

St. Ann's \$75-million project includes new buildings, patient-centered care

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By Amy Kotlarz/Catholic Courier

Changes are on the horizon for St. Ann's Community, which is spearheading a \$75-million project to better address community demand.

That project includes the demolition of The Heritage, a 19-story high-rise nursing home, and the construction of two new buildings, one on St. Ann's Irondequoit campus and the other on its Webster campus. The state has pledged \$17.6 million for The Heritage's demolition, which will save the state an estimated \$3.2 million annually in Medicaid costs, according to Betty Mullin-DiProsa, president and CEO of St. Ann's Community.

Savings to the state would derive from reduced payments on unoccupied nursing home beds and from shifting Medicaid spending away from long-term care to less-expensive alternatives, Mullin-DiProsa said, noting that such potential savings were highlighted during statewide efforts to reduce health-care redundancies and inefficiencies.

The Heritage, which currently provides 203 beds for patients who need nursing-home care and five palliative-care beds for terminally ill patients, will be torn down because it has outlived its usefulness, she said. Although it has been serving as a nursing home, The Heritage originally was designed as an assisted-living apartment building, she added.

"Federal regulations changed, and we had to operate it as a skilled-nursing facility in order to serve Medicaid-eligible residents," she said.

She cited several ways in which the building's design has been falling short for its current use. Elevators in The Heritage, which was built in 1973, are small and unable to accommodate the growing number of walkers, scooters and wheelchairs used by the building's aging residents. Such mobility devices are all the more crucial because Heritage residents must make their way to a central dining room for meals and other activities. The arrangement is not practical, Mullin-DiProsa said.

These issues will be addressed with the new construction on the Irondequoit and Webster campuses, which could begin in about a year if St. Ann's gets regulatory approvals from state and local agencies and secures construction financing. Mullin-DiProsa said St. Ann's officials are planning a capital campaign for next year to help raise money for the project. The Heritage will be demolished in about a year, after construction of the new buildings is complete.

The plan features a new four-story, 78,000-square-foot building in Irondequoit that would house 72 transitional-care beds for patients needing short-term rehabilitation and 10 palliative-care beds for terminally ill patients. In Webster, a three-story, 56,000-square-foot skilled-nursing facility is planned for the Cherry Ridge campus and would house 60 skilled-nursing and 12 transitional-care beds. The new rooms in both Irondequoit and Webster will be equipped to accommodate a higher level of care, including oxygen hookups in some of the rooms, Mullin-DiProsa said.

Overall, the project will reduce by 49 the total number of state-certified residential-care beds at St. Ann's Community. Whereas the community currently offers a total of 591 beds at The Heritage and at St. Ann's Home, both in Irondequoit, it will drop to a combined total of 542 between the Irondequoit and Webster campuses. Current residents of The Heritage will have the option of moving into the new Webster facility or into St. Ann's Home. Officials will stop accepting new residents at The Heritage at some point next year.

Although St. Ann's will have fewer beds at the end of the project, staffing levels are projected to remain the same because the new transitional- and palliative-care beds added will require a higher level of care, Mullin-DiProsa said.

St. Ann's officials said the project is a result of two-and-a-half years of strategic planning to identify and meet changing community needs. For instance, the project will allow Cherry Ridge to add skilled nursing and transitional care to the range of care it currently offers.

Also, by decreasing the overall number of skilled-nursing beds, the organization is acknowledging that today's seniors are choosing to age in their homes and enter nursing homes when they are frailer, sicker and older, Mullin-DiProsa said.

Aggressive, short-term rehabilitation programs also are growing in popularity because they enable people to stay at home longer than in the past, she noted. Last year, more than 1,250 people received transitional care from St. Ann's for an average two-week stay, she said.

"It's a really important community support, and it really does help people stay at home as long as possible," Mullin-DiProsa said. "This is why this community doesn't need as many long-term-care beds."

The demand for palliative care has increased substantially as well. Since opening in 2007, St. Ann's Palliative Center for Caring has cared for about 400 patients, whose average stay has ranged between three and seven days.

Another major element of St. Ann's strategic planning has been the development of a person-centered care initiative, which aims to put residents' needs and wants at the center of all operations, Mullin-DiProsa said. Once person-centered care is in place, staff will be encouraged to have greater interaction with residents and to put a priority on resident needs, said Eileen Ryan-Maruke, vice president of marketing and community relations for St. Ann's Community.

In one facet of the person-centered-care initiative, St. Ann's will attempt to create a home-like atmosphere throughout its facilities. To that end, the \$75-million project will include a gradual remodeling over the next two years of the common spaces on each floor of St. Ann's Home to create community kitchens. Food will be prepared in a central kitchen and then transferred to the community kitchen for finishing work.

"There will be a smell of food on each floor, and it will give people a better sense of being at home," Mullin-DiProsa said. "They will get to decide whether they want eggs or oatmeal. Because the food is right there, the flexibility of what they want to eat and when they want to eat will be there."

The new Irondequoit and Webster buildings will be designed as small households with two 12-bed units side by side on each floor, she said. All of the rooms will be private.

The person-centered care initiative also will incorporate the development of electronic medical records, the addition of an outpatient rehabilitation program, and the construction of a café bistro that will allow residents to choose to dine in a restaurant atmosphere with menus, Mullin-DiProsa said.

Residents and their families have been enthusiastic about the person-centered care initiative and the potential construction plans, she noted.

"The overall reaction has been incredibly positive," she said.

Cherry Ridge resident Jane Langdon, 88, said there is a need for skilled nursing and rehabilitation on the Cherry Ridge campus.

"I think it's a smart thing because we are very much without that," said Langdon, who is a resident representative on St. Ann's person-centered care committee.

Phoebe Goodheart, 85, a resident of St. Ann's Home, said she believes the person-centered care initiative might produce greater interaction among residents and the community.

"The problems of the elderly are not just medical, but also loneliness, boredom and helplessness," Goodheart said.

Although many changes are planned, Mullin-DiProsa noted that the organization will remain committed to its Catholic heritage. St. Ann's Community was operated by the Sisters of St. Joseph from 1873 to 1997.

"People come here because we are a Catholic organization, and because we have priests on site who celebrate Mass," she said.