

Foundation News

I am fortunate to be the Social Worker for Pike County Hospice. The hospice team provides services to terminally ill patients who choose to no longer seek medical interventions for their illness. In turn they are able to have care, dignity, and respect for their end of life care planning. My position as social worker allows me to provide a variety of services to ensure the care is individualized for each person and their family.

Examples of being a hospice social worker are to assist with case management, counsel terminally ill patients and/or their loved ones, and general support. This allows the patient to achieve continuity of care throughout the hospice journey.

As case manager, I help the patient and their family access support services such as volunteers, in-home services, chaplain services, companions and other community resources to help a patient remain in their own home if that is their wish. Sometimes patients and families need long-term placement for end of life care. I can assist with financial questions and facility placement. Our hospice continues patient care in the facility as well as the patient's home.

As counselor, I support the dying patient's wishes and assist in resolving life issues that may not have been addressed. Sometimes it is hard to deal with the reality of impending death. Counseling and being a good listener allows

people to freely speak about their fears, hopes, and beliefs around the death and dying journey. Family members of dying patients often begin grieving well before the patient's death. I offer bereavement support to the family and friends, while helping them to find positive ways of coping with their impending loss as a part of the hospice experience. Our bereavement program continues to support the loved ones for at least one year following the patient's death.

General support fills in gaps as the patient or family may need help achieving due to being overwhelmed, having to work, and caring for others in the family. One example is setting up respite care, which allows caregivers time to

relax, take a walk, or take care of matters outside of the home.

People ask me, "How do you do this on a daily basis?" I would say, my desire to help people achieve their wishes is not always easy and I do believe this job is not for everyone. Fortunately for me, it is an honor to work for Pike County Hospice.



Donna Ellison, Social Worker

Hospice Care

November is national hospice month and this year's theme is *Season's of Caring*. This is very fitting to remind people that life's final season can be the most fulfilling if people and their families look to hospice for help. This doesn't mean the person has given up on their life; rather it means they have chosen quality of life until the last day. Hospice and palliative care can give the terminally ill person expert pain and symptom control allowing the quality of life they are seeking. Along with controlling, not curing, the terminal symptoms, the person and their family is provided emotional, social, and spiritual support as they desire. Despite the awareness provided throughout the years about hospice care; it continues to be under utilized by families. Maybe one reason is because of some common myths that still prevail today.

+ Myth one: The terminally ill person has given up hope. Hospice care is redefining hope. Where the person once hoped for a cure now may hope to

be pain free. Hospice care assists the person to now spend quality time with family or maybe take a trip to the beach they always longed to do. Hope is different in hospice—it helps the person and family fulfill wishes, accomplish tasks, and help manage the changes taking place.



Theresa Shotton RN, Hospice Coordinator

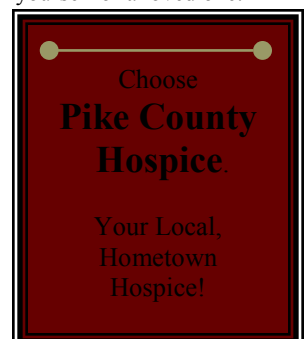
+ Myth two: Hospice care is only for people with terminal cancer. Only about 51% of hospice people have terminal cancer. Other diagnoses in hospice care are heart disease, dementia, lung disease, kidney disease, Aids, ALS (Lou Gehrig's disease), liver disease, and stroke. All these diagnoses have end stage criteria and guidelines allow the

person to be eligible along with the 6 months or less diagnosis from their doctor.

+ Myth three: Hospice is only for people who are close to death or actively dying. People and families need to understand the work of a dying person takes a much longer process than what most people spend in a hospice program. For example, an average length of stay for a person in hospice is about 14-20 days. Whereas the person who considers hospice at the 6 months prognosis is able to receive all the services the hospice team can offer—physical and emotional support by the hospice nurse, social worker, aide, and volunteers all supervised by the physician. The observable services are skilled nursing in the home or long term care facility, pain control, and symptom management of the disease process. Things that are not so apparent are having someone to talk to, be the social worker or chaplain or just having someone to explain what is happening and be

there for support. The goal is to help the person find their place of acceptance in life, make ordinary times become special times, live life the best one can, and help the caregiver (often a family member or spouse) throughout the journey with their loved one.

The end-of-life care that hospice teams provide to our health care is essential. Help remove the stigma of what hospice is not. Share your experience of hospice with someone today; ask questions about hospice for yourself or a loved one.



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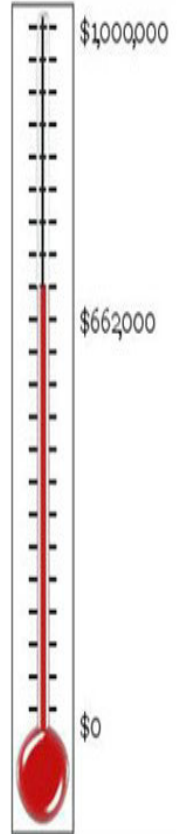
Ground Breaking.....



On October 27th, the Home Care & Hospice Foundation broke ground for the new facility to house all 18 programs and services of the Pike County Health Department, Home Care & Hospice.

Bingman Construction was awarded general contractor. Several local subcontractors will also be working on this project.

Construction began immediately following the ground breaking ceremony on Pike 312 behind Wal-Mart.



Message from the Administrator



Justin Selle,
Administrator

Pike County Health Department Home Care and Hospice is more than just a health department, a home care and a hospice, it is a part of the community. Pike County Health Department has been serving this county for 62 years. Our Home Health has been around for 41 years and our hospice has served Pike and Northern Lincoln County for 17 years. During all of this time we have been in buildings which were not designed for us. This meant we could never grow with the community. Now we have broken ground for our new facility and

we are looking to the future. Our dreams are becoming a reality as our new building is constructed. For so long our dream has been to be in a safe building the community could utilize. Now that dream is almost here and we have to look to the future of how our new building can help the agency and community grow. The new building will help bring the entire agency under one safe roof. This means in the future a family will be able to utilize all 18 of our services at one location. The building will even help serve residents who do not use our

services. We will have a large conference room which will be available for the public to use for scheduled events. This new building will also help increase our use of technology which will make us more efficient and bring us into the future. Our new building will be in Bowling Green and I think their slogan of "Rising with the future" is fitting, because for us the future is now and now we have a future.

Home Care & Hospice Foundation of Pike County
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**Pike County Health Department,
Home Care & Hospice**
19 North Main & 5 East Church Street
Bowling Green, MO 63334



Mission Statement
The Mission of Pike County Health Department, Home Care & Hospice is to promote safety, wellness and comfort for our community by providing quality care and preventive services so that all may experience a healthy, fulfilling and meaningful life.

History

Hospice was founded.

The agency has a long history of providing preventive and health care services to Pike County residents. Public Health services have been provided since 1948, with Medicare/Medicaid Home Health services added in 1969. In 1993,