LTACHs vs SNFs:
Distinct Patient Populations

Ensuring that patients leaving the ICU or med/surg unit have access to the most appropriate post-acute care (PAC) setting is a key component of improving outcomes and reducing readmissions. This makes understanding the differences between PAC options essential.

While long-term acute care hospitals (LTACHs) and skilled nursing facilities (SNFs) are often misunderstood as fulfilling the same role, they exist to care for patients with different admitting conditions and severities of illness.

Learn more about these distinct patient populations and how to determine when a patient may need LTACH care.

Top Patient Conditions

Long-term acute care hospitals provide physician-led acute care for critically ill patients with multiple serious conditions and specialize in treating complex pulmonary diagnoses.

Skilled nursing facilities are lower-level care settings that care for patients with a wide range of conditions that can be managed by nursing staff.

Top Five Conditions by Setting

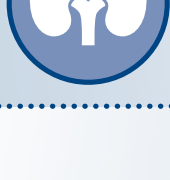| LTACHs[1]	SNFs[2]
1. Pulmonary edema and respiratory failure	1. COVID-19
2. Respiratory system diagnosis with ventilator for 96+ hours	2. Urinary tract infection, site not specified
3. Septicemia without ventilator support 96+ hours with major complication or comorbidity	3. Metabolic encephalopathy
4. Respiratory system diagnosis with ventilator support ≤96 hours	4. Sepsis, unspecified organism
5. Respiratory infections and inflammations with major complication or comorbiditiy	5. Encounter for other orthopedic aftercare

Within the Top Patient Conditions at LTACHs:

More than 25% of cases require ventilator support

Over 40% of LTACH cases are characterized by the top two DRGs:
1. Pulmonary edema and respiratory failure
2. Respiratory system diagnosis with ventilator support 96+ hours

Renal failure requiring dialysis is one of the top 10 conditions

16 of the top 20 cases include at least one major complication or comorbidity
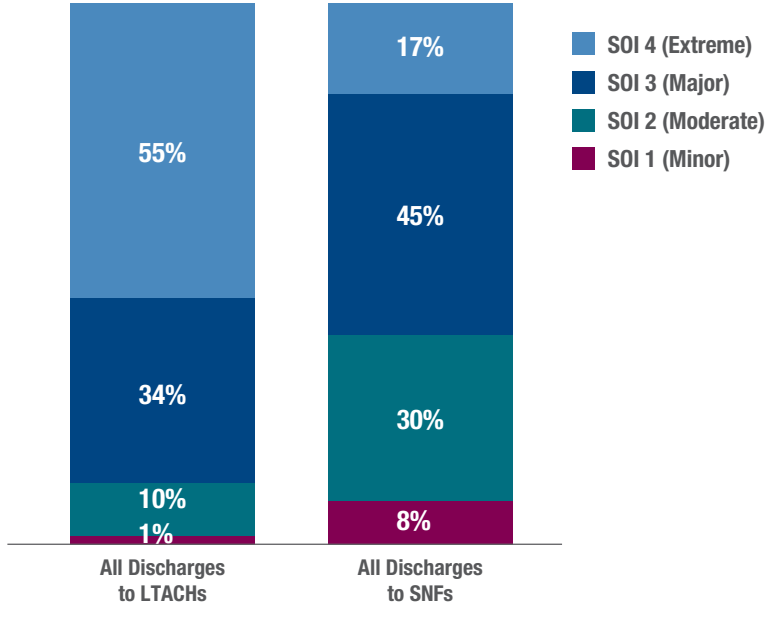
Severity of Illness

Additional insight into patient differences in each setting can be gained by looking at the Severity of Illness (SOI) Index for patients discharging to LTACHs and SNFs. The SOI Index was developed to add further clarity to the condition of a patient as defined by APR-DRGs. This system assigns a severity level of 1-4 ("minor" to "extreme") based on factors such as stage of the principal diagnosis, dependency on hospital staff, and extent of non-operating-room life support procedures.[3]

While only a small percentage of patients discharged to a SNF are those with an "extreme" severity of illness, these patients make up over half of the population transitioning to an LTACH.

This suggests that even where conditions treated may overlap between settings, LTACHs have unique expertise in addressing cases of greater severity.

Severity of Illness Levels for Patients Discharged from General Acute Care Hospitals, by Percentage[4]

	All Discharges to LTACHs	All Discharges to SNFs
SOI 4 (Extreme)	55%	17%
SOI 3 (Major)	34%	45%
SOI 2 (Moderate)	10%	30%
SOI 1 (Minor)	1%	8%

How Kindred Hospitals Can Help

Value-based organizations need provider partners who can offer the physician-directed care that medically complex patients require.

For over 30 years, Kindred Hospitals have provided focused care for chronically, critically ill patients. With disease-specific certification from The Joint Commission in Respiratory Failure, Kindred specializes in treating patients with complex pulmonary conditions. Additionally, the Move Early program helps patients start rehabilitation as soon as possible, even while on the ventilator.

Kindred Hospitals partner with health plans to provide efficient, quality care for the sickest and most vulnerable patients. Kindred currently supports the following products: Medicare Advantage, Commercial, Managed Medicaid, Veterans Affairs, Worker's Compensation. Visit **kindredmanagedcare.com** to request a conversation about how Kindred Hospitals' level of service can help manage your critically complex patients.

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