



Complex Patients, Complex Treatment: Benefits of Timely Discharge to LTACHs

As America's hospitalized patients become increasingly complex, so does their treatment. Today, almost 30 percent of U.S. adults have multiple chronic conditions.¹ When medically complex patients require hospital care, they tend to experience longer recovery times and are more likely to readmit to the Intensive Care Unit (ICU).²

For these patients, it is essential to maximize efficiency and quality of care from the beginning of the recovery journey to prevent costly patient setbacks and readmissions. Long-term acute care hospitals (LTACHs) are ICU-level settings that specialize in providing continued acute care for medically complex patients. Discharging these patients to LTACHs when appropriate can benefit both patients and hospitals.

Read this white paper to discover how strategic partnership can help hospitals reduce cost and improve outcomes through timely discharge of medically complex patients to LTACHs.

BENEFITS OF TIMELY DISCHARGE TO LTACHS

Moving medically complex patients out of the ICU and into an LTACH as soon as possible can contribute to improved hospital cost savings and patient recovery.

One case study published by the *Journal of Medical Economics* evaluated the costs and outcomes of LTACH-eligible patients who remained in a short-term acute care hospital (STACH) for over 30 days versus those who discharged to an LTACH. The findings included:³

- **Reduced cost:** Mean daily cost per LTACH-eligible patient was 24 percent less for those who transferred to an LTACH compared to those who remained in an STACH.
- **Improved outcomes:** Medically complex patients who received care at an LTACH were discharged home 3X as often as those who were LTACH-eligible but remained in the STACH.

These results are supported by several studies that focus on individual aspects of LTACH care.



Today in the U.S.
almost **30% of**
adults have
multiple chronic
conditions.¹

UNIQUE ASPECTS OF LTACH CARE THAT CONTRIBUTE TO OVERALL BENEFITS

Three key areas that contribute to LTACHs attaining enhanced outcomes when providing care for medically complex patients include:

Expertise in ventilator care

Efficiencies and improvements gained by early discharge to LTACHs can largely be attributed to this setting's specialized pulmonary and ventilator care. Ventilator-supported patients, who make up more than 25 percent of LTACH admissions, receive expert treatment from a team led by pulmonologists and respiratory therapists.⁴

This expertise can help improve outcomes for critical pulmonary patients. Research has found that discharging ventilated patients earlier from an STACH to an LTACH is associated with a higher probability of liberation. In fact, a one-day delay in LTACH discharge after intubation is associated with an 11.6 percent reduction in the odds of weaning.⁵

Interdisciplinary care teams

Medically complex patients with multiple comorbidities often require a team of specialists who can address the different facets of their conditions. At an LTACH, physicians, respiratory therapists, dietitians, bedside nurses and other healthcare staff formally collaborate as an interdisciplinary care team to develop comprehensive treatment plans. This level of collaboration can help improve outcomes by reducing the risk of miscommunication, which is a primary cause of adverse events.⁶

The benefit of interdisciplinary care team collaboration is particularly clear when looking at patients requiring mechanical ventilation. One case study found an association between long-term liberation plans led by an interdisciplinary team and reductions in mortality and time on ventilator.⁷



Specialized rehabilitative care

Early and comprehensive rehabilitation is also essential for patients with multiple chronic conditions and acute illnesses. Rehabilitation services provided at an LTACH are led by PTs, RTs, OTs and SLPs, and are integrated with specialized acute care to help patients achieve the fastest and most complete recovery possible.

Early mobilization is especially important for critical pulmonary patients. One case study found that improving access of ventilated patients to pulmonary rehabilitation in an acute care setting could reduce time on ventilation by two days.⁸ Studies such as these have contributed to the recommendation by the American Thoracic Society and American College of Chest Physicians to implement early mobilization protocols for ventilated patients.⁹



Medically complex patients who received care at an LTACH were discharged home 3X as often as those who were LTACH-eligible but remained in the STACH.

ENHANCED HOSPITAL EFFICIENCIES THROUGH PARTNERSHIP

While there are numerous benefits of earlier discharge to LTACHs, strategic partnership with an LTACH through joint-venture or contract management can yield further benefits:

Increased patient throughput: Medically complex patients typically transfer quickly and efficiently from the ICU to the LTACH site. This allows for greater availability of resources, beds and ventilators for new patients coming to the ICU through the emergency department.

Improved outcomes: Patients transferring to the partner LTACH can experience continuity of care

to help them recover more quickly and completely. Their attending physician can provide oversight and patient information, while treatment plans can be easily transferred.

HOW WE CAN HELP ADVANCE YOUR HOSPITAL FORWARD

Kindred partners with hospitals to develop new LTACHs, or optimize existing ones, through contract management or joint-venture freestanding partnership opportunities. This is possible with either a freestanding facility or hospital-in-hospital (HiH) structure. For more than 30 years, we have worked with patients and hospitals across the country to help treat the growing medically complex patient population.

For information about how your health system could benefit from LTACH partnership, visit KindredLTACHPartner.com.

Timothy Jolly
Vice President of Corporate Development
ScionHealth, parent company of Kindred Hospitals
timothy.jolly@scionhealth.com



www.KindredLTACHPartner.com



References

1. https://www.cdc.gov/pcd/issues/2020/20_0130.htm
2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7392362/>
3. <https://www.tandfonline.com/doi/full/10.3111/13696998.2010.551163>
4. https://www.medpac.gov/wp-content/uploads/import_data/scrape_files/docs/default-source/press-releases/march-2021-medpac-report-press-release.pdf
5. <https://bmcpulmed.biomedcentral.com/articles/10.1186/s12890-021-01454-1>
6. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4526935/>
7. <https://pubmed.ncbi.nlm.nih.gov/22875526/>
8. <https://clinicaltrials.gov/ct2/show/NCT04381338>
9. <https://www.atsjournals.org/doi/full/10.1164/rccm.201610-2076ST>