

What is a Long Term Acute Care Hospital and How Does the RT fit in?

LTACH 101

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Where am I?



Understanding LTACH

- Objectives
 - Purpose of LTACH and services provided
 - Continuum of Care
 - Role of Respiratory Therapists
 - Case Studies

Definition of LTACH

- Long Term Acute Care Hospital
- Specialized programs
- Focus on prolonged **HOSPITAL CARE**
- Length of stay averages 25 days
- Patients are acutely ill/medically complex
- Care is more acute and focused than in a SNF or IPR setting

LTACH

- Licensed as an Acute Care Hospital
- Medicare certified
- TJC accredited

Benefits to Referring Hospitals

- Free up beds, including ICU beds
- Decrease ambulance diversion
- Decrease readmissions
- Meet length of stay goals
- Maintain financial viability
- Provide improved patient outcomes
- Consideration for transfer to an LTACH should occur early in a critically ill patient's ICU stay to afford the patient the optimal chance for recovery.
- CMS guidelines were created with the goal of ensuring a patient is in the right level of care at the right time.

Admission Process

- Must meet clinical guidelines for admission (CMS, Interqual, Millimen)
- CMS requires 3 nights of higher acuity setting during hospital stay preceding LTACH or will have >96 hours mechanical ventilation need at LTACH
- Referrals can be made by physicians, case managers/social workers, discharge planners.
- A clinical liaison assesses the patient onsite to follow up with medical team and family

Types of LTACHs

- Free Standing
 - Supplies all services for its patients
- Hospital in a Hospital
 - Sits inside of another hospital (Host)
 - Operates as a separate entity

The Continuum of Care

- Patients may be admitted directly from the ICU to LTACH
- LTACH patients will need daily assessment and intervention due to the potential for rapid and unexpected deterioration of their condition
- Patients may continue drips, IV medications, and most tubes while at LTACH
- Highly skilled clinicians, who comprise the interdisciplinary team, work closely together on a treatment plan that encompasses the patients' and families' goals for healing. Unlike inpatient rehabilitation facilities and skilled nursing facilities, the care provided at an LTACH is driven by their continued acute medical needs.

LTACH Services*

- Daily physician visits and documentation
- Multiple specialists for consults
 - Cardiology, Nephrology, Pulmonary, Infectious Disease, etc.
- Rapid response team, RNs and RTs, ACLS certified
 - No call to 911, code situations are run by staff on-site
 - If patient stabilizes post-arrest, patient not sent back to STACH
 - Intubate patients when required
- Initiate critical IV drips and titrate drips
 - Insulin
 - Pressors (dopamine, levophed, vasopressin)
 - Sedation (diprivan, etc.)
 - Analgesic drips and PCA pumps
 - Cardiac drips (labetalol, cardizem, etc.)

* Check with your LTACH provider to ensure service provided

LTACH Services*

- 24 hour RN and RRT coverage with staffing ratios based on acuity similar to STACH
- 24 hour telemetry monitoring with 24 hour monitor tech on site
- Hemodialysis in patient rooms
- Radiology, lab and pharmacy on site
- Case management team
- Weekly Interdisciplinary team meetings
- Full-time certified wound and ostomy nurses
- Mobility programs (including ventilated patients)

* Check with your LTACH provider to ensure service is provided

LTACH Services*

- Procedures (including conscious sedation):
 - Bronchoscopy
 - Line Placement
 - PICC lines, central lines, permacaths, etc.
 - Thoracentesis
 - Chest Tube placement
 - Excisional wound debridements
- Complex respiratory care
 - Vents (industry standard)
 - Trachs – new or chronic
 - Piped in O2 and wall suction
 - High flow O2 (Heated or non-heated)
 - NIPPV (Bipap/Cpap)

* Check with your LTACH provider to ensure service provided

LTACH Core Programs

- Pulmonary/Ventilator
- Medically Complex
- Cardiac / Heart Failure
- Infectious Disease
- Neuro / Post trauma
- Wound Complex

Pulmonary Programs

- Provide specialized care for patients with acute or chronic respiratory disorders who may have tracheostomies, ventilators or require extensive respiratory treatments to maintain normal breathing.
- Respiratory management/vent wean
- Pulmonary Center of Excellence Program
- AARC Accredited Respiratory Programs

Programs May Include

- Programs are designed to meet the needs of the individual patient
- Provide care for patients requiring more than routine care and needing intensive therapies and nursing care
- Cardiac monitoring
- Long term antibiotic therapy
- Wound care (vacs, grafts, flaps)
- Nutritional support (TPN)
- Dialysis
- Medication titration (Drips)

LTACH Patients Require

- Physician direction with daily visits
- Professional team approach with detailed case management
- Ancillary services (lab, radiology, pharmacy etc.)
- Caregivers with advanced assessment and intervention skills
- Education for patient and their family

LTACH Level of Care

- LTACHs provide intense clinical and therapeutic intervention 24 hours a day.
- Patients with the highest severity of illness are more likely to use an LTACH.
- LTACHs are the most cost-effective and appropriate setting for the sickest patients.
- Focus on next steps, rather than “survival”

Low Cost Provider?

- LTACHs have no ER, OB or psych unit to support.
- Effective Case Management to ensure appropriate Severity of Illness, Intensity of Service and cost effective care.
- Individualized care plans with patient-family focus.

Interdisciplinary Team at LTACH

- Patient & Family – engaged in learning about healing
- Physician – directs treatment
- Wound, Ostomy/Continence Nurses – manages overall wound issues
- Nursing / Respiratory Staff – continually assess and provide care for patients
- Dietician – maintains nutritional support
- Rehab Therapies – PT/OT/ST help with mobility, pressure support devices, and swallowing/speech needs
- Case Managers – monitor care and help maintain continue care at discharge
- Support Staff – offers financial, quality improvement, educational, marketing, administrative and secretarial support

LTACH Patient Population

- Patients admitted to LTACH have multiple co-morbidities and are less stable on admission admitted to other post-acute care settings
- It is estimated that currently 5-6% of patients currently in a STACH qualify for LTACH admission.
 - 100 patients – 5-6 patients
 - 200 patients – 10-12 patients
 - 300 patients – 15-18 patients

Short Term Acute Care

- Licensed as general hospital
- Designed for short stay episodic illness
- ALOS 4-6 days
- May provide ER, OR, OB & Peds
- Patient in crisis that need stabilization

Acute Rehab Unit

- Few concurrent illnesses
- Stable primary condition
- Tolerate a minimum of 3 hours of rehab per day
- Offer comprehensive rehab requiring rehabilitation physicians, nurses and therapists

Sub Acute Unit/Skilled Nursing

- Sub acute unit licensed as a specialty unit in a nursing home
- Provide no high tech care
- No titration of IV meds
- No on site ancillary services
- Requires only weekly physician visits
- Staffed primarily by LPNs and CNAs
- Offers restorative care requiring skilled nursing and/or skilled therapy

The role of an RT at LTACH

- ACLS Certified Registered Respiratory Therapists always on unit
- Staffing based on respiratory acuity (number of airways, ventilators, bipaps, etc.)
- Participate in Rapid Response & Code Teams
- Manage a wide array of respiratory needs, both acute and chronic (ETT to chronic Jackson trachs)
- Participate in both medical and pulmonary physician / team rounding
- May assist with transporting critical patient to necessary follow up appointments

The role of an RT at LTACH (cont.)

- Attend weekly interdisciplinary team meetings to give input on medical plan of care, goals, and discharge planning
- Function as an independent clinician who physicians trust
- Many LTACHs utilize Respiratory Therapists to intubate with glidescope when required
- Function with limited supervision utilizing protocol based treatment
- Formulate individualized weaning plans for mechanically ventilated patients
- Can assist in home teaching for respiratory needs

CASE STUDIES

Case Study #1

- 66 year old female with past medical history of COPD, home O2 – 2L/NC, diabetes mellitus, GERD, hypertension and osteoarthritis, was admitted to STACH with acute respiratory failure from home. She had pneumonia and had been on the vent. She was extubated and discharged to a SNF. Later the day of discharge, she was readmitted to STACH with shortness of breath, decreased blood pressure and decreased level of consciousness. Patient required reintubation and a trach was placed two days later.

IS THIS AN LTACH PATIENT?

How does the RT affect outcomes?

Case Study #2

- 65 year old male was admitted to STACH with increased shortness of breath. Patient was found to have and empyema. Chest tube placed. Patient began to desaturate and was placed on 30L of high flow nasal cannula at 50% FiO₂. Pleural fluid culture revealed MSSA. Patient started on IV antibiotics. Patient's condition improved, O₂ weaned and patient was transferred out of ICU to Step-down unit. Several days later, the patient became increasingly short of breath and was placed back on high flow O₂. CT surgery consulted for decordication. Patient was not a candidate d/t comorbid conditions which included: CHF with EF of 25%, DM type II, COPD, HTN, MI, A-fib, cirrhosis, and ETOH abuse. LTACH referral given.
- At the time of the referral the patient had one chest tube to 20 cm of suction, high flow O₂ at 50% FiO₂. Patient was also on IV antibiotics, receiving aerosol treatments, and IV steroids.

IS THIS AN LTACH PATIENT?

How does the RT affect outcomes?

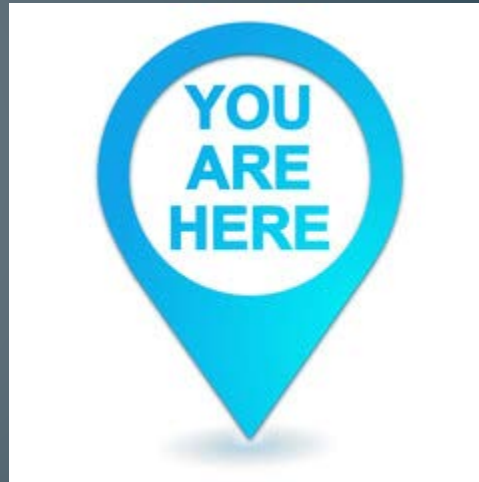
Benefits of being an LTACH RRT

- Viewed as a skilled professional with a high knowledge base
- Most LTACHs are forward thinking and often open opportunities for RTs that were historically nursing driven
- Team environment with multi-disciplinary interaction
- Getting to know your patients, their families, and understanding their goals = increased self reward as a professional clinician

Questions?

Q & A

Thank you!



References

- U.S. Department of Health and Human Services (2005) Medicare Program: Prospective Payment System for Long Term Care Hospitals 42 CFR Part 412
- The Health Strategies Consultancy LLC (2004) “Med PAC Report Supports Improved LTACH Certification Criteria”
- Urban Institute (2001) “Long-Term Care Hospitals Under Medicare: Facility-Level Characteristics”
- American Journal of Critical Care (2016) “Long Term Acute Care – Where does it fit in the Continuum?”