interpreter and manager. Her number is 302-733-4014 if there is no portal access. Leave a message with the room # that needs services. Try to match the interpreter to the faith of the patient. Questions, doubts, and feedback are welcome—at Wilmington go to 2N80 near the north elevators, and at Christiana go to the office next to the Hammond Library. |
|  | * **Medical Interpretar**s are typically in-person Christiana Care staff who are fluent in more than one language and have been trained on protocols for interpreting conversations from a medical perspective. Personnel are available to interpret 27 languages and sign language for the deaf. These staff are identified by the eggplant uniforms they wear.
* Within the community and electronic assistive equipment there are 90 languages that can be interpreted. A network of international interpreters is accessible through LINC.
* Interpreters are not permitted to change or add to the words of the EM. They translate thought meanings, not literal translations word by word, so that the meaning of the message is forwarded in the patient’s first language. These interpreters think, understand, and with words/thoughts into the language and cultural of the patient instantaneously. Also, interpreters are not permitted to intervene when the content of the conversation impacts medical conversations. EMs should look at and talk directly to the patient to establish a personal connection. What is said to the patient should be chunked into phrases or short sentences, pausing for the interpreter to translate. The EM should not ask the interpreter to explain something to the patient on your behalf unless it is dictated by the EM word for word.
* **Blue interpreter phones** with dual handsets help the patient to independently participate in 2-way communications with the EM. They should be in the room of Limited English Proficient (LEPs) and Non-English Proficient (NEPs) patients; ask the
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|  |  nurse to bring a phone to the room if it is needed. Each unit has at least 2 phones.  Ask the patient and/or nurse which language the patient speaks. * **Procedures to follow**: Grab the handset, push speakerphone, push the blue button which accesses an auto dial recording. push the whit button and push the PIN #. You will be asked what language the patient speaks and an interpreter will talk back to you. Let your personality show in speaking to the patient; show you care about them.
* **Avacado iPads** are preferred over blue phones as electronic access to interpreters because the patient and EM participate in a video conference with facial recognition of the 3-way conversation. Christiana Care has 150 “avocado” iPads—they are on each unit at Wilmington Hospital and fewer at the Christiana site because live, medical interpreters are readily available on blue phones. All international interpreters have been trained in protocols and confidentiality that meet Christiana Care System standards.
* **Procedures to follow:** Push speakerphone to access a video interpreter, push the green button with the triangle to activate the video capability. Choose the correct button that matches the patient’s language. An interpreter in another country in the world will come not the screen. Turn the iPad toward the patient so that the interpreter can see the patient in the room. The EM should look at the patient, speak in short phrases or sentences. EMs and interpreters can control the volume. privacy (push the movie camera icon for a blank screen), and text display in the patients on their end of the equipment.
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| **EMAIL ADDRESSES** | Fr. McVoy has requested updated EM contact lists because there are 3 separate lists being used for different reasons that don’t interconnect. Jean’s email list is 2 years old and information she emails goes out to active and inactive EMs. We needs to determined which addresses need to be deleted and who are still active EMHC. The monthly schedules that are posted on the Pastoral Care bulletin boards at Wilmington and Christiana sites do not accurately reflect active Ems because some EMs do not notify Jean to remove their names. Finally, Volunteer Services maintains a database with active EMs who logon the computers each day. Howard (Val) Dobson has created a detailed ACCESS database which cross-reference information that includes all three groups’ needs. Linda Riofski will meet with Pascale Larouche to determine which EMs on Val’s list are legitimate volunteers with hospital badges and have been coming in recently. Sacristans’ and priests’ names are also contained on the lists. Val will attempt to contact inactive members by phone or U.S. mail to verify their current participation.  |
| **VOLUNTEER SERVICES (Luz Berrios)** | Luz is relocating office and is working out of the Nursing Resource Office right now. She is not accessible by hospital phone numbers at this time. You may email her at: |
| **EM QUESTIONS & CONCERNS** | 1. Many times EMs at Wilmington cannot locate a nurse on 4W to verify diets of patients. They should alert Bonnie Osgood of the problem.
2. The 4D unit at Christiana posts cards outside the rooms since it is a surgical floor. Do NOT go by what is written on the cards because NPO status changes frequently as patients come and go for procedures. Ask the nurses or technician (grey scrubs) in each district for the current diets of patients.
3. The 7E unit at Christiana does not post cards outside the rooms, but these patients also frequently go to surgery. Ask the clerk at the desk or individual nurses about each patient’s current diet.
4. How can EM badges reflect their roles beyond the “Volunteer” designation? Do not write on your badge with marker. Luz will see if a colored ribbon can denote

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|  |  “Eucharistic Minister” since the Cuddler and No One Dies Alone groups already  wear ribbons affixed to their badges. 5. EMs have had difficulty gaining access in/out of the 7th floor psych ward at Wilming- ton with their badges. They need to be buzzed in and out. Luz will follow up. 6. EMs do not feel comfortable going into patient rooms. They usually go to the nurse’s  station to have patients called to the desk for communion. There seems to be a  reluctant staff member who doesn’t cooperate and encourage patients to leave their rooms. 7. Is it necessary to sign a visitation log on the clipboard at the Wilmington site? No, the data is not used. Log in and out on the computer only.8. Can EMs distribute communion to a patient in dialysis? Yes. Knock on the door and  sanitize your hands, as usual. 9. If a patient is in doctor consult or in a therapy sessions, for example, when you visit,  do not interrupt (i.e., when a respiratory therapist is divine a nebulizer treatment, a  physical or occupational therapist is working with rehab patients on Wilmington  hospital's 6W. 10. If you are unable to keep a shift that is posted on the current month’s schedule, it is  the EM’s responsibility to look at the contact information on the bulletin board to  arrange a substitute. Jean Manning (Cathedral), Joy Mbugua (Wilmington) and  Sandy (Christiana) have been fielding unnecessary calls about EM and priest substitutes.11. To gain access into the Sacristy at Wilmington, the EM contacts security. It is un- likely that a card reader box will be installed since they cost $5,000 and must be  approved by the hospital and or budget. |
| **PASTORAL CARE (Sandy Dempsey)** | * The Sorian rosters that generate Catholic names are printed by the Pastoral Care secretaries and/or staff chaplains. At the Christiana site, the binder with pocket folders per floor will be discontinued. EMs will continue to mark what happened with each patient—communion, prayer, intubated, dysphasia diet, asleep, out of the room, etc. Staple all sheets for a particular floor together and sign the top sheet. Place all sheets in the box face down. Totals and times are not necessary. After discussion, the Wilmington site will adopt the same procedure for checkout.
* Chaplains frequently leave notes on the EM’s desk to visit patients. There has been inconsistency with what to do with these notes when the EM checks out. Procedures to follow are: Put your name and date of your visit on the bottom of the note. Describe what you did with the patient. Leave the note on the desk so the secretary can give it to the chaplain again.
* The hallway to the Pastoral Office at Christiana will undergo renovations for the next two weekends. An EMHC who is scheduled those Saturday and Sundays should ask for the key to the chapel at the front desk and return it before visiting the floors, so the key is available for other EMs and chaplains to use.
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| **PARKING GARAGE AT WILMINGTON** | Luz Berrios announced that the renovations of the Parking Garage in town will be a 2-year project. Staff who arrive before 7AM are permitted to park in the garage, but those who arrive after that time are assigned to lots around the city. Volunteers are to go to the entrance on Jefferson Street and identify themselves as volunteers. Be sure to show your badge to the garage attendant. Normally attendants will at the person’s uniform for validation, but EMs are volunteers who are not required to wear the hot pink jackets or striped shirts that other volunteers wear as uniforms. This not usually a problem on the weekends since the number of staff is greatly reduced.CONTINUED…. page 3 |
| **COMMENTS** | It is very important to keep the current schedules accurate so we can determine need and which EMs are active/inactive. * Put a check mark behind your name on the current schedules posted on the bulletin boards every time you volunteer. This way we can verify active participation.
* If you are a substitute for someone, please add your name to the calendar and list your name on the sheet where subs have been requested for particular days.
* Not everyone responds to Jean’s end-of-the-month emails to let her know if you will or will not be working on your “usual” day. Please notify her immediately if you will not work any particular day and/or your name should be added to a weekend that was omitted last month.
* Some EM names have shown up on both hospital schedules. If this is the case, please

 verify that the dates you work in both locations is accurate each month. * If your name is NOT on the schedule (except to substitute for a colleague), your should not be on the floors. There have been a couple of confrontational situations where two people are serving the same patients on different lists simultaneously.
* Please be flexible in visiting floors that have not had visits from EMs as frequently as others. We are to service patients in need; no one “owns” a floor out of habit.
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| **NEXT MEETING** | The next quarterly meeting will be verified and sent out by the Cathedral. It may be October 2019. Because of the parking at Wilmington, future meetings will be at Christiana.  |
| **ADJOURNMENT** | The meeting was adjourned at 12:08 with prayer. Father asked everyone to take food with them as they left.  |
|  | Respectfully submitted,Linda Riofski, EMHCS page 4 |
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