ATI Advisory Study Reaffirms
Value of LTACHs for Critically Complex Patients

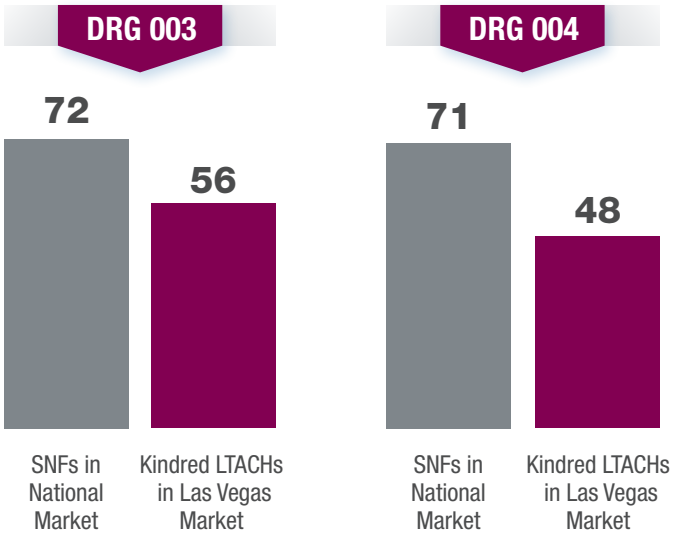
Medically complex patients often require one or more post-acute care (PAC) providers along a recovery journey that can span a number of weeks. Ensuring patients receive the appropriate level of care from the outset can help improve outcomes.

A recent ATI Advisory (ATI) study reaffirmed that LTACHs can play an important role in "appropriately managing clinically complex patients."

Key Takeaway 1: Specialized Pulmonary Care at LTACHs Can Expedite Recovery

Patients who transitioned from the hospital to an LTACH **discharged to home nearly 20 days sooner** than those who transitioned to a SNF.

Average Length of Stay in Days (Including Days at STACH) by Post-Acute Setting and DRG, CY 2019



DRG 003 ECMO or Tracheostomy with mechanical ventilation >96 hours or principal diagnosis except face, mouth and neck with major O.R. procedure.

DRG 004 Tracheostomy with mechanical ventilation >96 hours or principal diagnosis except face, mouth and neck without major O.R. procedure.

Source: ATI analysis of 100% Medicare FFS claims, CY 2019

"Certain ventilator associated STACH DRGs, such as 003 and 004, are particularly well-suited for the highly specialized respiratory care provided at LTAC hospitals."

– ATI Advisory

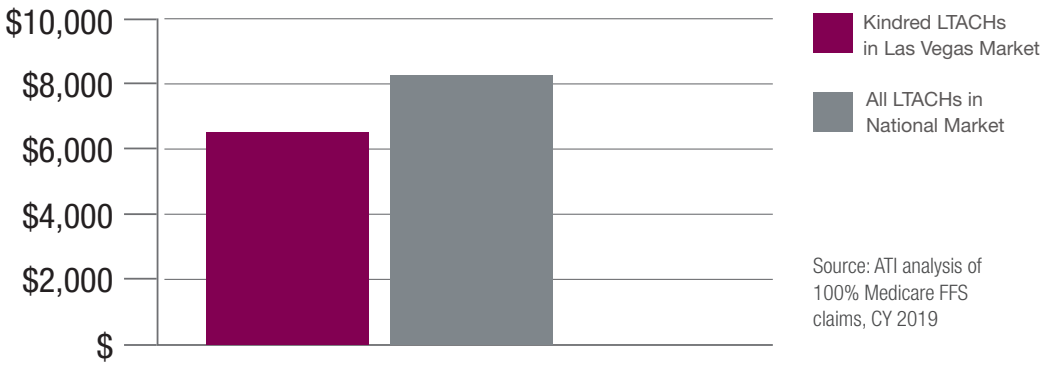
Unique Capabilities of LTACHs That Aid in Complex Care and Recovery

- **Daily Physician Oversight**
- **Interdisciplinary Teams of ICU-Level Clinicians**
- **Expertise in Ventilator Liberation**
- **Comprehensive Rehabilitation**

Key Takeaway 2:
Kindred Hospitals' Care Can Reduce Readmissions

Study found a **17% decrease** in readmission spending at Kindred LTACHs compared to LTACHs nationwide as a result of lower return-to-acute rates.

Unadjusted Average Readmission Spending After Discharge from Initial LTACH Stay for All Conditions, CY 2019



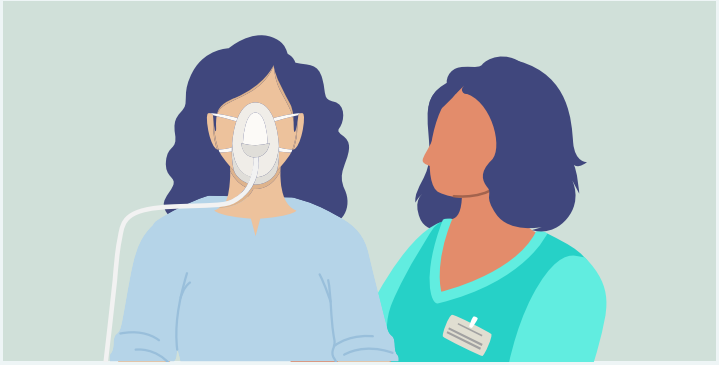
Source: ATI analysis of 100% Medicare FFS claims, CY 2019

"Kindred LTAC hospitals effectively managed patient needs during the initial LTAC hospital stay, likely reducing disruption to patients and improving patients' overall care experience during their post-LTAC hospital period."

– ATI Advisory

Kindred Hospitals have provided quality care for 30 years, and continue to introduce initiatives that improve care, such as:

- Pursuit of disease-specific certifications from The Joint Commission in Sepsis and Respiratory Failure in all hospitals
- Move Early Program incorporates mobilization as early as is safe, even for patients on ventilators
- AfterCare Program in which specialty trained RNs follow up with patients who have discharged home



If you have a patient in need of continued acute care after a hospital stay, call a Kindred Clinical Liaison for a patient assessment. Our experts will help you determine whether an LTACH stay is appropriate for your patient. If you are unsure of who your Kindred representative is, please feel free to contact us via recoveratkindred.com to speak with a Registered Nurse who can assist.

Reference:
https://atiadvisory.com/long-term-acute-care-ltac-hospitals-as-part-of-the-value-based-solution-a-case-study-of-ltac-hospitals-in-las-vegas/