


**Catholic Health Strategy Summit:  
Integrating Services for Seniors**

**The Reality of Integration**

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Medical Director  
VP, Medical Services  
Bon Secours New York Health System

December 13, 2010

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**Agenda**

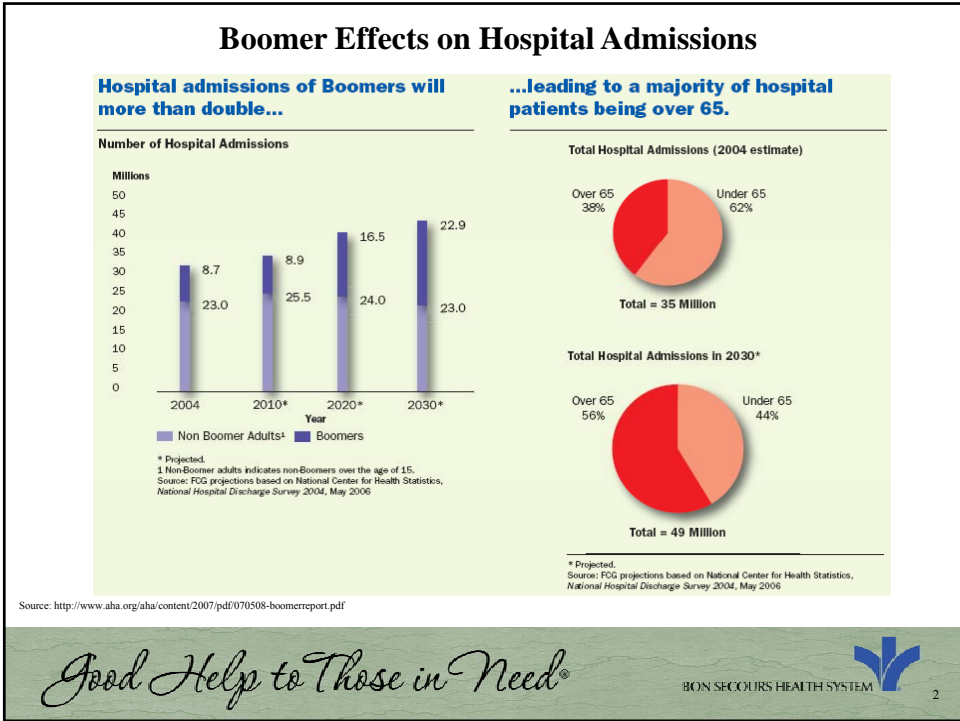
**Demographics**

**Bon Secours Health System**

**Schervier Nursing Care Center Cardiopulmonary Unit**

**Lessons Learned**

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### Readmissions and Patient-Centered Solutions

“Rehospitalization may be the most powerful single example of the cost of fragmented, *provider-centered* care.

[A] successful campaign to reduce rehospitalization will...make care more *patient-centered*.”

Source: N Engl J Med 2009;360:1418-28.

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### Bon Secours Health System

Established	1983
Acute Care Hospitals	18
Number of Licensed Beds	4,397
<b>Long-term Care Facilities</b>	<b>5</b>
<b>Long-term Care Beds</b>	<b>993</b>
<b>Assisted Living Facilities</b>	<b>5</b>
<b>Assisted Living Beds</b>	<b>460</b>
<b>Home Care/Hospice Agencies</b>	<b>15</b>
Employees (full-time equivalents)	16,000



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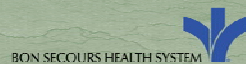


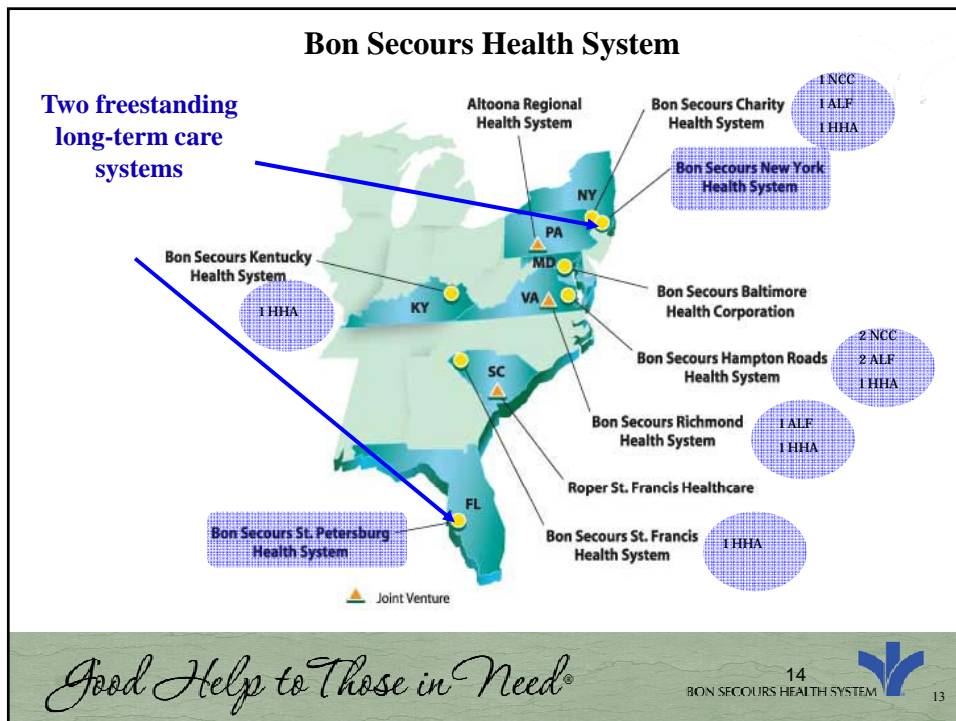
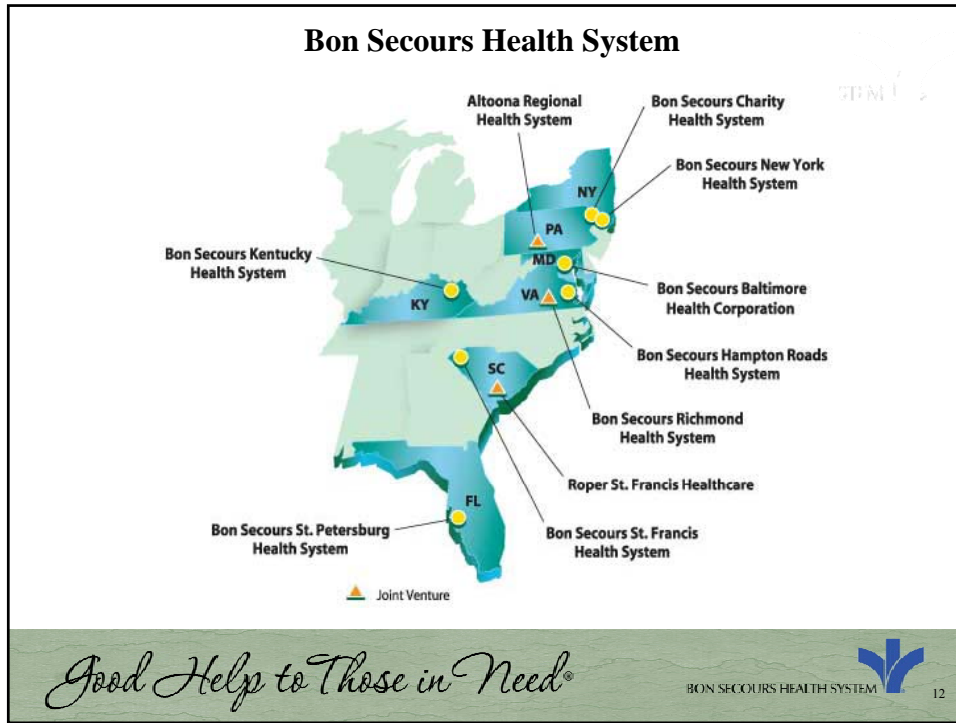
### Nation's Largest Not-For-Profit Health Systems That Provide Senior Living

2008 RANK	2007 RANK	Health System Name	Senior Living Division	State	Senior Living Unites				Facilities
					TOTAL	ILU	ALU	NCB	
1	1	Catholic Health East		PA	3,643	554	654	2,435	37
2	2	Catholic Health Initiatives		WI	3,527	1,336	313	1,878	22
3	3	Trinity Health	Trinity Continuing Care Services	MI	3,439	1,329	364	1,746	27
4	5	Catholic Healthcare Partners		OH	3,061	618	247	2,196	17
5	4	Ascension Health		MO	2,888	311	198	2,379	18
6	7	Covenant Health Systems		MA	2,657	500	199	1,958	15
7	6	Deaconess Associations	Deaconess Long Term Care	OH	2,633	238	489	1,906	24
8	8	Berkshire Health Systems	Berkshire Healthcare	MA	2,317	150	48	2,119	16
9	10	Provena Health	Provena Senior Services	IL	1,630	233	147	1,250	15
10	9	Bon Secours Health System		MD	1,541	88	460	993	16

Source: 2008 AAHSA Ziegler 100. The nation's 100 largest not-for-profit multi-site senior living organizations.

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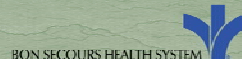
## Bon Secours Health System

### Mission Statement

The Mission of Bon Secours Health System is to bring compassion to health care and to be *good help* to those in need, especially those who are poor and dying.



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## Bon Secours Health System

### Values

Respect

Compassion

Justice

Quality

Integrity

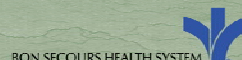
Growth

Stewardship

Innovation

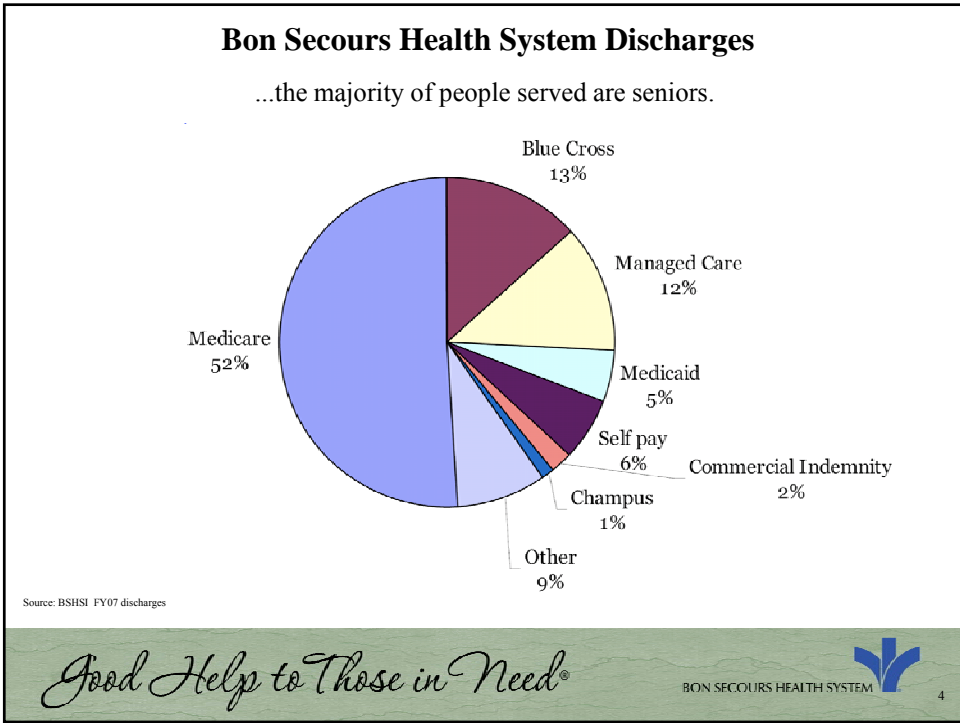
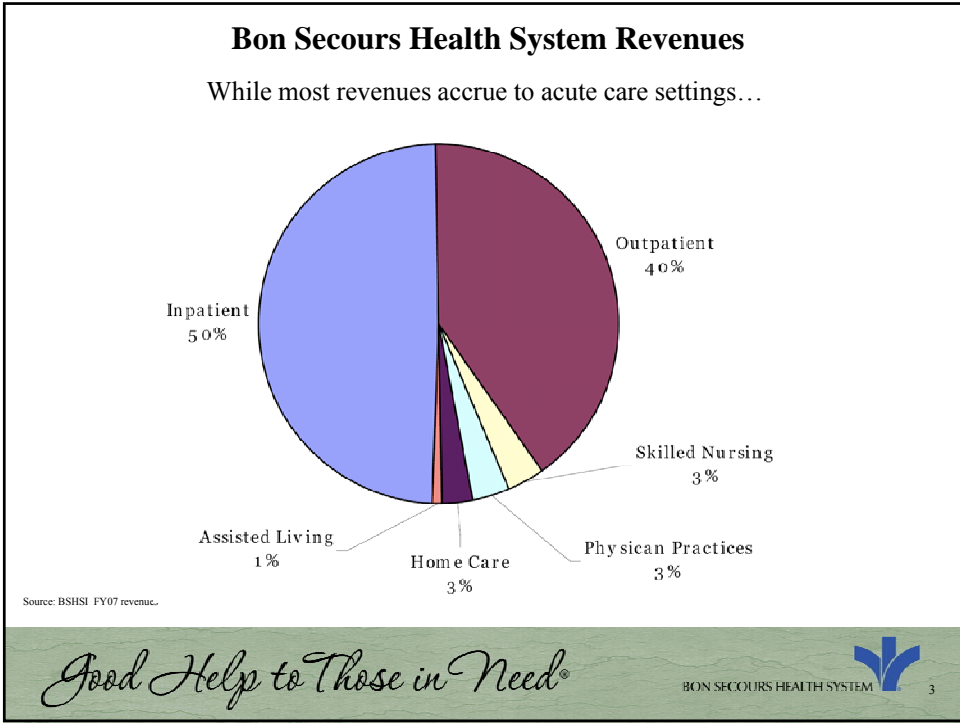


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### Bon Secours New York Health System



Schervier Nursing Care Center – 364 beds  
 Schervier Apartments – 175 apartments  
 Schervier Long Term Home Health Care Program – 485 slots

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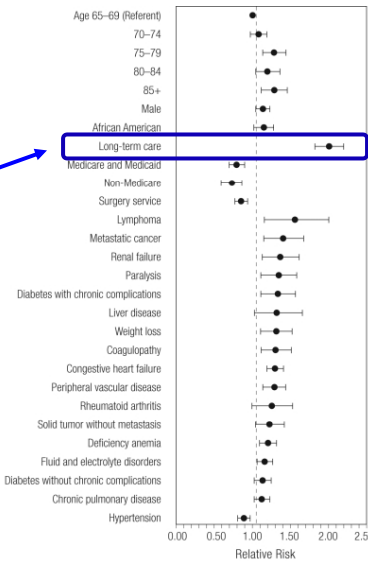
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### Hospital Readmissions and Long-Term Care Settings

Risk factors for 30-day hospital readmission in patients  $\geq 65$  years of age

*Long-Term Care is #1 risk factor for hospital readmission!*


*“[R]esults suggest that interventions in the long-term care setting may be effective in reducing hospital readmissions.”*



Risk Factor	Relative Risk (approx.)
Age 65-69 (Referent)	1.00
70-74	1.10
75-79	1.20
80-84	1.30
85+	1.40
Male	1.10
African American	1.10
<b>Long-term care</b>	<b>2.00</b>
Medicare and Medicaid	1.10
Non-Medicare	1.10
Surgery service	1.10
Lymphoma	1.30
Metastatic cancer	1.40
Renal failure	1.40
Paralysis	1.40
Diabetes with chronic complications	1.40
Liver disease	1.40
Weight loss	1.40
Coagulopathy	1.40
Congestive heart failure	1.40
Peripheral vascular disease	1.40
Rheumatoid arthritis	1.40
Solid tumor without metastasis	1.40
Deficiency anemia	1.40
Fluid and electrolyte disorders	1.40
Diabetes without chronic complications	1.40
Chronic pulmonary disease	1.40
Hypertension	1.40

Source: Proc (Bayl Univ Med Cent). 2008 October; 21(4): 363-372.

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## Schervier Nursing Care Center Cardiopulmonary Unit

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### Vision

Increase Medicare  
Develop a Program  
Mission-Focused  
Limited Resources

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## Schervier Nursing Care Center Cardiopulmonary Unit

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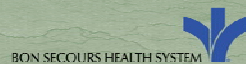
### Research

Skilled Nursing Facilities must make a choice to proactively position themselves in relation to proposed legislation on readmissions and payment structure

- Of Medicare readmissions 64% receive *no* interim post-acute care\*
- Self-assessment is the first step in determining a facility's position

Source: MedPac June 2007 Report to Congress: Promoting Greater Efficiency in Medicare

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## Schervier Nursing Care Center Cardiopulmonary Unit

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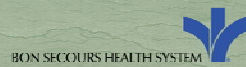
### Design

Market Research (Neuro; Cardiac; Pain)

In-House Resources (RNs; Physicians; Subspecialists)

Physical Plant (Oxygen; Beds; Equipment)

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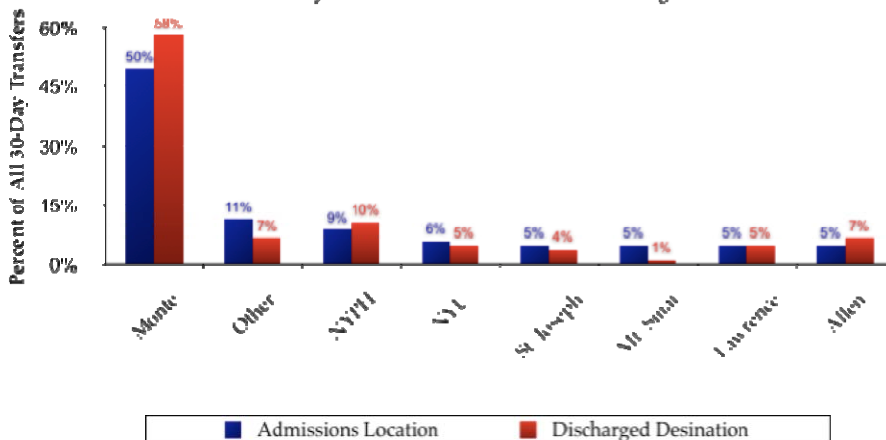


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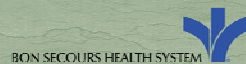
## Schervier Nursing Care Center Cardiopulmonary Unit

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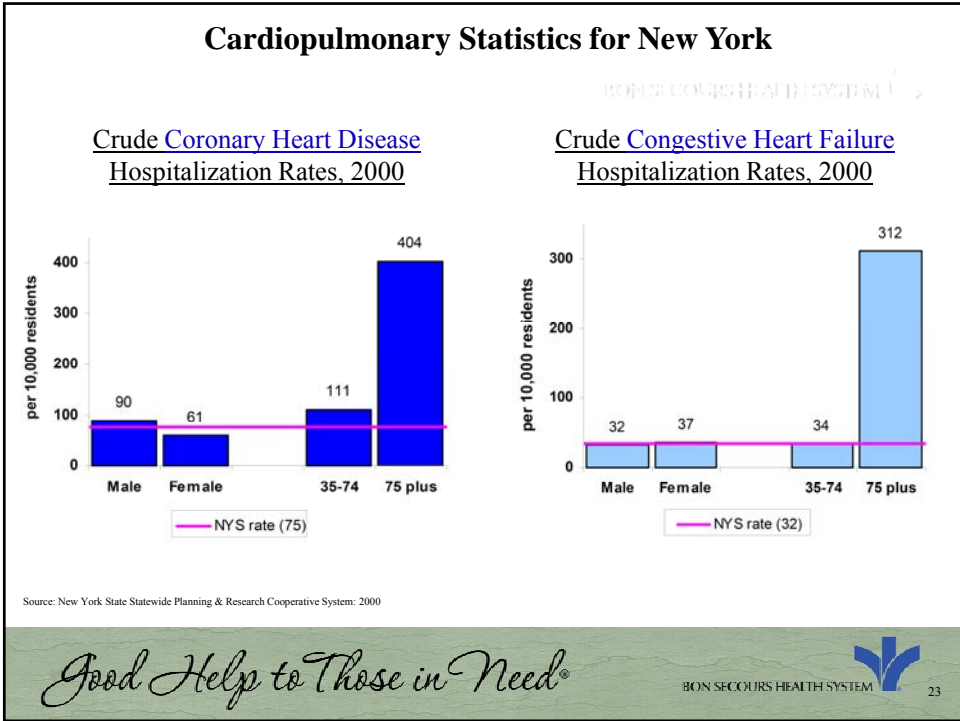
Transfers by Admissions Location and Discharge Destination



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### Schervier Nursing Care Center Cardiopulmonary Unit

Development

Program Director

In wall oxygen/suction

RN's only

Education

Competencies

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**Schervier Nursing Care Center Cardiopulmonary Unit**

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**Patient Profile**

Chronically ill  
Mid-60's and older  
Multiple prior hospitalizations  
Multiple co-morbidities  
Doesn't expect to be admitted to a nursing home  
Requires specialized restorative rehabilitation

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**Primary Diagnoses**

S/P CABG  
Congestive Heart Failure  
Lung Cancer  
COPD  
Atrial Fibrillation  
Tracheostomy

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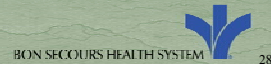
**Schervier Nursing Care Center Cardiopulmonary Unit**

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**Physical/Emotional Symptoms**

- Shortness of breath
- Decreased thoracic excursion
- Marked decreased endurance
- Compromised nutritional status
- Edema
- Surgical wounds
- Pain

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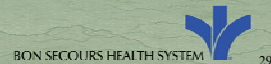
**Schervier Nursing Care Center Cardiopulmonary Unit**

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**Needs**

- Respiratory care
- Oxygen/suctioning
- IV meds/PICC lines
- Continuous monitoring/nursing care
- Close monitoring by attending and sub-specialists
- Specialized patient and family education
- Cardiopulmonary rehabilitation
- Specialized nutritional interventions/close monitoring

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**Schervier Nursing Care Center Cardiopulmonary Unit**

**Projections**

Increase ALOS - minimum of 4 weeks  
 Decrease hospital transfers  
 Maximize Medicare utilization

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**Schervier Nursing Care Center Cardiopulmonary Unit**

**Projections - Staffing**

	Total	Day	Evening	Night
<u>Current 95% occupancy</u>				
RN	5.5	2	2	1.5
CNA	12	5	4	3
<u>New 95% occupancy</u>				
RN	6.5	3	2	1.5
CNA	14	5	5	4

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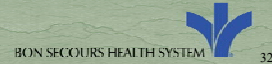
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**Schervier Nursing Care Center Cardiopulmonary Unit**

**Projections - Payor Mix**

	<u>Patients</u>	<u>Days</u>	<u>Avg. Rate</u>	<u>Revenue</u>
<u>Current</u>				
Long term pts	6	2190	\$270	\$591,300
Insurance	12	4380	\$375	\$1,642,500
Medicare (RHB)	11	4015	\$416	\$1,670,240
Medicare (RHB) (vacant)	<u>8</u>	<u>2920</u>	\$416	<u>\$1,214,720</u>
Total	37	13,505		\$5,118,760
<u>New</u>				
Long term pts	0	0		
Insurance	12	4380	\$375	\$1,642,500
Medicare (RHB) 53% days	13	4745	\$416	\$1,973,920
Medicare (RMX) 47%	<u>12</u>	<u>4380</u>	\$540	<u>\$2,364,149</u>
Total	37	13,505		\$5,980,569

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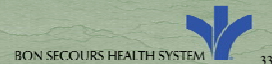


**Schervier Nursing Care Center Cardiopulmonary Unit**

**Projections - Income**

	<u>Current</u>	<u>New</u>	<u>Differential</u>
<u>Revenues</u>			
Long term pts	\$591,300	\$0	<b>(\$591,300)</b>
Insurance	\$1,642,500	\$1,642,500	\$0
Medicare/Rehab	<u>\$2,884,960</u>	<u>\$4,338,069</u>	<u>\$1,453,109</u>
Total	\$5,118,760	\$5,980,569	\$861,809
<u>Expenses</u>			
Salary	\$1,964,297	\$2,472,636	\$508,339
Other expenses	<u>\$3,113,868</u>	<u>\$3,255,328</u>	<u>\$141,460</u>
Total	\$5,078,165	\$5,727,964	\$644,799
Income	\$40,595	\$252,605	\$212,010

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**Schervier Nursing Care Center Cardiopulmonary Unit**


**Cross-Training**


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Bon Secours Charity (Hospital)	Bon Secours New York (Nursing Home)
Cardiopulmonary Expertise	Wound Care Expertise




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**Schervier Nursing Care Center Cardiopulmonary Unit**

Opened March 17, 2008 (St. Patrick's Day)  
221 first admission patients in year 1

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**Payment source:**

Medicare: ~ 74%  
Medicaid: ~ .5%  
HMO: ~ 25%

**RUG Score:**

CB4: .5%	RA3: 2.7%
CB5: .9%	RA4: 6.3%
CB6: 2.3%	<b>RB5: 36.7%</b>
CB8: .5%	<b>RB6: 31.2%</b>
CC7: 7.2%	RB7: 6.3%
CC8: 1.8%	RB8: 1.4%
CD9: .5%	RB9: .5%
	RBT: .5%
	SB9: .5%

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**Schervier Nursing Care Center Cardiopulmonary Unit**


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**Results**

Program running strong for almost 3 years

- A unique program
- A great reputation
- ~ 97% occupancy
- Reduced hospitalizations

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**Schervier Nursing Care Center Cardiopulmonary Unit**

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**Lessons Learned**

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**Schervier Nursing Care Center Cardiopulmonary Unit**

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**Transfers, by Length of Stay**

Of the transfers occurring within 30 days, approximately half will go back to a hospital within the first 2 weeks of admission to SNCC

Length of Stay	Percent of all Transfers
7 days	35%
14 days	29%
21 days	22%
30 days	15%

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**Schervier Nursing Care Center Cardiopulmonary Unit**

**Profile of Common Readmission**


Cardiovascular disease (CHF) and Neurological Disorders

Bone disorders, fractures, falls

Other cardiovascular disease (HTN, Ischemia, A-fib)

**68%** of patients transferred within 30 days had 3 or more co-morbidities

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**Schervier Nursing Care Center Cardiopulmonary Unit**


**Other Risk Considerations**

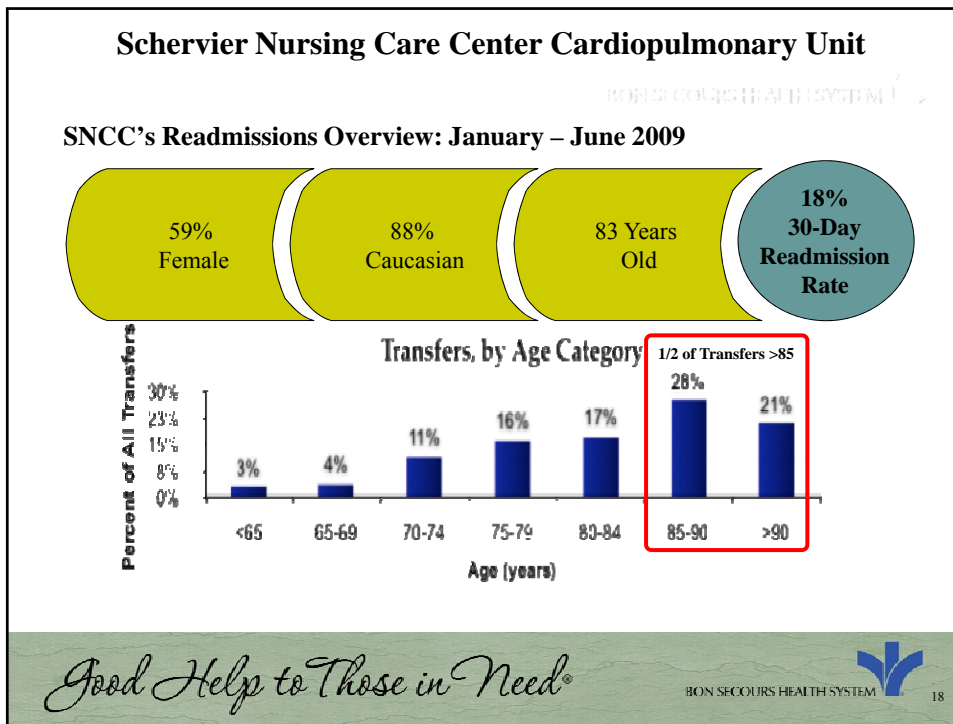
Hospital-acquired?	Bacterial/Viral Infection	28%
	Dementia	14%
	Skin Problems	12%
	Post-Surgical	9%
	Diabetes	10%

Patients must be screened not only for major disease categories, but for all co-morbidities

Certain co-morbidities were related to higher risk of hospital transfer

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### Schervier Nursing Care Center Cardiopulmonary Unit

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#### Future Affiliations / Partnerships

Hospitals (Montefiore; Columbia/New York Presbyterian)

Physicians (Cardiologists; Pulmonologists)

Discharge Planners

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**Schervier Nursing Care Center Cardiopulmonary Unit**

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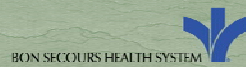
**Future Expansion**

Continued collaboration with Good Samaritan Hospital

Re-establish competencies

Re-evaluate staff/expertise

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