

AWARD WINNER

COMPASSIONATE CARE FOCUS
ST. JOSEPH'S MANOR

Trumbull, Connecticut





A thousand times a day, in small ways and large, St. Joseph's Manor gets end-of-life care right. Guided by the Philosophy of the Carmelite Sisters for the Aged and Infirm, the Manor has established a reputation in the Bridgeport, CT area for compassion, dignity, and excellent care. In recent years, it has raised the bar even higher. In 1997, in response to national reports about perceptions of poor quality in end-of-life care, St. Joseph's initiated the Compassionate Care Focus Group. The initiative is a multidisciplinary, institution-wide effort at introspection, and it is an inspiring role model for others.

With members drawn from nursing, social service, compliance and staff development, volunteers, food service, environmental services, and purchasing, the group began its work by learning about common perceptions regarding end-of-life care. Then it moved on to assessing St. Joseph's own practices and asking staff for suggestions about ways to improve the experience for residents, families and the staff themselves.

As one might expect, the process was not without hurdles. "Our first staff survey met with defensiveness from some," says Karin "Teddi" Tomsic, director of pastoral care and mission. Tomsic facilitates the group. "Some felt that, by suggesting that we could improve, we were somehow invalidating what they had already been doing."

But a survey of families who had lost a resident during the previous year yielded overwhelmingly positive feedback. The group was reassured to learn that families perceived that their loved ones were comfortable while in the active process of dying. Many respondents also noted the compassion of nursing, housekeeping, social service and pastoral staff. Feeling affirmed by these results, the staff turned its attention to further enhancing already excellent care.

The group began to brainstorm, and ideas bubbled up that have changed St. Joseph's outlook and practices in many ways. An early suggestion was to find a way to designate a room in which a resident was dying. "There was a sense that dying was a sacred time, a life event that should be supported in special ways," says Tomsic. A staff survey on the subject yielded the idea of posting a symbol on the door of the resident's room. The staff then voted among several choices, and selected an angel as a universal religious symbol. Two staff members created three cross-stitched angels, which have become widely understood symbols throughout the facility. The angel alerts families and staff to the special circumstances, enables staff and residents to say goodbye, and triggers resident-sensitive changes in routine events, such as equipment maintenance and fire drills.

Seeking ways to give the experience of losing a loved one a sense of dying at home, the focus group also instituted other changes, such as softening the conventional, institutional décor by switching to mauve-colored, jersey sheets throughout the 297-bed Manor. In addition, the group devised other small but significant amenities that address both family and staff grief: a Comfort Cart, supplied with items for the comfort of family members during extended periods at the resident's bedside (toiletries, combs, pillow, blankets, books, and tapes); a memorial Mass for families; an annual memorial service for families of all residents who died in the previous year; a Remembrance Box on which the resident's name and photo are posted for two or three weeks after death; and a brass bellman's cart on which resident's effects can be delivered in a dignified way to family members.

My advice to others is to leave no stone unturned. Keep looking. There is always more that can be done.



INNOVATION HIGHLIGHTS

SPECIAL END-OF-LIFE SYMBOL ON RESIDENTS' DOORS

EMPHASIS ON AVOIDING DISRUPTIVE HOSPITALIZATION AT END OF LIFE

AMENITIES FOR GRIEVING FAMILIES

INTENSIVE STAFF INVOLVEMENT IN PROCEDURAL CHANGES

The impact of these seemingly modest initiatives is not limited to families and residents. “The most positive result so far has been that all our staff appears to be more comfortable and accepting that death is a part of life,” says Sister Michelle Anne Reho, St. Joseph’s administrator. “We see this especially in housekeeping, food service, recreation and administration, where there’s more comfort in joining nursing, pastoral care and social service at the bedside to offer support or condolence to residents and/or family members.”

St. Joseph staffers agree. “When I see the angel on a resident’s door, I get a special feeling,” says Nair Pereira, C.N.A. “I feel more comfortable knowing what’s happening, and I want to participate, because the residents feel like family to me.”

Renee Moss, a rehabilitation aide who has worked at St. Joseph’s for 10 years, has a similar reaction. “As a caregiver, I feel good about being able to provide the kind of care I’d like for myself or a family member,” she says. “All the little things — like sending cards to families — make me feel good about my job. And they give me a way to deal with my own loss.”

Today, the focus group discussions continue, and the agenda is expanding. “As we continue our discussions, we see that all of our care is interrelated,” said Tomsic. “We’ve come to believe that everyone who enters a nursing home is, on some level, beginning to deal with mortality. To truly improve the end of life, we need to look at all aspects of our care. As a result, our focus has broadened to look beyond the last days, and even to start at the first days — even the first phone call.”

Clearly, others can follow St. Joseph’s example of inclusiveness and introspection. Sr. Reho suggests wide-ranging involvement in change, because everyone in a nursing home plays a part in making the resident’s life meaningful — whether it’s the switchboard operator, the maintenance staff, or those most often involved in medical care.

“With a committed staff and a willingness to change, anyone can do what we’ve done,” says Sr. Reho, noting that even small steps can contribute to a larger philosophical shift. “I’ve seen the change. The Compassionate Care Focus Group has pulled us together as a team, and it’s helped us see how important and rewarding it is to make our services revolve around our residents at a very special time in the life cycle. My advice to others is to leave no stone unturned. Keep looking. There is always more that can be done. We need to just keep getting better and better.”•