January 29, 2016

Fast Facts Friday

Kindred Hospital Rehabilitation Services

A Guide to Post Acute Levels of Care

The following information may or may not be appropriate to your clinical setting. Please review the information and determine the appropriateness of the content prior to sharing with your staff.

Eligible for LMS Credit: ☑ Yes

We're Listening……

On a recent Friday leadership call it was mentioned that it would be helpful to have a description of the patient care settings throughout the continuum. You asked. We listened.

The document attached in the email with this FFF includes a comparison of:

- Acute Inpatient Rehab - ARU/IRF
- Skilled Nursing - SNF/SNU
- Outpatient - OP
- Long Term Acute Care - LTAC
- Home Health – HH

The different categories included on the document are:

- Patient's Functional Status
- Patient's Rehab Potential
- Levels of Therapy Intervention
- Disciplines Providing Care
- Treatment Focus
- Medical Management
- Typical Diagnosis Served

This tool is stored on KNECT: KRS >Clinical Services >KHRS >Fast Fact Friday

Please share this information with your teams, particularly the Clinical Liaisons as it will be valuable for them to use to educate physicians and case managers who refer us patients.

Have another request for a FFF topic? Please forward your suggestions to Barb Wallace.
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A Guide to Post Acute Levels of Care

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	Acute Inpatient Rehab	Skilled Nursing Facility	Outpatient Rehab	Long Term Acute Care Facility	Home Health
Patient's Functional Status	Moderately-severally impaired patients who need and can tolerate an intensive approach involving 2 or more therapies (PT, OT, Speech, Orthotics/Prosthetics)	Mild-Moderately impaired patients who need skilled nursing services or primarily need only 1 or 2 therapy services	Patients who are able to travel for treatment, still have the endurance to benefit from treatment and receive 1 or 2 therapies	Patient requires an **acute hospital stay beyond the typical 4-7day length of stay** to address acute chronic medical conditions	Home-bound patients who require assistive devices or assistance at home – patients can receive several therapies; typically provided following an ARU/IRF/SNF/ LTACH stay
Patient's Rehabilitation Potential	The patient must be able to progress with at least 1 discipline within a 10-14 day period	Able to progress with at least 1 discipline within a 14-21 day period or continue to meet other skilled nursing criteria	Able to progress at least 1 level of function with 1 service within 30 days	On average, patients require a **25-day length of stay** to progress to acute rehab services, skilled/long term setting or home	Able to progress at least 1 level of function with 1 service within 30 days
Therapy Intervention	Intensive therapy of at least 3 hours per day, 5 days per week (or 15 hrs/7 days) involving an interdisciplinary team	Less intense program of 1-2 hours per day, May involve PT,OT and/or speech therapy.	Frequency of treatment ranges from 1 to 3 times per week	Patient has complex/multi-system medical needs resulting in no to low tolerance for functional therapeutic activities; therapy delivery individualized to patient need, typically low volume	Frequency of treatment ranges from 1 to 3 times per week
The Team	Interdisciplinary therapy team; rehabilitation nursing; nurse to patient ratio: 6-7 patients to 1 nurse; RN coverage required 24 hours/day. Daily Physician oversight.	Not all therapy disciplines may be available; nurse to patient ratio: less than acute rehab and LTAC setting; RN coverage required 8 hours out of 24-hour period. Physician oversight not daily	A combination of Physical, Occupational and Speech Therapy may be available	24-hr ACLS certified RNs (Advanced Cardiovascular Life Support); nurse to patient ratio: 4-6 patients per nurse; RN coverage provided 24 hours/day A combination of Physical, Occupational and Speech Therapy may be available; Respiratory therapy provided. Daily Physician oversight.	Multidisciplinary team may include skilled nursing, PT, OT, SLP, social workers and personal care technicians
Treatment Focus	Functional Activities/Functional Independence - strength/endurance, bowel & bladder management, mobility, eating/swallowing, bathing/dressing/grooming, thinking/memory, speech/language, self-medication, community reintegration; stabilization of medical needs.Discharge to community	Medical Management – IV therapy, pulmonary/ ventilator management (suctioning), dialysis support, ostomy care, enteral therapy, infectious disease management, wound care, less intense and frequent rehabilitation services	Exercise, manual therapy and modalities such as ultrasound or heat are used to increase mobility and decrease pain; training in self-care skills, joint protection and injury prevention; speech therapy	Medical Management – IV therapy Dialysis, Nutritional therapy, Telemetry, Ventilator management, Wound management	Disease management, wound care, incontinence management, walking, transferring, strength/endurance, pain management, performance of activities of daily living, safety issues, training in use of adaptive equipment, verbal/cognitive abilities, social/emotional factors, financial issues, personal hygiene, shopping/housekeeping, first aid
Medical Management	Daily accessible physician specially trained in rehabilitation; specialty consultants on-site; Rehab physician leads interdisciplinary team and care plan	General physician supervision; patient monitored weekly or as needed for medical needs	General supervision – patient reviewed every 30 days	Daily visits by attending Physician, specialty consultants available	General medical supervision, not necessarily a person trained in rehabilitation, who reviews a plan of treatment every 60 days
Typical Diagnoses Served	Stroke/CVA Major Multiple Trauma Congenital Deformities Pain Syndromes Amputation Cardiac/Pulmonary Conditions Arthritis Burns Joint Replacements/Fractures Brain Injury/SCI Neurological Disorders	Cancer Cardiopulmonary Conditions S/P Transplant Surgery Generalized Weakness CVA/Aneurysm Neuromuscular or Neurological Disorders Orthopedic Injury or Post-surgical Conditions Trauma Complex Decubitis	Back and Neck Injuries Sports Injuries Industrial Injuries Orthopedic Injuries Hand Injuries Hip Fractures Stroke Neurological Disorders Women's Care Post-surgical Conditions	Determined case by case; Varies depending upon patient mix served; Utilizes Medicare acute hospital days; reimbursed under specific assigned Medicare DRGs Post-surgical Conditions, Cardiovascular Conditions	Stroke Osteoarthritis Heart Failure Chronic Ischemic Heart Disease Diabetes Musculoskeletal/Nervous System Disorders Pneumonia Chronic Skin Ulcers Joint Replacements/Fractures COPD