



Engaging Aging

Levels of Care by Sister Elizabeth Sullivan, SSJ, and Ms. Kathleen Dugan, RN, LMHC

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“Embracing what is well and what is not, you fashion a plan of care. May you choose the motion of love as you escort those in need through the transitions of sickness and health.”

*Sr. Jeanne Rodgers, CSJ
“The Motion of Love”*

We believe an important element in defining levels of care is the fact that the ongoing process of aging is an essential part of formation and ministry. Eldercare delivery needs to be strongly viewed as a ministry and attention provided to the spiritual development of all members. Accessibility and flexibility are necessary in order to adapt to the changes in living, health, and required support services. As we watch our members enter into the various stages of aging, their sense of belonging is important and a felt need. Successful aging necessitates commitment to five basic rules: (1) maintain a strong sense of purpose; (2) preserve as much as possible all activities of daily living; (3) monitor and mentor health needs and chronic illness; (4) exercise; and (5) adopt the famous adage, “use it or lose it.”

The health care needs of our sisters are served on several different levels. All sisters are encouraged to be proactive in maintaining good health practices. For those living on mission throughout the New Eng-



Sister Elizabeth Sullivan, SSJ, (pictured left) currently ministers in elected leadership for the Sisters of St. Joseph of Springfield, Massachusetts. In addition to serving as a consultant for NRRO, Sister has an extensive background in the administration of healthcare facilities.

Ms. Kathleen Dugan, RN, LMHC, (pictured right) recently retired as the health care coordinator for the Sisters of St. Joseph of Springfield, Massachusetts. Ms. Dugan brings a rich background in health care management and patient advocacy to her services as a consultant for NRRO.



Levels of Care, continued

land area, a registered community nurse performs a health history and assessment, then offers ongoing medical advocacy to assist in accessing appropriate services. Sometimes, with the approval of congregational leadership, this may include using services of the Visiting Nurse Association or local state homecare agencies. Health counseling and referrals occur when necessary.



Above from left to right: St. Joseph Sisters Ann Butler, Theresa Murtha, William Agnes, and Ms. Kathleen Dugan, RN, LMHC

Our Motherhouse complex in Holyoke, MA, includes several residential facilities for elders. Separately incorporated from the congregation are St. Joseph Residence and Mont Marie Senior Residence. These low income senior apartment buildings offer independent living with minimal supportive services for both sisters and laity meeting the U.S. Department of Housing and Urban Development eligibility guidelines. Mont Marie Health Care Center, also separately incorporated, is an 84-bed licensed and certified skilled nursing facility serving our sisters and

laity. Finally, Mont Marie Retirement Home is a 60-bed unlicensed assisted living facility specifically for our sisters.

If a sister requires either nursing care or supervision, the decision regarding the appropriate level of care is a collaborative one including the sister, her leadership representative, the health care coordinator, the director of nursing services, and the director of the facility in question. Criteria include any hospital discharge plans and an assessment of the functional needs performed by the health care coordinator, the skilled facility, or state home care facility. The assessment performed by a registered nurse is based on the standard minimum data set (MDS) and/or functional levels of activities of daily living as well as instrumental activities of daily living.

For admission to Mont Marie Retirement Home, a sister must be able to transfer and ambulate independently, take care of her personal needs and attend the dining area for meals. The staff is available for assistance with medication oversight, medical supervision and minimal nursing care. Sisters take their own blood pressure, have a unit dosing system for medication and arrange their own medical care when possible. They also have electric scooters if medically necessary. If clinically eligible, the sister may participate in the Group Adult Foster Care Program which provides funds for more intensive personal care in the retirement home.

Levels of Care, continued



Above from left to right: St. Joseph Sisters Lucille Bertrand, Helene Michael, Bernadette Lunney

The goal of care in Mont Marie Retirement Home is to maintain as much independence as possible. The two story facility has private bedrooms, common bathrooms, living and dining areas. Independent sisters live on one floor; sisters who need supervision or care live on the second floor. Services include meals, housekeeping, and transportation for varying appointments. Social and spiritual needs are addressed with active programs that also provide outreach to the broader community.

Since all eligible Sisters are on Medicare and Medicaid, medical costs are absorbed by these governmental programs. The daily operations of Mont Marie Retirement Home and other extraneous medical expenses are the sole responsibility of the Congregation as the facility is not licensed.

As a sister's needs change, the MDS assessment will indicate her acuity. Her level of care may shift to level II or III. The sister, in consultation with her leadership representative and other medical professionals, may

then be admitted to Mont Marie Health Care Center, our licensed facility. Available long and short term services include IV therapy, wound care, rehabilitation therapy, physical, occupational, speech and respiration therapies to enable one to recover a maximum level of functioning. The Health Care Center does not manage those in need of more intense care, ventilator or tracheotomy care as this would require a more specialized license. In addition to long term care, Sisters recovering from an acute illness or hospitalization may access the services of Mont Marie Health Care Center or our Retirement Home on a temporary basis.

Ideally, we try to integrate a medical and social model of healthcare delivery. While addressing the physical health needs of our sisters, we emphasize person-centered care, incorporating each sister in all decisions as much as possible. As Sisters of St. Joseph, our commitment to care for one another stems from our Constitution: "We bear one another's burdens, are present to one another in suffering, and are enriched by the joys we share. United in prayer and the sharing of faith, we grow in love for one another."



Above, left to right: St. Joseph Sisters Marilyn Bello, Bernadette Lunney and Sally Marsh.

Indicators for Levels of Care by Sister Hertha Longo, CSA



Dominican Sisters, Tacoma, WA

Member Needing Skilled Nursing

- Needs constant supervision because of a relatively changeable physical condition.
- Care needs to be supervised by an RN on a 24-hour basis. (Note: This does not necessarily mean 24-hour RN on-site coverage.)
- Medications or medication delivery may be complicated.
- May suffer from dementia; emotional and psychological responses may not be appropriate.
- May need therapies
 - Occupational therapy
 - Respiratory therapy
 - Physical therapy
- Medically qualifies to live in a licensed nursing home setting

Member Residing in Assisted Living

- Requires assistance with activities of daily living (ADL)
 - Eating
 - Bathing or showering
 - Dressing
 - Getting in or out of bed or a chair
 - Using the toilet
- May be afraid to be alone because of physical and psychological limitations
- Most likely needs assistance with medications
- Needs to live in a congregate setting to access assistance from health care workers and other service providers.

Photography by Jim Judkis



Franciscan Sisters of the Eucharist, Meriden, CT

Indicators for Levels of Care, continued

Member Who Lives Independently with Services

- Requires assistance with instrumental activities of daily living (IADL)
 - Meal preparation
 - Managing money
 - Shopping for groceries and personal items
 - Performing light housework
 - Using a telephone
- Likely to live in a congregate setting (e.g. Motherhouse or Priory) in order to have access to services.
- May live in the congregate setting because of physical limitations, e.g., has a walker, needs handrails, needs access to an elevator.
- May need assistance with accepting the limitations of aging

Photography by Jim Judkis



Franciscan Friars, TOR, Hollidaysburg, PA

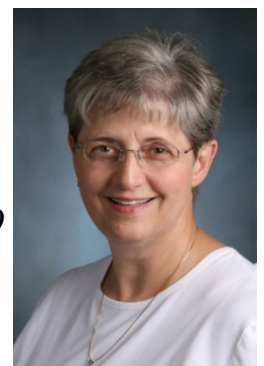


Missionaries of the Holy Family, St. Louis, MO

Member Who Lives Independently

- Fully independent with respect to ADL and is essentially independent with respect to IADL.
- Able to handle medication regime.
- Competent in decision-making and problem-solving; emotional and affective responses are appropriate
- Able to live in a local group setting and may be able to be involved in ministry.

Editors Note: This document was prepared by Sister Hertha Longo, CSA, (pictured right) for use by the National Religious Retirement Office. Sr. Hertha is General Treasurer of the Congregation of St. Agnes and a NRRO volunteer consultant. The document is distributed at the Planning and Implementation workshops conducted by NRRO. See page 7 for information.



Aging Engaged: Don't Wait too Late by Sister Luanna Brucks, CPPS



Sister Luanna Brucks, CPPS

While celebrating my 85th birthday in 2010, I suddenly realized I was joining a group called “elderly.” What might God be saying in my life? Having spent decades in education, I was now active in parish ministry in Marshall, Missouri. Was there an invitation to retirement on the horizon?

Several experiences had been nudging me in that direction. Fatigue arrived earlier each day. Effort was replacing enjoyment in my usual love of gardening. The death of three family members alerted me to my own aging. Importantly, my experience with Centering Prayer was calling me to spend more and more time with the Lord. I kept remembering the advice of a council member: “Don’t wait too long to retire; you may not be able to make the adjustment.”

One year later, I moved 150 miles to Villa Theresa, a senior living facility on the grounds of our former motherhouse in O’Fallon, Missouri. Initially, the adjustment seemed overwhelming. Little challenges included learning all the “do’s and don’ts” that are part of institutions; getting used to all the written notes and communications; and learning who to go to and how to access personal needs. Bigger

challenges came in realizing that the sisters I was living with were all my own age. I found the change confining. Even more daunting was the size of the community; from a group of two or three, to fifty sisters!

While it has taken me a year and a half to adjust, the move has been a blessing, spiritually and emotionally. I believe the transition evolved during prayer when I sensed the Lord asking me to surrender all to Him.

I still have the mission I had previously: to love God and my neighbor. My “neighbor” is every sister or person I meet. When I sit with the Lord each morning for our hour together, I know I am actively contributing my part to the Church’s mission. As I seek God’s presence at prayer I feel urged to seek that same presence in the people around me. God asks, “How open will you be to receive ME in each person you meet?” “How empty of yourself can you be to spend time with ME in a sick or lonely person?” I don’t always succeed but that’s alright; perfection is no longer a goal.

It is good to be “home” here at Villa Theresa. Here, I have a quiet place, time to read and to pray, and opportunities to visit the sick and aging. All the wrinkles in retirement haven’t been ironed out yet, but I am glad I have made the transition. I still miss parish ministry, the people and the children, but now these are positive memories instead of wishful thinking.

From the Offices of NRRO, Brother Robert Metzger, SM Associate Director for Planning and Education



At the same time this issue of *Engaging Aging* is being released, NRRO will be mailing the checks for the 2012 distribution of the Retirement Fund for Religious collection. As I write this article we

are putting the final touches on the distribution. We received 619 applications for Direct Care Assistance this year, which is almost 50 more than the previous year. The total amount to be sent out at this time will be \$23 million to the 470 religious institutes that asked to share in the distribution. The remaining institutes send in their application in order to have their information part of the NRRO database and to receive the Retirement Needs Analysis in return.

Even though \$23 million sounds like a large amount of money, the average distribution is less than \$750 per religious age 70 and older. This is one of the reasons why NRRO has developed the planning and implementation process. This is a long range planning process that assists religious institutes to increase the amount of money they have available in their retirement fund. 66 religious institutes have participated in the planning and implementation process since we began it in 2009. They have received almost \$8.5 million to develop

and implement a funding plan for their retirement needs.

Eligibility requirements for the planning process includes being an active congregation with a minimum of 25 members and being at least 50% unfunded for your current retirement needs as per the 2012 Retirement Needs Analysis. Additional information about this opportunity can be found on our website at: <http://www.usccb.org/about/national-religious-retirement-office/planning-and-implementation-assistance.cfm>

None of the work of the National Religious Retirement Office is possible without the generous people who donate annually to the Retirement Fund for Religious. Please continue to remember these donors in your prayers.

Calendar

Mid-June

Distribution of Direct Care Assistance

August 1-4

CMSM Assembly ; Houston, TX

August 7-10

LCWR Assembly; St. Louis, MO

September 18-20

NRRO Planning & Implementation workshop; Marriottsville, MD

September 20-23

CMSWR Assembly; Belleville, IL



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The National Religious Retirement Office coordinates the national collection for the Retirement Fund for Religious and distributes these funds to eligible religious institutes for their retirement needs. Our mission is to support, educate, and assist religious institutes in the U.S. to embrace their current retirement reality and to plan for the future.

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