How LTAC Hospitals Help Post-COVID Patients

The latest research findings are honing in on the clinical conditions associated with COVID-19, along with the specific care pathways needed for patients, once stabilized, to fully recover. Specialized care after the initial hospital stay is proving to play a critical role.

Hospitalized COVID-19 patients often experience significant pulmonary complications, including severe pneumonia and acute respiratory distress-like syndrome. Further, many physicians are reporting that patients are developing post-intensive care syndrome (PICS) due to an intensive care unit (ICU) stay measured in weeks rather than days. The virus is also resulting in strokes, and causing sepsis, which can lead to multi-system failure and leave a patient with lasting damage to the lungs and other organs.

This brief details COVID-19 patient care management strategies and research on how the clinical expertise of LTAC hospitals is uniquely suited for post-COVID patients.

New Research on Care Solutions for Post-COVID Patients: The Role of LTACHs

A growing body of evidence indicates that the specialized services delivered in long-term acute care hospitals play a unique and positive role in treating patients recovering from COVID-19.

A recent study in the Journal of Rehabilitative Management stated that: “Early rehabilitation of the COVID-19 patients can enhance pulmonary, respiratory function, reduce complications, improve function, cognitive impairments and quality of life.”

Hospitalized COVID-19 patients are receiving life-saving care in an ICU for much longer than the average stay of three to four days and are often reliant on a ventilator, both of which puts them at high risk of developing post-intensive care syndrome (PICS) – a condition that can include ICU-acquired weakness, cognitive or brain dysfunction and other mental health disorders. Specialized care interventions and rehabilitation are needed to address the short- and medium-term consequences of post-COVID patients experiencing PICS symptoms and recovering from extended mechanical ventilation.

Additionally, as published recently in The Boston Globe:

Many recovering COVID-19 patients need to be weaned off of ventilators and slowly reintroduced to eating on their own. Some also require speech therapy, pulmonary therapy, and dialysis.

…COVID-19 has reminded the world of the importance of facilities that occupy the middle ground of the critical care landscape.

“In a pandemic, you really do need that kind of intensive care,” said Grabowski, who co-authored a paper advocating for the importance of long-term acute care hospitals. “For years, we said, ‘Why do we need long-term care hospitals?’ And all of a sudden with COVID, we’re saying ‘Why don’t we have more long-term care hospitals?’”

Lastly, a recently co-authored post in Health Affairs highlighted the critical resource that LTAC hospitals can play during the COVID pandemic. Specifically, the researchers suggest that the clinical expertise in LTAC hospitals with “critical care nurses, respiratory therapists, and intensivists” aligns with the ongoing needs of COVID patients. The experts conclude that, “During this unprecedented international crisis, [LTAC hospitals] offer additional opportunities to prepare for and manage the surge of COVID-19 patients experiencing respiratory failure.”
Unique Clinical Presentations Require Specialized Care
Due to the complex medical needs of post-COVID patients, long-term acute care (LTAC) hospitals are a key care setting. LTAC hospitals deliver care for the most difficult-to-treat, critically ill and medically complex patients – such as patients with respiratory failure, septicemia, traumatic injuries, wounds or other severe illnesses complicated by multiple chronic conditions, many of which have been symptoms of post-COVID recovery.

These specialty hospitals are unlike other post-acute care settings because they are licensed as a general acute care hospital by the state and certified by the Centers for Medicare & Medicaid Services (CMS) as an LTAC hospital, and accredited by the Joint Commission under acute care standards. Additionally, care is provided in an interdisciplinary fashion, featuring daily physician visits and specialty physicians based on patient needs. Clinicians are specially trained for the critical care setting and are able to support prolonged recovery times.

LTACH Expertise in Pulmonary Care and Recovery
A patient’s recovery and long-term lung health is directly dependent on the type and intensity of the care they receive. Distinct from all other post-acute settings, LTAC hospital clinicians are highly specialized in their ability to successfully liberate the most challenging ventilator patients, and LTAC hospitals feature hospital-level infection control, negative pressure rooms where needed and on-site laboratories and dialysis.

How Kindred Hospitals Can Help
We specialize in the treatment and rehabilitation of the post-intensive care and complex medical patient requiring continued intensive care, including specialized rehabilitation, in an acute hospital setting.

Our team of skilled and caring clinicians in our long-term acute care hospitals can be the right partner for you for your patients who have been in an ICU or a critical care unit, or who are chronically ill and readmit to the hospital frequently. We have proven success in treating patients with pulmonary disease and respiratory failure, including a long history of liberating patients from mechanical ventilation and artificial airways.

Many of our hospitals have or are in the process of achieving disease-specific certification from The Joint Commission in key conditions such as respiratory failure and sepsis.

We also have decades of experience treating post-intensive care syndrome (PICS). Under Kindred’s expert interdisciplinary care, patients receive targeted services including:
- Daily physician oversight
- Physician specialists
- ICU-level care and staffing when necessary
- 24/7 respiratory therapy coverage
- IV pain control management and narcotic/opioid weaning
- Early mobilization of both ventilated and spontaneously breathing patients
- Antimicrobial management to complete sepsis treatment and prevent antibiotic resistance
- Interdisciplinary teams to clarify interventions and monitor progress
- A patient-centered, goal-directed care plan addressing function, cognition and medical impairments
- Family-focused discharge planning, whether directly to home or to less intense levels of post-acute care

If you have a post-COVID patient, or other patients in need of care after a hospital stay, call a Kindred Clinical Liaison for a patient assessment. Our experts will help you determine the most appropriate care setting for your patient’s next stage of treatment. If you are unsure of who your Kindred representative is, please feel free to contact us at recoveratkindred.com and speak with a Registered Nurse who can assist.

To learn more about how Kindred can help your post-COVID patients, contact us.

recoveratkindred.com

References:
3. Dasia Moore, “COVID-19 patients are recovering, but with nowhere to go,” The Boston Globe, May 19, 2020
4. “How Can We Ramp Up Hospital Capacity To Handle The Surge Of COVID-19 Patients? Long-Term Acute Care Hospitals Can Play A Critical Role,” Health Affairs blog, April 13, 2020, DOI: 10.1377/hblog20200410.606195