

Exceptional Care for Children



Bridge Unit Construction Proposal

11 Independence Way
Newark, DE 19713



Project Objectives

- Increase overall bed capacity to a total of 54 beds:
 - With the continuation of referrals at the current rate, we believe we will reach a census of 54 residents total within the first year of opening.
- The development of a deliberate *transition* of care not a *transfer* of care, which puts the child's quality of life at the forefront and works to drive cost down
- ECC would be able to access the adult care model providers that we currently do not have access to prior to discharge
- Maintain quality measures to review, analyze, modify and implement strategies that will increase independence, decision making, and prepare a young adult for transition in a methodical and less traumatic experience
- Build a network of Combined Internal Medicine & Pediatrics care providers in Delaware with physicians that are better prepared to accept the care of children with anomalies that they had since childhood

Pediatric SNF

- ECC opened it's doors in 2006 and initially housed just 4 residents
- Today, ECC is home for up to 42 children at any given time and has cared for over 1 25 children
- Despite multiple increases in certified beds over the years, ECC continues to have a waiting list for children in need of care

Mission Statement

Exceptional Care for Children improves the lives of technology-dependent children and their families through skilled nursing, transitional, and palliative care. We are a haven for healing fragile bodies when improvement is possible and a refuge for nurturing vulnerable spirits when a cure is unattainable.



Who We Serve

Medically fragile and technology-dependent children
between the ages of birth and 21-years old

- *Types of Care: Long Term, Transitional Care, Palliative/End of Life Care, Respite Care*
- *Children must have a specific skilled technological need to qualify for admission*
- *Demographic(s): 24% Caucasian, 62% Black, 11% Spanish and 1% Other.*
- *Currently home to 41 Delaware residents from the following counties:*
 - *New Castle County: 68%*
 - *Kent County: 13%*
 - *Sussex County: 17%*



Life at ECC

ECC cares for the whole child

- 24 Hour Nursing Care
- Respiratory Therapy
- Skilled Therapies
- Music Therapy

- Play Therapy
- Education Services
- Childhood Experiences
- Home-Like Environment



ECC's Proposed Solution

"Bridge Unit"

- Construct a building contiguous to our existing campus which will add an additional 22 private rooms designed for our teen/young adult population
- The new unit will increase overall bed capacity which will expedite admission for those on the waiting list resulting in a decreased hospital length of stay
- The unit will allow pediatric and adult care providers the opportunity to collaborate on the care needs of residents to ensure a smooth transition for young adults and their family members
- The unit will maximize long-term functioning through the delivery of high quality, developmentally appropriate healthcare services



“Bridge Unit”

- The newly constructed building will contain the following:
 - 22 Private bedrooms split between 2 floors (~32,000 sq. ft. total)
 - Activity Center (Common Space) on each floor with appropriate technology components for teen/young adult population
 - Outdoor patio on each floor
 - Dining area/kitchen
 - Office space
 - Exterior oxygen building
 - All operational needs including:
 - Nurse stations
 - Medication rooms
 - Storage
 - Laundry facilities

ECC's Relationship to Existing Health Care System

ECC has admitted over 125 children since it's opening in 2006

- Average length of stay:
 - Transitional Care: 22 Months
 - Chronic Long Term Care: 6 Years
 - Palliative/End-Of-Life: 28 Months
- Average daily rate per resident:
 - ECC: \$ 1,015.21 (All Inclusive)
 - Acute Hospital: \$ 2,280.00 (Billable Rate)
 - Cost Savings: \$ 1,265.79 Per Resident Per Day
- To date, ECC has maintained census at full occupancy
 - Today, there are 6 children on the admissions waiting list

What happens after 21?

Aside from having a need for more beds to care for the growing list of medically fragile children, Delaware has an aging out problem with chronically ill adolescents having few options after age 21

- 15 – 18% of children in the United States have a chronic condition and among them, 98% will reach their 20th birthday
 - There will be a population of young adults with health problems never seen before because in the past these children didn't survive but due to medical technology improvements it is prolonging life.
- It is estimated that approximately 4% of all US children are medically complex.
 - In Delaware alone, Division of Medicaid & Medical Assistance (DMMA) reports an estimated 4,322 medically complex children currently enrolled in Medicaid.
 - From that number, 550 of them are between 19 and 20 years old.
- 8 of ECC's 41 children are currently aged 13 and older



Aging Out of ECC

Discharges since 2006:

- 58 children discharged to home
- 8 children transferred to partner providers upon the child reaching the age of 21 years old as they no longer qualify for the pediatric health care SNF model
 - 38% of these eight discharges were unsuccessful as seen below:
 - 1 child home with Money Follows the Person = Successful
 - 2 children in a Medical Group Home = 2 required SNF placement within 90 days
 - 1 child discharged to sub-acute facility out of state = hospitalized within 60 days and death within 1 year
 - 3 children discharged to SNF = Successful
 - 1 child with DE Mentor Program = Successful

Why is it so hard to transition to adult care?

Healthcare transition for the “aging-out” child from ECC happens concurrently with other serious life changes and poses significant risk to the child:

- Termination of access to the school system including specialized therapies, socialization and augmentative services within the Department of Education
- Intricate physical and psychological developmental changes
- Loss of lifelong healthcare providers who understand their complete medical history
- Transition from a collaborative care model used in pediatric healthcare to a decentralized adult
- care model of care delivery
- The difficult task of finding a team of adult healthcare providers who are experts in the range of pediatric diseases that are now surviving into adulthood
- Confusion, frustration and fear exhibited by both the child and parents/responsible parties regarding services available

Who are the prospective residents?

- Only current or future residents of ECC who have chronic and progressive anomalies that will require them to need ongoing SNF care into adult care
 - Our goal is to temporarily extend the stay of a child beyond 21 years of age (in certain circumstances) while maintaining their dignity, providing deliberate consultation, and building a comprehensive plan of care which outlines the health history of each child.
 - Young adults are eligible to stay in the education system through the 21st year and will be able to continue to benefit from services through the Department of Education
 - We seek to introduce adult care providers prior to the residents impending discharge and to access their new adult care model providers to ensure appropriate, safe, timely, and cost effective care
 - We do not have the intent or desire to become a chronic care option for adults requiring SNF.

How do we achieve this?

- The Bridge Unit will be designed specifically for teens and young adults
- Prior to a resident's transfer to the Bridge unit, an assessment on the readiness of each individual resident will be completed with attention to developmental appropriateness and clinical criteria
- ECC will act as the aging-out child's care coordinator to connect them to Medicine-Pediatric physician and specialties for a deliberate transition (not transfer) of care. This will allow the attending to benefit from being on-site with our team of Pediatricians and nursing staff who have provided care to these children during the entire ECC stay
- Prepare the child and parent/guardian for a major change in health care providers, community models of care and day-programming
- Prepare LTC partners for transition of the resident with an already established Adult Care Provider network and medical care plan

Estimated Capital Expenditure

Architect Engineering & Professional Fees	\$ 650,000.00
Base Bid	
Construction	\$ 8,998,772.00
• Site Development	
• Building Cost	
Fixed Equipment	\$ 151,604.00
Financing/Legal Fees	\$ 541,813.00
Medical Equipment, Furniture, Fixtures	\$ 399,980.00
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Total Cost Estimate:	\$ 10,742,169.00

Financing

Grants Received:	\$ 849,500.00
Fundraising/Other:	\$ 369,500.00
• United Way	
• Corporate Giving	
• Community Events	
Financing & Future Grants:	\$ 9,523,169.00
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Total :	\$ 10,742,169.00

Questions?



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