

## CHAPTER 3

## St. Rose Dominican Hospitals–Siena Campus: Creating a New Environment for Hospital Care

### EXECUTIVE SUMMARY

St. Rose Dominican Hospitals–Siena Campus (SRDHSC) opened its doors in 2000 to serve the rapidly growing population around Henderson, Nevada. SRDHSC also provided an opportunity for the Adrian Dominican Sisters to continue and extend their service mission to the community while at the same time creating a physical environment supportive of the organization's belief in a comprehensive mind/body/spirit approach to healing. According to the president of St. Rose Dominican Hospitals (SRDH) and SRDHSC, "Medical science is now confirming what the Adrian Dominican Sisters have always promoted. When helping patients to achieve good health or recover from illness or injury, you must do more than address physical concerns. The health of the mind and spirit are key to overall well being."<sup>1</sup> The opening of this new facility, with design features intended to support a healing environment for patients, coincided with major initiatives from Catholic Healthcare West (CHW), of which SRDH is an affiliate, that focused on improving the patient experience. SRDHSC's leaders believe that the mission, vision, and values that the Dominican Sisters have long espoused for SRDH, combined with the healing environment in SRDHSC,

have created an important model for hospitals nationally, as well as a unique niche for SRDH in the communities it serves. However, they face challenges with this model. The number of sisters is declining, which raises concerns about sustaining their vision and values into the future. And population growth is straining the capacity of SRDHSC and its staff, at times making it difficult to maintain the quality of the patient experience.

## BACKGROUND

The Rose de Lima Campus, SRDH's original facility, was built in 1942 by the U.S. government and acquired by the Dominican Sisters of Adrian, Michigan, in 1947. Responding to growth of the surrounding community, the hospital grew in size and technological sophistication over the years. In 1988, it joined CHW. Formed in 1986 and headquartered in San Francisco, CHW is currently a system of 40 hospitals and medical centers in Arizona, Nevada, and California. It is the eighth largest hospital system in the United States and now includes both religious and secular hospitals. Even with the addition of secular facilities, CHW continues to affirm its commitment to "compassionate, high quality, affordable health care services in a compassionate environment that is attuned to every patient's physical, mental and spiritual needs."<sup>2</sup> At the Rose de Lima Campus, a major four-story expansion was completed in 1991, and in 1998 ground was broken for SRDH's Siena Campus, which added 214 beds to the 138 beds of the original Rose de Lima Campus.

SRDHSC offers a broad range of high-tech hospital services, including a pediatric intensive care unit (ICU), an open-heart surgery center, neurosurgery, a Level II nursery, obstetrical services, and state-of-the-art digital diagnostic imaging. SRDH now has more than 2,000 employees, including 700 to 800 nurses, across both campuses and approximately 1,000 physicians on the medical staff. Between 200 and 250 of these physicians do 90 percent or more of

their work at the SRDH campuses. Nurses move between the two campuses as needed. At present, 21.3 percent of SRDH's revenues come from Medicare, 4.4 percent from Medicaid, and 74.3 percent from all other payer sources, including insurance and self-pay. SRDH reportedly contributes more than \$32 million annually to charity care and to community programs.

SRDH competes for patients in the greater Las Vegas area. This market is served by three systems: HCA (which has three hospitals in the area), Universal Health (four hospitals), and Iasis (one hospital). University Medical Center also has a significant presence in the market, but SRDH does not regard it as a direct competitor. These organizations compete for patients during the warm months, but the increased population in the area during the cooler months means that all hospitals operate at or near capacity. SRDHSC averages a 90 percent occupancy rate but is 100 percent occupied during some periods in the winter, stressing the capacity of the facility and its emergency department. SRDH is the only religious, not-for-profit hospital organization in the southern part of Nevada and differentiates itself from its competitors in this respect. In outward appearance, the physical plant on each campus underscores this difference, with a cross on top of each facility and a religious statue at the main entrance.

Soon after SRDHSC opened, it was operating at close to full capacity. In response, in February 2004 SRDH broke ground for a third acute care facility—the San Martín Campus—located in southwest Las Vegas. San Martín offers 111 private rooms and has the ability to expand by 90 private rooms in the future. A three-story medical office building was also constructed as part of the project. The San Martín Campus, like SRDHSC, is designed to create a physical environment for patients that supports a mind/body/spirit approach to healing.

SRDH has developed a large number of innovative programs that address community needs outside the walls of its inpatient facilities. The nature of these programs is a direct reflection of SRDH's mission statement, "Under the sponsorship of the Adrian

Dominican Sisters and in response to the changing needs of the people of southern Nevada, St. Rose Dominican Hospitals offer quality, compassionate care. We promote wholeness of body, mind and spirit in the Dominican tradition of working with others to improve the health status of the community in a shared pursuit for justice and truth with a commitment to those with special needs.”<sup>3</sup>

Programs run the gamut from education to support groups to direct care. For example, in 1998 it established, through an endowment gift, the Barbara Greenspun WomensCare Center of Excellence. The center has an educational mission, offering classes in exercise, nutrition, and parenting; maintains a lending library; and publishes *WomensCare* magazine, which reaches about 360,000 households.

SRDH facilitates support groups in areas such as alcoholism, bereavement, breast cancer, depression, diabetes, divorce, eating disorders, fibromyalgia, gambling addiction, narcotics, infertility, and pregnancy loss. It operates a variety of community outreach programs, many focused on the healthcare needs of the disadvantaged. One example is its Positive Impact Program, which provides medical and dental services to children in more than 60 local schools who are referred by school nurses. Students meeting eligibility criteria are provided with healthcare at no cost. The program is funded through donations of medical services and money. All of its outreach programs are seen as consistent with the mission of serving the healthcare needs of the community, in addition to the needs of patients admitted to SRDH.

## **PURSUING A PATIENT-ORIENTED STRATEGY**

The leadership of SRDH has pursued a multifaceted approach in an attempt to create and support an environment conducive to mind/body/spirit healing for patients. Each of the different facets is described in the following sections, focusing on SRDHSC.

## Physical Environment

SRDHSC was designed to be a soothing, patient- and family-friendly environment. For example, it contains a three-quarter-acre healing garden with flowing water, sunlight, plants, and a rose-covered gazebo. All rooms are private and include family space to encourage family participation in the healing process. Carpeting in the hallways helps muffle sound, and soothing music is part of the overall environment. Each floor has quiet rooms for patients and visitors, and no overhead paging is done except in emergencies. Arches with inspirational quotations painted above them are used to connect parts of the facility, and the overall design makes use of natural light wherever possible.

### Starting from the Ground Up

“Gathering input from staff and physicians about building a new healthcare facility is as important as consulting your family when designing a new home. Feeling comfortable in your space is critical,” says Vicky VanMeetren, CEO of SRDH—San Martín Campus. She has provided leadership for building more than one hospital from the ground up. She starts with a survey process to ask staff and physicians, “What does *healing environment* mean to you?”

“It’s interesting,” she says. “People start by answering that question from the perspective of their work role—nurse, physician, housekeeper. But inevitably, they end up giving feedback from a more personal viewpoint. Everyone has been a patient at some time in his or her life.” VanMeetren’s most recent building, SRDHSC in Henderson, Nevada, is a model facility for healing, and much attention was paid to staff-inspired details. “Certain spaces absolutely scream of healing to us. One of the most important spaces is the actual patient room. It has become very clear to me that the patient’s room is really divided into three

types of space: space for the patient, space for the clinician, and very clearly a space for the family. I think that in this day and age, if you try to take that family space and minimize it in any way, then you're not going to meet the patients' needs. The hospital stay is getting shorter, and to welcome a family member into the care if they want to be involved is essential to the patients' actual recovery after they get home."

In designing these healing environments, VanMeetren and her team have incorporated ecumenical chapels, private hallways that provide patient dignity during transport, carpeted ICUs with propel-assisted gurneys, donor-initiated healing gardens, art, and an aquarium filled with handblown glass sculptures and exotic fish in the emergency department waiting room, a nice contrast to most waiting room spaces, which typically display loud televisions.

According to VanMeetren, "you absolutely must have a blend of [architectural] expertise on the build side, as well as the expertise of the people who will use the space. It's often one person's idea that makes a tremendous difference."

## Spiritual Emphasis

SRDHSC has a chapel in which Mass takes place on a regularly scheduled basis. A cross and a copy of SRDH's mission statement are prominently placed on the wall of each patient room. Nurses are encouraged to stop and talk or pray with patients and families. It is CHW's policy that each hospital has a spiritual care leader who is responsible for developing and maintaining a comprehensive program of spiritual care. The spiritual care team is charged with helping patients "integrate their spiritual values and beliefs to promote healing...and alleviate suffering."<sup>4</sup> At SRDHSC, spiritual interventions are documented in the patient's medical record, and a member of the spiritual care team responds to each emergency in the facility.

### The Spiritual Dimension of Healing

When asked to share some key aspects of her organization's corporate strategy for delivering spiritual care in CHW hospitals at a time when budgets are tight and expectations for productivity are high, Rey Friel, vice president of Mission Integration and Spiritual Care for CHW, responded:

The strategy comes out of a core belief that healing, of its nature, includes a spiritual dimension. If we really want to be healers in the world and in our communities, then we have to include spiritual care as the hallmark of our care.

We have found that people can find spirituality in so many ways. We often describe spirituality as “that which gives you meaning and purpose in life.” Spirituality can also be described as the characteristics and qualities of one's relationship with the Transcendent. Rabbi Abraham Heschel, a well-known writer, philosopher, and teacher, says that “in order to heal a person, we must first be a person.” Robots running machines don't heal people. We need to be connected with our own sense of meaning, purpose, transcendence, and community—and not shut off when we act as healers for others.

One of the ways CHW sustains a values-based culture, especially within a secular business model, is through a program called the Ministry Leadership Center. Participants in this three-year program engage in a formative learning experience with their peers around topics such as vocation, heritage, suffering, and social justice. Sessions include two-day, off-site retreats held four times a year, monthly meetings with “dialog partners,” and assignments designed to facilitate the integration of learning into leadership in the workplace. Upon completing the three-year program, graduates will become mentors for the next group of leaders.

During the program, participants explore questions such as, “What is the difference between *job*, *career*, and *calling*?”

“How do we apply Catholic social teaching in a pluralistic society?” “How do we draw on the wisdom of our heritage to find answers to issue we are facing today?” “How do we nurture a values-based culture?” and “How do we sustain that culture over time—when leadership and other events change the cultural landscape almost daily?”

It’s that kind of formation experience that we are focused on. Like walking a labyrinth, you go into the center, but then you need to come out again. Participants go away for retreat and reflection, and then go back to the workplace to act from a new perspective. I’ve heard some of my colleagues remark, “Hey—I’m 50 years old! Why didn’t I ever pay attention to this stuff before?” Our teacher gently reminds us that “in spiritual learning, time doesn’t matter. Learning the ways of the Spirit can take a lifetime, or it can happen in a single moment.”

## **Patient Satisfaction Initiatives**

Under its current patient satisfaction initiative, CHW challenges affiliated hospitals to compete for rewards of \$250,000 each, which can be used for whatever purposes are deemed appropriate by the winning hospitals. Hospitals are judged according to patient responses in satisfaction surveys, in which they are asked whether they are likely to return to the hospital and whether they will recommend the hospital to a friend. Hospital employees are also part of a “patient recovery” initiative, whereby they are authorized to take immediate action to help patients recover from any bad service experience they may have had in the hospital. All new employees are educated in the patient satisfaction program, and reeducation occurs periodically. At SRDHSC, it was reported that some nurses were not comfortable with the heavy emphasis on patient satisfaction and moved to other facilities. Nevertheless, in general, the patient satisfaction program is regarded positively by

employees, and leaders believe it has helped make SRDH the first choice for nurses seeking employment in the area and has been an important factor in nurse retention. SRDH attempts to hire nurses who have the personality and the values that make them comfortable working in an environment that emphasizes a mind/body/spirit approach to healing. As a result, nurses at SRDH now regard treating the mind, body, and spirit as simply the right thing to do, and the leadership reports a high level of satisfaction among the nursing staff.

## CHALLENGES TO THE STRATEGY

At present, SRDH appears to be operating in a community and a corporate environment that are very supportive of its emphasis on mind, body, and spirit in treating hospitalized patients, and its commitment to community outreach programs. However, hospital leaders express three concerns—two immediate and one looming. An immediate concern is the rapid population growth in Las Vegas. While this benefits SRDH (as described later), it has also created periods during which the hospital operates at capacity. This increases the demands on staff and the level of stress they experience. Less time is available to spend in conversation with patients and families, and staff may become less attentive to patient needs. Leaders hope that the opening of the San Martín Campus will alleviate some of the demand at SRDHSC; however, this is likely to be a short-term effect, if it occurs at all. San Martín is not located near Siena, and the continued population growth in Las Vegas is likely to quickly fill any empty Siena beds.

A second immediate concern is the ability of SRDH to attract sufficient numbers of nursing and technical employees who share its mission, vision, and values. This is especially important given the increased need for trained staff generated by the opening of the San Martín Campus. While Las Vegas is attracting large numbers of retirees, its image is not always attractive to young professionals with families who want to put down roots in a community.

Finally, a longer-term concern expressed by SRDH leaders relates to the decline in the numbers of Adrian Dominican Sisters. Currently, the sisters are very active and visible on the two campuses. Their presence reinforces the emphasis on the spiritual aspects of healing, and SRDH will be challenged to sustain this emphasis as the number of sisters involved in the hospitals decreases.

## **KEYS TO SUCCESS**

SRDH's success to date in developing an integrated mind/body/spirit approach to healing, as exemplified on its Siena Campus, is attributed by its leaders to a variety of factors, some external to SRDH, and others internal.

### **Rapid Population Growth in the Community**

Paradoxically, while rapid population growth has challenged SRDH in some respects, it has supported a mind/body/spirit approach in others. Most importantly, it has ensured a steady demand for the high-tech care available at SRDH. The revenues generated through the provision of this care have kept the hospital in a strong financial position. This has enabled the hospital to invest in community outreach initiatives, implement internal programs supporting patients and families, and construct new campuses designed to support mind/body/spirit healing.

### **Construction of New Physical Plant**

The ability to construct new campuses designed specifically to support a mind/body/spirit approach to healing has allowed SRDH to fully implement its mission and values at the patient bedside. It has enhanced the experience of both staff and patients and, in the

opinion of leadership, has resulted in greater staff satisfaction, which in turn has led to better patient care.

## **Congruence of Values**

The mission and values of CHW and of SRDH are largely congruent. This is illustrated clearly in the patient satisfaction program developed at the corporate level. The objectives of this program are consistent with the goals of SRDH with respect to its patients. Support has been provided at the corporate level for the program, and an SRDH employee has been given the responsibility for managing the patient satisfaction initiative at the corporate level.

## **Unique Market Position**

The fact that SRDH is the only not-for-profit, religious-sponsored hospital in the area creates an advantage in two ways. Most obviously, it is the only option for patients who value these characteristics in their choice of hospital. Also, importantly, it is the only alternative for medical and nursing staff who seek these characteristics in their work environment. People with this orientation select into employment at SRDH in part because there are no similar local alternatives. Overall, the unique market position of SRDH has contributed to the creation of a loyal patient and employee base that is fully supportive of its mission, vision, and values.

## **ENDNOTES**

1. Saint Rose Dominican Hospitals (SRDH). 2007. "Serving the Henderson and Las Vegas Communities." [Online information; retrieved 4/18/07.] [www.strosehospitals.org](http://www.strosehospitals.org).
2. Catholic Healthcare West (CHW). 2007. "CHW at a Glance." [Online information; retrieved 4/18/07.] [www.chwhealth.org](http://www.chwhealth.org)

3. SRDH. 2007. "Mission statement." [Online information; retrieved 3/7/07.] [www.strosehospitals.org/stellent/websites/get\\_page\\_cache.esp?nodeId=5001331](http://www.strosehospitals.org/stellent/websites/get_page_cache.esp?nodeId=5001331).
4. CHW. 2007. "Benchmarks for Spiritual Care." [Online information; retrieved 4/18/07.] [www.chwhealth.org](http://www.chwhealth.org).