Eleanor Slater Hospital and Rhode Island’s Long Term Care System

Global Waiver External Task Force
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Basic Facts

- ESH is a long term acute care hospital operating on two campuses (Cranston and Burrillville) serving persons (18 and older) with complex medical and behavioral needs.
- ESH is licensed for 495 beds over three basic services:
  - Medical
  - Long Term Care (including Geriatric/Psychiatric)
  - Adult Psychiatric (including Forensic Psychiatric)
- Current census of ~300
- FY2010 (enacted) budget: $109.9 million (all funds)
Comparison to Community Hospitals

Services offered by Slater
- Inpatient medical care
- Long term (chronic) care
- Psychiatric care (including geri-psych)
- Pharmacy
- Laboratory testing

Services NOT offered by Slater
- Surgery
- Pediatrics
- Obstetrics (OB/GYN)
- Outpatient
- Trauma care
Highly dependent on Medicaid as near-single revenue source (93%)

Medicare (A, B, & D) = ~2.5%
- Most Medicare-eligible patients are admitted after their hospital benefit has been exhausted

Patient and family share = 3-4%
Perceptions

- There are many different (and conflicting) perceptions of ESH’s position and role in the health care system, based upon its history
  - A hospital providing complex medical care not otherwise available in RI
  - An old-style sanitarium
  - Long term psychiatric care safety net
  - The “IMH”
  - The “institution of last resort”, the essential safety net for the rest of the delivery system, caring for the indigent
Who is Served by Slater?

Who?
- Legal permanent residents of RI with complex illness who require an intensive, interdisciplinary care not available in other settings
- Many are court-ordered, or have repeated failures in other settings

Where do they come from?
- Nearly all come from other hospitals, but admissions can also come from the community, group homes, or nursing facilities

What are the barriers to discharge (why do they stay)?
- Access to the appropriate combination of services
- Access to a discharge site with experience in meeting special needs (e.g., specialized group home)
- Access to supports that manage certain types of behavior

% Census by Age Group
Questions for the Future

- Within the confines of our resources and clinical capabilities, what patient populations should we serve?
  - Where do they come from?
  - Where do they go to?
  - What are their needs, and how do we address them?
  - Why is ESH the best place for these patients?

- What are the options for patients that ESH cannot (or should not) admit?
- How will we solve the discharge barriers that keep some patients at ESH longer than they need to be?