## The Challenge of Mission & Margin in Long-Term-Care

Looking back when I was discerning my own call to ministry, I poured through what seemed like tons of literature. I read that the Benedictines were called to live Jesus' mission through a balance of prayer and labor; the Franciscans were called to see God in all creation and the Notre Dames charism was to show God's goodness and provident care.

In all this literature, in all my devoted research, never once did I read: "And remember, no margin, no mission!" Now that I have been involved in ministry for many years, I find myself being nostalgic about the past, when things seemed simpler. We ministering in long-term care realize, of course, that times have changed and the more complex the system becomes, the more some of us reminisce about the days when the focus seemed to be more about mission and less about margin.

At a Catholic Health Care assembly, a speaker said that we in the contemporary health care ministry often feel like the disciples on the road to Emmaus, walking away from the world we know, feeling deserted and lost in a harsh new world of...

- market strategies
- staffing ratios
- provider tax
- dwindling Medicaid reimbursement
- and the latest F tags

Like the disciples on the road to Emmaus, we too are challenged to recognize Jesus and his gospel message in our changing realities. And we ask ourselves, "How can we bring wholeness when we minister in such a fragmented system?"

- A ministry where healing is our goal,
  - o but a system where case mix reimburses for higher acuity.
- A ministry where there is a critical nursing shortage,
  - but the MDS, RAPs and RUGs divert thousands of costly nursing hours to paper care.
- A ministry where persons 85 and older have escalated to the fastest growing segment of our population and the growth of the long term care workforce is flat. A ministry where this workforce needs to increase by more than four million workers over the next 40 years just to maintain the current ratio of worker to seniors over the age of 85.
  - o And the proponents of staffing ratios continue to lobby.

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Our buildings are aging, our Medicaid population is increasing and our reimbursement is decreasing. And like those disciples on the road to Emmaus, we too will fail to recognize the presence and the power of Jesus, if our mindsets remain in past realities.

I'd like to share a story from St. Charles, where I minister,---a story about how we were shaken from our old mind set, into a wonderful new ministry.

A few years ago, we at St. Charles made the difficult decision to de-license 44 of our 149 nursing facility beds because there just were not enough qualified nursing assistants in our area to care for our residents in the manner that our ministry dictated. This was a tough decision. And to make it even more challenging, we were committed to not let one employee go. Needless to say, this move took a lot of faith, and caused quite a financial hit.

Board, staff and families came together with support and some very eyeopening ideas. Two housekeepers said, "You know how we always try to bring the community to St. Charles, well, let us take St. Charles the community." And they went out and cleaned houses for the elderly. And from this idea the "St. Charles at Home" ministry began. Now we supply drivers, cooks, housekeepers and companions to the elderly in the community.

Our chefs came up with the idea of offering meals to persons in the near by Village and supplying food for families at times of special events. Next we obtained a Private Duty Nursing license and then expanded our Adult Day Health Program---Charlie's Club.

And isn't this just like a ministry, at a time when we're in a financial crises, we begin a free service! That's what we did. We ran adds in the diocesan newspaper saying:

If you have questions about Medicare, Medicaid, or about how to best care for your elderly family member, or if you need to know what services are available in the community, call Margie Volpenhein, our Senior Social Worker at this number...

We bought Margie a cell phone and the calls began and they continued and they increased. People called to say, "We don't even know what questions to ask, please tell us what to ask." Daughters called and Margie could hear their sobs over the phone and they would say, "I just can't do this any longer, please take some of this burden from me." Even elderly persons called because they were caring for mentally ill, middle aged children and they didn't know how much longer they could do this. The calls continue to be many and diverse. These are calls from:

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- persons who don't know where to turn
- persons who need help getting a ride to the doctors or help putting food on the table
  - persons asking for someone to please just listen
- persons asking for someone to care, for someone to bring wholeness where hearts and bodies are broken

When we closed those 44 beds, we were like the disciples on the road, frightened and sad because our mindset about how to minister couldn't get beyond our past realities and we couldn't imagine that the Lord would reveal his power and presence in ways that our limited vision kept us from seeing. But he did, and a whole new and wonderful way of living Jesus' healing mission was made visible to us.

Of course, the challenge of mission and margin continues for each of us, but more importantly, so does the challenge of our openness to the vision of Jesus who walks beside us on the road.

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