

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?

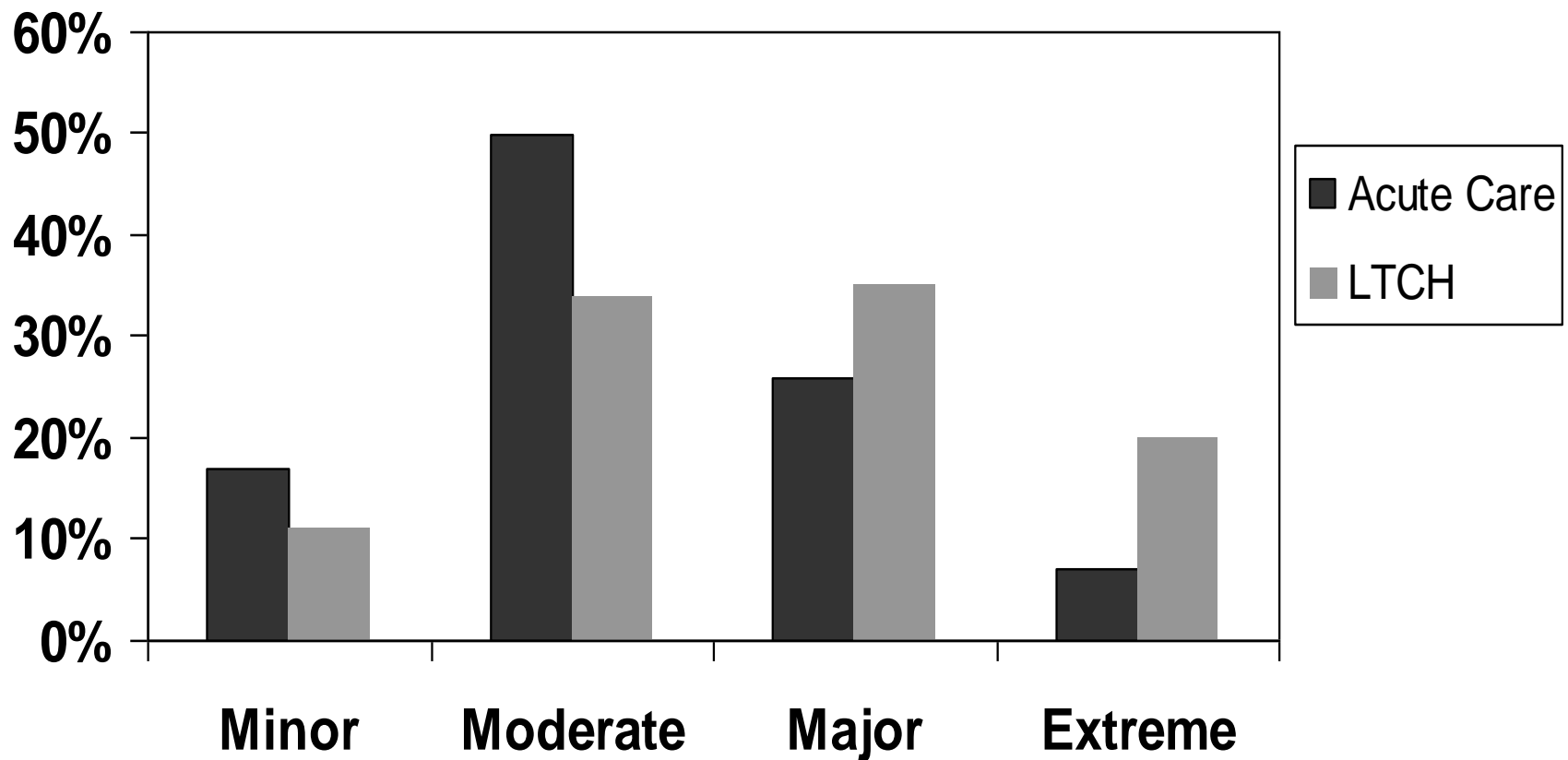
LTAC's offer a discharge solution for patients who continue to require specialty services and acute medical management for patients who have extended stay issues.

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.

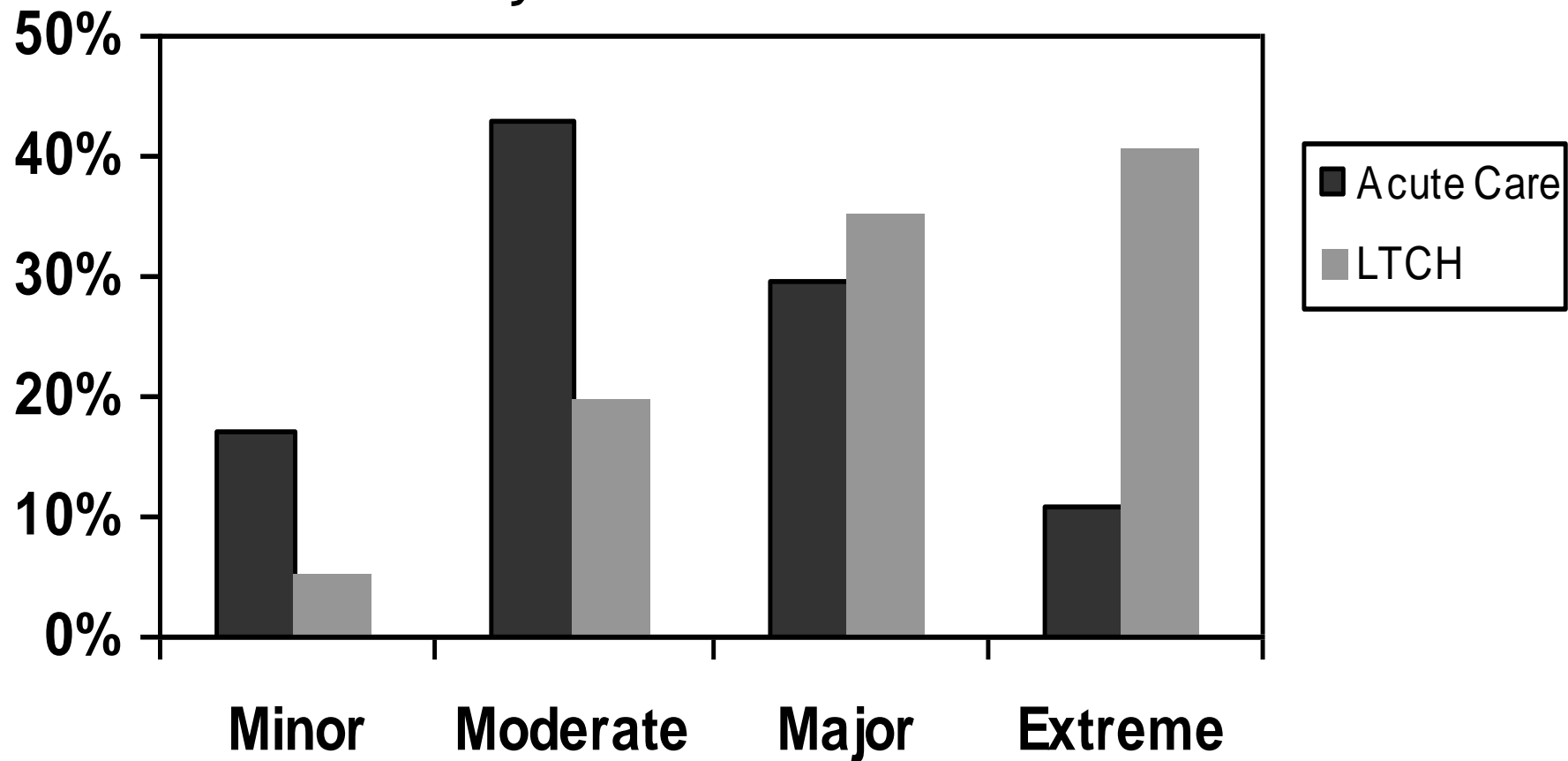
LTACH Severity of Illness Exceeds STACH

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



Top 10 DRGs Make up 50% of Discharges

Associated with Severe, Complex Conditions

MS_LTC-DRG	Name	Percent
207	Resp Failure w/ vent > 96 hrs	14.0
189	Resp Failure	11.3
871	Sepsis w/o vent, w/ MCC	8.1
177	Complex Pneumonia w/ MCC	3.1
870	Sepsis w/ vent > 96 hrs w/ MCC	2.7
208	Resp Failure w/ vent < 96 hrs	2.6
592	Skin Ulcers w/ MCC	2.5
885	Psychosis	2.3
919	Complications of Treatment w/ MCC	1.9
539	Osteomyelitis w/ MCC	1.8

Data: Meditech October 1-2011 thru Sept 30-2012

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

Rehab Hospitals

- 3+ hours per day
- Typically after knee, hip, or back surgery
- Care directed by physical medicine
- Few concurrent illnesses
- ALOS < 14 days
- Not licensed as acute care hospitals

LTAC

- Not yet able to tolerate 3 hours per day
- Typically after an illness or injury that was medically complex
- Care directed by internal medicine
- Many concurrent illnesses
- ALOS typically >25 days
- Licensed acute care hospitals

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

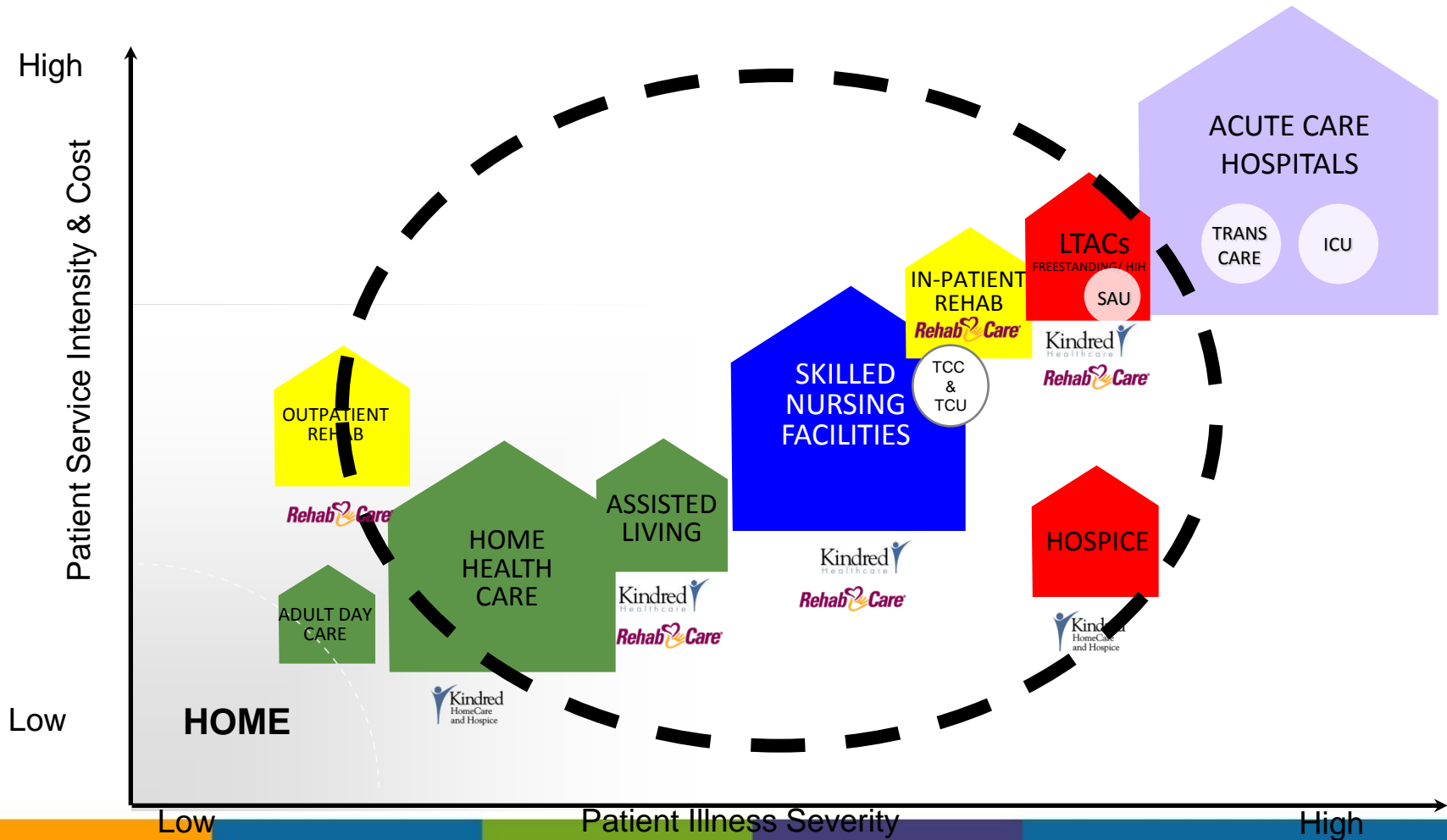
SNFs

- 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



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

... continued

- 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**

PULMONARY
REHABILITATION



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**



INTENSIVE CARE UNIT

Wound/Skin Examples

Included but not limited to:

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

WOUND CARE



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)

INTENSIVE CARE UNIT

MEDICAL/SURGICAL UNIT

REHABILITATION SERVICES

Physician Specialties

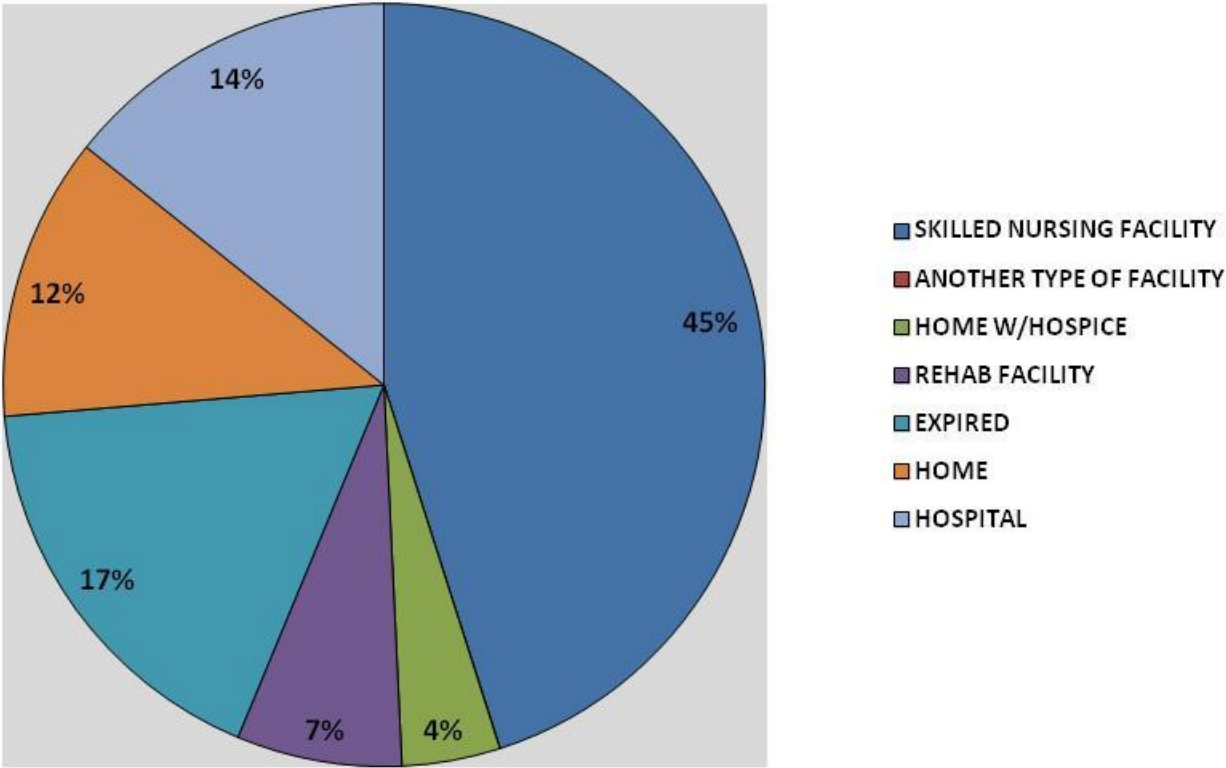
- Internal Medicine / Family Practice
- Pulmonology / Critical Care
- Cardiology
- Infectious Disease
- Nephrology
- Neurology
- Orthopaedic
- Surgery / Plastic Surgery
- Wound Care



...and more

LTAC Hospitals

Typical Discharges by Destination-



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

Questions?