



# **UST Executive Conference on the Future of Health Care**

How Baby Boomers Will Change  
the Face of Long-Term Care

**Manhattan Retirement Foundation**

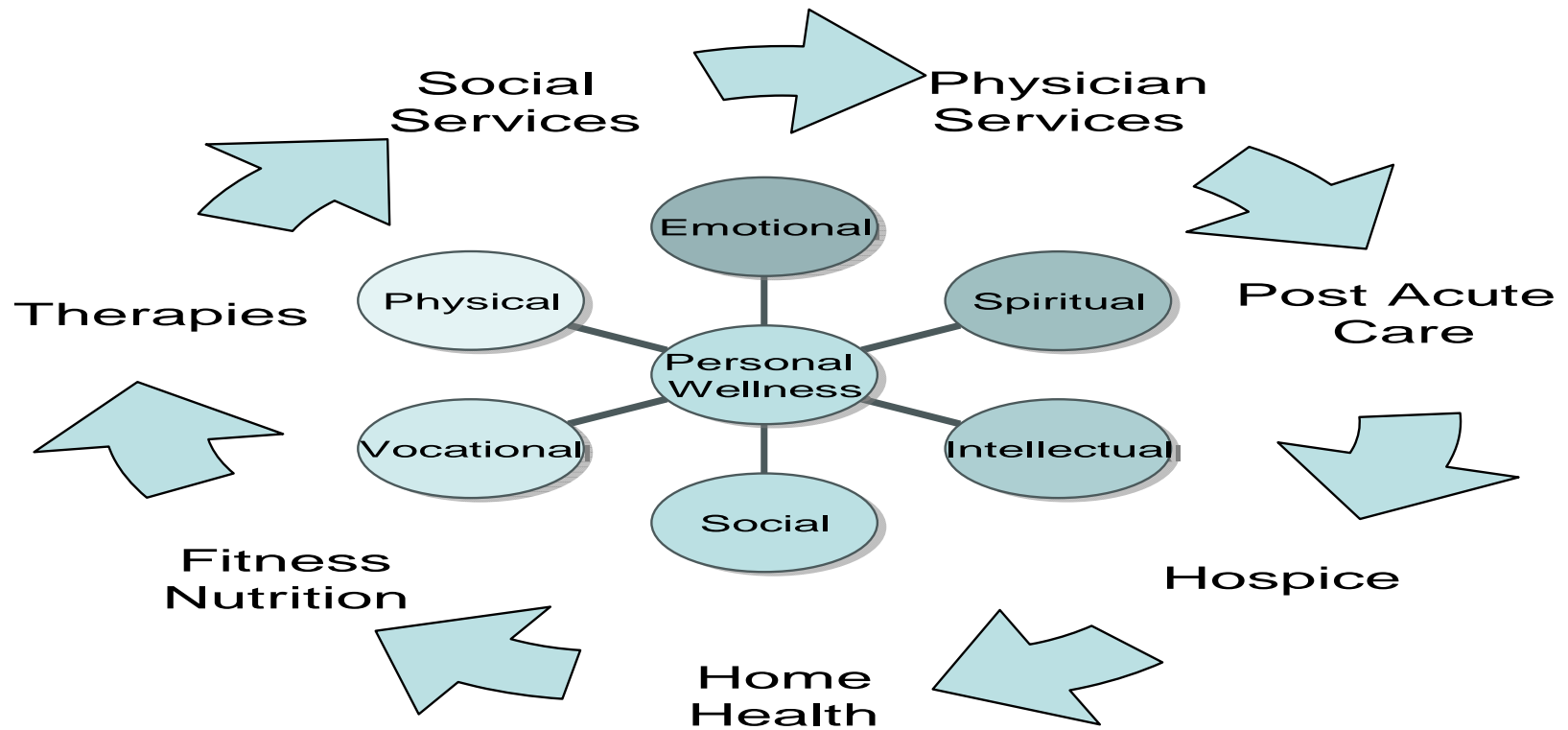
**Steve Shields**

President and CEO

November 7, 2008

# Session Schedule

- 3:15 – 3:45 p.m. Presentation
- 3:45 p.m. Divide into Discussion Rooms:  
SCH 302, SCH 314
- 3:45 – 4:05 p.m. Table Discussions
- 4:05 – 4:30 p.m. Facilitated Group Discussion



# Mission

***“The function of protecting and developing health must rank even above that of restoring it when it is impaired”***

***-Hippocrates***

Reactive → Proactive

**Keeping people living independently for as long as possible.**

# Spirituality

We will seek spirituality and *be it*. We will be comfortable with the struggle of it. We will give others the freedom to *be it*. We will be generous with each other about it. We will try to grow *it* among us. We will try to integrate *it* with everything. We will seek joy and bliss.

# Meadowlark Wellness Partners

## **Purpose/Vision**

- We are a team of individuals from a variety of skilled and integrated health professions who operate in tandem as partners with those we serve as they strive to achieve a sustainable sense of well-being through balanced emotional, physical, spiritual, intellectual, social, and vocational health.

# Home Health Services

- We will integrate existing Medicare certified and Private Pay services into the Physician and ancillary services company. Services will maintain the strength of clinical operations and competency, but will focus on strengths people have and build on them through a holistic wellness philosophy.

# Emotional Health

- We will identify the emotional needs of the people we serve and act upon these needs with appropriate sensitivity, skill, and methodology. We will take a holistic approach with each person and create a support network around them to support their goal of emotional wellbeing.

# Therapy Services

- We will integrate existing Medicare certified and Private Pay therapy services into the Physician and Ancillary services company. We will bring high quality services that will bridge the gap between wellness and the need to recover, improve quality of life, prevent injury, optimize function, teach healthy habits, be timely in accessibility and built on trust and collaborative relationships. We will bring up state of the art modalities based on evidence based treatment.

# Hospice Services

- We will create hospice services that seamlessly merge integrate into all existing services within both the Ancillary Services company and the Retirement Community. The hospice will focus on bringing resources to not only the dying person and their family, but also the professional caregivers serving them in an effort to help achieve ‘a good death.’ This grouping – the dying person, their family and their existing professional caregivers – form our “customer.” Beyond this philosophy, our Hospice will differentiate itself from others most noticeably by surrounding our ‘customer’ with additional resources without replacing or complicating their existing relationships.

# Post Acute Rehab Households

- We will create a post acute rehabilitation center with the highest quality of integrated care across all disciplines with the goal for the customer to “get well and go home.” The customer being served will feel successful and enjoy a sense of accomplishment. Personal goals will drive all services and aligned, organized services will make every minute of the day count. We will plan on the first day of service to create a plan for medical, spiritual, integrated support for “my job of getting well.” The passion to make it all work will be the glue that pulls it all together.

# Wellness/Fitness/Nutrition

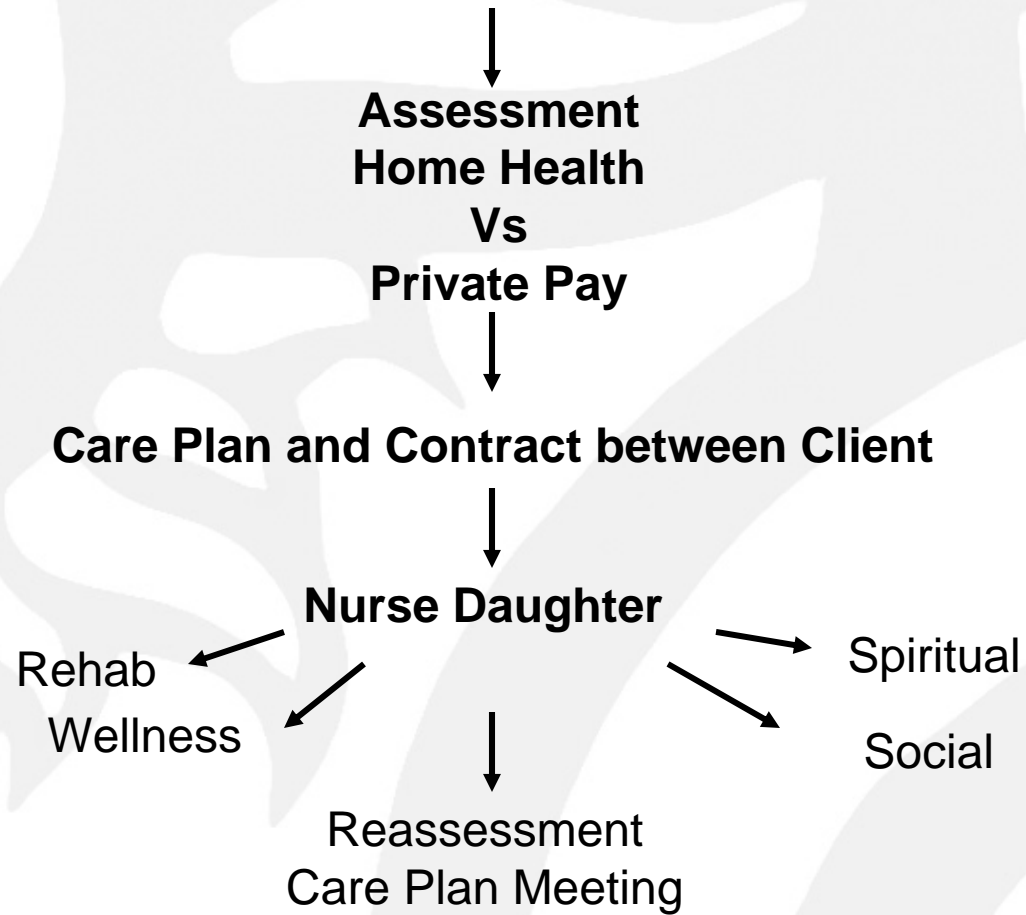
- We will provide comprehensive and diverse physical movement and nutrition programs to optimize personal well-being, regardless of ones circumstances. Through an integrative team approach, we will become a more vibrant and empowered community of people.

# Function Step 1

- Identify a need
  - By Doctor
  - Wellness Partners
  - Family
  - Friends
  - Event
  - Self
- Report to Wellness Partner Care Manager

# Step 2

## Wellness Partner Care Manager



# Nurse Daughter

- Oversee the entire care plan
- Continually assessing progress of care plan
- Also: Very close interaction between Doctor/Doctors  
And tracks all data on client
  - Reports from involved Wellness Partners
  - X-ray
  - Labs
  - New orders
  - Medications
  - Follows client off campus
    - ER
    - Hospital
    - Other Doctors

# **Integrated “Wellness Partners” approach helps maximize performance within the PPS system in that it:**

- Broadens the operational and financial base beyond a stand alone Home Health Agency approach.
- Consumer receives a “whole person” relationship with a team of providers.
- Team performance increases client recovery stabilization outcomes within PPS payment boundaries.

# Ten Years Ago-

Less than 5 organizations with less than 30 households

## Today-

More than 130 organizations with more than 800 households

Still less than .5 percent of total nursing home accommodation supply

# Ten years ago we weren't sure, now we are...

- Hundreds are doing it, thousands are considering it, and a handful don't know what it is.
- Which group do you want to belong to?

# **The establishment of a healthy and sustainable home comes through the integrated balance of home**

- ✓ Resident directed life
- ✓ Leadership (values driven and resource bearing)
- ✓ Organizational structure (decentralized self-led teams)
- ✓ Physical environment (reflects home)
- ✓ Financial sustainability

*These principles lay the foundation and the structural support for the physical and cultural manifestation of home.*

# HOME

THE ESSENTIAL ELEMENTS

ORGANIZATIONAL STRUCTURE

PHYSICAL ENVIRONMENT

RESIDENT DIRECTED SERVICE

FINANCE

VALUES DRIVEN — RESOURCE BEARING LEADERSHIP



# Home and Resident Directed Life “The Center Cut of the Business Case”

## The Essential Elements:

1. The household is each resident’s home and sanctuary
2. The people who live here direct their own lives, individually and collectively.
3. The boundaries of the person and his/her home are clear and respected as a matter of course.
4. Grace, a shared sense of what is sacred about the house and its people, is deeply valued, consciously created and preserved. Ritual, spontaneity, friendship, spirituality, celebration, recreation, choice, interdependence, art and humor are all manifestations of a culture of grace.
5. The people who live here are loved and served by a responsive, highly valued, decentralized, self-led service team that has responsibility and authority.

# The Essential Elements (Continued)

6. Leadership is a characteristic, not a position. Leaders support and are supported by values-driven, resource bearing principles and practices as a way for each person to actualize his or her full potential.
7. All systems, including treatments, exist to support and serve the person, within the context of his or her life pursuits
8. We build strong community with one another, our family, our neighbors and our town. Each household is part of a neighborhood of houses, dedicated to continuous learning.
9. The physical building and all its amenities are designed to be a true home. Institutional creep in design and culture is treated as a wolf at the door.

# Values Driven, Resource Bearing Leadership- The Foundation of the Business Case

- ✓ Belief Shaping
- ✓ Growing Skills and Judgment
- ✓ Overcoming mis-used hierarchy and silo thinking.

# Organizational Structure

- Self-led Teams produce the product of home
- Commitment to transformation and training costs is central to the business case

# The Physical Environment Reflects Home

- ✓ Spatial Relationships
- ✓ Home is in the Details
- ✓ Kitchen
- ✓ Square Footage

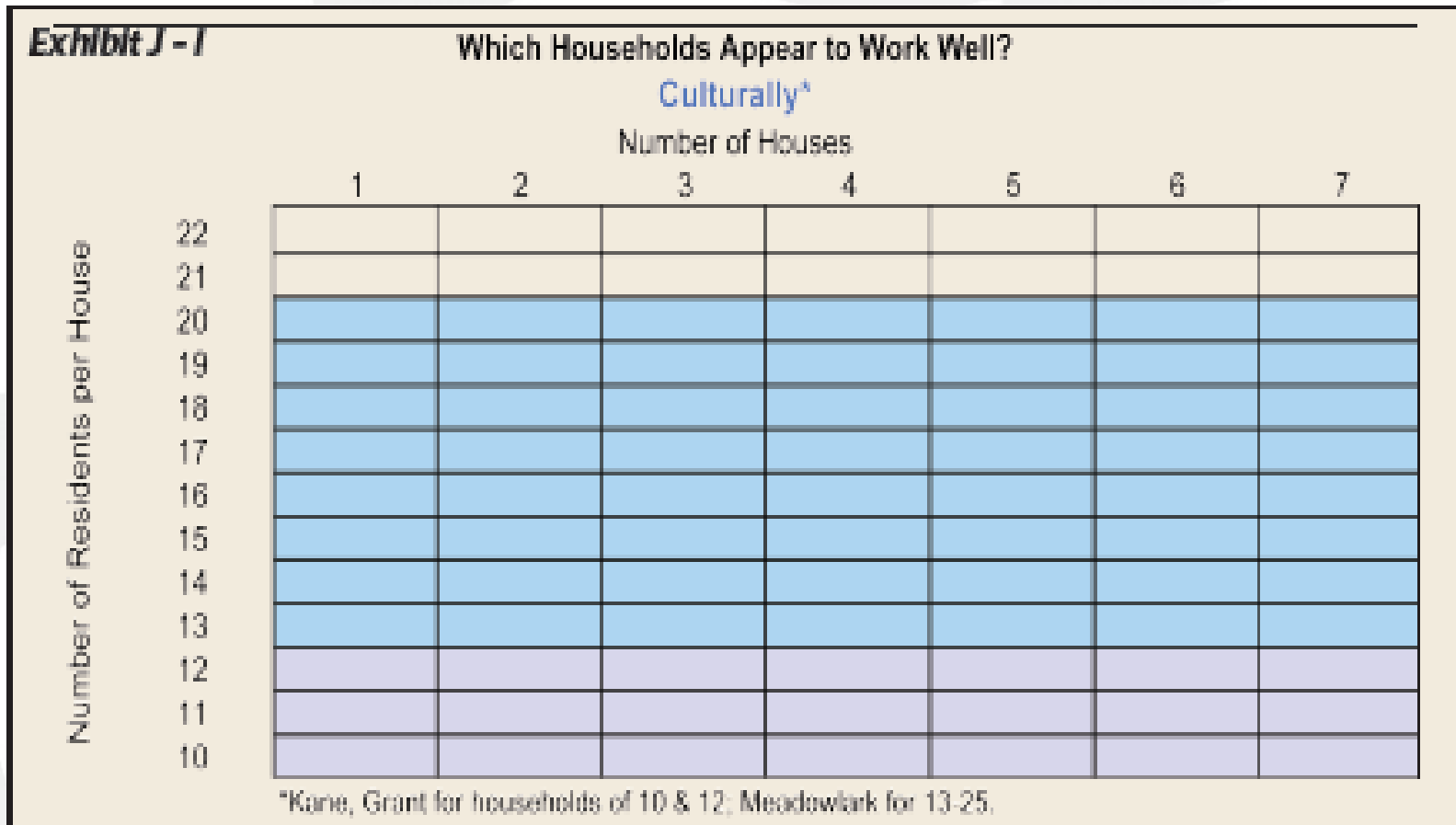
# Financial Sustainability Staffing-

Compare Staffing Full Time Employee Equivalents (FTEE)	1 Facility of 60	3 Houses of 20	4 Houses of 15	5 Houses of 12	6 Houses of 10
Director of Nursing	1.00	1.00	1.00	1.00	1.00
MDS Coordinator/ADON	1.00	1.00	1.00	1.00	1.00
Medical Records Staff	0.50	0.50	0.50	0.50	0.50
Administrative Support	1.00	1.00	1.00	1.00	1.00
RNs & LPNs	16.85	11.13	14.84	15.94	13.10
C.N.A./Care Giver/CMA	28.40	31.48	30.01	30.67	33.20
Social Worker	1.00	1.00	1.00	1.00	1.00
Activity Staff	1.00	1.00	1.00	1.00	1.00
Dietician	0.40	0.40	0.40	0.40	0.40
Dietary Staff	6.00	-	-	-	-
Homemaker Staff	-	9.01	9.21	9.05	9.00
Housekeeping Staff	2.00	1.00	1.00	1.00	1.00
Laundry Staff	1.40	0.50	0.50	0.50	0.50
Maintenance Staff	0.50	0.50	0.50	0.50	0.50
Administrator	1.00	1.00	1.00	1.00	1.00
Bookkeeper/Recept/Ass't	1.00	1.00	1.00	1.00	1.00
<b>TOTAL</b>	<b>63.05</b>	<b>61.52</b>	<b>63.96</b>	<b>65.57</b>	<b>65.20</b>

➤ **Financial Sustainability**  
**Ideal House Size**  
**Ideal Number of Houses**

- Finding the blend of cultural and financial sustainability

# Cultural



# Cultural (continued)

**Exhibit J - II**

Which Households Appear to Work Well?  
Culturally\*

Number of Houses

	1	2	3	4	5	6	7
22							
21							
20	20	40	60	80	100	120	140
19	19	38	57	76	95	114	133
18	18	36	54	72	90	108	126
17	17	34	51	68	85	102	119
16	16	32	48	64	80	96	112
15	15	30	45	60	75	90	105
14	14	28	42	56	70	84	98
13	13	26	39	52	65	78	91
12	12	24	36	48	60	72	84
11	11	22	33	44	55	66	77
10	10	20	30	40	50	60	70

\*Kane, Grant for households of 10 & 12; Meadowlark for 13-25

# Financial

**Exhibit K - I**      Which Households Appear to Work Well?  
**Financially\***  
 Number of Houses

	1	2	3	4	5	6	7
22							
21							
20							
19							
18							
17							
16							
15							
14							
13							
12							
11							
10							

\*Meadowlark analysis

# Financial (continued)

**Exhibit K - II**

Which Households Appear to Work Well?

**Financially\***

Number of Houses

		1	2	3	4	5	6	7
Number of Residents per House	22		44	66	88	110	132	154
	21		42	63	84	105	126	147
	20		40	60	80	100	120	140
	19				76	95	114	133
	18				72	90	108	126
	17				68	85	102	119
	16				64	80	96	112
	15					75	90	105
	14					70	84	98
	13						78	91
	12							84
	11							77
	10							70

\*Meadowlark analysis

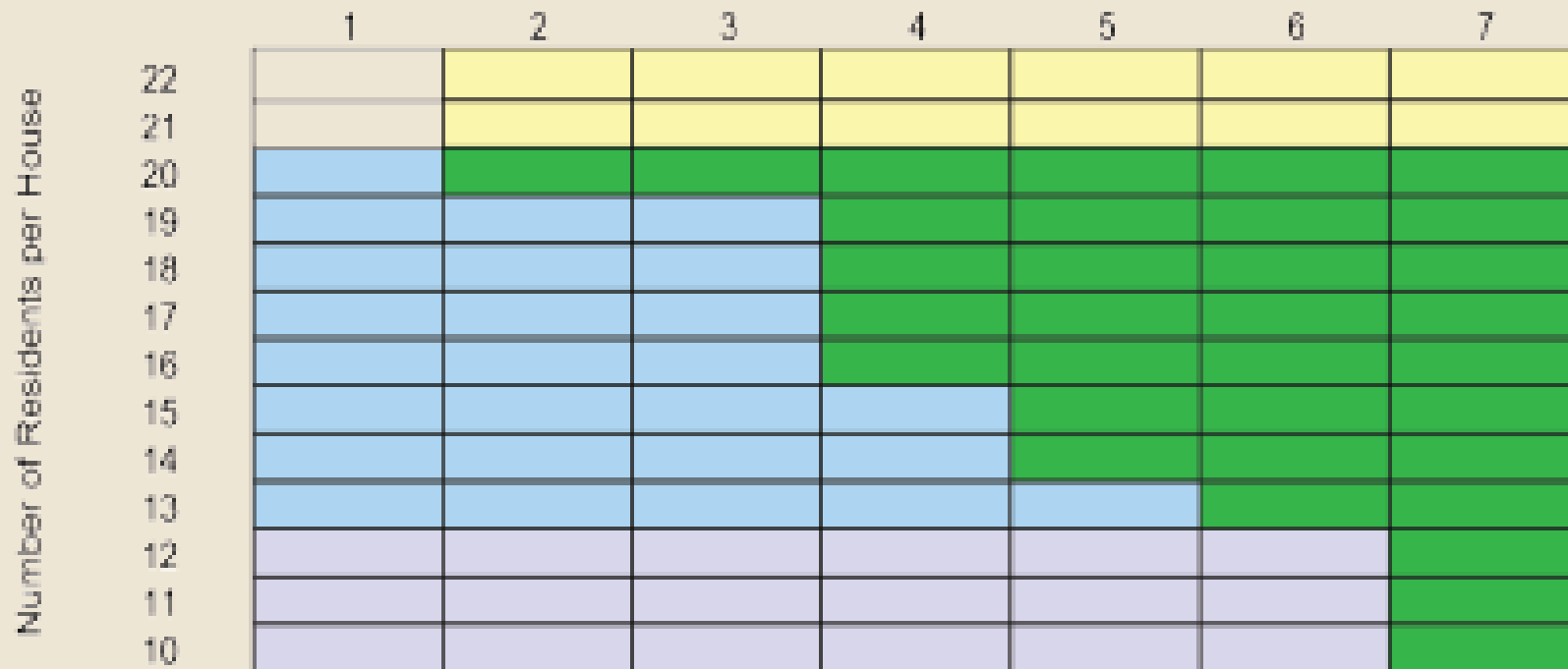
# Cultural and Financial integrated

Exhibit L - I

Which Households Appear to Work Well?

Cultural / **Financial** Overlap\*

Number of Houses



\*Meadowlark analysis

# Cultural and Financial integrated (continued)

Exhibit L - II

Which Households Appear to Work Well?

Cultural / **Financial** Overlap\*

Number of Houses

	1	2	3	4	5	6	7
22							
21							
20		40	60	80	100	120	140
19				76	95	114	133
18				72	90	108	126
17				68	85	102	119
16				64	80	96	112
15					75	90	105
14					70	84	98
13						78	91
12							84
11							77
10							70

\*Meadowlark analysis

# Integrated Pre-feasibility Analysis (IPA)

- Identify your IPA Partners
- Know your project scope, budget, and footprint before you “give the go”