

Refining the Care

By JULIE TROCCHIO, M.S.

I have been to the future. In early August, the *Health Progress* editor, Pam Schaeffer, and I traveled to the Sisters of Providence ministries — members of Catholic Health East — in Holyoke, Mass., to see their extraordinary and evolving continuum of services for aging persons. Our visit was timely, given the theme of this issue on senior care.

Our host and guide was past CHA board chair Sr. Mary Caritas Geary, SP, who describes herself as a “recovering hospital CEO.” After 17 years as president of Mercy Hospital in Springfield, Mass., she left acute care to devote her attention to long-term care. We asked, why?

“I had seen so many people go into nursing homes because there was no alternative,” said Sr. Geary. “I was bothered and wanted to explore community-based alternatives.” Ever the advocate, she took a policy approach. “I joined the board of Greater Springfield Senior Services and was able to convince a local representative to sponsor a bill to provide ‘Choices.’ The program offers Medicaid beneficiaries the option to stay at home with enhanced home care services at half of what it costs to keep a person in a nursing home. It is quite successful. Then I saw many other opportunities, and it has been a great experience for me.”

The Sisters of Providence ministry began by serving poor Irish and Scottish immigrants and mill workers living in Holyoke. Over the years, they established several hospitals and nursing schools, an orphanage, nursing homes, a residence for working girls and a home for unwed mothers. Their continuum expanded to rehabilitation care, behav-

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ioral health, home care and hospice. And then, under Sr. Geary’s leadership, things got interesting.

Her first project was to transform the sisters’ motherhouse into a 120-unit, independent-living retirement community. That was where our tour began. Providence Place is home to 25 Sisters of Providence, six Sisters of Our Lady of Africa, and more than 90 lay community members. It offers affordable rents in homey apartments, delicious meals (we had fresh corn, picked that day, for lunch), daily Mass and tea parties, cocktails and activities in and out of the house. Residents — the average age is near 90 years — were lively, engaged and having fun.

We traveled down the hill to another Sr. Geary production, St. Mary’s Meadow, four “small houses” that are adapted from Dr. Bill Thomas’ Green House® concept, connected by a chapel. The buildings consist of a skilled nursing facility providing short-term rehabilitation and long-term care in a home-like setting. The residents, all classified as needing skilled nursing care, are served by elder assistants, professional nurses, therapists and a medical director. Two elder assistants care for 10 residents in each house, helping with bathing and other personal care needs, cleaning, cooking and activities. This is a cooperative, almost family, affair. Night-shift assistants might cut up vegetables so the day shift can start a stew first thing in the morning. The administrator might pick up a vacuum cleaner or bake a pie, and the director of nursing might join a card game.

We then visited Mount St. Vincent Nursing Home, recently renovated to serve patients with medically complex conditions as well as those requiring special



Continuum



attention for cardiac and respiratory care and other complications. Next, on to the Bright Side Campus, formerly the sisters' residential school for troubled youth. Soon it will be home to expanded home care, hospice and a new Program for All-inclusive Care for Elderly (PACE) site.

At all our stops, common themes emerged: quality care, quality of life, quality jobs, commitment, compassion, person-centered care, staying at home as long as possible, staying out of hospitals, living life to the fullest. These are themes you will find this issue of *Health Progress* focusing on senior services.

Among them:

- Covenant Health of Alberta, Canada, gives us a theological foundation for senior programs and housing steeped in a "bed-rock moral vision" of respect for all persons regardless of age, physical infirmity or cognitive impairment.

- An expert on aging issues, Howard Gleckman connects long-term care providers' concern for quality of care and quality of life by presenting evidence-based approaches to avoiding preventable hospitalizations. He highlights exemplary practices within and outside of Catholic health continuing care.

- Gay Landstrom and Donna Gray, nurse leaders from Trinity Health, discuss their journey with Nurses for Improving Care for Health System Elders (NICHE) a national organization that helps nurses and hospitals support patient-centered, relationship-based coordinated care for older patients. Unit by unit, Trinity hospitals are training staff to deliver consistent care focused on returning the patient to their highest level and to give attention to skin care, increased mobility and fewer falls.

- Becky Urbanski from the Benedictine Health System asks, "What would happen if a rural Minnesota county partnered with a Catholic health system to provide long-term care to a community facing a rapidly growing aging population?" After months of discussion, planning and community empowerment, the answer was Koda Living Community, with a full spectrum of aging options on one campus.

- Sr. Peter Lillian DiMaria, O.Carm., director of the Avila Center for Gerontology, speaks of being moved by the foundress of the Carmelite Sisters of the Aged and Infirm "to bring Christ to every person in our care." This premise has inspired Sr. DiMaria and her associates to develop behavior management techniques grounded in person-centered care to reduce dementia residents' behavior problems and to increase their periods of lucidity and contentment.

- Pamela Maidens, director of mission and spiritual development for Catholic Community Connection, Cleveland, Ohio, and co-director of the Abundant Life program, tells us that care for the whole person responds to the great commandment, "As I have loved you, so you also should love one another" (John 13:34). She reminds us that when we consider the whole person, we must not overlook the wholeness of the people who are caregivers. They often report neglecting their own health and well-being. She offers an approach to nourish "the interior life of the caregiver in body, mind and spirit."

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JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

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HEALTH PROGRESS®

Reprinted from *Health Progress*, September - October 2012
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