



Hands and Hearts



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Community Meetings to Discuss Future Directions

Good Samaritan Health and Wellness Center will be holding four community meetings to discuss the future directions of the Center. There was a meeting for community medical providers April 10th at 6pm. On April 24, the meeting will be held for community leaders, elected officials and clergy. Business and education leaders are invited to our meeting on May 7th. Patients and potential patients of the Center are invited to attend a meeting on May 8th. All meetings are held in Walker Hall of Jasper First Baptist Church and start at 6pm. Light refreshments will be served. If you know of anyone who would be interested in these meetings, please encourage them to attend.

Spring Volunteer Luncheon

Good Sam will be closed

**Monday, May 28 -
Memorial Day**

Hats Off to Our Volunteers!

Ten years of volunteerism were celebrated at Good Samaritan with a luncheon in honor of all our volunteers at Appalachian Campus of Chattahooche Tech on Tuesday, April 17, 2012 at 1:00pm.



Restoring Health, Saving Lives

Spring 2012 Patient Comments

This place is a terrific service to the county. I feel privileged to be allowed to participate.

I appreciate all the volunteers and special services and thank God for all of you. Fantastic!

Very pleased with treatment.

If it weren't for Good Samaritan, I believe I would be dead today.

I have always felt comfortable at Good Samaritan. The people are wonderful and I appreciate their help.

2012 Second Quarter Calendar

April 2012

Friday, April 6th

Tuesday, April 17th

Good Friday - Good Samaritan Closed

CTL Meeting - 1:30 pm

May 2012

Tuesday, May 15th

Thursday, May 24th

Monday, May 28th

CTL Meeting - 1:30 pm

Board of Directors Meeting - 6:00pm

Memorial Day - Good Samaritan Closed

June 2012

Thursday, June 7th

Tuesday, June 19th

Deadline for *Hands and Hearts* Newsletter

CTL Meeting - 1:30 pm

A Message from Carole Maddux

Throughout my career, both professional and ecclesiastical, one thing that I and all of my colleagues constantly struggle with are boundaries. When working with people in need, the sick, the dying, the poor, the homeless, it is easy to get sucked in to an almost endless demand of needs. It is easy to forget the actual reason you are there and start trying to “fix” everything. Eventually you can find yourself “fixing” things that even those you are serving don’t see as needing “fixing”!

One of my favorite stories about this involves a hospice patient where I worked before coming to Good Samaritan. This patient was well liked by the entire hospice team that worked with her---and she had the **full** team, including two volunteers, assigned to her. This was partly because this woman had out-lived everyone in her family except for a distant niece. She was on her own and struggling to stay in her house without any type of live-in help. She didn’t trust hired help but did trust the hospice team and just lit up every time we came to visit.

And we came to visit a lot, more than with any other patient.

We had all taken on her goal of staying in her home to the point that we lost our professional judgment. During our weekly team meeting, it became clear just how far it had gone when one of her nurses had to confess, “I found myself doing her grocery shopping. And then going to several different stores to try and find just the perfect paper towel.”

In addition, the nurse had actually begun to rush her visits with her other patients so she would have time to do personal errands for this particular patient.

Ultimately, our lack of boundaries ended up being harmful for this woman because she ended up staying alone in her house beyond the time she should have. As a result, she had a potentially dangerous episode with no one there to help. She had come to hospice for our professional expertise and support and, for a while anyway, we let her down by allowing her unrealistic desires to trump our knowledge.

Our mission at Good Samaritan ends with the words, “...in an atmosphere of respect and dignity.” Boundaries are a part of that respect and dignity. Empowering our patients to take charge of their own healthcare, to keep track of their own medications, to make their own healthy choices, is ultimately respecting them.

Some of our basic professional standards emphasize that:

- The reason the nurse takes a chief complaint at intake is to know what the *patient* identifies as the problem so we can address *that*. That’s basic respect.
- Patient education is to ensure the patient has the information she needs to make *her* choice. That’s respect.
- Confidentiality is a cornerstone to respect and dignity.

Adhering to policy except in extreme circumstances is respect for an individual’s ability to comply and for the others impacted.

Basically, treating our patients like the adults they are, is the greatest sign of respect we can give them.

This is not to say we won’t go the extra mile for them. It’s to say we go the extra mile for *each and every one of them*.

That’s being the professionals we are.



Carole

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May we have the eyes to see those who are rendered
invisible and excluded,
open arms and hearts to reach out and
include them,
healing hands to touch their lives
with love,
and, as we do these things,
may we ourselves be renewed.

