

HOME CARE
HOSPICE AND PALLIATIVE CARE
ISABELLA & MENORAH CENTERS FOR
REHABILITATION AND NURSING CARE
ELDERPLAN/HOMEFIRST
INSTITUTE FOR INNOVATION IN
PALLIATIVE CARE

MJHS *in* FOCUS

Spring 2020

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Thank you to all of our 2019 donors. Without you, MJHS Health System would not be able to provide many of the extraordinary programs and services that make such a difference in the lives of our patients and their families. Throughout this issue you will see your name recognized as a tribute to your support.

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MJHS HEALTH SYSTEM

announces

THREE NEW LEADERS



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MJHS HOSPICE GOES TO BROADWAY *and*

sings the night away



Note for note, our annual National Hospice and Palliative Care Month fundraiser did not disappoint! The evening began with an inspiring program and ended with a Broadway show that got everyone on their feet!

Burt Esrig, MJHS Hospice Board Chair, kicked things off by highlighting what makes our program so extraordinary, including that in 2018, **385 MJHS clinicians provided hospice care to 5,600 patients and supported an additional 945 patients with palliative care.** Reflecting New York's diversity, our patients and clinicians spoke a total of **32 different languages.**

And, when the time came, our bereavement coordinators led **more than 1,900 bereavement sessions, and placed more than 5,400 calls, in order to help families learn how to grieve after their loved one's passing.**

The extraordinary services we provide—including spiritual support, music and art therapy, as well as overseeing **nearly 11,530 volunteer hours**—are

expensive. Unfortunately, many of these services aren't reimbursed by government programs or private insurance. **This is why it's so meaningful that event supporters helped us raise \$376,800!**

Later in the program, Burt introduced the packed audience to Ilene Frischer, who is a recent MJHS

Hospice volunteer of the month. She's also the remarkable widow of a man who chose our hospice program for his end-of-life care. You could hear a pin drop as Ilene talked about her husband's hospice journey five years ago and what inspired her to become a volunteer. For the past two years, she has visited weekly with our hospice patients providing support during a difficult time.



Continued

Alexander S. Balko, MJHS President & CEO, then emphasized that even in the midst of regulatory and budget challenges, MJHS has never wavered from providing quality care with compassion, dignity and respect.

Steve Rotter was presented with this year's Humanitarian of the Year Award. After seeing the exemplary care his mom received from MJHS Hospice and how the final chapter of her life was

positively impacted by hospice care, Steve vowed to remain involved with MJHS Hospice. He kept that promise and joined the board. During his remarks, Steve spoke movingly about the people who inspire and encourage him each and every day.

Feeling uplifted, attendees made their way to the theater and traveled along the musical highway of The Temptations story, plus sang along to the legendary Motown sound. ■



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Every year our very own employees raise funds for the programs and services of MJHS! Thank you to our employees who not only give to us every day by caring for our community but also go above and beyond to donate funds to ensure we can continue caring for those in need.

Anonymous (77)

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Martina's Story

How HomeFirst is Helping a Dependent Member Remain Independent



Martina* is an 85-year-old woman who is not only wheelchair bound—but is unable to wheel herself. This makes her totally dependent on others. When we first met her in mid-2015, Martina lived on her own and felt strongly about not going into a nursing home, a position fully supported by her younger brother. So, when she enrolled in HomeFirst, it became our responsibility—as her managed long-term care plan (MLTCP)—to provide the care and support she so desperately needed to remain safely at home.

As soon as Martina enrolled we immediately conducted a full assessment that revealed Martina had multiple health conditions, including heart disease, diabetes, kidney disease and mild dementia. In collaboration with her brother, we developed a comprehensive care plan that included providing a home health aide (HHA) 24 hours a day, seven days a week. Over the next four years, we checked in on Martina monthly, conducted follow-up in-home assessments every six months and remained in regular communication with Martina's brother about her care plan.

This past May, we received a call from the licensed agency that provides her HHAs, advising us that Martina had run out of food. They told us that her brother, who usually visited monthly and provided money for household expenses, never came. Despite repeated attempts, they were unable to contact him. We learned later that he had taken ill but happily report he has since fully recovered.

Martina's HomeFirst team immediately activated a plan. First, we contacted Adult Protective Services (APS) and made a referral for financial management. For individuals like Martina who cannot manage their own affairs, APS will assume financial responsibility. They directly receive the person's social security checks, pay their bills and provide them with a stipend. APS also applied for food stamps on her behalf.

In addition, we arranged for Meals on Wheels so Martina would have food while she waited for the food stamps to be put in place. However, knowing that it was Friday of Memorial Day weekend, and that it was highly unlikely that Meals on Wheels could begin providing services before Tuesday, my supervisor and I knew we needed to do more. We

both chipped in. Then, after work, I bought groceries and went straight to Martina's home to bring her the food and see firsthand how she was doing. It so moved me to see the near empty pantry and the obvious emotional impact the situation had on her.

"You could see the relief and appreciation on her face. As her Care Management Supervisor, it was so fulfilling, but it didn't stop there."

I explained to Martina that we'd put a plan in place to make sure she would never go hungry again and that her finances would be managed safely. You could see the relief and appreciation on her face. As her Care Management Supervisor, it was so fulfilling, but it didn't stop there.

Given the trauma Martina experienced, we scheduled an early in-home assessment. We also arranged for a Personal Care Physician (PCP)—who does home visits—to assess her ability to remain safely at home with the proper support. The physician not only concluded that it would be safe, but strongly advocated for her to be kept in the

community. This was wonderful news since a big part of our mission is to keep members in the least restrictive environment possible. In other words, helping them avoid a nursing home placement.

I'm proud to report, that with our support and interventions, Martina has had no hospitalizations since 2016. She continues to receive HHA care 24/7. And, with the active involvement of her HomeFirst Care Management team and visiting PCP, Martina's

medical issues have actually improved. Importantly, HomeFirst has been able to fulfill her wish to remain safely in the comfort of her own home, while at the same time realizing significant savings for New York State. A positive outcome on all fronts.

—Laiza P. LSW

HomeFirst Care Management Supervisor

**Name, photograph and some details have been changed to protect member privacy.*

UPDATE ON HOMEFIRST

- Opened enrollment in 2001
- One of the original Managed Long-Term Care Plans in New York State
- Rated 5 out of 5 Stars on Overall Health Plan Performance in 2018 and 2019, as published in the New York State Consumer Guide
- Received highest tier rating for Quality (Tier 3) in 2018 and 2019

OUR IMPACT IN 2019

- Total Members Cared For: 18,676
- Languages Spoken By Members: 35
- Geographic Reach: All 5 Boroughs of New York City, Dutchess, Nassau, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester counties

Supporting Family Caregivers with the Jason Steadman Memorial Fund

To mark the 4th anniversary of Jason Steadman's passing at just 44, his wife, Katherine Steadman, and sister, Juli Charkes, joined together to honor his memory. It was their hope to help other family caregivers who are suddenly faced with the responsibility of caring for a terminally ill loved one. Together, with the generosity of their friends and family, they established the **Jason Steadman Memorial Fund as part of the MJHS Golden Family STAR Program**. The STAR Program is dedicated to providing additional home health aide hours to family members of MJHS Hospice patients who are experiencing burnout or distress.

Family members often embrace caring for their loved one but are totally unprepared for the enormous toll it can take. "When your loved one receives a terminal diagnosis, it impacts the entire family. But when the emotional and logistical demands became too great, our family was able to hire home health aides full time to help care for Jason at home," said Katherine. "Sadly, many family caregivers are not as lucky. Far too many end up burning themselves out trying to do it with limited resources. That is why we are so grateful for the

opportunity to offer other families the additional resources and relief that can make a profound difference."

Recipients of support from the STAR program are people who have young children at home, patients who live alone with no family nearby, and patients whose caregivers are depressed, elderly, or in danger of losing their job due to the demands of providing their loved one with care. **These additional hours are only made possible thanks to the generosity of donors to the MJHS Golden Family STAR Program.**

Understanding the enormous impact a break can have for caregivers, Katherine and Juli knew this was one special way they could make a difference while paying homage to Jason's buoyant character and love for life. "There was so much vibrancy that he brought to those in his orbit. He was devoted to family, friends and of course his beloved dogs Rosco and Gumbo," said Juli. "We are so grateful for the chance to provide an opportunity for more people to receive the relief, and experience the profound difference, extra home health aide hours can provide." ■

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MJHS Mollie and Jack Zicklin Hospice Rededicated at Menorah Center

16 private and spacious home-like suites for nursing-home eligible adults diagnosed with a life-limiting illness

Palpable anticipation hung in the air as everyone entered the 10-acre oceanfront campus of Menorah Center for Rehabilitation and Nursing on September 5, 2019. On that picture-perfect day, special guests witnessed the rededication of the 16-suite MJHS Mollie and Jack Zicklin Hospice at Menorah Center. Attendees included the MJHS Board and UJA-Federation of New York leadership, Zicklin Family, elected officials, donors, health care leaders and clinicians.

“For decades, UJA-Federation of New York has believed in, and generously supported, our deep understanding of clinical, spiritual and cultural end-of-life issues,” said Alexander S. Balko, President and CEO, MJHS Health System. “Their support in moving the MJHS Mollie and Jack Zicklin Hospice to our Menorah Center campus is particularly meaningful because it will allow us to provide customized end-of-life care, based on each resident’s clinical needs, life experiences, family structure and religious beliefs, in this extraordinary and peaceful setting.”

The MJHS Mollie and Jack Zicklin Hospice cares exclusively for Menorah Center residents, of all faiths backgrounds and orientations, who have

a life-limiting illness. Patients live in home-like suites where they receive an overlay of care and support from MJHS Hospice—which provides expert medical care, pain management, as well as emotional and spiritual support. This is in addition to the services and care provided by the team of caregivers at Menorah Center. The Zicklin Hospice has unrestricted visiting hours, and the suites have sleeping accommodations so families can spend precious time together.

“The hospice programs and services of MJHS Health System embody the words compassion, dignity and respect...”

Specialized MJHS Hospice programming for members of the Jewish community, whether living at the Zicklin Hospice at Menorah Center or at home, is largely funded by the Zicklin Family Endowment and through UJA-Federation of New York.

This includes music therapy, observance of holidays, funeral planning and bereavement support consistent with Jewish cultural and religious practices.

“The hospice programs and services of MJHS Health System embody the words compassion, dignity and respect,” said Eric S. Goldstein, CEO of UJA-Federation of New York. “UJA Federation of New York and the Zicklin Family are proud to help MJHS continue to expand their tradition of quality, compassionate and expert care through the MJHS

2019 EMPLOYEE GIVING
CAMPAIGN

Mollie and Jack Zicklin Hospice, which will offer Menorah Center residents facing the end-of-life, and their families, peace of mind and comfort—medically, emotionally, culturally and spiritually.”

The Zicklin Hospice provides holistic care for patients and their loved ones, including art and music therapy to help reduce stress and anxiety, PTSD and trauma support for Holocaust survivors, LGBTQ+ sensitive care, caregiver support groups, extraordinary event experiences for patients and families, along with bereavement support.

MJHS is one of the largest not-for-profit hospice and palliative care programs in the region. Prior to the rededication, the Mollie and Jack Zicklin Hospice was located in the Riverdale section of the Bronx. The Menorah Center campus has 436 long-term and subacute beds. Kosher dietary laws are observed. Menorah Center is the last remaining not-for-profit Jewish nursing home in Kings County. ■

As Sweet as the Sugar Plum Fairy

MJHS Clinicians Deliver Holiday Cheer

Aniya had a rough night and a tough morning. She was feeling sad. Then she heard the doorbell and familiar faces began to appear. Based on their outfits, she knew this would be no ordinary clinical visit.

For two days last December, MJHS Hospice clinicians—dressed in festive costumes—traveled across the city’s bridges and throughout the subway system to visit our youngest patients and their families. Neither freezing temperatures nor traffic jams kept the team from delivering holiday cheer, enthusiastic singing and lots of presents.

What started off small nearly 10 years ago, has become a growing annual tradition thanks to generous MJHS Foundation donors. In 2019, the MJHS Young Leadership Council helped purchase almost 500 presents, creative arts therapy supplies and bereavement support materials.

Our goal is always the same—celebrate the season with as many families as possible (and not talk clinical stuff during the visit!). For a short period of time, our patients don’t think about their diagnosis and there are only tears of joy. All is calm, all is bright, everyone feels happy and everything is a delight. ■



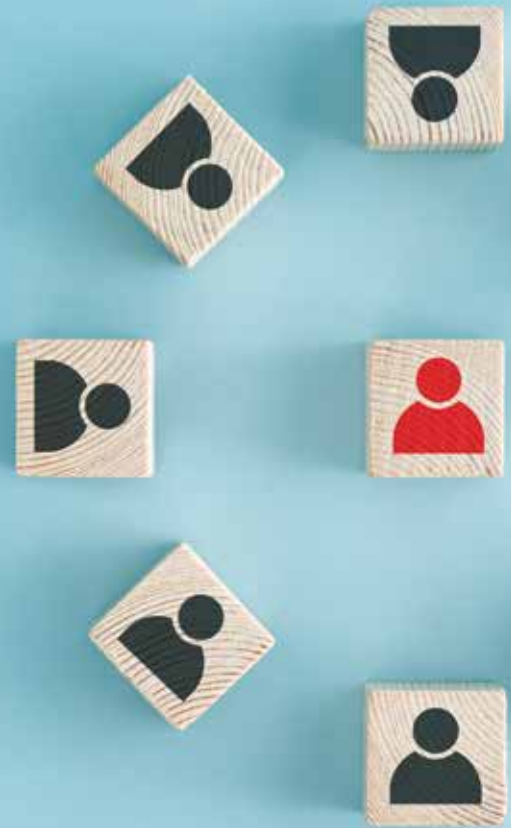
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MJHS HEALTH SYSTEM *announces*

THREE NEW LEADERS



MJHS Health System kicked off the new decade by announcing three leadership changes. **Danielle Rollmann** was elected the new Chair of the MJHS Health System board of directors. She succeeded Dr. Arthur Goshin, who served his full term and is now the immediate past Chair of the system's board. **Terese Acampora** was named Chief Operating Officer (COO) of MJHS Hospice and Home Care, and **Loyola Princivil-Barnett** assumed the role of COO of MJHS Centers for Rehabilitation and Nursing Care.



Danielle Rollmann joined the MJHS Health System and Elderplan, Inc. boards of directors in 2014. She is an independent consultant who most recently led global teams in the policy organization of Pfizer Inc., where she focused on access to medicine issues and developing Pfizer's positions on health care issues. Prior to that, Rollmann was a Partner in the Health Practice at a leading general management consulting firm, Booz & Company. Rollmann earned a Master of Public Affairs degree from the Woodrow Wilson School of Princeton University and a Bachelor of Arts degree from Yale University.

2019 EMPLOYEE GIVING
CAMPAIGN

Terese Acampora first joined MJHS Home Care as an administrator in 1985 and stayed through 2002. She returned as senior vice president of MJHS Home Care in June of 2016—a position she held until being named senior vice president of MJHS Hospice and Palliative Care in 2017. While at the helm of MJHS Home Care, Acampora led the clinical operations team through successful Joint Commission certifications and MJHS Home Care exceeded many state and national benchmarks for quality outcomes, plus demonstrated steady improvement in patient satisfaction scores. Since assuming leadership of MJHS Hospice and Palliative Care, Acampora has identified opportunities to decrease costs, improve efficiencies and has overseen development of a strategic plan to address two of the largest challenges facing hospice programs in New York City: census and length of stay. As COO of MJHS Hospice and Home Care, Acampora will continue to lead the hospice and palliative care programs and will resume oversight of MJHS Home Care.

Acampora is a member of the Home Care Association of New York State. She has a Master of Arts from Brooklyn College and a Bachelor of Science from Wagner College.



Loyola Princivil-Barnett first came to MJHS Health System in 2007 as an associate administrator and rose through the ranks to become the administrator at Menorah Center for Rehabilitation and Nursing Care. When Isabella Geriatric Center became a member of MJHS Health System in 2017, Princivil-Barnett was selected to become its SVP of operations/ administrator of record. As COO of MJHS Centers for Rehabilitation and Nursing Care, she will continue to lead Isabella and assume oversight of Menorah.

At Menorah, Princivil-Barnett was credited with improving the Center's financial performance, managing a multi-million-dollar construction and renovation project, as well as helping secure several grants. In her first year at Isabella, she focused on improving quality, resident and staff satisfaction, as well as advocated for programs that enrich the lives of Isabella's residents and community-based programs that provide an important safety net. She also led the integration of Isabella into MJHS Health System to eliminate redundancies and achieve greater efficiencies through consolidation of vendors. Princivil-Barnett has a master's degree in health administration and a bachelor's degree in community health. Both are from Hofstra University. She is also a member of LeadingAge and CCLC. ■

JOIN US IN CONGRATULATING THESE EXTRAORDINARY LEADERS IN THEIR RESPECTIVE NEW ROLES!

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MJHS Institute Unveils Online Palliative Care Learning Series



There's promising news on the medical front: physician and nursing leaders are increasingly embracing the need for palliative care, and patients are demanding it, too. As advocacy groups, patients, and families become increasingly vocal, more clinical leaders are turning to the MJHS Institute for Innovation and Palliative Care for guidance on how to create palliative care programs that address clinical concerns, patient expectations, financial realities and staffing.

In response, the MJHS institute launched a new e-learning series entitled "Creating a High Quality, Sustainable Community-based Palliative Care Program." For a limited time, the easy-to-follow module is free to all users, content-rich and practical. It is also referenced, linked to supplementary resources, and was developed by our own team—with generous support from The Milbank Foundation.

Preliminary feedback validates that the series is especially meaningful to those who are involved in the planning, administration or conduct of

community-based palliative care. It is also drawing the attention of those who are interested in this emerging model of care.

MJHS Health System is offering the free e-learning series for a limited time because the MJHS Institute is committed to the advancement of evidence-based, specialist-level palliative care, as well as educational programs and research that focuses on the needs of populations with serious illness. Nursing and New York State social work continuing education credit is available for each of the program's titles:

- **Value Proposition for Palliative Care**
(Parts 1 and 2)
- **Building the Proposal: Initial Considerations**
- **Building the Proposal: Models of Specialist Community-based Palliative Care**
- **Making the Financial and Quality Case for Community-based Palliative Care**

If you're a clinician or know a medical practitioner who wants to learn more about palliative care, see the full roster of MJHS Institute webinars at

mjhspalliativeinstitute.org/e-learning. ■

How the Isabella NORC Program

Helps Individuals Age Safely in their Own Homes

NORCs are **Naturally Occurring Retirement Communities**—Buildings where people moved in while still young and active but have aged in place and now require varying levels of support. Isabella Center has long-standing relationships with three NORCs in Washington Heights: Fort George VISTAS, El Corazón and River Terrace. As part of our deep commitment to the community, we provide support services for seniors who are residents of these NORCs, enabling them to remain safely in their homes.

Enrique is an 85-year-old widower, originally from Phoenix, who has lived in one of these NORC buildings since 1992.

Sadly, Enrique's story is one of hardship and survival. He was in a difficult marriage and ultimately was forced to leave his wife to raise their two children on his own. Now fully grown, his two daughters live far away and aren't able to support their dad on a day-to-day basis. That's where we stepped in.

Early on, Enrique just needed help from the Isabella NORC staff with obtaining health insurance and income-based benefits—which froze his rent and protected him from further increases. Over time, however, his health declined, and he became homebound. At this juncture, Enrique was totally dependent on the NORC staff for emotional support, coordination of care as well as benefits.

Enrique suffered numerous health challenges including: severe arthritis, asthma, high blood pressure, obesity, diabetes as well as difficulty with balance and mobility. He used a walker to get around and was on more than 8 medications. Through it all, however, Enrique remained alert and was able to handle his own finances.

The Isabella NORC social worker and nurse made regular home visits to check on Enrique and stayed in frequent contact with his PCP to ensure his care was well coordinated. And, since Enrique suffered multiple falls, a home safety assessment was conducted. This resulted in grab bars being installed for free through a grant we helped him apply for.

Enrique clearly needed long-term home care but, until it could be arranged, his Isabella NORC social worker referred him to UMPSI (the Upper

Manhattan Partnership for Senior Independence) for Meals on Wheels as well as EISEP (Expanded In-Home Services for the Elderly).

The Isabella NORC team knew Enrique was living on a limited income and was not eligible for Medicaid. So, our social worker also arranged for increased hours of home care through the New York Foundation for Senior Citizens at a reduced rate, but this was only a short-term solution. We needed

to educate Enrique about Managed Long-Term Care plans (MLTCPs) and the Pooled Income Trust that would make him eligible for Medicaid benefits.

Unfortunately, a short time later, Enrique had a stroke and was admitted to Isabella Center for rehab. Before

being discharged, the social work team at Isabella and the NORC collaborated to ensure his enrollment in the MLTCP was complete, so he could be safely managed at home. Soon after being discharged, the team assessed Enrique and determined that he needed additional hours. We successfully advocated on his behalf with the MLTCP and his care was expanded from weekdays to 7 days a week.

We are pleased to report that between the Isabella NORC team and the MLTCP, Enrique is now able to retain his independence and remain safely in his own home. He currently receives care from his HHA 6 hours a day, 7 days a week. Enrique is back to watching his favorite TV shows and occasionally even attends onsite social activities.

As was envisioned at the inception of the Isabella NORC model, the NORC staff became like family, a trusted resource that was there as a safety net for Enrique as he aged and needed our support. ■



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