Brookdale Overview

Independent Living *An ideal retirement living experience*

- Spacious apartments with minimal maintenance
- Restaurant-style dining
- Plenty of planned activities every day

Assisted Living *The right choice for people who need extra help with daily activities*

- Qualified staff assists with taking medication, dressing, bathing, etc.
- Floor plans, from studio to two-bedroom apartments
- Activities and events for various levels of acuity

Alzheimer's & Dementia Care *Person-centered care for people at various stages*

- Programs that leverage the latest dementia care research
- A care philosophy defined by more than the symptoms of Alzheimer's & dementia
- An experienced staff who help residents thrive

Rehabilitation & Skilled Nursing *For short-term surgerical recovery or long-term rehabilitation*

- Around-the-clock, licensed nursing care
- Providing clinical resources in a comfortable setting that feels like home
- A mission and focus to helping residents get well and then get home as quickly as possible

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Personalized Living *For people who just need a little help with things*

- One-on-one non-medical services for home care needs
- Additional personal needs for those in assisted living or home such as escorts to doctor appointments and more

Home Health *For qualified people in need of therapy or rehabilitation — all in the comfort of home*

- Get Medicare-certified assistance from experienced professionals
- Many healthcare services such as wound care and stroke therapy

Therapy *Specialized programming personalized to encourage recovery*

- An emphasis on education, fitness and rehabilitation that helps seniors retain or enhance their independence
- Most insurances accepted

Hospice *Promoting comfort by addressing the full range of needs of patients and families*

- Primary focus of quality of life
- Specially trained staff help families and patients cope with overwhelming feelings accompanying end-of-life care

Not all services are available at all communities. Contact community for details

The Rhode Island Network

Brookdale Center of New England
Brookdale Cumberland
Brookdale Smithfield
Brookdale Greenwich Bay
Brookdale Pocasset Bay
Brookdale Sakonnet Bay
Brookdale East Bay
Brookdale West Bay
Brookdale South Bay

For more information about how we can help you serve your patients' needs

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Rhode Island Hospital receives $7.9M NIH grant to develop community-based pediatric asthma care program

Initiative to identify disparities, barriers to managing asthma among high-risk kids

PROVIDENCE – The National Heart, Lung and Blood Institute (NHLBI) has awarded a $7,999,307 grant to Rhode Island Hospital to develop a community-based asthma care implementation program (ACIP) to address disparities in asthma outcomes in children. The center – one of only four in the country – will help determine both best practices for improving asthma outcomes among high-risk children with asthma and long-term program sustainability.

"Nationally we are in need of coordinated systems of asthma care and this initiative represents a first step in building a sustainable delivery model for evidence-based pediatric asthma interventions," said co-principal investigator **ELIZABETH MCQUAID, PhD**, staff psychologist at Rhode Island and Hasbro Children's Hospitals and a professor of psychiatry, human behavior and pediatrics (research) at the Alpert Medical School of Brown University.

The rate of asthma morbidity in the United States is increasing year after year and according to the American Lung Association's 2012 report, "Trends in Asthma Morbidity and Mortality," racial and ethnic minorities have greater prevalence and higher rates of urgent health care use such as hospitalizations, where the rate for minority groups can be as much as three times higher than that of whites. Locally, according to the Rhode Island Department of Health, Rhode Island has recently seen an increase in emergency department visits and hospitalization rates (up 2.2 percent and 10.9 percent respectively in 2014) after previously showing a decline.

"We've been invested in providing high-quality pediatric services to children at high risk for over two decades. This project builds on our research and intervention efforts with urban families, allowing us to make comprehensive asthma care services more tailored to childrens' specific needs, and more accessible to at-risk families in a way that's less burdensome to them," said co-principal investigator **DAPHNE KOINIS-MITCHELL, PhD**, a staff psychologist at Rhode Island Hospital and Hasbro Children's Hospitals and an associate professor of psychiatry and human behavior and pediatrics (research) at the Alpert Medical School of Brown University.

With this funding, asthma researchers McQuaid and Koinis-Mitchell will be examining 16 targeted communities. They will evaluate the effectiveness of an integrated system called the Rhode Island Integrated Response Program (RI-AIR), created to identify children with asthma living in the most afflicted /high-risk areas, conduct screening, and refer to their evidenced-based interventions. The assessment will center around approximately 1,500 urban, ethnically diverse children with asthma and their families over a period of six years and will include a review of program effectiveness among communities and school districts, families' acceptance of the program, and long-term program sustainability.

McQuaid and Koinis-Mitchell, also researchers at the Hassenfeld Child Health Innovation Institute (HCHII), used funding provided by HCHII in February, 2016 to develop an asthma innovation program, which supported the development of RI-AIR. Funding from HCHII allowed for the establishment of The Asthma Community Collaborative, a coalition of community stakeholders that informed a needs assessment to identify gaps in pediatric asthma care in the state. Support from HCHII also allowed for piloting the RI-AIR model, including the development and testing of:

- A technological platform to integrate data from LifeChart (electronic health record), research data collection methods, and the KIDSNet public health database
- An algorithm to classify asthma services based on level of asthma control (multi-level school-based education and/or intensive home-based environmental intervention)
- A system of enhanced coordination between caregiver, school nurse, and health care provider to promote care integration

"The innovative integration of technology and thoughtfully reimagined clinical care apparent in RI-AIR is exactly the kind of groundbreaking research on behalf of children's health that we imagined when the Hassenfeld Institute was created," said **PHYLLIS DENNERY, MD**, Hasbro Children's pediatrician-in-chief, chair of the department of pediatrics at The Warren Alpert Medical School of Brown University, and a Hassenfeld Institute executive committee member. "With the new grant, Drs. McQuaid and Koinis-Mitchell will be able to improve asthma care for even more children. In addition, with increased availability of pulmonary and allergy/immunology services at Hasbro Children's, we will make great strides in the care of children in Rhode Island suffering from this devastating condition."

As part of this NHLBI program, McQuaid and Koinis-Mitchell will also meet with investigative teams from the other three supported centers in the U.S. to discuss approaches to implementing evidence-based interventions, measuring sustainability, and defining best practices in specific settings. Results will be disseminated to communities caring for children with asthma to improve outcomes for children.

"We hope that sustainable implementation of this model will help streamline care for pediatric asthma, leading to improvements such as reduced school absences for kids and increased overall wellbeing," McQuaid added. ❖

Clinical trial tests effectiveness of freezing breast tumors to kill cancer cells

PROVIDENCE – Rhode Island Hospital is one of only 10 sites in the nation studying the effectiveness of freezing tumor cells to treat small malignant breast tumors.

Cryoablation – killing cancer cells with extreme cold – is a promising treatment for small, early-stage breast tumors. Most women diagnosed with small malignant breast tumors typically have them removed surgically – before beginning a regimen of other cancer treatments.

"This minimally invasive procedure takes just 15 to 30 minutes, requires very little recovery time and only local anesthesia, is less costly and causes no scarring or tissue deformities," said **ROBERT C. WARD, MD**, a radiologist at the Anne C. Pappas Center for Breast Imaging and the lead investigator for the clinical trial.

Rhode Island Hospital, where the center is located, is the only hospital in New England participating in the so-called FROST clinical trial.

The study, expected to span 10 years, is sponsored by Sanarus Technologies, maker of the medical equipment that is being used in the study.

During the research procedure, a small needle guided by ultrasound is inserted through a small incision in the breast and is then used to freeze the tumor, thaw it, and freeze it a second time. The tumor dies and is then naturally resorbed by the body over time. The procedure can be performed in an office setting rather than an operating room.

"Patients leave with a Band-Aid," Dr. Ward said.

Rhode Island Hospital's participation in the study began late this summer. The hospital is recruiting women ages 50 and up whose biopsies have revealed an invasive tumor no greater than 1.5 centimeters in diameter. The malignancy must not have spread into any lymph nodes and must be hormone receptor positive and HER2 negative.

"The National Cancer Institute sponsored a prior study which demonstrated that cryoablation was effective in 92 percent of the lesions targeted," Dr. Ward said.

While cryoablation is significantly different compared with surgical excision, everything else about a patient's care for breast cancer remains the same, Dr. Ward said. For example, trial patients will undergo hormone (endocrine) therapy, which is typical for women with early-stage breast cancer.

The goal of the study is to enroll about 200 patients in the trial and then check for any sign of the tumor recurring at six-month intervals for five years.

"It has the potential to become the new standard of care for certain women with breast cancer," said Dr. Ward. "Of course, we have to do these studies and see if that will bear out." ❖

Rhode Island Hospital awarded $5.8-million NIH grant for skeletal health

Research interests include cartilage and joint diseases such as osteoarthritis, rheumatoid arthritis, osteoporosis, bone tumors, and genetic bone diseases including chondrodysplasia

PROVIDENCE – The Center of Biomedical Research Excellence (COBRE) for Skeletal Health and Repair at Rhode Island Hospital recently secured a $5.8-million, 5-year Phase III COBRE grant from the National Institute of General Medical Sciences to support ongoing research in the area of cartilage and joint diseases. The center, led by principal investigator **QIAN CHEN, PhD**, brings together researchers with the common goal of developing treatment for musculoskeletal diseases including osteoarthritis, rheumatoid arthritis, osteoporosis, bone tumors and genetic bone diseases.

"This funding for Phase III is the capstone on a decade of work," said Chen. "We have achieved tremendous success in building our research capacity and funding eligibility in musculoskeletal diseases, and Phase III will allow us to transition the COBRE research infrastructure into a competitive, independent, and self-sustaining academic center of excellence over the next five years."

The COBRE for Skeletal Health and Repair supports a multi-disciplinary approach to translational research, with clinicians, biologists and engineers all aiming to find practical applications that will bring benefits to patients in the near future. The center provides state-of-the-art core services in imaging, molecular biology, nanomedicine and bioengineering to biomedical investigators, and continued grant funding allows for investment in this laboratory infrastructure. ❖

CNE announces new Center of Excellence to combat opioid overdose epidemic

Care New England (CNE) along with CNE members Butler Hospital, The Providence Center, and Continuum Behavioral Health, recently announced a new Center of Excellence for opioid addiction that will offer a longer treatment period and access to substance use disorder services. As part of a comprehensive, nationally-recognized action plan, Rhode Island established a Center of Excellence model to provide outpatient treatment for Rhode Islanders suffering from substance use disorder. Centers of Excellence are certified by the State and offer medically assisted treatment (MAT) and additional supportive services.

With the Center of Excellence designation, CNE received $242,224 grant monies in June. Through this funding, the launch of the program was accelerated and clinicians began seeing patients in October at its Providence and North Kingstown locations. The funding is administered by the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) and will primarily be used for salaries to staff the new program.

The new treatment service is called the Recovery Stabilization Program and will be led by Butler Hospital's Chief **DR. KEVIN BAILL**, unit chief of intensive inpatient adult treatment services; Continuum's Director of Operations **HEATHER LYKAS, LMHC**; Medical Director **CATHERINE DEGOOD, DO**; and Clinical Director **GRETCHEN ANDERSON, LICSW**. Baill is also a member of Governor Raimondo's Overdose Prevention and Intervention Task Force.

For 2016, the Rhode Island Department of Health reports there were 56 accidental deaths from prescription drugs, 216 from illicit drugs, and 66 involving both pharmaceutical and illegal drugs in the state. This is 46 more deaths from opioid overdose than reported for 2015. There are almost an equal number of deaths for those 25 to 34 years of age as there are for those 45 to 54 years of age, respectively, at 96 and 97 accidental overdoses for each age group. Also alarming is a nine-fold increase since 2009 in the number of deaths related to Fentanyl, a highly potent opioid. Since 2009, 1,534 Rhode Islanders have lost their lives to opioids.

At Butler Hospital, in the 12 months from October 1, 2016 through September 30, 2017, there were 1,549 discharges from inpatient addiction services of which 30.1 percent were for opioid use; 712 discharges from alcohol and drug addiction partial hospital (day) program with 25.8 percent related to opioid use treatment; and more than half (55.8 percent) of the 254 discharges from Butler's ambulatory detoxification clinic were being treated for opiate use. Likewise, Continuum saw between 350 and 400 individuals over 500 treatment episodes, with a significant percentage returning multiple times for care.

The outpatient Recovery Stabilization Program provides easy access to care and is offered at Butler and Continuum locations in Providence and North Kingstown. The specialized service is designed to provide six months or more of treatment. The recovery team may include an addiction specialty physician, registered nurse, licensed therapist, and case manager. The team manages the outpatient treatment and determines when someone requires more intensive services, such as inpatient, partial hospital, or ambulatory detoxification, because of early stages of recovery, relapse, or increased risk of relapse.

Once patients are stabilized, long-term treatment is transferred to a primary care provider (PCP) and a therapist to manage medications and continue counselling, respectively. The recovery stabilization team remains available for consults should there be a need to intervene or consider adjusting medications.

People are admitted to the program through a referral from their physician or therapist, an emergency department doctor, or when self-presenting to Butler Hospital's Patient Assessment Services in its Emergency Department. ❖

Memorial Hospital submits application for closure with RI Department of Health; closes ICU

PAWTUCKET – Memorial Hospital has submitted its application for closure to the Rhode Island Department of Health as required by the state Hospital Conversions Act. The filing advises the Department of Health that Memorial plans to cease operations as a licensed inpatient hospital and requests the approval of the Director for the elimination of the Emergency Department and certain other services. Following the closure of the hospital, Care New England currently intends to provide certain community-based primary and specialty care services in Pawtucket. Specific to impacted employees of Memorial, Care New England is working to implement a transition plan that would help find placement throughout the system and beyond for those impacted, wherever possible.

"Today's submission to the Department of Health represents a required and critically important step in the process Care New England carefully outlined recently," said **JAMES E. FANALE, MD, EVP,** chief operating officer and chief clinical officer.

According to the application, "At 9.3 percent occupancy, Memorial's daily census has been significantly below capacity and below what is required to be financially viable. Due to service readiness, staffing, and operational requirements to meet licensure conditions, Memorial loses approximately $2 million per month. Given such under-utilization and unsustainable chronic financial losses, Memorial cannot continue to adequately staff and deliver patient care services in a clinically safe and financially viable manner and intends to cease all operations as soon as possible."

As part of the phased Plan of Closure, the Intensive Care Unit (ICU) at Memorial Hospital closed effective Nov. 13. According to a CNE statement, the closure of the ICU was determined to be in the best interest of patient care and was coordinated with the Department of Health.

The ICU at Memorial has been averaging one to two patients a day and was not able to admit and care for the most critically ill patients normally cared for in an ICU due to limited availability of specialty physicians. In recent months, such critically ill patients have been appropriately diverted or transferred to other ICUs that were able to better meet their medical needs. Any patients remaining in the ICU as of Nov. 13th have been provided with care options at other ICUs or step-down facilities including Kent Hospital, a CNE facility, or an appropriate location of the patient's choosing.

The application further addresses employee support services during this transition to include, "…upcoming job fairs to be scheduled, and similar outplacement efforts. Memorial and CNE look forward to the continued assistance of, and plan to collaborate with, state and local leaders and other area medical facilities to find jobs for employees in non-CNE facilities if suitable positions are not available within CNE. CNE appreciates the current and ongoing efforts of Gov. Raimondo and other community leaders to secure commitments from other health system leaders to assist Memorial Hospital employees to find suitable employment following the closure of Memorial."

On the issue of ongoing access to care for the community, the application details a wide range of medical facilities available immediately within the existing service area and just a few miles from Memorial Hospital. The application also highlights that Memorial and CNE leadership "…have had meetings with representatives of several hospitals and community health centers…and each has indicated the capacity and willingness to accept patients and provide services for patients transitioning from Memorial."

Care New England believes that convening a forum comprised of representatives from Care New England, state officials, and community leadership would be an appropriate next step to identify and address the need for community-based services after the closure. A successful, cooperative, and collaborative effort that provides a thorough and thoughtful review will help to determine the best future use of the Memorial campus.

As was stated recently when the plan to close Memorial was first announced, the impetus for the changes include the chronic financial losses being incurred at Memorial, continuing a nearly 10-year slide, resulting in an operating loss in the past fiscal year of $23 million.

Care New England recorded a $68 million loss from operations in fiscal year 2016 and is projected to show a $49 million operating loss for the fiscal year that just ended on September 30. Its plan to restore financial well-being to the health care system focuses in large part on the resolution of the ongoing losses at Memorial, which is not financially viable and is not projected to ever be viable. ❖

CNE outlines initial plans for medical centers, residency program

Care New England announced on Nov. 21 initial plans for the continuity of community-based care in the Pawtucket region as it works with the Rhode Island Department of Health through the reverse certificate of need process. CNE has also started to engage and work collaboratively with Governor Raimondo's office and Mayors Donald Grebien and James Diossa.

Family and Internal Medicine

While CNE continues to address key next steps, these plans call for maintaining family care and internal medicine offices in Pawtucket. The Family Care and Internal Medicine Centers, delivering primary care to thousands of community residents, will continue to see patients in a similar fashion as they currently do. The ability for residents to have access to high-quality family care and internal medicine practices is crucial to meeting the health care needs of the community.

Medical Residencies

Currently, the Family Care and Internal Medicine Centers serve as training sites for residencies affiliated with The Warren Alpert Medical School of Brown University. CNE will seek to maintain these residencies and this affiliation under Kent Hospital. This transfer will require approval by both the American College of Graduate Medical Education and the Centers for Medicare & Medicaid Services, as well as by The Warren Alpert Medical School of Brown University. CNE is hopeful that it will be able to obtain these approvals. Physician practice-based training for these residencies would continue to be performed at office sites in Pawtucket and hospital-based training would be done at Kent Hospital and other hospitals in the region.

"Care New England is dedicated to meeting the needs of the population that have historically been served by Memorial Hospital in a way that honors and continues the legacy of this institution, while acknowledging the industry-changing dynamics and future of health care," said **JAMES E. FANALE, MD**, CNE executive vice president, chief operating officer and chief clinical officer.

American Urogynecologic Society publishes best practice statement on evaluation and counseling of patients with pelvic organ prolapse

Cassandra L. Carberry, MD, from Women & Infants Hospital/Brown University leads team

Pelvic organ prolapse (POP) is a common problem in women that is caused by a weakness of the ligaments and muscle that normally hold up the bladder, vagina, uterus, and rectum. While it is not usually dangerous, POP can be very uncomfortable and interfere with healthy living. Often, health care providers struggle with how to properly evaluate and counsel patients with POP.

The American Urogynecologic Society (AUGS) Guidelines and Statements Committee recently published a Best Practice Statement in the journal Female Pelvic Medicine & Reconstructive Surgery entitled "Evaluation and Counseling of Patients With Pelvic Organ Prolapse." The statement was prepared with the assistance of a team that includes **CASSANDRA L. CARBERRY, MD, MS**, a member of the Division of Urogynecology and Reconstructive Pelvic Surgery at Women & Infants Hospital of Rhode Island and an assistant professor (clinician educator) at Brown University.

According to the statement, "Women with prolapse should have an examination to quantify the loss of anatomic support and should be evaluated for associated bladder, bowel, and prolapse symptoms, as well as associated bother. Treatment options should be tailored to meet the patient's medical health and personal functional goals. In most cases, women should be informed of the range of treatment options including observation as well as nonsurgical and surgical management."

Dr. Carberry has explained that there are several treatment options for pelvic organ prolapse, including specialized physical therapy to help strengthen the pelvic muscles that support the vagina, bladder, and rectum; a pessary to provide support; or surgery to correct the POP.

She said, "It's important for women with pelvic organ prolapse to be properly evaluated and given all their options. Any health care provider taking care of women may encounter patients with pelvic organ prolapse. They should be aware of the necessary evaluation and treatment options, and can work collaboratively with specialists to treat those women who are symptomatic to improve their quality of life." ❖

Mandated coverage for fertility preservation featured in *New England Journal of Medicine*

This summer, it was announced that Rhode Island became the first state to pass a law explicitly requiring coverage for fertility preservation prior to gonadotoxic medical therapy, treatment that could directly or indirectly cause infertility. A perspective on this mandated coverage in Rhode Island and similar legislation in Connecticut has been published in the October 26, 2017 edition of the *New England Journal of Medicine*.

The perspective was written by **EDEN R. CARDOZO, MD**; **WARREN J. HUBER, MD**; and **RUBEN J. ALVERO, MD**, of the Fertility Center at Women & Infants Hospital of Rhode Island, and **ASHLEY R. STUCKEY** of Women & Infants' Program in Women's Oncology/Breast Health Center, the team that initiated the legislative process in Rhode Island, co-wrote the bill, and, along with patients, testified on behalf of its passage at hearings at both the Rhode Island House of Representatives and Senate.

In the perspective, the authors write, "There are two general approaches to legislatively mandating fertility-preservation coverage: establishing a new mandate defining fertility preservation as an extension of cancer treatment, or revising a current infertility coverage mandate by either redefining 'infertility' (as Connecticut revised its definition to cover cases in which 'such treatment is medically necessary') or providing an additional definition for fertility preservation (as Rhode Island has done). The separate definition allows for explicit coverage of fertility preservation for iatrogenic infertility as part of medical treatment, without risking interpretation as an elective infertility benefit."

The authors offer recommendations to other states considering establishing new mandates and warn about potential resistance related to provisions in the Affordable Care Act that are "intended to discourage states from passing mandates that exceed the essential health benefits requirements…A potential alternative approach, particularly promising in states that lack an existing infertility mandate, is to revise an existing non-infertility-related mandate, such as one related to cancer (every state has at least one, including the Women's Health and Cancer Rights Act)."

The authors concluded, "Though we recognize the challenges posed by the national economic and health policy environment, we hope other states will soon follow the lead of Rhode Island and Connecticut. As health care providers, we believe it's our obligation to work to preserve our patients' reproductive futures." ❖