

## Greetings!



As you will see from this report, 2018 was a very good year for us. We are proud of the progress we are making in improving the way we work, and as always, we consider our biggest success is bringing the best hospice care to more families in the communities we serve. We are always thankful for the privilege of walking with so many families during this part of the journey as someone approaches the end of their life. Our Hospice continues to receive the highest marks on service and quality of care. I am very proud of our 160 staff members and 105 volunteers who daily demonstrate their calling for this work by providing unequalled care and always contributing their skills and commitment to help us make every moment count.

This year we also faced some challenges. First, the fact the instances when we are able to offer care to someone for only a limited time are increasing. Choosing hospice care when an illness or disease is very advanced limits our ability to identify ways in which we can help patients define what they want to accomplish during the last part of their life; this also reduces our opportunity to assist the family in the often difficult task of supporting their family member. Early hospice care benefits patients and families in a multitude of ways. Families often tell us “We wish we would have chosen hospice care earlier.” If you or someone you know is facing an advanced illness or a devastating disease, consider a conversation with our experts who will help you examine the options, which can include choosing our care.

Our additional challenge has been the high cost of operating an Inpatient Facility that is available 24/7/365. The Hospice Center in Columbus is a great benefit to our communities, as it is a place where we can temporarily provide a higher level of care and manage symptoms that are difficult to control in the patient’s home. We are one of very few hospices that has the option of an inpatient experience and we believe it is an important component of our care, but the Inpatient Facility is not self-sustaining. The reimbursement we receive from insurance programs does not adequately cover the costs; this is the reason why most for-profit hospices do not have an inpatient unit. We seek and depend on fundraising and philanthropy to bridge the gap, and are grateful to all donors and benefactors that generously contribute to Our Hospice. Without this support we would not be able to maintain this important facility.

*“We wish we would have chosen hospice care earlier.”*

As we look forward to a great 2019, we are grateful to families that allow us the opportunity to be a part of their care, our donors who generously support our mission, and our employees and volunteers that share the passion for bringing the best hospice care to patients and families.

Warmly,  
*Laura Leonard*

# 2018

## Our Hospice of South Central Indiana Annual Report to the Community

### 2018 At A Glance

**52,389** visits made to patients by our care teams

**7,190** volunteer hours contributed to Our Hospice

**1,280** individuals cared for by Our Hospice

**980** families supported during a 13-month bereavement program

**484** patients provided short-term care at our 14-bed Hospice Inpatient Center

**200** families participated in three memorial services

**132** volunteers gave their time and talent to support our Mission

**81.4** average days that patients received our care

**30** children who benefitted from Camp Eva

**1** donation brings hospice support and care to someone in need

**In 2018...**  
38% of patients resided at home  
29% of patients resided in a nursing home

Patient Diagnosis	
Cancer	32%
Heart	21%
Alzheimer's	26%
Lung	13%
Other	8%

Hospice brings care and support to patients and families as they navigate an advanced illness. Those that benefit the most receive hospice care early ~ as soon as treatments are no longer effective or desired.

Hospice care is provided where the patient resides. Most of our patients receive care in their homes, some are in residential facilities and some are temporarily admitted to our Inpatient Facility for respite of family or active management of acute episodes.

## Board of Directors

**Mike McIver,**  
President

**Tom Dowd**  
President-Elect

**Marlene Weatherwax,** Past  
President

**David Thompson, M.D.,** Secretary/  
Treasurer

**James D. Bickel**

**Rory Glick**

**Chris Iorio, M.D.**

**Rex McKinney**

**Larry Olson, M.D.**

**Frank Reindl**

**Doug Thomas**

## Honorary Board Members

**Bev Baker**

**Sherm Franz, M.D.**

**David Kirr**

**Doug Leonard**

**Shirley Marsh**

**Father Joseph McNally**  
(posthumously)

**Pat Myers**

**Howard Percy**

**Hutch Schumaker**

**Joe Sheehy, M.D.**

**Daly Walker, M.D.**

**Jeff Washburn**



Cora Hopkins and Patty Brown comfort and support one another during a Beginning Again bereavement group meeting.

Beginning Again is an ongoing education and support group for adults coping with the death of a loved one. Meets every Tuesday at 2:00 PM or 5:30 PM at the Hospice Center. Open to anyone in the community. Call 812-314-8042 for information.

## Barb's Story

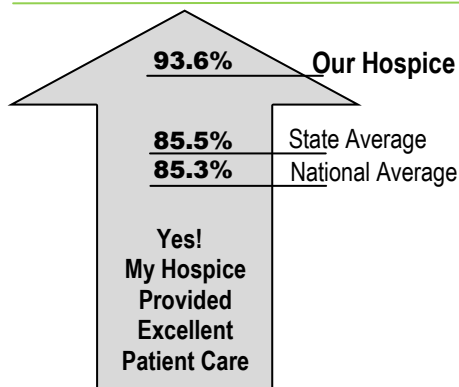
I lost my husband Bob after 30 years of marriage. He passed peacefully at home under Hospice care in October of 2016. Immediately following his death, I was surrounded by friends and felt I was doing okay. Hospice had called to check in on me, but I told them I was fine. However, a few weeks later, when my friends went back to their normal routines, I was a mess and called Bob Calvert (Hospice Bereavement Specialist) for some support. I couldn't stop crying on the phone and Bob was so kind, he offered to talk to me 1-on-1 and asked me to come to the Beginning Again group. "Just try it," he said.

The first four times at group, I didn't speak, I just cried. Then, I began to feel comfortable and learned there is a difference between grief and mourning. Grief includes the thoughts and feelings you have on the inside and mourning is the outward expression of those thoughts and feelings. I needed to mourn to heal.

I have been coming to Beginning Again for over 2 1/2 years and would wholly recommend it. It is wonderful to be surrounded by others who understand your loss and you don't feel like you are the only one. I've learned so much. Recently, my family suffered the loss of an adult grandson and I was able to take what I learned in group and help others in my family as we grieved his loss. I lost my identity and sense of purpose when my husband died, but now I'm re-discovering God's plan for me and am grateful to Bob Calvert and Walter Glover (group leaders) - they saved my life at a time when I was going under.

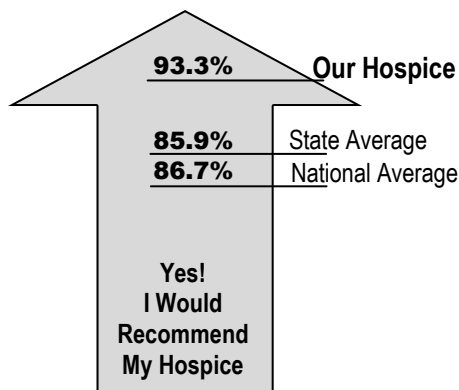
- Thanks to Barb Dicken for sharing her story

## Highest Quality Care



There are many hospice programs serving south central Indiana. The hospice you choose for yourself or your loved one is a choice and we hope you will choose Our Hospice.

We consistently receive high quality ratings nationally, compared to other hospices, reflecting our mission-driven services that put our patient's needs first.



**Hospice is A Choice!**

Compare hospices at [www.medicare.gov/hospicecompare](http://www.medicare.gov/hospicecompare)

Data from the Quality Measures Dashboard 12/2018

## Financial Overview

Income	2017	2018
Medicare	79%	81%
Medicaid	1.5%	3.2%
Insurance	4.9%	4.7%
Other Income (\$ in thousands)		
	2017	2018
Memorials & Donations	\$418	\$708
Fundraising	\$345	\$377
Grants & Bequests	\$282	\$129
United Way	\$59	\$52

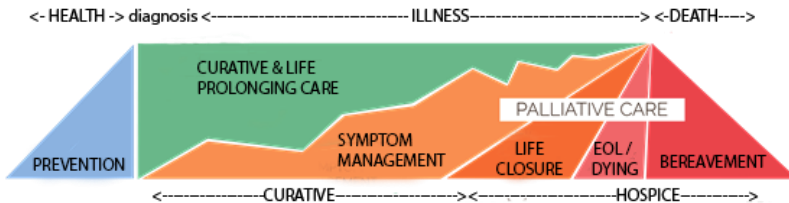
Expenses	2017	2018
Direct Patient Care	17%	16%
Indirect Patient Care	70%	72%
Bad Debt	0.4%	0.7%
Facility	5%	4.5%
Administrative	7%	4.7%

**As your local not-for-profit hospice, in 2018, we were able to provide \$290,712 in uncompensated care**

(care and services not covered by Medicare, Medicaid or Insurance)

## Exciting Preparations for Palliative Care

We spent much time in 2018 planning and preparing to begin providing Palliative care in 2019. While all Hospice care is Palliative care, not all Palliative care is Hospice care. This new service will be provided in partnership with a patient's physician. We will bring support and symptom management to the patient at any time during the disease process, including during active treatment. In contrast, Hospice care is focused on bringing that support after treatment has been stopped.



In 2018, after receiving a very generous donation from Ruth, Jenny, Rick and Alice Johnson, we were able to begin a year-long preparation to bring Palliative support to this community. Intensive training, education and working with a mentor organization has led us down the path to launch a home-based Palliative Care pilot in mid-2019. We will begin by working closely with physicians within specific specialties to bring symptom management and support to patients while they are actively undergoing treatment for their disease.

Most Palliative care is currently not reimbursed by Medicare or Medicaid and will be primarily donor funded (just as Hospice care was in its infancy in the U.S.) Palliative care fills a gap within the health system; and as the experts in Palliative care, we believe we are the best choice to bring this care to those who will benefit from it. It is the right thing to do. We are excited about our upcoming pilot and will be sharing more about Palliative care through the rest of the year.

## Father and Son

"Most people hear the word hospice and they think that death is imminent, like in the next few days, but this isn't the case," said a patient's son whose father has been with Our Hospice for the past two years. He continued, "People think hospice means giving up, but that's not the case either, my dad has received really good care."

When the son was first approached about hospice care for his dad, he thought his dad was doing okay and didn't need hospice. After receiving more information about hospice and the services available to help both father and son, he realized it was the right time. Two years later, both father and son are thankful to have hospice on their team and now the son is an advocate for early hospice care and encourages people to talk about it with their loved one and the hospice team to learn and understand all that hospice can do.

The son credits his dad's nurse, Jenny. "She has been a great resource for questions and has helped me understand the normal process of dad's decline and what I should expect." The son explains that he is in frequent communication with Jenny and she is "invaluable." Even with Dementia, his dad recognizes Jenny and he loves it when she visits. "I'm so glad the hospice team is there to support both my dad and me."

-Thanks to this family for sharing their story

*If you or someone you love has been diagnosed with a life-limiting illness, please call us to see how we can help. We bring care to the patient and support to the family. The earlier we get involved the greater the benefit we can bring to your family.*

## Meet our Leadership Team



**Laura Leonard, President**

"I am very grateful and proud to lead this wonderful organization that provides such amazing service to our communities and every person here has a calling for this work."



**Kathy Rose, Director of Clinical and Support Services.**

"I am proud of our care teams who bring medical, nursing and support to patients and families."



**Dr. Diane Danly, Medical Director**

"I am amazed at the compassion of our clinical staff as they work with patients and families to meet their goals."

**Joce Arvisais, Director of Finance**

"I am excited to be part of an organization that is financially responsible and puts the patient first."



**Ellen Brunner, Director of Donor Development**

"I am grateful to our generous donors who provide financial support to make sure Our Hospice continues to be here for our patients and families. Your gifts are critical to the care Our Hospice is able to provide."



**Caroline Sims, Director of Compliance, Quality and Education**

"I am proud to represent an organization that is focused on high quality care and continually outperforms other hospices in quality metrics and patient and family satisfaction scores."



**Anita Burton, Executive Assistant and Manager of Admin. Support**

"I'm retiring in 2019 after 16 years, I'm thankful for my time with Our Hospice where I could contribute to such a wonderful organization."



**Marla Satterfield, Manager of Human Resources and Volunteer Services**

"I am extremely proud of our staff and volunteers who demonstrate their dedication and commitment to our patients and families."



**Suzie Singer, Manager of Marketing and Planning**

"I'm excited about the future of Our Hospice and connecting more people to our amazing care."



Our  
Hospice  
of South Central Indiana

2626 East 17th Street  
Columbus, IN 47201

**2018**  
**ANNUAL REPORT**  
to the Community



Dr. Roy Goode

Caring for patients since 1980, Our Hospice is proud to be the first hospice in Indiana bringing expert medical care and social, emotional support to families dealing with an advanced illness.

## VOLUNTEER

### Give your time and talent

- Patient Companionship
- Office Work
- Events and Fundraising
- Special Programs

[msatterfield@crh.org](mailto:msatterfield@crh.org)

Phone: 812.314.8054

## CONNECT

Phone: 800-841-4938 ext.  
8000 or 812-314-8000

Web: [Ourhospice.org](http://Ourhospice.org)

Email: [ourhospice@crh.org](mailto:ourhospice@crh.org)

Facebook @ Our Hospice

### Our Mission

To make every moment count, by surrounding our patients and families with respectful and compassionate care, for as long as we can.

### Thank You!

It has been an exciting year at Our Hospice of South Central Indiana and we thank you for your support in 2018. We hope you enjoy our Annual Report and learn more about how we can help your family now or in the future.

We are privileged to bring end of life care to those who need us as we carry out our mission *To Make Every Moment Count*.

If you want to learn more about Our Hospice, please connect with us.

### Donate

[www.ourhospice.org](http://www.ourhospice.org)

Phone: 812.314.8097