

Sister Rita Heberle, RSM, pastoral assistant in Painted Post, at 60

Sister Rita Heberle, RSM, a pastoral assistant at Immaculate Heart of Mary Parish in Painted Post and the first woman religious in the Rochester diocese to become temporary pastoral administrator of a parish,



died Friday, July 14, 1989, at Highland Hospital after a three-year battle with cancer. She was 60.

Before entering parish ministry in 1983, Sister Heberle was a diocesan school teacher for 34 years. She also served as principal for 25 years at four diocesan schools.

"She lived life, and she shared her love and joys with the people she served in Rochester, Corning and Painted Post," said her twin sister, Sister Judith Heberle,

RSM, former principal at Our Lady of Mercy High School. "In sharing her struggle with cancer over these three years, I learned so very much of her patience, her willingness to accept and her ability to let go."

A native of Rochester, Sister Heberle graduated from Our Lady of Mercy High School in 1946.

She entered the congregation of the Sisters of Mercy in 1946, professing her perpetual vows on Aug. 24, 1952. Sister Heberle later earned a bachelor's degree from Nazareth College and a master's degree in education from the University of Dayton, Ohio.

Sister Heberle taught at the following diocesan schools: Mt. Carmel School (1949-51); St. Salome's (1951-54); St. Mary's in Corning (1954-60); St. Thomas

the Apostle (1960-61); and St. Louis School at St. Mary's, Corning (1957-60); St. Louis School, Pittsford (1961-68); St. Joseph School, Penfield (1968-79); and St. Rita School, Webster (1979-83).

Sister Heberle went into parish ministry in 1983, when she became a pastoral assistant at Immaculate Heart of Mary Parish in Painted Post, where she served until her illness. She was the first woman religious to temporarily administer a parish in the fall of 1986, when Father Walter Wainwright, pastor, was on sabbatical.

"She was a tireless worker," Father Wainwright said. "She did a magnificent job in leadership of the parish in those five months in the fall of 1986 when I went on sabbatical."

The priest called Sister Heberle "tre-

mendous in her pastoral care of the sick and home-bound."

Besides her sister, Sister Heberle is survived by her mother, Margaret Heberle of Rochester; two brothers, Donald Heberle of Ontario, N.Y., and Arthur Heberle of Macedon; two sisters-in-law, Beverly Heberle of Ontario and Jean Heberle of Rochester; five aunts; one uncle; and several nieces, nephews and cousins.

A Mass of Christian Burial was celebrated Tuesday, July 18, at St. Joseph's Church in Penfield. Burial was at St. Joseph Cemetery. A memorial Mass was celebrated at Immaculate Heart of Mary Church on Wednesday, July 19.

Contributions to the memory of Sister Rita Heberle may be made to the Sisters of Mercy of Rochester, 1437 Blossom Rd., Rochester, 14610.

Tier hospitals

Continued from page 9

The hospital will completely renovate such facilities as its radiology department, nuclear medicine, laboratories, medical records and pharmacy among others.

But "the real excitement," Conklin said, stems from the hospital's move toward increasing access to health care. The new Cameron Valley Health Center is expected to serve not only Cameron and Canted Mills families, but those in such areas as Rathbone, Thurston, Risingville, Hedgesville, as well as the outskirts of Canisteo, Bath and Addison.

In addition to providing immediate health care and assisting families with preventive programs, Sister Janet Wahl and her staff will help area residents — many of whom do not have family physicians — become part of a health-care system that will meet present and long-term needs, Conklin said.

Last winter, the hospital also implemented an Urgent Care Center, which serves as an intermediate level of health care between the doctor's office and the emergency room. The Urgent Care Center assists patients who have urgent health care needs that are not life-threatening, Conklin said. Rates for treatment at the center are also less expensive than those of the emergency room, Conklin said.

St. Mary's

Continued from page 8

Two years ago, the unit's 40 beds may have been empty, Madden remarked, noting that excess bed space was another motivation for the unit's establishment. More empty beds will be filled by the end of August, when the Genesee Region Home Care Association will open a 10-bed hospice in space it has rented from the hospital, according to Ann Berry, hospital spokeswoman. Both the brain-injury unit and the hospice represent a reduction in unused space for the hospital, which is currently filled to capacity after several years of low bed occupancy, Madden said.

Bed occupancy was declining across the nation, Madden noted, as hospitals move away from inpatient care to a broadening of outpatient services. St. Mary's long-range report partially attributes this trend to changes made last year in the formula by which hospitals are reimbursed for inpatient stays.

In the past, hospitals were reimbursed by health insurers according to the length of each patient's stay. Under the new system, however, hospitals are reimbursed a predetermined amount based on the patients' diagnoses. The new reimbursement system has pressured hospitals to increase admissions while reducing lengths of stay, St. Mary's long-range report notes.

In the Rochester area, inpatient activity has increased slightly in 1989, but the report points out that — since healthier

St. James Mercy has also joined forces with other hospitals in the area, including Strong Memorial Hospital in Rochester, to attract specialty physicians. The hospital has landed the services of dermatologists, allergists and immunologists for area residents. In the near future, St. James Mercy also plans on opening a sports medicine clinic for school trainers.

Prospect of deficits

Despite the increasing use of the rural health clinics and overall services at St. James Mercy, the hospital struggled to stay in the black in 1988. According to its annual report to the community, St. James Mercy's surplus dropped from \$588,523 in 1987 to just \$19,050 in 1988.

"Everybody's problem is that as we try to increase services, funds are getting less and less," said Sister McNiff, who added that the hospital operates its rural clinics on a "break-even" basis. "Reimbursement of funds in general is very hard," she said. "Reimbursement for home care is almost impossible."

At St. Joseph's, the financial picture is more tense. According to John Renz, vice president for planning and marketing, the hospital experienced a deficit of approximately \$1.1 million in 1988, which marked a large improvement over the \$3 million deficit recorded in 1987. The Elmira hospital was also recently rocked financially when an executive was accused of alleg-

dly embezzling \$250,000.

St. Joseph's is by no means alone in losing money. According to a report released earlier this year by the Hospital Association of New York, two-thirds of the state's hospitals — excluding New York City's public hospitals — lost a total of \$548 million in 1988.

That hospitals are losing money comes as no surprise to Sister Castagnaro, who blamed state policy — including a reimbursement method that requires of a per-diem instead of a per-day basis — for the problem. The state reimbursement formula uses "diagnostic-related groups," known as the DRG system, to pay health-care providers. The DRG system took effect in January of last year.

The hospital association's report also acknowledges that hospitals lose money by caring for the homeless, uninsured and drug-addicted patients who frequently rely on hospital emergency rooms as their only source of health care. This is a particular dilemma for Catholic hospitals, whose missions combine Christian ministry with health care.

Lobbying for change

The state health association is lobbying the state to change the DRG system to reflect current health-care costs and recommends the establishment of an independent rate-setting body for the state.

patients have been moved to ambulatory services — most of this increased load in inpatient services consists of patients suffering from severe illnesses. Hence, although hospitals have more inpatients, the financial benefit of this increase is offset by the fact that these patients, on average, tend to need longer hospital stays, Madden remarked. Also, a shortage of nursing home beds in the local area has caused a back-up of patients in hospitals. Reimbursement for these patients, classified as alternate-level-of-care patients, is significantly lower than for other patients.

St. Mary's cares for a large number of these elderly patients, Madden noted. "Some don't have the family and social security support that other patients have. They are difficult to place in nursing homes," he remarked, adding that nursing homes can't afford to take on new patients who have little or no health insurance. To lessen the strain, St. Mary's hopes to open its own 120-bed nursing home on the hospital campus in the future, the hospital president said.

St. Mary's ultimate hope, Madden said, is to strike a 50-50 balance by 1995 between inpatient services — general medicine, brain-injury rehabilitation, oncology, neurosurgery and ophthalmology — and outpatient clinical services, including an expansion in the number of primary care clinics throughout the hospital's service area.

The hospital currently operates seven primary-care sites throughout the county, and plans to expand that number to 20 during the next four years, according to

long-range report. Madden said the hospital also will expand its pediatric and obstetric services in areas west of the Genesee River during the next few years.

St. Mary's recently opened three primary-care sites in the southwest section of the city. Run by St. Mary's full- and part-time staff members, these practices can act as a referral system to the hospital, Berry said, noting that the hospital will operate a total of 11 primary care sites by the end of the year.

Another innovation at St. Mary's, which serves a large number of non-white patients, is an attempt to attract more minorities into health care, Madden noted. The hospital has begun promoting a "Scholar Trek" program to area high school juniors. Those selected for the program would receive a stipend and two years' tuition at Monroe Community College in exchange for agreeing to work for two years at St. Mary's following graduation.

Competing for recruits from the shrinking health-care labor pool was the reasoning behind the January establishment of the Sister Ann William Bradley Child Care Center at the hospital. St. Mary's is only the third area hospital — joining Genesee and Park Ridge — to open a day-care center. Neither Highland nor Monroe Community hospitals provide day care for employees, and although Strong Memorial employees may use the University of Rochester's day care center, the hospital does not offer a center on its own premises. Rochester General Hospital is currently building a day care center.

Virginia Day, vice president of patient

More than 2,000 hospital administrators, doctors and staff traveled to Albany earlier this year to protest cuts in state aid to hospitals in Gov. Mario Cuomo's 1989 budget. St. Joseph's sent representatives to the rally; St. James Mercy did not, although Sister McNiff said the hospital supported the lobbying effort.

"We had received expectations that the new budget was not living up to," Sister McNiff said.

Cuomo's original budget would have reduced the amount the state reimburses to hospitals for treatment of Medicaid patients; cut by 15 percent the state reimbursement for capital expenditures, including renovations and new equipment; and provided no aid for implementing new Health Department regulations.

Some of the funds cut were later put back into the budget. "We were not as hard hit as we had earlier anticipated," Sister Castagnaro said.

Nevertheless, reduced income is making membership in a multi-hospital system more critical, Sister Castagnaro said. Nationwide, only about 20 percent of Catholic hospitals currently participate without membership in such a system, according to a recently released publication authored partly by the Consolidated Catholic Health Care. The report stated that multi-hospital systems are more likely than independent hospitals to successfully balance humanitarian goals and fiscal reality.

care services, said the child-care center is an incentive for recruiting employees. According to Berry, 130 children of employees are currently enrolled in the center.

Despite the hospital's expansive moves this year, Madden and other St. Mary's administrators say they must proceed cautiously into the next decade. "It's going to be difficult. There's not a lot of excess funds floating around," Scott said.

But Pat Fischler, senior vice president of hospital operations, sounded an optimistic note for the hospital as it prepares to grapple with inevitable Medicare and Medicaid funding cuts in the future. "A hospital which serves the indigent has an edge in lobbying because of the service," she said.

Clarification.

Two items in last week's edition were incomplete or misleading.

The front-page articles on the Spirituality Institute at St. Bernard's Institute failed to mention that the institute was co-sponsored by the Diocesan Department of Continuing Education and Colgate Rochester Divinity School, in addition to St. Bernard's.

The column heading "Diocesan Appointments" on the page-three listing of new parish members was misleading. These staff members were hired by the parishes of the diocese, not appointed by the diocese.

The *Catholic Courier* regrets any confusion these errors may have caused.