

**Minutes of Meeting
Health Services Council
Project Review Committee-I**

DATE: 20 February 2007

TIME: 2:30 PM

LOCATION: Health Policy Forum

ATTENDANCE:

Committee I: Present: Victoria Almeida, Esq., (Vice Chair), Edward F. Almon, Amy Lapierre, Thomas M. Madden, Esq., Robert Quigely (Chair)

Not Present: Joseph Centofanti, M.D., Robert Ricci, Robert Whiteside

Excused Absence: John Flynn, John Keimig, Robert Kinder, M.D.

Other Members: Present: Larry Ross, Sen. Catherine Graziano, Rev. David Shire (Secretary)

Staff: Valentina D. Adamova, Michael K. Dexter, Joseph G. Miller, Esq., Donald C. Williams, Jessica Chaput (Intern)

Public: (Attached)

1. Call to Order, Approval of Minutes, Conflict of Interest Forms and Time Extension for the Minutes Availability

The meeting was called to order at 2:35 PM. The chairman noted the conflict of interest forms are available to any member who may have a conflict. The Chairman requested a motion for the extension of time for the availability of minutes pursuant to the Open Meetings Act. A motion was made, seconded and passed by five in favor and none opposed (5-0) that the availability of the minutes for this meeting be extended beyond the time frame provided for under the Open Meetings Act. Those members voting in favor were: Almeida, Almon, Lapierre, Madden, Quigley.

2. General Order of Business

The first item on the agenda was the application of Bradley Hospital for a Certificate of Need for new construction of a two story addition on the west side of the existing Laufer Building to accommodate the hospital's 60 licensed inpatient acute care beds and expansion of outpatient programs.

Mr. Wall, President of Bradley Hospital, presented a PowerPoint

presentation. He stated that the Laufer Building is no longer a viable option for providing inpatient care to this population and Bradley would like to replace the 60-inpatient beds in a new building. There will be four, fifteen private room bed units each with pods of 7-8 beds.

There will be one private bathroom for every two rooms. Replacing the 60 beds would improve access to inpatient beds and safety for acute inpatients. Bradley is also proposing to renovate the old buildings in order to expand outpatient programs. The expansion of outpatient services and residential care will mitigate future reliance on inpatient care by lowering LOS and preventing unnecessary admissions.

To Committee questions regarding the average length of stay at a boarder facility and its cost, Mr. Wall stated that LOS is approximately two days and estimated that it costs \$1,500 per day.

Staff asked about the increase in lengths of stay. The applicant responded that one of the reasons is due to discharge issues. Patients do not have a place to be discharged to. Staff requested that the actual numbers be provided. Staff also requested that the applicant provide information regarding the cost per bed proposed and comparison of costs to other states.

Mr. Ross requested that the applicant provide a need analysis. He further requested information dealing with the proposed financing. He noted that the interest rate was high.

Mr. Madden asked why 60 beds are proposed and Mr. Wall stated that they are trying to avoid as many hospitalizations as they can with other alternative levels of care to decrease the length of stay. The applicant hopes to become more aggressive in putting people in residential programs.

Ms. Lapierre raised concern about the payer mix for Medicaid and also had questions as to how they calculated the numbers. She noted that the contingency factor was high and requested that the applicant bring in their facilities people to the next meeting. She requested that the applicant explain why they never recorded their charity care until 2006. The applicant responded they never recorded it because if an uninsured Rhode Island resident came to them, they would help patient get insurance and they never recorded any charity care because they never expected the patient to pay.

Mr. Williams commented that what is described is not charity care but bad debt. The applicant stated that this information would be clarified. The applicant noted that patients are not refused service. Ms. Almeida noted that it might be best to let families know what is out there and what coverage is available to them.

The Chairman asked if the applicant had considered any shell space. The applicant stated that it would provide more information.

The next item on the agenda was the application of Home & Hospice Care of Rhode Island for a Certificate of Need to relocate an existing 10-bed inpatient hospice unit for Elmhurst Extended Care Facility in Providence to 1085 North Main Street in Providence and expand it to 24 beds.

Ms. Wulfkuhle, President, and Mr. Martin spoke on behalf of Home & Hospice Care of Rhode Island (HHRI). There was a brief PowerPoint presentation on the history of the Hospice. The applicant noted there is a clear alternative to dying in a hospital and people actually prefer to die in a non-institutional setting. HHCRI established their Philip Hulitar inpatient center in 1993. It was revolutionary at the time however it is now becoming inadequate due to age. There is a large demand to become admitted to Hulitar. The waiting list is very long and 126 patients have died before admission this past year, which is approximately 46%. HHCRI would like to expand to 24 beds and relocate to an urban setting. The proposed location will help them reach out to a more diverse community.

Mr. Ross commented that the applicant is projecting larger statewide utilization. The applicant stated that hospices are required to provide different levels of care. They also believe that as more people become aware of hospice and hospice grows, they will then need the ability to care for these people in an inpatient setting.

The Chairman asked if the applicant had site control of the new facility and the applicant answered that they do.

Ms. Lapierre asked if the applicant could provide, in written form, where they got their numbers from on page 51 of the application. She also asked the applicant about their outreach to providers. The applicant stated that it tries to provide programs not only for medical students but physicians in practice.

There was also a request that the applicant provide copies of their PowerPoint to the members of the committee.

There being no further business the meeting was adjourned at 4:25 PM.

Respectfully submitted,

Valentina D. Adamova