



VITAL LIVING INSTITUTE

Shifting Culture and Mindset: Partnership, Co-Design, and Well-being

12:45 PM – 1:30 PM

**Liz Baganz-Randolph & Sr. Sylvia Belen,
Dominican Sisters of Hope**

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group

Presenter

Liz Baganz-Randolph

Director of Health and Well-being
Dominican Sisters of Hope



Background

- Began journey with DSH 11 years ago as Administrator of Infirmary in Newburgh, NY
- Licensed Nursing Home Administrator with mental health background
- In 2009, developed Holistic Health Care Team to support our Sisters where they are



In the Beginning

- 2007-Traditional infirmary model with 35 Sisters, 60 + employees; Retirement Side of Motherhouse 40 + “Independent” Sisters living in small communities
- Total # Sisters about 250
- Views about healthcare/invisible line
- Relationship building

In the Beginning

- 2008 began process that would lead to closing of Motherhouse and moving of Sisters into multiple facilities and long term care communities
- February 2009-first group of “Pioneers” moved out and into Meadowview Assisted Living at the Wartburg Adult Community
- November 2009- last Sister moved
- 2010-Motherhouse sold to MSMC



Holistic Health Care Model

- How do we support our Sisters who were now in facilities in 3 states?
- 2009 Presented Model:
 - Independent Care Coordinators in NY, NJ, MA/New England
 - Community Health Nurse
 - Administrator
 - Transitions Coordinator



Holistic Health Care Model

- Role-to provide support to our Sisters as transition to their new “homes”, advocacy, over-see health care needs being met, attend care plan meetings, ER visits, transportation to appointments
- 2011-started in-home assessments for Sisters living independently, expanding role of our team
- Importance of being Pro-active (baseline, knowing what could happen, preparation)



Holistic Health Care Model 2018

- 144 Sisters, Avg age 81, 90 are over 80 years old
- Team consists of:
 - Independent Care Coordinators:
 - NY (35 hours)
 - NJ (25 hours)
 - MA (3-5 hours)
 - NY-Newburgh/R.N. (25 hours)
 - Community Health Nurse/R.N. (FT)
 - Transition Coordinator (FT)
 - Administrator (FT)
 - Sister Volunteers

Holistic Health Care Model 2018

- Role: support Sisters where they are (currently 9 facilities/campus), support our other Sisters living “independently” in 11 states, doctors’ appointments, transportation, care planning, ER/hospital and coordination of services, MOVES, retreats, home visits, on-going assessment, and whatever else is necessary

Holistic Health Care Model 2018

- My Role: Coordination of Team, liaison with facilities, intake paperwork, education, newsletter, financial, on-going assessments, driving, assist with funeral planning, identify level of care transition, communicate with Leadership
- All team members and Sister volunteers play pastoral role

How Did We Get Here?

- 10 years of relationship/trust building
- Confidence/support of Leadership Team
- Mutual respect with management/staff of facilities
- Committed team members

Relationship and Trust Building

- Small group meetings-topics of interest (HCP, HIPAA)
- Listen to concerns/input
- Videos/presentations at Community Chapters and annual Assemblies
- Participate in other functions, events (not health care related)
- Newsletters/Education
- Good reviews/pilot
- Sister participation in choosing ICCs
- Assist with non-health care related items (errands, transportation, clothing shopping, home visits)

Confidence/Support of Leadership

- Departments already overseen by laypeople (letting go attitude)
- Listserv/email
- On-going dialogue with Council connectors/open communication

Mutual Respect with Partners

- Came into Adult Care Communities as “partners”; available, on-site
- Respect from Administrators (knowledge/experience)
- Regular Meetings
- New facilities-process

Committed Team Members

- Original Care Coordinators 2010
- Added another nurse 2013
- Sisters' trust, relationships



Aging In Place

- Current Statistics
 - 144 Sisters
 - 35 Live in Assisted Living Facilities
 - 9 Live in Skilled Facilities
 - 100 Live in senior apartments, non-senior apartments, homes, and convents
 - 2 locations where there is cluster of 9 or more
 - 3 locations where 4 Sisters live together
 - The rest live alone or with one other Sister

Aging In Place

- A conscious decision to remain in the setting of her choice as long as she can, with the comforts that are important to her (as long as it does not jeopardize her safety and well-being AND it does not impact the common good of the congregation)
- Apartment, house, convent, AL facility

What Makes Aging in Place Successful?

- Appropriate physical environment
 - First floor or an elevator, ramps, easy parking, safety features, wide doorways
- Location, Location, Location
 - Close proximity to stores, church, health care
- Support/relationships
 - Friends, neighbors, family, care coordinator
- Access to services
 - Housekeeping, laundry, shopping
 - HHA, visiting nurse
 - Transportation

What Makes Aging in Place Successful

- Social/Ministry Opportunities(activities, trips, pray together, volunteer, gym, senior centers, justice advocacy)
- Spiritual Opportunities/Connection with Congregation
- Knowing yourself and limitations
- Knowing when it is time to ask for assistance

How Our Team Makes It Work

- Stability/longevity of ICCs
- Proactive with health care, emotional and spiritual needs
- Linking to Services
 - Housekeeping and laundry
 - Home Health Aides (applied for MLTS programs and private pay)
 - Physical Therapy
 - Spiritual Direction
 - Retreats (provide transportation) and help organize in-house retreats



Continued

- Provide and/or Link to Transportation (accounts at cab companies, senior buses, Medicaid Transportation)
- Food Shopping/Meals (take to store, shop for Sisters, grocery delivery, account at local grocery stores and restaurants, live in building with store/meal delivery)
- Medical Alert Systems, 24-hour security
- Baseline and on-going in-home assessments
- Post-retirement Living Forms
- Know who supports are (family, friends)
- Holistic Interventions (massage, chiropractic, acupuncture, CBD oil)



In Her Own Words...

Sr. Sylvia Bielen

Dominican Sisters of Hope



Managing Right-Sizing, Relocations and Transitions

- Moving is the #3 stressor in a person's life (after death and divorce)
- Starting with moving of sisters out of Motherhouse and closing it after the sale, we have managed close to 200 moves in the last almost 10 years!
- Once decision is made (willingly or not) then hard part begins
- Sr. Sharon-Transition Coordinator
- Everyone needs a Sr. Sharon!



Importance of a Transition Coordinator

- Talks to Sister about what she would like to bring, what she needs and what will fit in new apartment
- Draws floor plan and reviews with Sister
- Helps pack belongings, donates & disposes of items
- Arranges for movers, shops for needed items & is present for move
- Unpacks all belongings and makes sure Sister is settled in new home
- Pastoral part of Coordinator
- Assists with clean-outs when death

Where Do You Find a Sr. Sharon?

- Look within (organized, patient, caring)
- Go outside
 - Hire a Senior Move Manager
 - Growing field



Thank you.

Liz Baganz-Randolph

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