

For Continued Acute Level Care, LTAC Hospitals May Be the Best Option

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A patient's full recovery is possible only when they have access to the clinical expertise necessary to address their unique care needs. Choosing the right care path for critically, chronically ill patients is essential to achieving optimal outcomes for both patients and providers.

Long-term acute care (LTAC) hospitals deliver care for the most difficult-to-treat, critically ill and medically complex patients – including those with respiratory failure, septicemia, traumatic injuries, wounds or other severe illnesses complicated by multiple chronic conditions.

Read this brief to learn about the LTAC hospital level of care, key indicators that your patient may benefit from this level of care, and how an early assessment by a post-acute care representative can provide care management solutions for referring hospitals and positively impact patient outcomes.

Continued ICU-Level Care: The Value of LTAC Hospitals

Long-term acute care hospitals are in a unique position to effectively treat critically ill patients. Unlike other post-acute settings, long-term acute care hospitals can help patients who need to see a physician every day. Further, care is provided by several specialty physicians based on a patient's needs, such as pulmonologists, cardiologists and neurologists. These specialists coordinate care with an interdisciplinary team made up of nurses, therapists, dietitians, pharmacists and other specialists.

These experts work together to determine the best treatment options and care plan for each and every patient. Most treatment plans involve many clinical disciplines, are complex, intensive, and evolving, and may require a length of stay measured in weeks.

While LTAC hospitals provide care for a very high-acuity, niche patient population, they play a vital role in helping patients recover more efficiently – including those who have a high risk of readmission due to their clinical complexity. By transitioning these challenging patients to a LTAC hospital, when it is the most appropriate site of care for their

needs, referring hospitals can help to manage preventable rehospitalizations and successfully avoid readmission penalties.

Research-Based Positive Outcomes for the Severely Ill

LTAC hospitals have long been recognized for their strong performance in successfully weaning patients from ventilators. Additionally, recent research of non-ventilator patient populations found that for patients with three or more days in intensive care in a short-term hospital, LTAC hospital care “is associated with improved mortality and lower payments.”¹ The study also concluded that the effects of LTAC hospital care tend to “be more favorable for patients with either multiple organ failure or ≥ 3 days in an ICU/CCU as compared with patients without these characteristics.”²

For ventilated and non-ventilated patients with 3+ days in the ICU,
LTAC care is associated with

IMPROVED
Mortality

LOWER
Payments

Identifying How Your Patient Would Benefit from Care in an LTAC Hospital

- **Extended stay (multiple days) in an ICU or critical care unit** – During a patient's stay in an ICU, the critical care team can generally tell if a patient will need extended care around days 3-7 of the stay. As reported in CHEST from a large Prolonged Mechanical Ventilation (PMV) Consensus Conference, “While acknowledging that liberation from mechanical ventilation can be unpredictable, but recognizing

that by as early as day 7, the need for a prolonged treatment is likely,” the formal recommendation was made that clinicians “begin consideration for PMV-focused care when tracheostomy is first considered.”³ As soon as it is determined a patient will need prolonged acute care, it is important for the clinical team to reach out to post-acute representatives to determine the best options or site of care.

- **Higher case mix index than traditional hospital patients** – Post ICU/CCU-level patients often require the specialized, interdisciplinary care that is only available in LTAC hospitals. This is because these patients are significantly sicker – with a much higher case mix index – than their acute hospital counterparts.
 - On admission, LTAC hospital patients average nearly double the number of complications as STAC hospital patients
 - On admission, LTAC hospital patients average over six comorbidities.
- **The severity of the patient’s conditions requires daily physician oversight and acute, hospital-level care** – common conditions treated within LTAC hospitals are respiratory failure, septicemia, pulmonary edema, advanced wound care, infectious diseases and cardiac care. Patients with such multiple and severe conditions require physician and clinical specialist oversight daily in conjunction with the acute care, hospital-based environment.

Benefits of Early Post-Acute Care Assessment

Once it is determined that a current or former ICU/CCU patient will require prolonged care for a full recovery, it is important that discharge to the most appropriate level of care be done as soon as possible, because patients who experience a delay may experience adverse outcomes.

Early assessments by post-acute networks provide benefits to the patient and referring hospital:

- Improved patient experience through a smoother transition between facilities; better coordination, less disruption

- Enhanced efficiency in case management – earlier identification that the care needs are exceeding the short-term facility’s focus; potential to help in payment denial management

How Kindred Can Help

Kindred LTAC Hospitals provide expert interdisciplinary care to meet the unique needs of each patient. Treatment is led by physician specialists, and supported by a full complement of clinical disciplines. Additionally, the hospitals feature ICU-level units, telemetry units with on-site pharmacy, radiology services and operating rooms.

The comprehensive team approach with condition-specific clinical programs facilitates improved outcomes and a greater chance of recovery.

Kindred Hospitals have an average length of stay of 29 days⁴ and have a 30-day (all-cause, planned and unplanned) readmission rate of just 8.6%⁵, providing new strategies for referring hospitals to manage readmissions and effective care management. Additionally, our physician-led, interdisciplinary teams have a strong reputation for successfully weaning patients off mechanical ventilation.

As part of determining the most appropriate site for prolonged acute care, our Clinical Liaisons can provide patient assessments, and can help physicians and other attending clinicians determine if a patient is appropriate for LTAC hospital services.

If you have a patient who needs more time to recover, contact us at www.recoveratkindred.com and we will help determine if LTACH care is the most appropriate next step.

References:

¹ Koenig, L., Demiralp, B., Saavoss, J., & Zhang, Q. (2015). *The Role of Long-term Acute Care Hospitals in Treating the Critically Ill and Medically Complex: An Analysis of Nonventilator Patients*. *Medical Care*, 53(7), 582–590. <http://doi.org/10.1097/MLR.0000000000000382>

^{2,5} *ibid*

³ *Management of Patients Requiring Prolonged Mechanical Ventilation; Report of a NAMDRG Consensus Conference*. *CHEST* 2005;128: 3937-3954.

⁴ *Quality and Innovation Report, Kindred Healthcare, 2018 outcomes*