



Taking orders

The message has been delivered frequently to long-term care providers lately: Get ready for more medically complex residents, and specialize in whatever you can. Leaders at the 460-bed, 1,000-employee Gurwin Jewish Nursing & Rehabilitation Center have not only heard this call to action, but they've responded heartily. President and CEO Stuart B. Almer spoke recently with Editor James M. Berklan about his (growing) community's dedication to offering more specialty care.

Q: How did you get ahead in the trend to diversify services?

A: One of the things I've tried to do is start programs that fit in well with our mission and our strategic plan of offering specialized services without locking us in by certifying beds for one service or another. That way we can build programs that can integrate easily. If one service or program doesn't work, we can modify it or refer from one program to another.

Q: What's the rationale behind your recent development with dementia care?

A: Historically, dementia residents were interspersed around a skilled nursing facility, receiving the care they needed but perhaps not in the best environment. We developed a secure, locked unit to provide a safe, active and social environment.

Once we opened this unit, we were able to take more complex folks from the community whom we turned away previously.

We could provide specific programming to our residents with the highest level of dementia. We moved a number of residents from the unit to prepare

our memory care unit and asked staff if they wanted to stay and get very specialized training.

Now, I describe that unit as a calm setting. Normally, that would not be true with that type of resident population. But if you have the right programming, and beefed-up staffing, you can provide quality service for these dementia residents. Our nursing coordinator for it actually received an award from LeadingAge New York.

Q: How popular is the unit?

A: It remains full all the time. It's actually calmed down the whole building by taking some of the most challenging residents and relocating them to the specialized unit. We did a survey throughout our building and there were initially 76 residents who met the general criteria we had established. These folks



Photos: Chris Taggart

were safe where they were, but this just makes things even better.

Q: Is the program replicable?

A: This could be done with psych services, complex care ... there are many ways to do this. Other facilities group together those who are on dialysis. It's really just grouping to improve care.

Q: What will be your next new venture?

A: This summer we're opening a complex care unit. It will be one wing of the fourth floor — 12 beds in six rooms. The goal is twofold. First, we'll be able to care for folks we may have been turning away before. And second, it's an opportunity to group them together to provide better monitoring, and, ultimately, better care.

For this, we're not only renovating the unit, but we're buying monitoring capability for all vitals 24/7, including high-tech bracelets that some of the more notable hospitals are using. Basically, if a resident is on the unit and goes to a clinic in-house or to dialysis, we'll have real-time information on their vitals, whether it's blood pressure, pulse, etc.

We're investing a lot in this technology. We all should be looking more at technology.

It was easy to develop this unit through a not-certified route. The flexibility in patient movement will make it very special. These programs are proving to be very successful to us. Among other things, our hospital readmission numbers have dropped from 17.1% in 2013 to 12.7% in 2017.

Q: What else is in the mix?

A: We recently opened a social-model day care program. For nearly 30 years we have enjoyed



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a thriving, active medical-model day care program. The Medicaid program in New York State allows us to provide services for individuals in the community, such as nursing, medication management, physical therapy, social work and nutrition, through this program. We have about 130 clients per day coming from the community for those services.

It's a flexible, drop-in program for those with mild to moderate dementia, and also provides respite for caregivers. It's individuals who bring a loved one who might need a few hours of rest per day. They pay privately. Or some managed care might cover the cost of it.

We also have a 12-station dialysis service, through a contract. It operate four shifts, six days a week at full capacity. Having that is significant because it's more attractive to family and patients because we don't have to go outside for services.

These programs help patients and bring more people in. The outpatients who come to the social day care program introduce a whole new audience to us.

Q: Do you want to do more on the clinical side?

A: We're hoping to develop an infusion center and provide outpatient antibiotic therapy. If you go to the doctor and he says you might benefit from antibiotic therapy three days a week over the next two weeks, for example, you could come here. We've already determined the space for it.

We're also certified for 28 ventilator care beds, so we're already taking care of more complex population than many others.

Q: How do docs and managers help you build on your other strengths?

A: Three other things make us unique. First, we are a preferred provider in five major hospital networks, which increases our referrals. We also have physician coverage here seven days a week, into the very late hours. We have dedicated physicians — regular, full-time staff members.

Third, we have a very active administrator-on-duty program. Our management team rotates to provide weekend and holiday coverage. There's always a senior staff person on-site to assist.

Q: Is there a risk of throwing up too many balls in the air at one time?

A: The economics of the business are changing. The rules have changed and that has made this business much harder. We need to adapt.

The challenge is we're a big facility, so for us to "be fed," we need to develop programs to stay viable. Certainly, having dialysis, a memory care unit and all of these programs will help us stay in the game.

We also have in-house clinics, so if you need to see a dentist, or get an X-ray or see an ENT, physicians from many specialties have hours at our onsite clinic.

Our goal is to provide the best care for our residents and short-term rehab patients.

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Q: How do you see integration plans in the future?

A: Our vision is for the programs in our continuum to refer to each other. We're surviving by developing new products, working with staff and being very laser-focused on everything we do. It makes a difference. ■