

**THE ROLE OF LONG TERM ACUTE
CARE HOSPITALS IN THE ACUTE
CARE CONTINUUM**

Wednesday, June 02, 2010

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**Bob Armstrong BSN RN, Is Employed By
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THE ROLE OF LONG TERM ACUTE CARE HOSPITALS IN THE ACUTE CARE CONTINUUM

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What Are Long Term Acute Care Hospitals?

- Specialty Hospitals
- Focus On Prolonged Hospital Care
- Length Of Stay Averages 25 Days
- Patients Are Acutely Ill/Medically Complex
- Care Is More Specialized Than In A SNF, Sub-acute, Or Rehab Unit

What Are Long Term Acute Care Hospitals?

- Licensed as an Acute Care Hospital
- JCAHO Accredited
- Medicare Certified

Types of Patients

- LTACH's Admit Patients Who Are Acutely Ill Or Have Multiple Medical Conditions (Co-morbidities)
- According To CMS Approximately One Half Of All Patients Admitted To LTACHs Have 5 Or More Diagnoses.

UNCONTROLLED DM

Complex Wound Care

Vent Weaning

Respiratory Failure

Osteomyelitis

Certification

- Under Medicare Regulations, A Hospital Can Be Certified As A LTACH If Its Average Length Of Stay Among Medicare Patients Is Equal To Or Greater Than 25 Days.

Level of Care

- LTACH's provide intense clinical and therapeutic intervention 24 hours a day.
- Patients with the highest severity of illness are more likely to use an LTACH.
- LTACH's are the most cost-effective and appropriate settings for the sickest patients.

How Is This Done?

- Low Cost Provider. There Is No ER, OB, Or Psych Units To Support.
- Effective Case Management To Ensure Appropriate Severity Of Illness, Intensity Of Service, And Cost Effective Care
- Individualized Care Plans With Patient-family Focus

Creation of LTACH's

- Created By HCFA (Health Care Financial Administration) In 1984 To Care For Patients Who Require A Longer Length Of Stay Beyond DRG Guidelines.
- Created As Extensions Of Acute Care, They Are Specifically Designed To Care For Patients Requiring A Longer Healing Period.

Benefits to Hospitals

- Free Up Beds Including ICU Beds
- Decrease Ambulance Diversion
- Decrease Readmissions
- Meet Length Of Stay Goals
- Maintain Financial Viability

For Example

- 2 Days Reduced From STAC Stay Of 80 Patients Would Mean 160 STAC Bed Days For Patients Who Need Them
- Reimbursement For STAC Is Improved When DRG MLOS Not Exceeded (STAC Receives Reimbursement Only For The DRG MLOS)

Comparison of DRG's

- #475 Respiratory System Diagnosis W/Ventilator Support
 - Short Term Acute = 10 Days
 - Long Term Acute = 29 Days
- #271 Skin Ulcers
 - Short Term Acute = 6.2 Days
 - Long Term Acute = 23 Days

Admission Sources

- STACH's (70%)
- Community (14%)
- Nursing Homes (6%)
- Home Health Agencies (4%)
- Other LTC Hospitals (2%)
- Rehab (1%)
- Other (3%)

Types of LTACH's

- Free Standing
- Supplies All Services
For Its Patients

Hospital in a Hospital

- Sits Inside Another Hospital (Host)
- Operates As A Separate Entity.

Code of Federal Regulations

- Separate Governing Body
- Chief Medical Officer
- Separate Medical Staff
- Medicare Provider Agreement
- ALOS of 25 or More Days
- Performance of Basic Hospital Functions

Governing Board

- Provides Hospital Planning
- Sets Organizational Policy
- Develops The Mission, Vision, Values, And Bylaws That Govern Hospital Operations
- Is Not Under Control Of The Host Hospital Or Any Other Entity That Controls Both Hospitals

Chief Medical Officer

- Reports Directly To The Governing Board
- Is Responsible For All Medical Staff Activities
- Is Not Employed By Or Under The Control Of The Host Hospital Or Any Other Entity That Controls Both Hospitals

Chief Executive Officer

- All Administrative Authority Flows Through The CEO
- Controls And Surveys All Administrative Activities Of The Hospital
- Is Not Employed By The Host Hospital Or Any Other Entity Having Control Over Both Hospitals.

Basic Hospital Functions

- Delivers All Aspects Of Patient Care With Employees Or Under Contract With Facilities Other Than The Host Hospital Or Entity Controlling Both Hospitals.

Hospital Functions

- Ensures A Clean And Safe Physical Environment Using Possible Contracts With The Host Hospital Or Entity Controlling Both Hospitals (Housekeeping, Dietary)

Payer Sources

- Medicare
- Medicaid
- Commercial Insurance
- Workers' Compensation
- Veterans' Benefits
- Auto Insurance
- Private Pay

Medicare

- Patients Are Classified Into Distinct Diagnosis Related Groups Based On Clinical Characteristics And Expected Resource Needs I.E. Ventilator Wean, Sepsis, COPD, Etc.
- LTACH's DRG's Have Longer Lengths Of Stay Than STACH's.

Medicare

- A Patient May Need Acute Care, But The Anticipated Length Of Stay Is Greater Than The DRG Average Length Of Stay For The Short Term Acute Care Hospital
- Patients Are Often Admitted To The LTACH Under A Different DRG Than The STACH.

For Example

- A Patient Is Admitted To The STACH With CHF And CRF. She Goes Into Respiratory Failure And Is Ventilated. Due To Her Inability To Wean, She Transfers To The LTACH With *Respiratory Failure* As The Principal Diagnosis And *Ventilator Weaning* As The Principal Procedure.

For Example

- A Patient Is Admitted To The STACH With CAD And Has A CABG. He Develops A Graft Site Infection With Sternal Wound Dehiscence And Has Four Weeks of Antibiotic Therapy ordered. He Is Transferred To The LTACH With A Diagnosis Of *Infection Of The Graft Site* and the Principal procedure to be *IV Antibiotic Administration*.

More Examples

- A Patient Is Admitted To The STACH With A Principal Diagnosis Of Diabetic Foot Ulcer And Gangrene. He Develops Osteomyelitis And Is Transferred To The LTACH For Continued Management With A Primary Diagnosis Of *Osteomyelitis*.

Interdisciplinary Team

- Patient & Family – Engaged In Learning About Healing.
- Physician – Directs Treatment
- Wound, Ostomy/Continence Nurse – Manages Overall Wound Issues.
- Nursing Staff – Continually Assess And Provide Care For Patients
- Dietician – Maintains Nutritional Support

Interdisciplinary Team

- Rehab Therapies – Help With Mobility And Pressure Support Devices
- Care Managers – Monitor Care And Help Maintain Continued Care At Discharge
- Support Staff – Offers Financial, Quality Improvement, Educational, Marketing, Administrative, And Secretarial Support

Discharge Planning

- Daily Continued Stay Discharge Criteria Screening
- Begins At Initial Screening
- Ongoing, Through Hospitalization
- Set Up After Care Services (Home Health)

The Continuum of Care

- Patients May Be Admitted Directly From The ICU Needing A High Level Of Acute Care.
- They Will Need Daily Assessment And Intervention Due To The Potential For Rapid And Unexpected Deterioration Of Their Condition.

Patient Population

- It Is Estimated That 5-6% Of Patients In A STACH Qualify For LTACH Admission.
 - 100 Patients = 5
 - 200 Patients = 10
 - 300 Patients = 15

Patient Population

- Patients Admitted To LTACH Have Multiple Co-morbidities And Are Less Stable On Admission Than Patients Admitted To Other Post-acute Settings.

Medically Complex Patients

- Cardiovascular
- Infections
- COPD
- Cancer
- Renal
- Neurological
- Trauma

Medically Complex Programs

- Programs Are Designed To Meet The Needs Of The Individual Patient
- Provide Care For Patients Requiring More Than Routine Care And Needing Intensive Therapies And Nursing Care

Programs May Include

- Cardiac Monitoring
- Long Term Antibiotic Therapy
- Wound Care (Vacs, Grafts, Flaps)
- Nutritional Support (TPN)
- Respiratory Management/Vent Wean
- Dialysis
- Medication Titration (Drips)

Pulmonary Programs

- Provide Specialized Care For Patients With Acute Or Chronic Respiratory Disorders Who May Have Tracheotomies, Ventilators, Or Require Extensive Respiratory Treatments To Maintain Normal Breathing

LTACH Patient Requirements:

- Physician Direction With Daily Visits
- A Professional Team Approach With Detailed Case Management
- Ancillary Services (Lab, Radiology, Etc.)
- Caregivers With Advanced Assessment And Intervention Skills
- Education For Patient And Family

Short Term Acute Care

- Licensed As A General Hospital
- Designed For Short Stay Episodic Illness
- Has An ALOS Usually Within The DRG
- May Provide ER, OR, OB, & Peds
- Handles Patients In Crisis That Need Stabilization

Acute Rehab Unit

- Has No ICU Capabilities
- Few Concurrent Illnesses
- Patients Have Stable Primary Condition
- Patients Can Do 3 Hour Of Rehab Per Day
- Offers Comprehensive Rehab Requiring Rehabilitation Physicians, Nurses, Therapists

Sub Acute Unit

- Licensed As A Specialty Unit In A Nursing Home
- Provides No High Tech Care
- Offers No On Site Ancillary Services
- Requires Only Weekly Physician Visits

Skilled Nursing Facility

- Offers Restorative Care Requiring Skilled Nursing And/Or Skilled Therapy
- Few If Any SNFs Deal With Ventilator Care
- Physician Visits Weekly/Monthly
- No Ancillary Services On Site

Considerations for Admission

- A Stroke Patient With Functional Impairment, Who Is Medically Stable, And Can Participate In 3 Hours Of Rehabilitation A Day Would Be Appropriate For.....
- An Inpatient Rehabilitation Facility.

Considerations for Admission

- A Stroke Patient With Functional Impairment Who Is Medically Stable But Unable To Endure 3 Hours Of Rehabilitation A Day, Or Has Mental Impairment Would Be Appropriate For A....
- Skilled Nursing Facility.

Considerations for Admission

- An Unstable, Medically Complex Stroke Patient (Diabetes, Respiratory Insufficiency, Etc.) Who Will Require Close Observation And Frequent Interventions Would Be Appropriate For A...
 - Long Term Acute Care Hospital.

THANKS FOR ATTENDING!

Questions?

**Please Make Sure You Fill Out And Turn
In Your Evaluations.**

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