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 its 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 125 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
“Bridge Unit”

Projected timeline taking ~28 months from initial land development approval to finalizing Furniture, Fixture & Equipment and move-in.
“Bridge Unit”
Site Plan
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

Total Cost Estimate: $10,742,169.00
# Financing

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Questions?