

LTACHs vs SNFs: Distinct Patient Profiles

Determining the appropriate post-acute care (PAC) delivery setting for a patient based on his or her medical needs is essential to achieving optimal outcomes, reducing readmissions and lowering total cost of care. However, not all post-acute providers have the same capabilities, and therefore cannot efficiently care for patients with the same clinical needs.

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



View the visuals below to see the typical patient profile at each setting, and gain insight into how to effectively and efficiently meet patient needs.

Top Patient Conditions

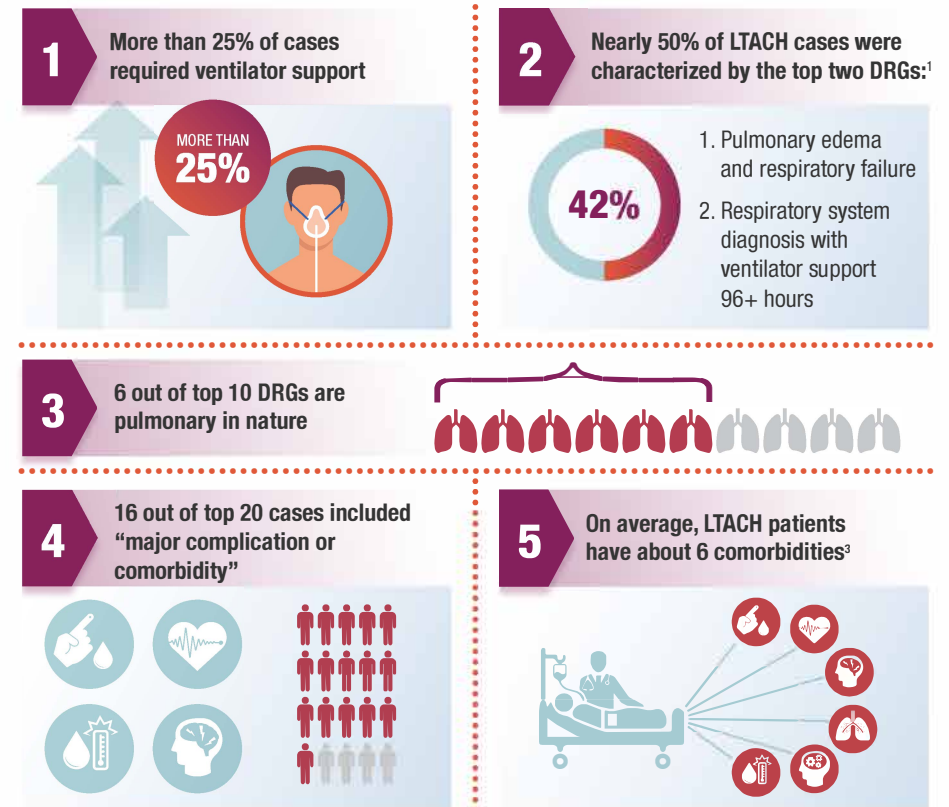
Long-term acute care hospitals treat patients with multiple serious conditions and specialize in providing pulmonary care and liberating patients from mechanical ventilation.¹

Skilled nursing facilities care for a patient population with different conditions than those of the population at an LTACH. Most notably, none of the top five admitting conditions at a SNF are pulmonary in nature or require ventilator support. Instead, they represent infections or orthopedic aftercare.²

Top Five Conditions by Setting

LTACHs	SNFs
1. Pulmonary edema and respiratory failure	1. Urinary Tract Infection
2. Respiratory system diagnosis with ventilator for 96+ hours	2. Pneumonia
3. Sepsis with major complication or comorbidity	3. Aftercare following joint replacement surgery
4. Respiratory system diagnosis with ventilator for ≤ 96 hours	4. Sepsis
5. Other respiratory system procedure with major complication or comorbidity	5. Other Orthopedic aftercare

Within the Top Patient Conditions at LTACHs:



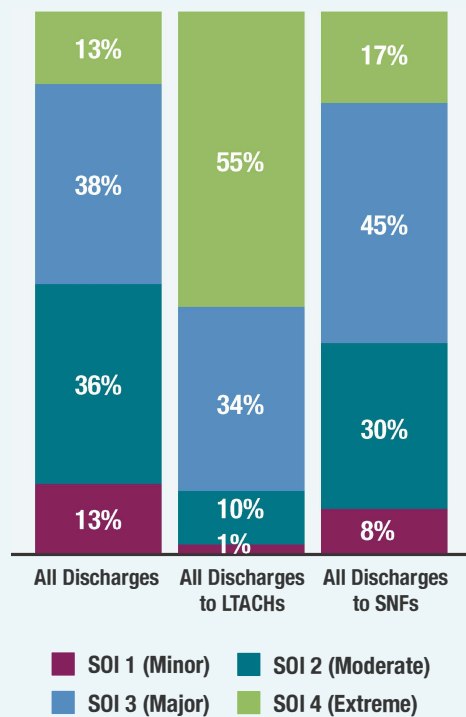
Severity of Illness



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 from 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.⁴

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



Source: <https://www.aha.org/system/files/media/file/2019/04/fact-sheet-ltch-0319.pdf>

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.

How Kindred Hospitals Can Help

Acute care providers need partners who can continue to provide physician-directed care that the extended recovery respiratory patients – particularly those on mechanical ventilation – require. Kindred Hospitals specialize in the treatment of medically complex patients who require intensive care and pulmonary rehabilitation in an acute hospital setting. For over three decades, they have been improving functional outcomes, reducing costly readmissions and helping patients transition home or to a lower level of care through:



Daily physician oversight



ICU- and CCU-level staffing



24/7 respiratory coverage



Specially trained caregivers

Additionally, Kindred Hospitals are a valuable partner for providers and payors alike by prioritizing transparency, patient access and collaboration to lower total episode costs-of-care. Health plan partnerships are customized by product and can be built on DRG rates, negotiated per diem rates, or within value-based agreements.



Visit kindredmanagedcare.com to request a conversation about how Kindred Hospital’s level of service can help manage your critically complex patients.

References

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