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America's Complex Patient Population:

WHY LTACHs ARE THE IDEAL SETTING

In collaboration with:

Kindred Hospitals

INTRODUCTION

America's patient population is becoming increasingly complex, with worsening chronic illnesses and more comorbidities. In order to improve outcomes and lower total costs of care, provider networks and managed care organizations must be able to identify these patients and determine the most effective and efficient care delivery pathway for them.

This eBook will explore some of these complexities and review why long-term acute care hospitals (LTACHs) are often the most appropriate setting to treat these patients.

More Than One-Third of U.S. Adults Delayed or Skipped Medical Care Because of Pandemic

- 41% of America's adults with chronic conditions such as diabetes, heart disease, and stroke, may have further exacerbated their illnesses, even to the point of death, by skipping regular appointments during the pandemic.
- As the severity of chronic conditions is magnified, America's health systems will need to identify care delivery paths suited to their medical needs throughout their healthcare journeys.

Reducing Readmission for Complex Pulmonary Patients through LTACH Expertise

- Our nation has been experiencing a growth in mortality rates associated with acute pulmonary conditions and respiratory failure.
- Settings with the expertise in treating patients with respiratory conditions and on mechanical ventilation — such as LTACHs — have become essential to our overburdened health systems, especially during times of patient surges.

Your Guide to Post-COVID Patient Types and Recovery: Differences Between PICS and Long-Haulers

- Patients recovering from COVID-19 can experience a wide range of lasting symptoms. Those who spend a significant time in an ICU may suffer from Post-Intensive Care Syndrome (PICS), which includes physical, cognitive, and psychiatric impairment.
- These medically complex patients experiencing PICS in addition to their admitting condition can benefit from specialized care in an LTACH after their stay in the ICU.

LTACHs vs SNFs: Which PAC Setting is the Best for The Medically Complex

- As America's healthcare industry continues to shift in utilization to meet the changing clinical needs of the patient population, health systems must become adept at identifying patients needing continued acute care after their stay in the hospital.
- LTACHs and SNFs, two of the principle post-acute care settings, have distinct clinical capabilities and LTACHs have unique characteristics that often make them the ideal setting for these patients.

TABLE OF CONTENTS

MORE THAN ONE-THIRD OF U.S. ADULTS DELAYED OR SKIPPED MEDICAL CARE BECAUSE OF PANDEMIC

BY: CAROL DAVIS, NURSING EDITOR, HEALTHLEADERS

Going without needed treatment had consequences, as one-third of the adults (32.6%) who reported delaying or forgoing care said one or more of their health conditions worsened as a result, or their ability to work or perform other daily activities was limited.

Adults with one or more chronic health conditions reported delaying or forgoing care at a rate of nearly 41%, which is cause for concern, particularly for people whose health can deteriorate rapidly without careful monitoring and treatment. Mortality data suggest the pandemic has caused a surge in excess deaths from conditions such as diabetes, dementia, hypertension, heart disease, and stroke, the report says.

COVID-19 also has caused children, especially in low-income families, to miss out on healthcare needs, report says.

KEY TAKEAWAYS

- Nearly 41% of adults with one or more chronic health conditions reported delaying or forgoing care.
- Nearly 29% of parents delayed or went without care for their children under age 19.
- More parents with lower incomes (19.6%) reported delaying or forgoing multiple types of care for their children, as compared to parents with higher incomes (11.4%).

Fearing exposure to COVID-19, combined with limited services caused by the pandemic, resulted in more than one-third of adults in the United States (36%) to delay or go without needed medical care, a new report says.

Nearly 29% of parents delayed or went without care for their children under age 19 for the same reasons.

Those were the findings in two new analyses by Urban Institute researchers and funded by the Robert Wood Johnson Foundation. The two studies addressed delayed and forgone healthcare — one for nonelderly adults and one for children.

Black adults were more likely than white or Hispanic/Latino adults to report delaying or forgoing care (39.7% versus 34.3% and 35.5%, respectively) and more likely to report delaying or forgoing multiple types of care (28.5% versus 21.1% and 22.3%, respectively), according to the analyses.

Other findings included:

- More than half of adults with both a physical and mental health condition (56.3%) reported delaying or skipping care.
- Dental care was the most common type of care adults delayed or did not receive (25.3%).
- One in five respondents (20.6%) delayed or went without a visit to a general doctor or specialist.
- Slightly more than 15% delayed or went without some form of preventive care.

“Prolonged gaps in needed medical care lead to adverse health outcomes and could create long-term economic challenges as we navigate out of the pandemic,” said Mona Shah, senior program officer at the Robert Wood Johnson Foundation.

Among parents with children under 19, researchers found that 28.8% reported their children had delayed or missed one or more types of healthcare due to the pandemic and 15.6% reported delaying or forgoing multiple types of care for their children, especially parents with lower incomes (19.6% versus 11.4% of parents with higher incomes).

“The pandemic has caused children, especially those in low-income families, to miss out on a range of healthcare needs,” said Dulce Gonzalez, research analyst at the Urban Institute. “These gaps in care could harm children’s health, development, and well-being — but targeted efforts to make up for missed care could help avoid exacerbating socioeconomic inequities.”

The solution to unmet healthcare needs requires effectively calming fears about exposure to the coronavirus, the report advises.

“Patients must be reassured that providers’ safety precautions follow public health guidelines, and that these precautions effectively prevent transmission in offices, clinics, and hospitals,” it says. “More data showing healthcare settings are not common sources of transmission and better communication with the public to promote the importance of seeking needed and routine care are also needed.” ■

REDUCING READMISSION FOR COMPLEX PULMONARY PATIENTS THROUGH LTACH EXPERTISE

BY: SEAN R. MULDOON, MD, MPH, FCCP, CHIEF MEDICAL OFFICER, KINDRED HOSPITALS

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.

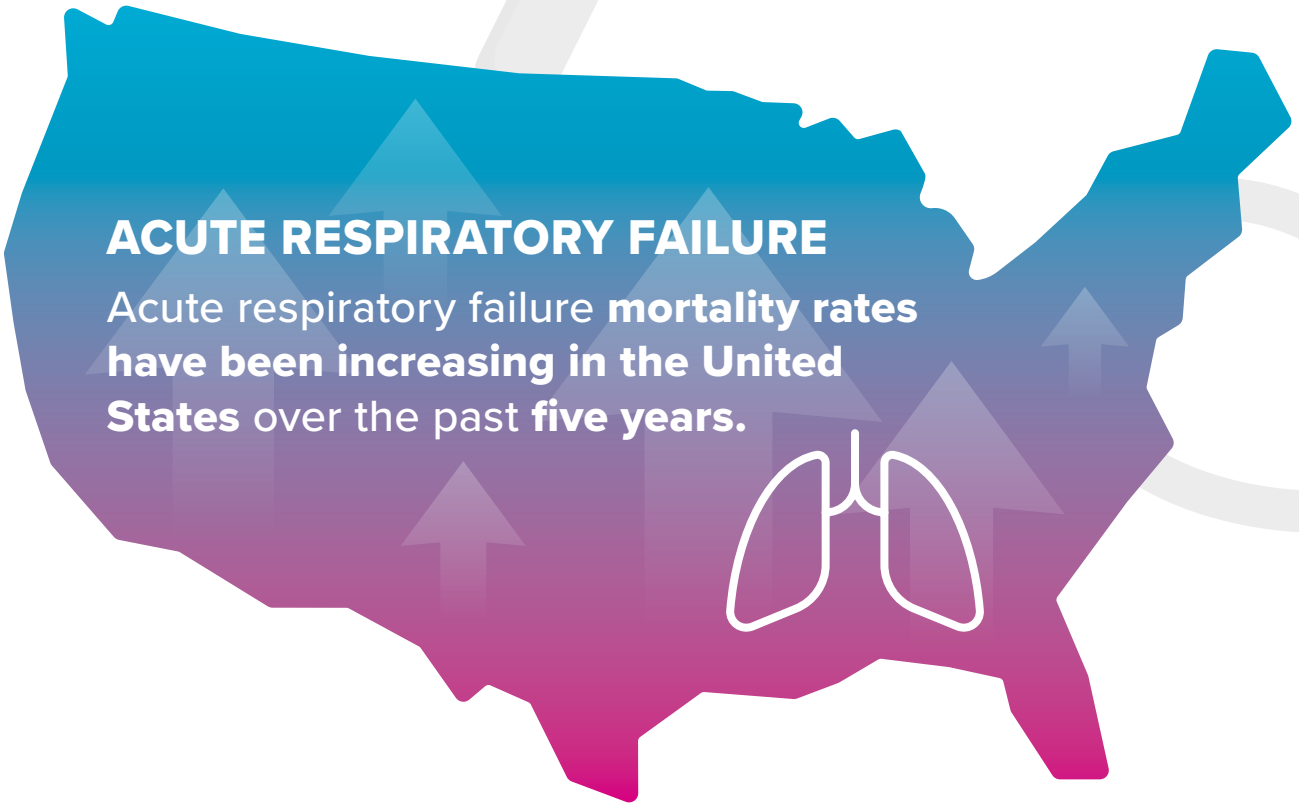
This guide details the increased need for pulmonary care expertise to treat the growing number of medically complex patients. It also explains how LTACHs with physician-directed teams can often provide the most appropriate level of respiratory care for lasting patient recovery and for reducing STACH 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:[1]

- Acute respiratory failure mortality rates have been increasing in the United States over the past 5 years.
- Rates of acute respiratory distress syndrome have persisted without improvement.

- Mortality from respiratory failure and ARDS increase 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.

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 admitted to an LTACH for continuation of care as they recovered from acute infectious complications of COVID-19 pneumonia requiring long-term respiratory support.[2] 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.[3] 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: "LTAC 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] LTAC hospitals specialize in."[4]

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 decompressing ICUs as traditional hospital ICUs experience maximized capacity.

HOW KINDRED CAN HELP YOUR RESPIRATORY PATIENTS

Acute care providers and payors need partners who can continue to provide physician-directed care that the extended recovery respiratory patients require, 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.

KINDRED BENEFITS

DAILY PHYSICIAN OVERSIGHT

ICU AND CCU LEVEL STAFFING

24/7 RESPIRATORY COVERAGE

SPECIALLY TRAINED CAREGIVERS

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 include:

- 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 from **The Joint Commission for Respiratory Failure** in all Kindred Hospitals across the country. To note, because LTACHs are licensed as a 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, 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** to request a conversation about how Kindred Hospital's level of service can help manage your critically complex patients.* ■

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YOUR GUIDE TO POST-COVID PATIENT TYPES AND RECOVERY: DIFFERENCES BETWEEN PICS AND LONG-HAULERS

BY: SEAN R. MULDOON, MD, MPH, FCCP, CHIEF MEDICAL OFFICER, KINDRED HOSPITALS

Based on continued evaluation of the patients suffering from and recovering from COVID-19, a new subset of patients is emerging, formally called “post-COVID”. These patients experience long-lasting symptoms and typically fit into one of two categories:

1. The sickest COVID-19 patients who spent considerable time in the hospital (often the intensive care unit) and often developed **post-intensive care syndrome (PICS)** due to their extended hospital care
2. The COVID-19 patients who did not require hospitalization originally but continue to experience symptoms, are becoming known in medical and recovering COVID-19 communities as **long-haulers**

COVID PICS PATIENTS	VS.	COVID LONG-HAULERS
The sickest COVID 19 patients who spent considerable time in the hospital (often the intensive care unit) and often developed **POST INTENSIVE CARE SYNDROME (PICS)** due to their extended hospital care.		The COVID 19 patients who did not require hospitalization originally but continue to experience symptoms, are becoming known in medical and recovering COVID 19 communities as **LONG HAULERS.**

This guide explores some of the more common experiences of long-haulers, the need for research, the clinical conditions of PICS patients, and the positive role long-term acute care hospitals (LTACHs) play in the care of PICS patients.

POST-COVID-19 PICS PATIENTS

Patients who spend considerable time in an ICU are at risk of developing post-intensive care syndrome (PICS), which can have a long-lasting impact on patient well-being.

PICS has long been a known diagnosis for patients facing complex and prolonged medical treatment. According to the Cleveland Clinic, PICS is a result of a combination of factors, including receiving care in the ICU for serious medical conditions including respiratory failure or sepsis, the use of life-sustaining equipment such as ventilators, and the use of certain medications. Additionally, PICS can bring on ICU-acquired weakness, cognitive or brain dysfunction and other mental health disorders.

Hospitalized COVID-19 patients are receiving life-saving care in an ICU for much longer than the average stay of three to four days and are often reliant on a ventilator, both of which puts them at high risk.

Post ICU/CCU-level patients such as these often require the specialized, interdisciplinary care that is only available in LTACHs. This is because these patients are significantly sicker — with a much higher case mix index — and benefit from care provided by a team who specializes in the care of medically complex patients and customized care pathways.

APPROXIMATELY 10% OF PEOPLE WHO WERE SICK WITH COVID-19 EXPERIENCE PROLONGED SYMPTOMS BEYOND THREE WEEKS.

WHO ARE COVID-19 LONG-HAULERS?

For those less severe COVID-19 patients — the long-haulers — it is becoming clear that they may develop symptoms as a result of the SARs-CoV-2 infection. They have persistent myriad chronic symptoms that may continue for weeks and months after the patient has been declared virus-free.

According to a recent study in JAMA, approximately 10% of people who were sick with COVID-19 experience prolonged symptoms beyond three weeks.

Jessica Dine, MD, a pulmonary specialist at the University of Pennsylvania, Perelman School of Medicine, noted that “most of the patients I see who are suffering from [this], were not hospitalized.” She noted that they were quite ill with COVID-19 symptoms, but remained at home.[1] Another observational study from the United Kingdom also recognized that those post-COVID patients reporting a “prolonged and debilitating course of illness” were never admitted to a hospital.[2] It is important to note that these patients are very different from PICS patients, who spent considerable time in an ICU during their COVID-19 treatment.

According to the Mayo Clinic, common symptoms experienced by long-haulers could include, but are not limited to: fatigue, shortness of breath or difficulty breathing, cough, joint pain, chest pain, memory or sleep problems, muscle pain, headache, fast or pounding heartbeat, loss of smell or taste, depression or anxiety, fever, and dizziness when standing.[3] These symptoms typically last for more than four weeks and can persist for several months.

CHALLENGES WITH LACK OF LONG-HAULERS RESEARCH

Our understanding of SARS-CoV-2 is still in its relative infancy. Consequently, there is a notable lack of validated research on the virulence of SARS-CoV-2 and how to prevent or provide long-term interventions for long-haulers.

In March 2020, Body Politic started the COVID-19 Support Group after its founder and key members became ill and discovered the lack of online content or resources for people suffering from COVID-19. In response, they launched a patient-driven survey with 640 respondents.

The Lancet recently noted that the main limitations of current research are data reporting/fragmentation, a high risk of bias and no external validation. Specifically, the authors urged strong research to understand long-haulers, highlighting that "participation of an international and interdisciplinary group of researchers is essential."

PATH AHEAD

Long-term acute care hospitals have the clinical expertise and a strong and lengthy history of providing vital intensive medical care and therapies often necessary to successfully support PICS' patient recovery.

These competencies include rehabilitative therapies to recover strengths and abilities, cognitive rehabilitation, and pulmonary rehabilitation to increase lung function.

LTACHs deliver care for the most difficult-to-treat, critically ill and medically complex patients — such as patients with respiratory failure, septicemia, traumatic injuries, wounds or other severe illnesses complicated by multiple chronic conditions, many of which have been symptoms of post-COVID recovery.

On the contrary, due to the limited research on the prolonged treatment for long-haulers, a definitive and validated care path is not known at this time. By recognizing that most long-haulers do not access acute level care at a typical hospital, a specialized rehabilitation hospital or long-term acute care hospital, it is probable that acute medical and rehabilitation interventions may help COVID-19 patients more fully recover and support longer-term stability and recovery.

HOW KINDRED CAN HELP

Kindred's long-term acute care hospitals provide high-quality COVID-19 and post-COVID interdisciplinary medical and rehabilitative care that supports a more complete recovery and return to independence.

Data demonstrates that during the pandemic, Kindred's LTAC hospitals cared for significantly sicker patients (higher case mix index), discharged a greater percentage of patients back to their home or community, and reduced rehospitalizations (during the LTACH stay) of Medicare patients to less than 7%.

The teams of skilled and caring clinicians in Kindred's long-term acute care hospitals can be the right partner for you in caring for your patients who have been in an ICU or a critical care unit, or who are chronically ill and readmit to the hospital frequently. 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. Kindred also has decades of experience treating post-intensive care syndrome (PICS).

*Visit us at **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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LTACHS vs. SNFS: WHICH PAC SETTING IS THE BEST FOR THE MEDICALLY COMPLEX?

BY: SEAN R. MULDOON, MD, MPH, FCCP CHIEF MEDICAL OFFICER, KINDRED HOSPITALS

Establishing the appropriate care delivery path for patients after a stay in the ICU or med-surg unit is essential to achieving optimal outcomes. Without the right clinical capabilities and surrounding environment in which to recover, patients may experience delays or suffer medical setbacks that impede recovery. Furthermore, unnecessary discharge delays and avoidable readmissions can increase the total cost of care.

These considerations make establishing a robust network of quality post-acute care (PAC) providers and understanding the differences between them important for improving outcomes and providing efficient care.

This whitepaper outlines the distinction in clinical capabilities and appropriate patient types of long-term acute care hospitals (LTACHs) and skilled nursing facilities (SNFs) and evaluates the characteristics that make LTACHs the ideal recovery setting for medically complex and critically ill patients leaving an ICU or med-surg unit.

QUICK VIEW: DIFFERENCES BETWEEN LTACHS AND SNFS

LTACHs

- Daily physical bedside visits with sub specialists on staff
- ICU- and CCU level nursing and physicians
- Specialty in medically complex and critically ill patients
- 24/7 respiratory therapy onsite
- Specialized rehab programs and early mobilization of critical care patients, including those on ventilators
- Onsite telemetry, radiology, pharmacy, and lab services
- CMS compliant infection control standards with hospital level air ventilation systems and negative pressure isolation rooms
- Licensed as Acute Care Hospital

SNFs

- Nurse driven care plans
- Physician visits as rarely as every 60 days, sub specialists seen offsite
- Care for moderately ill patients who do not need acute level treatment
- Limited respiratory therapy, unless required for pulmonary patients
- Standard rehabilitation services
- Radiology, pharmacy, and lab services accessibility, but not onsite
- Residential level air ventilation systems
- Licensed as Skilled Nursing Facility

HOSPITAL-LEVEL STAFFING ALLOWS LTACHS TO TREAT THE MOST MEDICALLY COMPLEX PATIENTS

Licensed as acute care hospitals, LTACHs are in a unique position to effectively treat critically ill patients. At an LTACH, physicians, many of whom are sub-specialists in areas such as pulmonology, infectious disease, and neurology, provide patients with daily oversight. This contrasts with lower levels of care such as SNFs where visits from a physician are often much less frequent, as the Medicare program requires only one visit during the

first 30 days of treatment and one visit every 60 days thereafter. These physicians lead interdisciplinary teams made up of nurses, therapists, and other clinicians who provide coordinated, patient-specific care.

Clinical staff at LTACHs are specially trained to treat medically complex patients who admit to an LTACH with an average of about six comorbidities.[1] Respiratory therapists provide 24/7 coverage which allows LTACHs to treat patients with critical pulmonary conditions, including those requiring prolonged mechanical ventilation (PMV) or tracheostomies.

Even while caring for these medical complexities, and the growth thereof, a recent ATI Advisory study reported that LTACH patients are almost half as likely to readmit to the hospital as SNF residents are.[2]

SNFs may lack the expertise, experience, and recources to provide care for this population with COMPLEX AND SERIOUS ILLNESS.[3]

Additionally, MedPAR claims analysis suggest LTACH's per-patient-day costs are generally lower than those of a short-term acute care hospital. This makes them a cost-effective settings for patients requiring continued acute care.[4]

LTACHs, therefore, are important partners within the healthcare ecosystem that provide clinically-appropriate, efficient care for this niche patient population.

COMPREHENSIVE, SPECIALIZED REHABILITATION FOR LASTING RECOVERY

Along with ICU-level treatment, LTACHs provide the rehabilitation necessary for lasting patient recovery. Studies show that keeping hospital patients in bed or even in a chair can increase the likelihood of muscle atrophy, blood clots and wounds, which can increase length of stay.[5]

Patients who need a wide variety of rehabilitation services, as well as those who require continued intensive care, benefit from the more comprehensive programs provided in LTACHs. Unlike in lower levels of care, rehabilitation services at an LTACH are integrated with specialized acute care to help patients with medically complex conditions achieve the fastest and most complete recovery.

Early, specialized rehabilitation in an acute-care setting, made possible through the expertise of RTs, PTs, OTs, and SLPs, can have considerable advantages. One study found that improving access of ventilator patients to pulmonary rehabilitation in the ICU may reduce their length of stay by up to 4.5 days and shorten their time on

ventilation by 2.3 days.[6] Another study found that protocol-driven ventilator weaning led by respiratory therapists at LTACHs can significantly decrease time on ventilator, mortality, and cost of care.[7]

As such, partnership with LTACHs can help certain patients recover more quickly, fully and can improve efficiency.

LTACH SETTINGS ARE CONSTRUCTED FOR HIGH-QUALITY CARE AND EFFICIENCY

Distinct from other PAC settings, LTACHs are equipped with on-site laboratories, telemetry, radiology, and dialysis which limit the need for outpatient services. With these capabilities under one roof, LTACHs are able to increase efficiency in treatment plans and limit potential setbacks that patients may experience as a result of being transported back and forth to different facilities.

LTACHs also feature negative pressure isolation rooms that allow them to reduce the spread of highly contagious viruses and bacteria. Infection control standards, overseen by a specialized Infection Prevention Nurse, also comply with the requirements of the Centers for Medicare and Medicaid Services (CMS) for general acute care hospital licensing. These protocols are unmatched by most other post-acute care providers. During the pandemic, lower levels of care such as SNFs that had admitted COVID-19 patients faced challenges in preventing spread of the disease to other residents, while LTACHs largely contained infection within COVID-dedicated units or hospitals.[8]

According to the ATI Advisory, "The ability to cohort and separate care for non-COVID and COVID-positive patients has been a critical tool for STACHs, and a key contribution of LTAC hospitals during the pandemic. In certain markets LTAC hospitals continue to be the only facilities admitting COVID-positive patients, due to specialized COVID-19 units and the ability to safely separate patients." [9]

Infection containment is an essential part of maintaining the health and safety of both patients and staff and therefore important for patient recovery and efficient hospital operation.

HOW KINDRED HEALTHCARE CAN HELP

Acute care providers and payor networks need LTACH partners who provide quality care for their sickest patient types. Kindred Hospitals specialize in the treatment of patients who require intensive care and rehabilitation in an acute hospital setting. With daily physician oversight, ICU- and CCU-level staffing, 24/7 respiratory coverage and specially trained caregivers, Kindred works to improve functional outcomes, reduce costly readmissions and help patients transition home or to a lower level of care.

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Kindred Hospitals

Kindred Healthcare, LLC is the nation's leading specialty hospital company delivering acute health services in its long-term acute care hospitals, inpatient rehabilitation hospitals, acute rehabilitation units, and behavioral health line of business, all specializing in treating medically complex patients.

Kindred's 60+ long-term acute care hospitals work to improve functional outcomes and reduce costly readmissions through daily physician oversight, specially trained caregivers and ICU staffing. Kindred Hospitals strive to be a valuable partner for providers and payors alike and are committed to an innovative approach to managed care. Health plan partnerships are customized by product and can be built on DRG or negotiated per diem rates.

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