The Future of Long-Term Care: One System's Approach

Benedictine Health System Values Partners

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Leaders in health care are bracing for the impending "age wave" — the large group of aging adults of the baby boomer generation who will enter health care systems in ever larger numbers in the next 20 to 30 years. Unsurprisingly, these men and women, accustomed as they are to shaping change and progress over the past four decades, harbor heightened expectations for their health care and lifestyles as they age and are likely to have significant effects on the way health care services are delivered. It is clear, for instance, that boomers expect to continue to participate and contribute to society and enjoy life, preferably at home. For the most they are expected to demand continuation of their current living arrangements with adjustments for ability as needs arise.

Eventually, though, many will enter long-term care facilities, and there too, they are expected to require innovative care. Their needs and desires, combined with a strong desire on the part of religious sponsors to see their ministries continue well into the future, pose pressing challenges for delivery of health care across the spectrum and is prompting long-term care facilities to look ahead and think creatively. For those in the field, heads are often spinning.

These challenges have certainly been at the forefront at Benedictine Health System. Over the past 25 years, the system had grown from a small system of just three facilities — two hospitals and one long-term care campus, all located within Minnesota — into an organization with more than 40 long-term care campuses in Minnesota, Wisconsin, North and South Dakota, Illinois, Missouri and Kansas. These facilities employ more than 6,000 staff members and serve thousands of residents each year.

Sponsored by the Benedictine Sisters of St. Scholastica Monastery in Duluth, Minn., and rooted in the timeless Rule of St. Benedict,[1] Benedictine Health System provides complete long-term care services for aging adults including independent housing, assisted living, skilled nursing and rehabilitation programs.

In 2008, through an organizational restructuring, Benedictine Health System began focusing on advancing its long-term care mission for the future, concentrating on this specific business line while creating and maintaining partnerships with other long-term care organizations and stewarding and strengthening financial resources. In less than two years, the system has achieved significant financial stability and improved quality measures, resulting in quality recognitions from the Minnesota Council for Quality and the American Health Care Association. Additionally, facilities have received high rankings from residents and families, reflected in increasingly strong satisfaction scores, and the system has gained national recognition for its ongoing mission assessment process,[2] an online survey that seeks input from all employees on their understanding of the mission and its practical applications. Last year, the participation rate was a striking 93 percent.

Through this refocusing process, Benedictine Health System leaders believe the organization and its related facilities have gained experience and knowledge that could be helpful in shaping the future direction of Catholic long-term care. In this article, we provide some examples of opportunities the system is exploring in its aim to meet challenges on the horizon. The innovations we plan to implement are practical examples related to our new vision statement, developed through a months-long process in 2008 — "Creating Benedictine living communities where health, independence and choice come to life."

New Models, Innovative Ideas

Small Settings

An underlying principle of Benedictine Health System's vision statement is the understanding that U.S. citizens value their independence and

want to retain the ability to make choices as they age. Studies have shown that being in a smaller, more home-like setting is often conducive to an enhanced quality of life for those requiring assistance with daily living and chronic disease management. One new idea is to deliver care in small settings, or in what is sometimes called a "small house." An alternative to a skilled nursing setting, a small house is self-contained building, usually for eight to 13 people, that looks like a private home. Frequently, a small house or set of small houses is located near or clustered around a larger facility, such as a nursing home or administrative center, that is able to provide administrative and licensed nursing support, training and storage space and meet a variety of other needs. The Benedictine Health System has spent several months studying the small house concept and is currently in the process of reviewing proposals from local facilities with the goal of developing a system-supported prototype on one or more campuses in 2010.

Care at Home

For most seniors, the first choice is to remain at home as they age. Benedictine Health currently has a design team working on an approach to delivering care in the home that is consistent with the system's statement of mission and core values of hospitality, stewardship, respect and justice.

The design team's charge is to rethink everything about providing care at home, where technology is sure to play a significant role. Steps so far in developing this model have included reviewing historical and current home care practices, creating innovative care coordination concepts, reviewing available technology and assessing financing and methods of payment. New initiatives in this area are planned for 2010 as well.

Supporting Local Innovations

Benedictine Health System recognizes that innovation, if it to successfully meet the needs of a community, must occur at the local or facility level. To encourage local initiatives, the system has set aside a strategic capital fund to support innovative projects by our facilities that advance the system's vision. The research and innovation committee of the Benedictine Health System Foundation leads this effort. In spring of 2009, the committee solicited proposals for innovative projects aimed at addressing an aging population's changing needs.

Hansen Cottage, above, is one of five skilled nursing cottages on the campuses of St. John's Lutheran Ministries, Billings, Mont. The cottage, toured by leaders of Benedictine Health System, is an example of the "small house" concept.

So far, two projects have been chosen to receive funding. One is a plan proposed by a facility in the Minneapolis–St. Paul region for partnering with a local Catholic church. The two organizations will develop a program to deliver health care services to the older members of the parish with a goal of keeping them in their own homes as long as possible. Services likely to be included in the service design include providing information, making referrals and coordinating and supporting services to meet such practical needs as household assistance, shopping, therapy, adult day care services and others yet to be determined.

The second project is a proposed collaboration among two Benedictine facilities and a variety of governmental, educational and religious organizations in a large rural area spanning several counties. This collaborative will develop and implement a parish nurse program that will coordinate agency referrals and assist with access to needed services.

Partnering and Sponsorship

One of the Benedictine Health System's strengths is its collaborative arrangements with Catholic long-term care organizations sponsored by groups outside the system. Presently these partners include:

- School Sisters of St. Francis in Milwaukee
- Ascension Health/Carondelet Health in Kansas City, Mo.
- Sisters of St. Benedict in Crookston, Minn.
- Benedictine Sisters of Sacred Heart Monastery in Lisle, Ill.

■ Sisters of St. Joseph of Carondelet in St. Louis.

Each one of these partnerships is unique and has a special story. For example, several years ago, the members of the provincial leadership of the Sisters of St. Joseph of Carondelet of St. Louis recognized that the long-term care facility they owned and operated, Nazareth Living Center in St. Louis, would need to change in order to meet changing resident needs. The sisters knew they wanted to continue sponsoring the center, which serves both vowed religious and a lay population, as an expression of their health care ministry. But they were unfamiliar with the options available to them in a challenging economic climate. The leadership team began to broadly examine various possibilities for relationships with a larger health care system, ranging from outsourcing some needed services to selling their facility. After a time of discernment, the sisters chose to work with the Benedictine Health System, based on their alignment with the system's mission, vision and core values and on their need for additional long-term care management and quality improvement expertise. The partnership began with a management contract and has evolved to a co-sponsorship agreement utilizing the strengths and reflecting the charisms of both organizations.

Each of the partnerships between the Benedictine Health System and the religious sponsors of long-term care is different and requires a variety of components to become successful. They include alignment of mission, vision and core values; a common focus on direction; carefully defined governance structure and reserved powers; adherence to the *Ethical and Religious Directives for Catholic Health Care Services;* agreed-upon systems and criteria for financial performance; and appropriate accountability and management structures. Through these partnerships, the Benedictine Health System believes it has effectively proved that Catholic sponsors can work together to advance the delivery of mission and values-centered long-term care.

Collaborating for the Future

Based on the experience of Benedictine Health System, two things appear certain: Catholic health care sponsors want to ensure that Catholic senior care services are available in their communities, and partnerships will be the key to successful delivery of Catholic long-term care. With that in mind, it appears it may be time for sponsors of Catholic long-term care in the United States to prepare for consolidations, following the path of Catholic hospitals during recent decades. Are there members of the Catholic Health Association who are interested in looking at new models for sponsorship and collaboration to advance the future of long-term care in the United States? Are there opportunities for religious sponsors with a strong commitment to long-term care to develop partnerships as a way of strengthening the collective Catholic long-term care ministry? Would development of new models for sponsorship make a difference? Do leaders in Catholic health care have a responsibility to this end?

To the extent that the answers to any of these questions is affirmative, the authors of this article propose that Catholic sponsors step forward and begin the discussions, with the goal of preserving and enhancing shared commitment to long-term care and to providing the quality of care and quality of life we know Catholic health care can provide. ■

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NOTES

1. Benedict of Nursia was born in the year 480. His rule has served as a guide to the Benedictine way of life for professed monastics and lay persons for more than 1,500 years. Specifically addressing health care, Chapter 36 of St. Benedict's Rule states "Care of the sick must rank above and before all else, so that they may truly be served as Christ." Benedict of Nursia, *The Rule of St. Benedict in English,* ed. Timothy Fry, OSB, (Collegeville, Minn.: The Liturgical Press, 1982), 59.
2. In addition to recognition from the Minnesota Council for Quality in 2007 and a national client award from Morehead Associates in 2008, Benedictine Health System's mission assessment tool is featured online at www.chausa.org/mission as part of CHA's mission survey tool. See Part One and Part Two.

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