

Walking the Line in Service to Older Adults

Senior Service Providers in Illinois and Indiana Work Together to Ensure Mission Drives Business Decisions

A question that has been asked frequently is, “Do we have a margin because we have a mission or do we have a mission because we have a margin?” If mission is the driving force, how do we get a margin? Those are good questions for reflection.



BY CONNIE S. MARCH

Ms. March is chief executive officer, Provena Senior Services, Mokena, Ill.

We care for older adults in one of the most poorly Medicaid reimbursed states in the nation for nursing home residents. Even so, it is intuitive to me that mission drives margin and not the other way around. Most people go into this ministry because they care deeply about those they serve and those that serve. We are passionate about the elderly, with whom we interact daily. We have purpose. Our work is worthwhile; we make a huge difference in their lives.

The next question is, “How do you put this passion to work?” When you meet a barrier, you find out how to overcome it rather than letting it stop you. That happened in Illinois when all nursing home providers joined together for the first time in history to partner with the state to design, develop and test a new nursing home Medicaid reimbursement methodology that more closely aligns with the actual care given.

Then, this same group met with legislators and the governor’s staff to advocate for implementation of the methodology and a multi-year phase-in of funding. Illinois is in the second year of phasing in funding for the plan. Money was given to this plan when most others received little or nothing. Why? When people tell their stories in a way that engages and energizes a broad coalition, the unimaginable can happen. Although Illinois is still one of the lowest states for nursing home Medicaid reimbursement in the nation, this crucial issue is receiving much needed attention from multiple parties that are making a difference.

Listening to your constituents and following your mission leads to investigating and offering services that might not have otherwise been pro-

vided. Our organization listened to people who responded to our consumer surveys a few years ago. We increased the number of short-stay Medicare beds two to three years before most others in our states were offering this service as a major focus. In our two states, Illinois and Indiana, nursing home occupancies are low. Since the focus on short stay Medicare services began, we continue to have occupancies that average eight to 10 percent above the norm. Why? We listened and followed our mission statement by reaching out to compassionately respond to human need in the spirit of Jesus Christ.

Consumers tell us they want to stay in their homes. If they can’t do that, they want to stay with us a short time for rehabilitation, return to better health, and then go home. If they can’t do that, they want to be as independent as possible in a home-like environment. Not only are our short-stay Medicare services true to these needs and desires of older adults, they also provide higher funding for us to continue our mission work.

For those people unable to return home, it is our mission to make any setting they are in as home-like and as empowering as possible. That has led us to engage in approaching care in our nursing homes in an entirely different manner. We are educating staff, residents, families, regulators, communities and other important stakeholders about change processes moving toward resident-directed care. That means the nursing home environments are becoming neighborhoods instead of units and staff stay in one neighborhood as part of a team rather than providing services across the entire home as part of a department. Residents are encouraged to make choices about their lives daily — when to go to bed, when to get up, what they want to eat, how they want to participate in their care. Their families can bring in food and prepare it in the neighborhood kitchen or they can join their loved ones for a meal that is served, and sometimes prepared, in the neighborhood.

Eventually, residents begin voicing their opinions on decisions for the entire nursing home, not just their neighborhood. This multi-year journey is underway in two of our nursing homes, formally begun in two additional nursing homes and informally being rolled out in the remainder of our nursing homes.

Resident-directed care outcomes are very powerful. They tell the story of residents, families and staff that are happier when they participate in creating the changes. Not all staff members are happy along the journey, but those that choose to be a part of the journey enjoy tremendous personal growth. Some low-performing staff has become high-performing staff. Residents that were critical have become much less so. Employee turnover continues to drop each year. Occupancy is rising. This is the way for mission to drive margin.

Of course, we offer services other than nursing homes. Our organization has increased the number of assisted living and independent housing units. Assisted living is one of our largest growth areas. Residents that are becoming increasingly frail enjoy directing their lives and their care and they remain at the highest level of independence possible. Models that empower are being followed in all service lines we offer.

For some services, such as our intergenerational day care center, we have reached out to serve needs that were identified in our community. Government funding for these programs is extremely low so these services are subsidized as part of our community benefit. Grants and philanthropy were utilized to build a new campus where these programs are co-located. External funding sources are sought continually to keep these services vibrant.

We desire to serve all that are in need. To reach as many people as possible, creativity is required. A variety of approaches must be utilized. Various means of walking the line between mission and business were described previously. Seeking and implementing new care and service models, advocacy, collaboration, philanthropy, grants, and volunteerism are among the ways to bridge that gap. We must reach out to others while staying true to our mission. Telling our stories and giving others the opportunity to respond, that's how we walk that line. That's also how we can be sure that mission is the driving force that creates the margin rather than the other way around. ■



**Comment on this article
at www.chausa.org/hp.**

**WE DON'T JUST HELP THE ELDERLY
RECEIVE NEEDED CARE.**



**WE HELP THEM LIVE LIFE
TO THE FULLEST.**

Meals Programs
Senior Centers
Affordable Housing
Transportation

Volunteers of America is a national organization that, for over 100 years, has provided programs and services that allow our older citizens to live their remaining years with dignity, respect and joy.

Find out how you can support the programs that are working in our community. Contact Volunteers of America, today.

 **Volunteers
of America®**

There are no limits to caring.®

1-800-899-0089
www.VolunteersofAmerica.org