Long Term Acute Care Hospitals

A Discharge Option for Medically Complex Patients
Presentation Outline

• What are LTACs
• Who are LTAC Patients
• When/How to Admit
LTACH: Specialty Acute Care Hospital

- The LTACH may be a freestanding facility or located within a hospital (HIH)
- Focus on patients with specialized long-term needs in hospital setting
- Utilizes interdisciplinary teams
- Acute care license
- Medicare certification
- JC accreditation
- Acute care governance model
Why should I refer my patients to an LTAC?

LTAC’s offer a discharge solution for patients who continue to require specialty services and acute medical management for patients who have extended stay issues.
What does an LTAC provide, that the STAC hospital does not?

LTAC’s provide the same level of care, but provide an alternative option from discharging patients home too soon, or to a lower level of care that can not meet the needs of your patients.
Comorbidities lead to higher severity-of-illness (SOI) ratings by APR-DRG methods.
Respiratory Patients -
LTACH Severity of Illness Exceeds STACH

Comorbidities lead to higher severity-of-illness (SOI) ratings by APR-DRG methods

- Minor
- Moderate
- Major
- Extreme

Acute Care
LTACH
Top 10 DRGs Make up 53% of Discharges
Associated with Severe, Complex Conditions

<table>
<thead>
<tr>
<th>MS_LTC-DRG</th>
<th>Name</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>207</td>
<td>Resp Failure w/ vent &gt; 96 hrs</td>
<td>19.4</td>
</tr>
<tr>
<td>189</td>
<td>Resp Failure</td>
<td>8.8</td>
</tr>
<tr>
<td>871</td>
<td>Sepsis w/o vent, w/ MCC</td>
<td>5.4</td>
</tr>
<tr>
<td>177</td>
<td>Complex Pneumonia w/ MCC</td>
<td>3.4</td>
</tr>
<tr>
<td>208</td>
<td>Resp Failure w/ vent &lt; 96 hrs</td>
<td>3.2</td>
</tr>
<tr>
<td>885</td>
<td>Psychosis</td>
<td>2.8</td>
</tr>
<tr>
<td>592</td>
<td>Skin Ulcers w/ MCC</td>
<td>2.7</td>
</tr>
<tr>
<td>870</td>
<td>Sepsis w/ vent &gt; 96 hrs w/ MCC</td>
<td>2.5</td>
</tr>
<tr>
<td>945</td>
<td>Rehabilitation</td>
<td>2.5</td>
</tr>
<tr>
<td>190</td>
<td>COPD w/ MCC</td>
<td>2.0</td>
</tr>
</tbody>
</table>

Data: KH Meditech Jan-April 2009
Is an LTAC A Rehabilitation Hospital?

No - They are licensed as a long term acute care hospital.

They provide rehab services to patients with debilitating needs, but whose primary focus is medical and treatment driven.
# Rehabilitative Care Is Different in an LTAC

<table>
<thead>
<tr>
<th><strong>Rehab Hospitals</strong></th>
<th><strong>LTAC</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>3+ hours per day</td>
<td>Not yet able to tolerate 3 hours per day</td>
</tr>
<tr>
<td>Typically after knee, hip, or back surgery</td>
<td>Typically after an illness or injury that was medically complex</td>
</tr>
<tr>
<td>Care directed by physical medicine</td>
<td>Care directed by internal medicine</td>
</tr>
<tr>
<td>Few concurrent illnesses</td>
<td>Many concurrent illnesses</td>
</tr>
<tr>
<td>ALOS &lt; 14 days</td>
<td>ALOS typically &gt;25 days</td>
</tr>
<tr>
<td>Not licensed as acute care hospitals</td>
<td>Licensed acute care hospitals</td>
</tr>
</tbody>
</table>
Is an LTACH a SNF or LTC?

No - They are licensed as Long Term **Acute** Care, not long term care like a nursing facility.

Long term care or skilled nursing facilities do not require that patients be seen daily by a physician or have 24/7 nursing and respiratory care like an LTAC.

They do not have a variety of specialists or provide a level of care for urgent or emergent needs such as an ICU/SCU as found in the LTAC.
## SNF Care Is Different From LTAC Care

### SNFs
- Typically after a fall, broken hip, or minor stroke
- Few if any SNFs staff deal with ventilator care
- Patients frequently ambulatory
- Full Medicare coverage up to about 100 days only (SNF days)
- Patients meet criteria for chronic care
- Weekly/monthly physician assessments

### LTACHs
- For complex respiratory disease, complicated wound care, and multi-system organ failure
- Many patients with respiratory-relevant diagnoses are ventilator dependent
- Patients are typically bed-bound or need moderate assistance
- ALOS >25 days
- Patients must meet acute care admission and continued stay criteria
- Daily physician assessments
The Current Continuum of Care

INTENSITY OF PATIENT SERVICE

HIGH

LOW

SEVERITY OF PATIENT ILLNESS

LOW

HIGH

HOME

HOME HEALTH CARE

ADULT DAY CARE

OUTPATIENT REHAB

HOME HEALTH CARE

SKILLED NURSING FACILITIES

ASSISTED LIVING

INPATIENT REHAB FACILITIES

LTACs FREESTANDING/ HTH

ACUTE CARE HOSPITALS

TRANSCARE

ICU

HOSPICE

Kindred Healthcare

KPS

Peoplefirst Rehabilitation

Kindred Healthcare

KPS

Peoplefirst Rehabilitation

Kindred Healthcare

KPS

Peoplefirst Rehabilitation
Some Types of Patients Seen:

- Respiratory Failure
- Ventilator Dependent
- Sepsis / Bacteremia / Septic Shock
- Pneumonia
- COPD / Emphysema / Bronchitis
- Renal Failure / Hemodialysis
- Medically Complex
- Pulmonary disease
- Cardiac disease / CHF
• Pressure wounds / Complex Wounds
• Malnutrition / Dysphagia
• Gastrointestinal diseases
• Post-op complications (infection)
• Multi-drug resistant organisms (MRSA, VRE)
• Osteomyelitis / Cellulitis
Other Medically Complex Examples

*Included but not limited to:*

- Debilitation related to a primary diagnosis
- Metabolic Disorders
- Aplastic Anemia
- GI issues
- Neuromuscular disorders
- Renal insufficiency/renal failure
- Hemodialysis
- Malnutrition
- Malignant end-stage disease
- Cachexia
Complex Respiratory Examples

*Included but not limited to:*

- Complicated pneumonia
- ARDS
- Aspiration pneumonia
- CHF/COPD/Emphysema/Asthma-related illnesses
- Lung CA
- Interstitial lung disease
- Ventilator dependent but unstable for weaning due to medical complexity
Ventilator Weaning Examples

*Included but not limited to:*

- Nocturnal ventilators
- Bi-Pap or CPAP
- Failed weaning attempts at acute care setting
- Chronic vent with pneumonia
- ARDS / Respiratory Failure
- Aspiration / Pneumonia
- Interstitial lung disease
Wound/Skin Examples

*Included but not limited to:*

- Abscess
- Amputation
- Post-operative wound complications
- Cellulitis
- Decubitus Ulcers
- Necrotizing fascitis
- Neurogenic ulcers
- Wound flaps
- Osteomyelitis
- Gangrene
- Peripheral vascular wounds
Infectious Disease Examples

*Included but not limited to:*

- AIDS
- Infectious pneumonia
- Cellulitis
- Bacteremia
- Osteomyelitis
- Immuno-compromised patients with infection
- Meningitis
- Abscess
- Encephalitis
- Pyelonephritis
Cardiovascular/Peripheral Vascular Examples

Included but not limited to:

- Amputation
- Post-operative complications
- CVA
- Unstable Diabetes Mellitus
- Syncope/presyncope
- CHF
- Labile BP

- Pericardial effusion
- Cardiomyopathy
- DVT
- CAD/CV Disease
Levels Of Care Provided

• ICU / SCU (special care unit)
• Step-down unit
• Telemetry
• Medical-surgical
• Surgery (at some locations)
LTAC Hospitals
Typical Discharges by Destination-

- **Hospital**: 14%
- **Expired**: 17%
- **Rehab**: 4%
- **Other**: 3%
- **Hospice**: 2%
- **SNF / Nursing Home**: 35%
- **Home**: 25%
Typical Admission Process

- Receive referral from hospital, physician or managed care
- Clinical Liaison review: patient, physician, family, nursing staff, case management staff
- Screen with InterQual LTAC Admission Criteria
- Consult with current and proposed attending if unclear
- Ongoing concurrent review and discharge screens by Case Managers
Clinical Liaison
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