



Saint Elizabeth hopes new homes reduce loneliness

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BOREDOM,

loneliness and helplessness.

These emotions, explained Matthew Trimble, chief operating officer of

Warwick-based Saint Elizabeth Community, are often unintentional consequences felt by residents isolated in certain nursing home environments.

But Trimble hopes the nonprofit elder-care provider's newest facilities, The Green House Homes at Saint Elizabeth Home, four 12-bed homes built adjacent to Saint Elizabeth Home in East Greenwich, will combat the spread of those emotions.

"Rhode Island nursing homes do very well caring for the elderly. [But], this is a new and innovative model ... all about empowering residents, staff and letting people be in control of how they live their lives," he said.

Designed by Dr. William H. Thomas, a physician, the homes have a ratio of 12 residents to every three licensed, certified nursing assistants trained in food preparation, as well as light housekeeping, known as shabbazim, and one nurse to every 24 residents.

The homes, which are approximately 8,000 square feet, have 12 private bedrooms, in which residents can access a private bathroom, and common eating and living areas. Designed by Rochester, N.Y.'s SWBR Architects, the homes will be completed within the project's \$12.5 million budget, said Trimble.

Based in Baltimore, The Green House Project has built facilities in 30 U.S. states. In 2011, as part of the Robert Wood Johnson Foundation \$100 million "impact capital" movement to improve U.S. health care, RWJF and NCB Capital Impact launched a 10-year, \$10 million campaign to see these homes spread to all 50 states.

Trimble said Saint Elizabeth became aware of the homes in 2004 and sent teams of caregivers to projects across the country. While the organization "fell in love with the model," he said, they faced a significant hurdle implementing such innovation in the Ocean State.

Since the early 1990s, there has been a moratorium in place barring the addition of new nursing home beds in Rhode Island, he explained.

"The main reason [the moratorium] exists is because upwards of 70 percent of people in nursing homes are paid for by [the] state. It's a way to keep Medicaid costs under control," he added.

In 2009, Saint Elizabeth, with LeadingAge Rhode Island – a nonprofit aging advocacy group of which Saint Elizabeth is a member, embarked on a five-year campaign resulting in a state-sanctioned exception to the moratorium. Ninety percent of beds from previously closed nursing homes are collected in a pool, which care providers can apply for through the R.I. Department of Health and receive a license to regenerate in new facilities.

GAME CHANGER: From left, Steven Horowitz, president and CEO of Saint Elizabeth Community, and Matthew Trimble, chief operating officer, in front of one of the 12-bed Green House homes. PBN PHOTO/MICHAEL SALERNO

RIDOH stipulated, however, beds recycled from this pool would only be awarded if they were part of a new scheme for an innovative model of elder care.

"We have this boom of elderly people coming our way and there will always be a need for nursing home beds. The state recognized ... an unintended consequence of the moratorium was it stifled innovation because new [facilities] couldn't be built," said Trimble.

In 2014, Saint Elizabeth applied for and received a license to implement 48 new beds. Two of the 12-bed homes will open in April and the remaining two 12-bed homes will open the following month.

While the moratorium remains, Trimble said the five-year-long development of the legal exception "was the biggest difficulty" in bringing Green House homes to the Ocean State.

"All good things take time," he joked.

The need to find an exception to the moratorium on new nursing home beds was paramount because the 2016 Healthy Aging Data Report predicted the number of Rhode Islanders aged 60-plus is expected to increase from 217,000 to 264,238 people by 2040.

Compounding that statistic is the fact that regionally, Rhode Islanders have the highest rates of hypertension (79 percent), high cholesterol (78 percent), ischemic heart disease (46 percent) and diabetes (36 percent), according to the same report.

However, because of the low ratio of shabbazim to residents and the way in which the independent style of living empowers residents and staff, Steven J. Horowitz, Saint Elizabeth Community president and CEO, believes health management in the homes will be more personable than what is provided in institution-like settings.

Horowitz said "most Rhode Island [nursing homes] ... are 40-bed units. Going from 40 beds to 12 is a game changer."

Each home will operate independently of the others and residents will be able to participate in menu planning, meal preparation and choose their activities. "Resident-focused" care is what sets the homes apart from current services in Rhode Island, said Horowitz.

The five-year wait for the moratorium exception took "perseverance," he added. And, while the 48 new beds only account for a fraction of the 9,096 Rhode Island nursing home beds listed in the December 2016 Nursing Home Summary Report published by RIDOH, Horowitz said the independent-living environment elders experience in the homes was worth the wait.

"What you find a lot, in terms of elders and live in nursing homes, is the loneliness factor. Taking care of someone's health is a good thing, but if their mental condition isn't there, they suffer all the more, said Horowitz. "Our hope is that the homes will eliminate a lot of that loneliness." ■