

FREQUENTLY ASKED QUESTIONS

What is an LTACH and why do we need one in RI?

	Question	Response
1	What is the difference between a long-term acute care hospital (LTACH/LTCH) and a “regular” hospital?	<p>A ‘regular’ hospital, also called an acute care hospital, provides the most intensive level of care during which a patient is treated for a brief but severe episode of illness, for conditions that are the result of disease or trauma, and/or during recovery from surgery. Acute care is generally provided in a hospital by a variety of clinical personnel.</p> <p>Long Term Acute Care Hospitals (LTACHs) are acute care hospitals that focus on patients who, on average, stay more than 25 days. CMS mandates that patients require a hospital level of care to be admitted to an LTACH. Many of the patients in LTACHs are transferred there from an intensive or critical care unit. LTACHs specialize in treating patients who may have more than one serious condition and may improve with time and care to return home.</p> <p>(Source: https://www.medicare.gov/Pubs/pdf/11347-Long-Term-Care-Hospitals.pdf)</p>
2	What medical issues would a patient have to qualify them to go to Eleanor Slater Hospital (ESH)? What services will the hospital be providing?	Patients must require a hospital level of care to be admitted to ESH. ESH has not determined the exact services to be provided at this time, but they will be similar to other CMS certified LTACHs. Services provided in LTACHs typically include comprehensive rehabilitation, respiratory therapy, head trauma treatment, and pain management.
3	Why do we need an LTACH in Rhode Island? How will this benefit RI patients and their families?	ESH has always been certified as a LTACH but over time, the number of available beds for treating patients who are discharged from acute care hospitals has diminished, forcing patients needing LTACH services to be cared for out of state or remain in acute care hospitals for longer than needed. This initiative is intended to enable patients needing LTACH care to remain in Rhode Island as they continue their recovery following an acute hospitalization.
4	Could existing nursing homes or hospitals in Rhode Island provide LTACH services?	The level of care required for patients in an LTACH necessitates more specialized clinical staff, daily physician care, more complex equipment, and a higher intensity of services than those provided in nursing homes. Acute care hospitals are not designed to provide longer term care required by LTACH patients and need to maintain available beds for patients requiring short term acute services.

ESH Patients & Staffing

Questions		Answers
5	What is ESH's plan for its existing patients?	ESH is planning to sustainably care for and support current and future patients requiring its services in a modernized facility.
6	There is a need for patients who are somewhere between hospital and nursing home level of care. Where will these patients go if they are not able to go to ESH?	Rhode Island Hospitals will need to work together with local rehabilitation hospitals and skilled nursing facilities to determine the most appropriate setting for these patients if they do not meet the criteria for being admitted to ESH.
7	How many patients does ESH serve now? How is this number going to change?	ESH currently serves approximately 150 patients per day. The hospital anticipates this number will remain constant or increase slightly as Rhode Island hospitals adjust to increased access to this level of care.
8	Could this initiative divert patients away from local nursing homes or inpatient rehab hospitals?	LTACHs offer services that are unique from rehab hospitals and nursing homes and make up a small percentage of discharges from short-term acute care hospitals ('regular' hospitals).
9	How will ESH attract the right staff to commute to the new facility in Burillville, given its rural location?	Nationally, health care staffing has become a challenge, and staffing ESH is no exception. ESH is actively recruiting, reviewing compensation models, enhancing employee engagement systems, and focusing on their staff's mental well-being. ESH has worked hard to ensure that the rates paid to staff members are competitive with other, similar hospitals. ESH has, and will continue, to engage partners in both secondary and higher education to bring the best talent to those it serves.
10	What is the ESH administration doing to support its existing staff and encourage retention?	The ESH administration believes that the mental health and well-being of our staff is critically important to ensure they can provide the best care possible to our patients. With this in mind, the hospital is creating decompression rooms where staff will be able to take a break from the stresses of their work. Additionally, an employee survey was recently shared with staff to gather their feedback about what is going well and where there is opportunity for improvement. Staff response rates have exceeded expectations and leadership is receiving considerable constructive feedback. ESH is also working with local unions to establish continuing education opportunities for staff members. Some additional specific measures ESH administration has taken include: <ol style="list-style-type: none"> 1. Conducted an evaluation of and subsequent increase in the RN rates of pay. There is also a current evaluation of other direct care provider

		<p>compensation rates and adjustments will be proposed as needed and appropriate.</p> <ol style="list-style-type: none"> 2. An Employee Engagement Committee was established with front-line, direct care staff leading the charge to develop meaningful activities for our staff to participate in. 3. Added a Pet Therapy program for staff. 4. Initiated Coffee with a Colleague where senior leadership meets with front-line, direct care staff to discuss current issues and concerns. 5. Reinstated a monthly hospital-wide newsletter to enhance communication. 6. Promoting professional recognition days/weeks/months (e.g., National Doctors Day, National Social Workers Month, Nurses Week, etc.) 7. Conducting regularly scheduled Employee Engagement Surveys using an evidence-based model (Gallup Q12) and promptly taking action to respond timely. 8. Continuing to utilize the Lighthouse Program for employee concerns (electronic system for a 'comment/suggestion box) which allows for anonymous complaints and responses. 9. Develop employee articles and success stories which celebrate our employee's success stories through the monthly newsletter. 10. Reimplemented the annual Long Service Awards program where Leadership recognized 100+ staff for greater than 10 years of service in two in-person ceremonies with recognition awards presented.
11	When will ESH be able to admit new LTACH patients?	ESH is currently admitting LTACH patients. However, a streamlined admission process will be developed to expedite the transition of care.
12	What types of patients will ESH specialize in treating?	<ul style="list-style-type: none"> • Ventilator/Pulmonary • Complex Wounds (e.g., Wound Vacs, Grafts, Flaps) • Complex Medical (e.g., Antibiotic therapy, Hemodialysis, Nutritional Support (TPN), Medication Titration (Insulin, Pressors, Cardiac))
13	Will ESH be able to take patients from other states?	ESH will prioritize Rhode Island LTACH patients first. If there is availability and a patient from another state is in need of LTACH services, ESH will admit them as long as their insurance carrier provides approval for their care.
14	Why is the new building being built on the Zambarano campus? Could you look for another location?	<ol style="list-style-type: none"> 1. The site is owned by the State and meets site requirements for a 100-bed hospital facility. Therefore, there would be no delays based on needing site approval. Identifying a new location that

		<p>would be meet site requirements for a new 100-bed hospital would require additional time and resources.</p> <ol style="list-style-type: none"> 2. Finding a new location would require purchasing the land which would be a cost to the state. The state already owns the selected site so there would be no additional property cost for building on the Zambarano campus. 3. The existing property is already zoned as a hospital and is already graded and buildable. 4. If needed, the nearest RI acute care hospital (Landmark) is 18-miles away and accessible by ambulance. A helipad is available on the Zambarano campus in case of a critical emergency. 5. Proximity to the border of Mass and Connecticut allows for the needs of out-of-state residents to be met as there is availability. 6. The rural location is pleasant and appropriate for LTACH patients, who have a much longer length of stay than acute hospital patients. The property also presents opportunities for outdoor Rehabilitation Activities. 7. The existing patients and their families are highly satisfied with the current location, just over 20 miles from Providence, located on one of the cleanest lakes in RI. 8. Local state Representative Place and Senator de la Cruz, as well as town residents, are supportive of the hospital staying in the same location. 9. While some clinical staff currently working in the ventilator unit in Cranston are concerned about the commute to the Burrillville campus, where the vent unit will be relocated, staff will have the option to continue in their current roles or transition to roles that will allow them to remain on the Cranston Campus. 10. The Burrillville campus has been operating as a hospital for more than a century with few problems.
15	<p>Could you build the new building on the Cranston campus?</p>	<ol style="list-style-type: none"> 1. The existing buildings are old and trying to retrofit one for a new LTACH would be extremely challenging. 2. The infrastructure in Cranston is 100+ years old and maxed out supporting the existing operations.

Feasibility Study

Questions		Answers
16	What information will the Feasibility Study provide, and will the results be shared with the public?	<p>The Feasibility Study will assess Rhode Islands need for LTACH services, provide estimates for the number of beds needed in the new building, and evaluate how ESH can provide care for all patients along the full continuum of care while they are at ESH.</p> <p>ESH will hold a public meeting to share preliminary findings from the feasibility study and gather feedback from interested parties later this spring.</p>
17	When will the Feasibility Study be complete?	The initial feasibility study will be completed late this spring.

Project Timeline & Facility Logistics

Questions		Answers
18	What is the expected timeline for this project?	The timeline for this project will be dependent on building design which will come as part of the next steps in this project.
19	When will construction begin?	There is not a set date at this time.
20	When will the new facility be open for new admissions?	There is not a set date at this time.
21	When will patients leave the Regan building for renovations?	The new respiratory/ventilator unit at Zambarano is expected to be completed at the end of 2023, at which time vent patients will be relocated from the Regan building in Cranston to Zambarano. This is a precursor for the Regan renovations. An exact date for the remaining patients at Regan to be transitioned out of the building for renovations has not been set at this time.
22	Do you expect the \$108M budget will be sufficient to build a new LTACH facility?	Because this hospital will specifically focus on long term acute care rather than acute care, there will not be a need for some of the more expensive hospital departments such as an emergency department or operating rooms. ESH will be well equipped to meet LTACH licensure and certification requirements as well as the needs of their patient population while keeping costs within the given budget.
23	How did ESH determine a 100-bed facility would be required to meet the needs of RI patients?	ESH is conducting this feasibility study to determine Rhode Island's LTACH needs now and into the future. The 100-bed facility is an initial estimate based on professional experience and was established as a 'starting-point'. The actual final bed need/count is yet to be determined.
24	Is it worth spending money to build this building?	The existing Beazley Building was built in the 1900's as a tuberculosis sanitorium and is an aging facility that has

		been retrofitted to meet the needs of patients. Building the new hospital will bring state of the art equipment that is specific to and appropriate for the services needed to care for these services in RI and avoid out of state transfers that can be challenging for patients and their loved ones.
25	Where on the Zambarano campus will the new facility be built? Will the existing facility be demolished?	The exact location on the campus will be determined through a Master Site Planning project lead by DCAMM in collaboration with an architectural engineering firm, BHDDH, DOA and DEM. Once the new facility is complete and the patients have all moved in, the existing Beazley building will be repurposed into a utility building to support the new hospital. Other older buildings on the Zambarano campus will be demolished.
26	What will the name of the new building be?	The name of the new building has not been decided, however, this building will remain a part of Eleanor Slater Hospital on the Zambarano Campus in Burillville.
27	What will the environmental impact of the new facility be? How will this be considered?	The environmental impact will be part of DCAMM's analysis
28	Where can I find additional information on this initiative and provide input for consideration?	Information can be found at https://bhddh.ri.gov/esh-revitalization-project-zambarano-campus and input and feedback can be provided by sending an email to BHDDH.Info@bhddh.ri.gov .