

WHAT IS AN LTACH? (Long-Term Acute Care Hospital)

- Created by HCFA in 1984. Specifically designed to care for patients requiring a longer healing period.
- Not a chronic care facility. Patients discharge to a lower level of care.
- Licensed as a general acute care hospital. Can be accredited by The Joint Commission.
- Medicare certified. Staffed 24/7 by hospitalists (internal medicine, pulmonologist) and RT's. PT/OT/ST 7 days/week.
- There are over 400 LTACH's nationally. At present, 28 are owned and operated by Vibra.
- There is one LTACH in Oregon (Vibra Specialty Hospital of Portland).

WHAT TYPES OF PATIENTS ARE CARED FOR AT A LTACH?

- There are four areas of focus:
 - Respiratory- ventilator weaning, trach decannulation, high flow oxygen
 - Wound patients (ulcers, flaps/grafts, surgically dehisced wounds, osteomyelitis)
 - Medically complex patients (recovering from sepsis, exacerbation of COPD, GI issues, etc.)
 - Catastrophic rehabilitation patients (trauma, stroke)

WHERE DO LTACHs FIT IN THE CONTINUUM OF CARE? (see diagram of Levels of Care)

- STACH (Short Term Acute Care Hospital, general acute hospital)
- LTACH (i.e. Vibra)
- SNF/ARF (Skilled Nursing Facility, Acute Rehab Facility)
- ICF/ALF (Intermediate Care Facility, Assisted Living Facility)
- HHA/AFH/Hospice (Home Health Agency, Adult Foster Home, Hospice)

How Can LTACHs Help?

For a STACH:

- Improved clinical outcomes and patient satisfaction through the continuum of care.
- Contributes to the financial success of the STACH via management of LOS outliers.
- Helps prevent readmissions from SNF.

For A SNF, ICF, Or Home:

- Transferring patients directly from a SNF/ICF/Home to LTACH helps reduce STACH readmissions and associated financial penalties.
- LTACH's bill under the patient's acute hospital days, qualifying as 3-day inpatient stay
- LTACH average LOS 2-4 weeks, giving patients an opportunity to more fully recover before returning to the SNF/ICF/Home

LEVELS OF CARE - OVERVIEW					
Type of Facility	STAC Short Term Acute Care	Vibra Long Term Acute Care	Acute Rehabilitation	Adult Foster Homes	Skilled Nursing
Type of Licensure	General Hospital	General Hospital	General Hospital	Adult Foster Home	Nursing Home
Types of Patients	Patients with Acute Needs	Patients with Acute Needs	Patients with Rehab Needs	Maintenance Needs	Residents with Short Term Needs
Clinical Focus	Diagnosis and short term acute care; emergency room; and operating room	Extended acute care for various types of illnesses including vent weaning, respiratory issues, wounds/wound debridement, GI, infections, TBIs and spinal injuries	Rehab only diagnosis; 60% of admitted diagnosis have to be one of the CMS 14s	Chronic, maintenance	Short term rehabilitation and long term care
Physician Involvement	Daily rounds by a medical doctor; specialists as needed	Daily rounds by a medical doctor; specialists as needed	Daily rounds by a physiatrist	As Needed	Every 30 days by a physician
Respiratory Care	Respiratory therapists 24 hours a day	Respiratory therapists 24 hours a day	Respiratory therapists as needed	As Needed	No respiratory therapists
Therapies- PT, OT and ST	Therapies as needed	Therapies as tolerated	Therapies for 3+ hours daily	No therapies	Therapies up to 3 hours
Primary Payer Sources	Medicare; Medicaid; Commercial; Private Pay	Medicare; Commercial; Private Pay	Medicare; Medicaid; Commercial	Primarily Medicaid	Medicare; Medicaid; Commercial
Medicare	Acute Days- 60; Co Insurance Days- 30; Lifetime Reserve Days- 60	Acute Days- 60; Co Insurance Days- 30; Lifetime Reserve Days- 60	Acute Days- 60; Co Insurance Days- 30; Lifetime Reserve Days- 60	Not a covered benefit	Full Days- 1-20; Co Insurance- 21-100



COLLABORATING TO IMPROVE CLINICAL OUTCOMES AND FINANCIAL PERFORMANCE