

### Overview

Founded more than 100 years ago, Cottage Hospital is a 25-bed critical access hospital serving a large region of New Hampshire and Vermont. It has 300 employees, 37 medical staff providers, and 25 acute care beds, in addition to the 10 beds that are part of its Ray of Hope behavioral health program, designed specifically for older patients.

“Generally speaking, we see patients who are age 65 and older,” says Chief Nursing Officer Holly McCormack, “but we’ve taken patients as young as 57 if their needs fit with this milieu. Ray of Hope is an acute behavioral health program that addresses the particular needs that come with this age group.”

Patients come to Ray of Hope via Cottage Hospital’s emergency department (ED) as well as other hospitals’ EDs, long-term care facilities, primary care physician practices, and other settings in which these patients might present.

“They often come to us because something has changed recently in their mood or behavior,” McCormack says. “People in this age group may be seeing a lot of changes in their lives such as family members and friends passing away, or maybe they’re moving into a new living situation. They also often have comorbidities. So, combined with the changes, that can lead to acting out or self-neglect. Anxiety and depression come up a lot, along with suicidal ideation.”

All caregivers are specialists in caring for older populations. For example, they must consider the fact that older people often metabolize certain medications differently. The recreational therapists and social workers use methods that are geared toward the older patients, such as reminiscence therapy and coping skills work; they also provide group and/or individual therapy as needed.

Length of stay is usually between 15 and 20 days, as medication adjustments take time when patients



Cottage Hospital staff go the extra mile to learn about their patients’ medical history.

are being treated for multiple conditions.

Meanwhile, other behavioral health patients can receive care and treatment at Rowe Health Center, Cottage’s rural health center located across the street.

“The Rowe program is in the same building as the primary care practices and a few specialties,” says McCormack. “It’s not a separate facility, so it helps remove the stigma. You can go to Rowe for behavioral health just as you would for your GI or endocrine health needs.”

### Impact

Since Ray of Hope opened in October 2016, they have had 150 admissions and more than 340 referrals. The 10-bed unit has been consistently full, with a waiting list of patients who are admitted as soon as others are discharged, highlighting the significant need for this service line. Approximately 40 percent of these patients are able to be discharged back to their homes.

“I feel good about our success stories,” McCormack says. “We have patients whose families

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thought they'd need to go to long-term care, but we've been able to put plans in place – safety strategies, medication adjustments, and tools to manage their symptoms – that allow them to stay at home.

## Lessons Learned

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Cottage Hospital put a lot of research and time into planning the design of the Ray of Hope facility, keeping the patient population in mind.

“The unit is beautiful and state of the art, but we also consulted experts to make it the safest unit we could build,” McCormack says. “We visited other facilities with similar programs to make sure we had the time and resources to do this right. Everything is ligature safe and mitigates fall risks. The artwork is fastened securely and framed with unbreakable glass, and the subject matter are things that are calming or local landmarks and other themes that bring up pleasant memories for older patients. We considered the colors of the walls and the design of the handrails. Everything is designed to make the experience safe and agreeable to our patients.”

McCormack cautions other organizations not to underestimate comorbidities when planning building design as well as medical and behavioral health care.

“For example,” she says, “you want to consider patients who are oxygen dependent and the safety of those oxygen tanks within the building. You want to assess the facility for fall risk and have appropriate footwear available to patients.”

She also says that organizations need to clearly communicate their program's purpose, especially early on, so that the community understands that the facility provides acute behavioral health care, not long-term care.

## Future Goals

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This summer, Ray of Hope plans to add a caregiver support group to the program.

“We know what a difficult job caregiving can be,” McCormack says. “By the time patients get to this stage, their options have often gotten much narrower as their needs have gotten greater, putting a lot of strain on their loved ones who take care of them. We want to support those people in what they do.”

McCormack adds that the Ray of Hope staff are always looking for additional resources and education to help the population after discharge.

“Because we're a critical access hospital, we can't add more beds to this unit,” she says, “so we need to do whatever we can to support these patients and their caregivers after they leave.”

## CONTACT

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