



## Reducing Readmission for **Complex Pulmonary** Patients Through LTACH Expertise

Compounded by the COVID-19 pandemic and flu season, providers and payors have sought new strategies to address respiratory failure. For patients experiencing respiratory failure conditions, such as acute respiratory distress syndrome (ARDS), specialized acute care after the initial hospital stay is proving to play a critical role in improving patient outcomes, reducing readmissions and decreasing the severity of long-term effects.

**This guide details the increased need for pulmonary care expertise to treat the growing number of medically complex patients. It also explains how LTACHs with physician-directed teams can often provide the most appropriate level of respiratory care for lasting patient recovery and for reducing STACH readmissions.**

### **Respiratory Failure and COVID-19 Figures**

A November 2020 study published in the journal *Chest* found that respiratory failure continues to affect Americans in the following ways:<sup>1</sup>

- Acute respiratory failure mortality rates have been increasing in the United States over the past five years.
- Rates of acute respiratory distress syndrome have persisted without improvement.
- Mortality from respiratory failure and ARDS increases during flu season.
- There is a high likelihood that the combination of the flu and COVID-19 will further increase the mortality rates for these illnesses.

When looking at conditions brought on by SARS-CoV-2, additional studies show that hospitalized COVID-19 patients can often experience significant pulmonary complications as a result of the virus and its side effects, including severe pneumonia and ARDS.



### **Acute respiratory failure**

Acute respiratory failure mortality rates **have been increasing in the United States** over the past **five years**.

## The Increasing Demand for Pulmonary Care

To meet the growing needs of patients who are experiencing respiratory complications or illnesses, or prolonged mechanical ventilation, the need for pulmonary expertise will continue to increase across the country as providers work to manage the extensive care needs of this critical population.

An October 2020 study of recovering COVID-19 patients analyzed those who were admitted to an LTACH for continuation of care as they recovered from acute infectious complications of COVID-19 pneumonia requiring long-term respiratory support.<sup>2</sup> The study's findings suggested that these patients, admitted for weaning from prolonged mechanical ventilation, will continue to require considerable medical interventions due to the numerous long-term effects of the combined COVID-19 virus and acute-on-chronic diseases. **The researchers went on to conclude that the increased need for pulmonary care expertise must be supported in other care settings as traditional hospitals continue to face intensive care unit (ICU) bed and staffing shortages.**

## 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. Though all post-acute settings provide value to their most appropriate patient type(s), they are not all created equal.<sup>3</sup> LTACHs are uniquely equipped to continue the acute care initiated in the hospital setting, including the care of patients on mechanical ventilation.

Patients with COVID-19 can experience strokes and sepsis, which can lead to multi-system failure and leave a critically ill patient with chronic damage to the lungs and other vital organs. LTACHs specialize in treating conditions such as these. Ongoing research also demonstrates the unique value that LTACHs offer to ventilator-dependent patients. When interviewed by ATI Advisory as part of their recent qualitative research, a hospitalist specialist in pulmonology who is the Medical Director of a risk-based physician group stated: "LTACH hospitals differentiate themselves because they have a laser focus on patients who are ventilator dependent, have respiratory failure, require dialysis, and have complex [post] surgical needs, etc. – all of that requires a multi-disciplinary approach [in which] LTACH hospitals specialize."<sup>4</sup>

As the pandemic continues, LTACHs have also filled gaps in the nation's response to COVID-19 by proving to be a key partner in relieving the pressure on traditional hospital ICUs as they experience maximum capacity.

## How Kindred Can Help Your Respiratory Patients

Acute care providers and payors need partners who can continue to provide physician-directed care required by respiratory patients, particularly those on mechanical ventilation. Kindred Hospitals specialize in the treatment of medically complex patients who require intensive care and pulmonary rehabilitation in an acute hospital setting. With daily physician oversight, ICU- and CCU-level staffing, 24/7 respiratory coverage and specially trained caregivers, we work to improve functional outcomes, reduce costly readmissions and help patients transition home or to a lower level of care.



## Clinical Protocol

Kindred has proven success in treating patients with pulmonary disease and respiratory failure, including a long history of liberating patients from mechanical ventilation and artificial airways. Our program structure and management protocol includes:

- A review of every new admission for potential inclusion in our Respiratory Failure Program based on qualifying criteria
- Focused interdisciplinary care team and ventilator rounds for program participants
- Development of an individualized plan of care and creation of interdisciplinary goals targeting the patient's pulmonary needs
- Daily multidisciplinary assessment, evaluation, treatment and therapy following established clinical practice guidelines for ventilator liberation, early mobility, oral care and maintenance of skin integrity
- Disease-specific education for patients and their families while enrolled in the Respiratory Failure Program
- Structured performance measure and patient perception data tracking to assess and assure program quality and ongoing success



### Joint Commission Certification

We are committed to pursuing innovations in care delivery and payment models to provide new tools and solutions to our patients and their families as well as to our provider and payer partners. Many of these resources and initiatives are designed to ensure both effective and efficient care management for each patient.

One such initiative is our effort to achieve disease-specific certification in Respiratory Failure from **The Joint Commission** in all Kindred Hospitals across the country.

To note, because LTACHs are licensed as general acute care hospitals by the state, this is the same accreditation received by traditional hospitals.

The certification recognizes healthcare organizations that provide comprehensive clinical programs across the continuum of care for respiratory failure. It is awarded based on how organizations use clinical outcomes and performance measures to identify opportunities to improve care, as well as to educate and prepare patients and their caregivers for discharge.

### Early Mobility

Additionally, our **Move Early Mobility Program** aims to incorporate movement as early as is safe and possible into the recovery plan for patients, including those on mechanical ventilation. The goal of this program is to combat the many potential, and detrimental, side effects of immobility on the healing process.

Our interdisciplinary team of clinicians in our long-term acute care hospitals can meet the unique needs of specific patient types, including those who have been in an ICU or critical care unit, or who are chronically ill and readmit to the hospital frequently. In today's value-based care environment, we are committed to improving patient outcomes and reducing rehospitalization with our pulmonary expertise.

Visit us at [kindredmanagedcare.com](https://www.kindredmanagedcare.com) to request a conversation about how Kindred Hospital's level of service can help manage your critically complex patients.

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### References

1. [https://journal.chestnet.org/article/S0012-3692\(20\)34937-0/fulltext](https://journal.chestnet.org/article/S0012-3692(20)34937-0/fulltext)
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