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INSIDE

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Rehab finds a good fit by developing a long-term acute care hospital

Patients go from ICU or cardiac care unit to designated floor

Just as home care agencies had to adapt to a changing environment or go out of business in recent years, rehab facilities will have to do the same in the health care world that exists post-Balanced Budget Act (BBA) of 1997. It's time to form innovative business alliances and move into new service areas to follow the flow of Medicare reimbursement dollars. At least that's what one 92-year-old rehab hospital has done by starting a long-term acute care hospital (LTACH) within a separate acute care hospital in its city.

The LTACH, while not a new concept, became a much more appealing health care business after the BBA devastated subacute care units and home health agencies. When Medicare reimbursement became less available for subacute and home health care, acute care hospitals were left with the problem of finding a place to refer patients who need long-term acute care. "There has been a tremendous amount of interest in the last couple of years by not-for-profit hospitals looking

Executive Summary

Subject:
Starting a long-term acute care hospital (LTACH) might be a good strategy for rehab providers that focus on filling a rehab continuum-of-care niche.

Essential points:
- ❑ Acute care hospitals need an acute care setting in which to discharge patients who have become stable while in intensive care or cardiac care units.
- ❑ Rehabs can start an LTACH within an acute care hospital.
- ❑ LTACHs are a good business strategy and serve a community need, rehab experts say.
- ❑ Some patients discharged from an LTACH will need a rehab setting.

to discharge their acute care, their intensive care, and their cardiac care patients faster," explains **Sally Gammon**, president and chief executive officer of Good Shepherd, which owns Good Shepherd Rehab Hospital in Allentown, PA. Good Shepherd owns inpatient and outpatient rehab facilities, as well as several other health care businesses, all in Pennsylvania.

What is rehab's role?

Acute care hospitals cannot discharge those patients unless there is a suitable referral option, Gammon notes. So where does a rehab facility fit into this picture?

The Health Care Financing Administration in Baltimore established regulations for LTACHs that basically prohibit acute care hospitals from owning or controlling an LTACH within its own facility. The LTACH may be established on the acute care hospital's property, and it may use some of the hospital's services, but it has to be owned by a separate business. Because rehab hospitals already have much of the staff and infrastructure necessary to operate an LTACH, they are a natural fit to own one, Gammon and other experts say.

"For rehab facilities — and specifically those who provide a rehab continuum of care — it provides another level of care for patients in the post-acute continuum," says **Linda Dean**, owner and president of Deadon, a health care consulting company in Irving, TX. Dean is a partner in Healthcare Plus Management of Pennsylvania, which was hired by Good Shepherd to start up and provide oversight to the LTACH.

The rehab industry is not what it used to be: Rehab patients no longer stay for months after catastrophic illnesses, Dean notes. "Most people who stay for longer periods of time are on ventilators and have complex needs and are not ready for rehab services," she says.

LTACHs fill that niche between acute care and rehab care because those facilities help patients recover in an acute care setting while they still receive some rehab services. LTACHs provide care to patients who are chronically ill or are potential candidates for rehabilitation. Those patients are too sick to be housed in a subacute facility, and they are expected to need acute care for more than three weeks. The LTACH patients are discharged and sent to a rehab facility when they are ready for several hours of daily rehab therapy, Dean says.

Good Shepherd first considered forming an LTACH business about two years ago when several local acute care hospitals approached the health care system and asked if Good Shepherd might be interested in starting an LTACH inside its hospitals. After conducting research and finding an expert to start the LTACH, Good Shepherd formed Good Shepherd Specialty Hospital-Allentown, which has leased a floor and is licensed for 32 beds within Lehigh Valley Hospital of Allentown, PA. Lehigh is the area's leading trauma center with about 150 intensive care unit beds.

Lehigh administrators had done their own analysis of the ICU length of stay and decided there was a large number of patients with greater than 20 days in ICU. LTACH patients must have an average length of stay of 25 days or more.

When patients stay for weeks in ICU beds, it is more challenging to bring in new patients, including surgery patients. "We never denied a patient in our hospital because of these beds, but it might have taken a little bit longer to get them in," says **Terry Capuano**, RN, MSN, senior vice president for clinical services at Lehigh Valley Hospital.

Having an LTACH available for referrals allows Lehigh to use its critical care beds in a more efficient way by reducing the length of stay in intensive care, Capuano adds. "And it also places patients in an environment in which their needs can be met because our focus in critical care is on stabilizing patients, and once we stabilize, the focus needs to be on rehabilitating, and that's what an LTACH can do," she says.

Before the LTACH opened earlier this year, Lehigh Valley Hospital occasionally had peak

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census times when the critical care beds were full. The hospital had to make accommodations to take care of new patients.

"We would open overflow areas and staff them," Capuano says. "With the LTACH, we'll probably not have the need to open up overflow areas as frequently as we have had to before."

While Good Shepherd didn't start the LTACH solely to make money, Gammon says, it estimates the LTACH will become profitable by its second year of business. The start-up costs include $1.2 million for the architectural design, renovations, and upgrades on the LTACH's floor and about $400,000 for furniture and equipment.

The leased floor had been a medical-surgical unit within Lehigh Valley Hospital. It was no longer needed because the declining length of stay for surgery patients has resulted in a surplus of beds for patients who don't have critical care needs, Capuano says.

Good Shepherd administrators, who plan to open more LTACHs in their area, decided to offer this level of care for two reasons, Gammon says. **(See story on how to form an LTACH, at right.)** "One, we believe it is the first step in the post-acute care process, so as soon as a patient is ready to be discharged from an acute care bed, we start to look at what the patient's recovery requirements are," she says.

Secondly, it's a business strategy that will enable Good Shepherd to maintain a healthy relationship with acute care hospitals that discharge to its rehab hospitals and other post-acute care facilities, Gammon adds.

The LTACH, which opened earlier this year, admits very sick patients who are within the first stages of post-acute care management.

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(For details on LTACH levels of care, see p. 44.) LTACHs could become yet another level of care along the health care continuum, Gammon explains. "Our post-acute care system is such that it will take people right when they're ready to start recovery and a program to get back into life," she adds. "We have different levels of care so we can put people with different levels of medical complexity in the facility where they can get the most benefit." ■

Here's a primer on forming an LTACH

Rehab facilities that join forces with acute care hospitals can find a good fit in starting a long-term acute care hospital (LTACH), a post-acute care expert says.

Described as "hospitals within hospitals," LTACHs fill a much-needed continuum of care niche, particularly as Medicare and health maintenance organizations pressure acute care hospitals through lower reimbursements to reduce lengths of stays, says **Linda Dean**, owner and president of Deadon, a health care consulting business in Irving, TX. Dean has developed 12 LTACHs, including the new Good Shepherd Specialty Hospital-Allentown in Pennsylvania.

"The typical LTACH patient is someone who comes and has a diagnostic work-up or surgery and needs an acute level of nursing for an extended period of time," Dean says.

The targeted population for LTACH care includes rehabilitation patients; thus, a rehab company might find it strategic to start such a facility. Forming a LTACH requires considerable investment of time, funds, and organization. Dean offers these suggestions for what to consider before diving into this new niche market:

1. Determine whether opportunities are available. Good Shepherd Rehab Hospital of Allentown formed Good Shepherd Specialty Hospital after being pursued by local acute care hospitals. Likewise, any rehab hospital considering such a move should see if the market needs an acute care facility to which hospitals can refer their intensive care and cardiac care patients. Also, the hospital needs enough space, such as a hospital floor, to provide for an LTACH because those facilities typically are located within an acute care hospital.

Long-term acute care hospital has 7 levels of care

Good Shepherd Specialty Hospital-Allentown (PA), a new long-term acute care hospital, receives patients who are being discharged from an acute care hospital's intensive or cardiac care unit. The patients are stable but fragile and have extensive rehabilitative and recovery needs.

Here's a brief look at the seven levels of care the hospital provides:

1. Patients receiving this level of care might receive intravenous care or wound care, and they have minimal therapy and medical equipment needs. They can ambulate well.
2. Patients occasionally may require some ambulation. They have daily nursing concerns, along with an increase in daily nursing treatment.
3. Patients in level three might be confined to their beds, and many have IVs. These patients have increased needs for laboratory tests and X-rays, and some have tracheostomy and pulse oximetry monitoring.
4. Patients might be alert or semi-comatose and have increasing medical needs, including labs and X-rays. They might have a tracheostomy or ventilator and increased monitoring needs.
5. These patients need continuous IV monitoring and might be started on central lines. They might receive wound care, need special beds, and could be comatose.
6. Patients in level six have central lines and invasive drug lines. This is a high-observation unit and includes tracheostomy and ventilators.
7. Patients at this highest level of care are on ventilators and might receive blood or blood products. Also, there's a high need for laboratory work and X-rays. ■

2. Research all state and federal regulations. The Health Care Financing Administration in Baltimore requires LTACH patients to have an average length of stay of 25 days or longer. It also requires LTACHs to be owned and operated separately from the acute care hospital in which they are housed. They must have their own governing boards, administration, employees, and medical staff.

While the LTACH is permitted to purchase ancillary services from the host hospital, those services cannot exceed 15% of the operating expenses, excluding lease payments, of the LTACH. Ancillary services may include lab services, diagnostic tests, dietary services, and other items.

3. Understand the reimbursement structure. LTACHs are not part of the prospective payment system. Instead, they are reimbursed based on their costs under the Tax Equity and Fiscal Responsibility Act of 1982. Payments are about $22,500 per discharge, Dean says. A feasibility study should include a look at Medicare reimbursement of potential LTACH patients, she adds.

For example, the feasibility study for Good Shepherd Specialty Hospital included a review of the host hospital's last 12 months of patients in terms of their Medicare reimbursement and costs. It also estimated which patients would have been transferred to the LTACH and where they actually were transferred.

Dean estimates an average daily cost of an LTACH patient in a high level of care is $1,100 to $1,200. An LTACH patient requiring a low level of care may cost $400 to $500 per day. Because that is significantly less expensive than the average cost range of an intensive care unit, which is $1,500 to $2,500 per day, managed care companies typically welcome referrals to an LTACH, Dean adds.

4. Know possible obstacles. Administrators involved in setting up an LTACH will need to spend time educating referring physicians and discussing the concept of LTACH care with state health departments and regulators. "Some states are still trying to figure out what an LTACH is and how it is different from a regular medical-surgical hospital," Dean says. "We have to meet all the regulations of a med-surgical hospital, although we have to do things on a much smaller scale."

For example, an LTACH would have to meet all the criteria an acute care hospital has to meet when it comes to credentialing, accreditation, and policies and procedures.

Another potential obstacle is the start-up cost, which can be in the millions, when renovations and equipment purchases are considered. The LTACH needs its own cardiac monitors, respiratory monitors, therapy equipment, medical records equipment, and other items necessary for a hospital's daily function.

Good Shepherd Specialty Services leased its actual beds from the host hospital. Because the bed lease is considered a part of the building lease, it doesn't count toward the rule that no more than 15% of operating expenses can be paid to the host hospital.

5. Determine staffing requirements. Good Shepherd Specialty Hospital opened with about 30 employees, which was enough staffing for up to six patients. Dean says the hospital will add more staff in the nursing department as it builds a census. The specialty hospital will contract with Good Shepherd Rehab Hospital to provide certain services and rehab staff as needed. "So we can flex our staff as needed, and between the two hospitals, we hope to develop a flex nursing pool that we can use back and forth," Dean says. ■

Family, community rate high among the disabled

Physical condition seen as less important

People with excellent health tend to perceive the physical problems of spinal cord injury patients as the most important aspect of their lives. Not so, says a researcher who studied what matters most to people with disabilities.

Those with spinal cord injuries, traumatic brain injuries, and a group of residents of long-term care facilities consistently rated their physical condition as satisfactory to very good, which was the same rating a cohort of healthy college students gave on the same survey.

"They are accepting of their physical condition, or another interpretation is that relative to everything else in their lives, it's not as important as we able-bodied people might think it is," says **Ruth A. Huebner**, PhD, OTR/L, associate professor in occupational therapy at Eastern Kentucky University in Richmond, KY. Huebner will present her research group's findings at the annual conference of the American Occupational Therapy Association of Bethesda, MD, this month in Seattle. **(See study details, p. 46.)**

The study found that family relationships and autonomy were two of the most important priorities in the lives of disabled individuals, Huebner says. "People with disabilities feel most satisfied with their relationships and least satisfied with their autonomy." As a group, the disabled individuals viewed their family's support as very high, contributing to a better quality of life, but they rated their quality of life very low when it came to how much control they had over their environment. "They wanted to have some direction in their lives," she explains.

For example, the brain injury group was particularly dissatisfied with their quality of life as it related to work and learning opportunities. The study used another survey tool to assess the level of a person's community integration. Researchers found a strong correlation between how well disabled people were integrated in their own communities and how satisfied they were with the overall quality of their lives. Those who were able to be more involved in their communities, whether it was through work or shopping on their own, were much more satisfied with their lives than those who were not as involved.

"It goes along with their decreased sense of control and also their desire for work, especially work and learning opportunities," Huebner says.

The study's findings suggest that rehab facilities need to focus more on community integration, she says. "Much of rehab is focused on helping people with feeding and dressing themselves," she says.

Therapists also should help patients and their caregivers increase ties to the community through shopping and restaurant outings, as well as helping the patient return to some meaningful work, she says. "We're not spending much time on that. Those are higher skills, and unfortunately, in rehab, much of the money dries up before those things can be really built into these programs."

Members of the study's long-term care group rated their quality of life as satisfactory to very good, the same rating college students gave their quality of life, but the opportunity for learning was rated low. People in long-term care want more activities that stimulate them intellectually, including lectures on different topics, Huebner says.

Executive Summary

Subject:
Disabled persons rank family relationships, autonomy, community integration, and work as the most important aspects determining their quality of life. That finding came from a study of 50 spinal cord injury patients and 50 people with brain injuries who were compared with 400 Kentucky college students.

Essential points:
- ❑ Rehab staff and providers might be surprised to learn that people with brain and spinal cord injuries rate their physical conditions as well as uninjured people rate theirs.
- ❑ Community integration, whether that means shopping or work, is very important to disabled people.
- ❑ Long-term care patients also express desire for more learning experiences.

The long-term care group tended to give low ratings to their ability to connect with others and develop friendships. While the facilities provided group activity experiences, the residents didn't see many opportunities for developing intimate relationships. Also, the long-term care group wanted more work experiences, even something as simple as filing papers or wiping the facility's tables, she adds. ■

How to improve quality of patients' lives

Psychology services, OT play key roles

Rehab psychologists, occupational therapists (OTs), and other rehab team members need to address psychological services and work with patients on their emotional coping skills and attitudes, according to a recent study on how disabled people perceive their quality of life.

The research suggests rehab providers could help improve patients' quality of life by assisting them with community integration, including finding work, says **Ruth A. Huebner**, PhD, OTR/L, a researcher involved in the study and an associate professor in occupational therapy at Eastern Kentucky University in Richmond. At *Rehab Continuum Report*'s press time, the study was scheduled to be presented at the American Occupational Therapy Association's annual conference in Seattle.

"OTs' focus typically has been more on the motor function, improving rehabilitation, and daily living skills," Huebner adds. "We've all missed the boat on the psychological part of it and the community integration part of it."

She offers these suggestions for how rehab facilities might improve patients' quality of life:

• Early in the rehab process, the rehab team should work with caregivers and family members and help patients build up their ability to function within their communities.

• There also needs to be an early focus on employment options, along with training and developing work skills. Spinal cord and brain injury patients rated work for pay as of greater importance than volunteer work, so the focus should be on helping patients find jobs.

• Part of the rehab process should include an emphasis on educating patients on what kind of physical adaptations are available to them if they return to work.

• The rehab team should provide follow-up in the area of community integration. Once patients go home and attempt to become engaged in community and work activities, they should return to the rehab facility and tell the team what is and what isn't working, she suggests. Then the team can help patients improve problem areas.

Those strategies are particularly important when rehab patients are young and face decades of difficulties in finding work and integrating in the community, she adds. "They become isolated at home and have more behavioral and emotional problems with no help in finding the kinds of community and financial services they need." ■

Study details

In 1995, **Ruth A. Huebner**, PhD, OTR/L, associate professor in occupational therapy at Eastern Kentucky University in Richmond, and her colleagues began to assess the quality of life among people with disabilities.

The disabled groups included 50 people who have spinal cord injuries, 50 people with brain injuries who were living in the community, and 55 to 60 people living in long-term care facilities. The people in the long-term care facilities were assessed as having high enough cognitive skills to be interviewed for the study.

The researchers compared the data with how 400 Kentucky college students perceived their quality of life. The college students were majoring in psychology, nursing, and allied health fields. The study involved collecting data through one-on-one interviews and having participants complete some related instruments, including a quality-of-life tool that has 20 items.

The interviews and research took place over three years. The research project is continuing with a study of outpatient rehab patients with mixed diagnoses and another group of spinal cord injury patients. ■

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Instill PRIDE in staff to boost morale, service

Florida facility is generous with praise, gifts

It's no accident that more than 63% of the employees at Brooks Rehabilitation Hospital in Jacksonville, FL, have been with the hospital for five years or longer. Hospital managers pride themselves on creating a work environment in which staff feel valued and satisfied, and they focus on rewarding and recognizing employees who have provided good service.

Their efforts appear to be paying off for the 127-bed, freestanding rehab hospital, which has nearly 400 full-time-equivalent workers. The hospital has retained most of its staff at a time when rehab has one of the highest employee turnover rates in the health care industry. The *1999-2000 Hospital Salary and Benefits Report*, produced by John R. Zabka Associates in Oakland, NJ, found that rehab services had an annual turnover rate of 26.67% in 1999. Because Brooks had a 37% employee turnover spread over five years, the hospital is bucking the rehab trend of continually losing more than one-quarter of staff each year.

"We're doing the most appropriate thing of recognizing good service and rewarding people for it," says **Lauri-Ellen Smith**, APR, director of communication and marketing for BrooksHealth System, which includes Brooks Rehabilitation Hospital.

While all employees are trained to focus on customer satisfaction, the hospital carries that philosophy a step further and emphasizes staff rewards for good customer service. Called PRIDE, which stands for Personal Responsibility In Delighting Everyone, the program was started as a way to thank employees for going above and beyond the call of duty, Smith explains.

Managers and hourly workers send out PRIDE cards to any employee who has done something special for the staff, hospital, patients, or even community. The cards are small, about postcard size, printed in purple, orange, and yellow, and they read: "Thank You. You've Got P.R.I.D.E. — Personal Responsibility In Delighting Everyone."

PRIDE card writers are asked to be specific, complimenting an employee for a specific performance on a task or objective. For instance, Smith received a PRIDE card several years ago from a manager who recognized the work Smith put into advocating for a bicycle helmet bill and encouraging the hospital to push for the bill. The PRIDE card, in a few lines, complimented her good work on the bill, which was passed in 1998 after three years of lobbying by Smith and others.

Employees enjoy the cards, and some post them at their workstations, Smith says.

While the compliment may be reward enough for most people, the hospital adds another incentive: Staff can exchange their PRIDE cards for prizes. The hospital's clinical resource staff stamps the cards, showing they've been redeemed for prizes, and then returns them to the staff.

There's an order list of 13 items that can be bought or exchanged for cards, including a polo shirt and long-sleeved T-shirt, each costing five cards; a cardigan, a black gym bag, a blue business bag, and a golf umbrella, each costing five cards plus $5; movie passes, costing five cards; and a sweatshirt for five cards plus $2. "In our quality and clinical education department, we have a woman whose job it is to have fun creative new innovative gifts available," Smith says.

The hospital spends about $20,000 each year on the prize merchandise, and the administration has made it a priority to recognize employees in a variety of ways, including providing appreciation celebrations and luncheons. **(See story on the hospital's employee incentives, p. 48.)** The hospital's attention to rewarding and recognizing employees no doubt has contributed to its ability to retain employees, and it's probably helped the hospital's high customer satisfaction rating, Smith says. In the second quarter of 1999, for example, the hospital's outpatient customer satisfaction survey included 90% or better scores on 23 aspects of hospital service and care. Those

Executive Summary

Subject:
Brooks Rehabilitation Hospital in Jacksonville, FL, recognizes and rewards employees who provide good customer service or go beyond the call of duty. The program is designed to improve staff morale and indirectly boost patient satisfaction.

Essential points:
- ❑ Staff give each other thank-you cards whenever they do something special for a patient, employee, the hospital, or the community.
- ❑ The hospital praises employees in a monthly newsletter and provides appreciation parties.
- ❑ Employees are encouraged to give feedback through e-mail, voice mail, or an employee suggestion box.

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included 99% on cleanliness, 93% on the patient's role in treatment, 98% on professionalism of therapists, 98% on staff teamwork, 98% on concern and caring, 95% on telephone calls returned and courtesy provided, 94% on discharge instructions, 96% on case managers' customer service, and 96% on likelihood the person would recommend Brooks to others. ■

How one rehab hospital improves staff morale

Rewards include dinners, free movie tickets

Praise is nice, but it's likely to make a more lasting impact on staff when they are given a thank-you note or reward for their exceptional service.

Staff will hold on to a written compliment for a long time, says **Lauri-Ellen Smith**, APR, director of communication and marketing for Brooks Rehabilitation Hospital in Jacksonville, FL. And Smith should know. For several years, she has proudly saved a special thank-you card she received from a colleague at Brooks.

Brooks uses the following methods to show employees how much they are appreciated:

✔ **PRIDE cards.** The hospital encourages all employees to write a PRIDE (Personal Responsibility In Delighting Everyone) card for anyone they find doing something extra special. Also, when patients compliment employees, the employees' managers send them a PRIDE card.

In its patient satisfaction surveys, the hospital has received many positive comments about the hospital and particular employees. "We've prided ourselves on working hard to please patients, and it's not unusual to receive 50 feedback forms with 45 handwritten notes about how 'someone was very nice to me,' or 'I appreciated that this person went out of their way to be nice to my mother when she was having such a difficult time,'" Smith says.

Patient comment cards offered a perfect opportunity to praise the staff and reinforce better customer service, so managers decided to follow up all positive patient comments with a PRIDE card. Smith says, "It entails a lot of work because people will sometimes remember a first name but not a last name, or they don't remember the department where someone works."

✔ **Service honors.** Employees who reach a service milestone, starting with year five and continuing in five-year increments, are treated to a luncheon with their supervisors, senior executives, hospital board members, and the hospital's chief executive officer. Each employee's supervisor stands to say a few complimentary words about the employee. The luncheons are held each quarter. Employees honored also receive a service pin with genuine sapphires, diamonds, or other precious stones, depending on length of service.

✔ **Appreciation celebrations.** The hospital holds a variety of employee appreciation celebrations each year. One is an employee barbecue, featuring ribs and chicken, during National Rehab Week. Each employee receives a small gift, such as a flashlight or license plate frame. In October, during National Physical Therapy Month, staff are invited to an ice cream social in the rehab gym. Other celebrations include a thank-you dinner and a reunion party for former patients. Staff are invited to the reunion, which typically has a big turnout, Smith says.

✔ **Feedback opportunities.** Employees are encouraged to give feedback on any concern, issue, or complaint. The feedback system works through e-mail, voice mail, and an employee suggestion box. Occasionally, administrators seek input on a specific issue by asking staff to respond by e-mail or voice mail to that topic.

✔ **Monthly newsletter.** The monthly newsletter for employees, *Teamwork*, honors all staff achievements in a section titled "Milestones." For example, a recent newsletter mentioned an employee who gave a presentation at a conference and congratulated a case manager for winning a band performance contest at a local cafe. The newsletter also congratulated several new parents and a new grandmother. Employees were named and thanked for their participation in the annual Heart Walk, as well.

The newsletter includes photos of employees who pass service milestones, in five-year increments, and it includes photos of new employees.

When an employee dies, the newsletter runs a photo and memorial. Another feature is a spotlight that recognizes a department, group, or employee. The newsletter's editorial advisory board votes on who will receive that honor each month. "It might be because they're doing something fun and innovative or creative, or maybe they won a clinical award, or someone could be chairing a special committee," Smith explains. ■

Day rehab fills gap between inpatient, outpatient care

Rehab facilities can fill a much-needed and reimbursable niche by providing a special rehab day treatment program for patients discharged from an inpatient setting but not ready for outpatient treatment.

HealthSouth of Birmingham, AL, decided to start the program after noting a trend in which patients were being discharged from the rehab hospitals with nowhere to go. Home health agencies and skilled nursing facilities once might have provided therapy services to those patients but no longer have financial incentives to admit them, says **Lisa Combs**, RN, case manager of outpatient services and program manager of day rehab for HealthSouth Northern Kentucky Rehabilitation Hospital in Edgewood. The 40-bed hospital is a full-service outpatient provider.

"Our corporate offices saw a need for a program like this, given all of the federal Medicare cutbacks," Combs explains.

HealthSouth piloted its day treatment program at the Edgewood hospital, where it has grown to an average daily census of 15 to 22 patients. The program provides a gentler regimen of therapy than a typical outpatient program provides, and it offers constant supervision. However, it cannot be mistaken for an adult day care center, where the emphasis is on supervision rather than therapy. Patients admitted to a rehab day treatment center might not stay the entire day, and they receive some level of therapy or education throughout their time in the center, even during the rest periods. **(See stories about a neurology day treatment center and various styles of day programs, *Rehab Continuum Report*, February 1999, pp. 20-25.)** "We felt we could offer a more consistent and better quality of care with our inpatients if they were discharged and followed through a day rehab center," Combs says.

CARF…The Rehabilitation Accreditation Commission in Tucson, AZ, began accrediting adult day programs in July 1999. The day treatment center offers patients a level of care that fits neatly between inpatient and outpatient services, she says. "In an acute rehab facility, patients will undergo therapy anywhere from 40 to 60 hours per week; in home care or an outpatient setting, they may get three to 10 hours per week. But by coming into a day treatment center, they are here for one-half to a full day, and they receive 16 to 24 hours a week of therapy."

Those patients need the more intensive care and supervision than that offered by traditional outpatient programs, Combs says. Also, while it used to be an option to refer such patients to home health care or a skilled nursing facility, the Balanced Budget Act of 1997 greatly limited that option by cutting reimbursement for patients who had long-term therapy needs.

"Home health agencies and skilled nursing facilities can't afford to take these patients," Combs says. "We were being turned down with referrals, or the patients were discharged before they were ready for outpatient rehab care."

Another HealthSouth facility, HealthSouth Rehab Hospital of Central Kentucky in Elizabethtown, also has formed a day treatment program that is designed to suit the needs of patients who no longer require inpatient hospitalization and 24-hour nursing care but still have definable therapy needs, says **Angela Portman**, RN, day treatment coordinator of the 40-bed hospital.

"We look at this as a step down, a gradual process to community re-entry," Portman says. "A lot of patients have had strokes, and we have several traumatic brain injury [TBI] patients, who are not safe to be home alone and have need for therapy."

Executive Summary

Subject:
Rehab day treatment programs in Kentucky offer patients needed supervision combined with a relaxed pace in therapy scheduling.

Essential points:
- ❑ Patients discharged from inpatient care may need more supervision than outpatient therapy provides.
- ❑ Nurses provide wound care and other medical supervision between therapy sessions.
- ❑ Programs offer meals and transportation.
- ❑ Downtime includes therapeutic exercises along with resting periods.

TBI patients are a good example of patients who benefit from a day treatment program, Portman adds. "We've had several occasions where a TBI patient reaches the inpatient goal and is ready to be discharged, but to bring the person back as an outpatient would not work."

The TBI patient might come in for an hour of therapy and have to stay at the clinic, unsupervised, waiting for the next therapy session. "Under the day treatment program, they would not be unsupervised," Portman says. "So this is for patients who have safety issues."

Patients typically attend the center three times a week for an average of four weeks, although some have stayed as long as 18 weeks. Once they are discharged, they can be referred to the outpatient setting for a continuation of therapies.

"But most of the time they've gotten all the services they require, and they're discharged completely," Combs says. "We have some patients who graduate from the day treatment center and come back here as volunteers." ■

Here are steps for starting a day treatment center

Programs can use outpatient facilities, staff

Rehab facilities interested in starting a day treatment program should tailor services to their expected client population, but there are some general guidelines to follow, according to rehab managers in charge of day treatment programs.

Angela Portman, RN, day treatment coordinator for HealthSouth Rehab Hospital of Central Kentucky in Elizabethtown, and **Lisa Combs**, RN, case manager of outpatient services and program manager for day rehab at HealthSouth Northern Kentucky Rehabilitation Hospital in Edgewood, offer these suggestions:

• **Use the infrastructure of your existing facility.** At Elizabethtown, the program was housed in the inpatient facility, but administrators decided to switch the program to the outpatient setting because it would allow more flexibility in staffing, Portman says. "When the inpatient census was high, the inpatient therapists had limited hours they could devote to the day treatment patients."

The day programs use the same staff as the outpatient programs, with the addition of nursing positions. This staffing arrangement means the programs have access to the full range of therapy, including physical therapy, occupational therapy, speech therapy, psychology, and nursing care. "If a day treatment patient needs two therapies, then we schedule them over three or four hours," Portman says. "If they need three or more therapies, we schedule them over five to six hours."

Between therapies, patients might rest or receive medical care. A day treatment program needs designated space, such as a room in which patients can relax between therapy sessions.

The Elizabethtown program has its own gym where staff can provide wound care and privacy for other procedures. The gym offers a home-type environment with a sofa, Portman says.

The Edgewood program has a living room, kitchen, dinette area, office, and bedroom. It's decorated with wallpaper and plants, and it has recliners that vibrate. Patients use the room to practice their homework, play games, play on a computer, receive medical care, or rest. **(See story on a typical day treatment schedule, p. 51.)**

• **Develop specific admission criteria.** The Edgewood program was developed for patients with any type of neurological, orthopedic, respiratory, or general medical disability, Combs says. Some typical diagnoses admitted to the program include stroke, spinal cord injury, brain injury, asthma, chronic obstructive pulmonary disease, multiple sclerosis, Guillain-Barre Syndrome, traumatic brain injury, cancer, arthritis, and Parkinson's disease. Program criteria are:

— Patients must have identifiable rehab goals, with a purpose for coming to the program.

— Patients must be able to participate in the program without significant limitations of medical condition, decreased motivation, or lack of progress.

— Families should be willing to participate in the program and assist with discharge planning.

— Patients must be 14 years or older.

— Patients must require a minimum of two disciplines.

— Patients must have some type of medical management or endurance issue that necessitates the need for nursing or medical care. That issue can be anything from poor endurance and an inability to withstand three hours of therapy at one time, to the patient's need for a blood draw, wound dressing change, or intravenous infusion or catheterization.

• **Establish hours, transportation, meals, and other details.** The program is open from 8 a.m. to 4 p.m. Patients who come in the morning receive

breakfast, and those present at noon receive lunch. The program also provides transportation to patients living within a 30-mile radius who have no other means of attending. "One of the biggest benefits is the family can continue to do the things they need to do, and the injured person still gets what he needs," Portman says.

Along with meals, the program provides nutritional education by a staff dietitian as needed. "We also assist with activities of daily living if they need that help," Portman says. "We work in conjunction with an occupational therapist to provide transfers, baths, and that sort of thing while they're here."

• **Focus on marketing, reimbursement, and referrals.** When the Edgewood program began in July 1998, most of the referrals came from the inpatient program. Now the referrals are about 50% from the inpatient unit and 50% from outside the hospital. "We market it to the public through different events, such as a big block party that we held here last September," Combs says. "We had a disk jockey, dancing, a big cookout, and we invited the neighborhood to come." Discharge planners, patients, and staff hosted the party.

Other marketing events include open houses and speaking/educational engagements provided through a public outreach service.

Day treatment patients can be referred by family members, physicians, assisted-living facilities, home health agencies, skilled nursing facilities, and insurance companies, Combs adds. Medicare provides reimbursement for the program at a per therapy, outpatient rate. HealthSouth sometimes negotiates with insurers for a per diem rate. "We have contracts with several insurance companies," she says. ■

Need More Information?

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What's a typical day in a day treatment center?

Rehab day treatment centers are expected to grow rapidly in coming years, as the rehab industry looks for a way to treat patients who no longer need inpatient care but are not ready for outpatient treatment. Day treatment program managers offer this look at a typical routine:

• **Day of admission:** A team of nurses and the medical director looks at the patient's therapy results and determines an individualized treatment plan, Combs says.

"Some patients come three days a week; some come five, and others come four days," says **Lisa Combs**, RN, case manager of outpatient services and program manager for the day rehab program at HealthSouth Northern Kentucky Rehabilitation Hospital in Edgewood.

Discharge planning begins on the day of admission. The discharge planning team includes the disciplines of nursing, dietary, pharmacy, and therapy. The team meets weekly to discuss each patient's progress.

• **Typical day's schedule:** At Edgewood, the typical day might begin with a head-to-toe nursing assessment at 8 a.m. The nurse gives the patient any necessary medications and finds out if the patient has any complaints or concerns from the prior evening and day. Then the nurse reviews the patient's chart and goals and discusses strategies with the patient.

The patient might begin therapy at 9 a.m., first with an hour of physical therapy. At 10 a.m., the patient receives occupational therapy. At 11 a.m., the patient meets with the nursing staff. If the patient has a wound, the nurse provides wound care.

"If the patient is a diabetic, then we'd do a blood sugar check and we'd give them any education they needed for diabetes," says **Angela Portman**, RN, day treatment coordinator for HealthSouth Rehab Hospital of Central Kentucky in Elizabethtown.

At noon, the Elizabethtown HealthSouth patient eats lunch and rests. If the patient is tired, he or she may lie down or relax in a comfortable chair and watch television. Sometimes a group of day treatment patients will socialize or play games. No therapy is provided between noon and 1 p.m., Portman says.

At 1 p.m., the patient might receive speech

therapy, and the day could end at 2 p.m., or the patient could stay for continued education and therapeutic activities.

• **Therapeutic activities between sessions:** The Edgewood program strongly emphasizes therapeutic activities that occupy a patient's time between therapy and nursing sessions. For example, a patient might have speech therapy homework assignments, and a nurse can help the patient with those. Or the patient might practice cooking or have a home exercise program that will be reviewed between therapy sessions.

"We do education and practice on diabetes, medications, and whatever their needs are," Combs says. "We do crafts and community re-entry outings with them."

Therapeutic playtime is arranged

Patients may rest, but they have to keep active. "They have to do something therapeutic while lying in a recliner," she says. For instance, a patient might play with a dough-type product, called "theraputty," which is therapeutic. "It's squishy and stretchy and comes in different colors, and each color represents a different strength. You upgrade the theraputty as patients become stronger."

Using a rubber band with colors signifying different strengths, patients perform leg and arm exercises. Monopoly, card games, and jigsaw puzzles also may be therapeutic for cognitively impaired patients, she adds. "Jigsaw puzzles are wonderful. Will they remember to put the pieces on the outsides and corners first? Will they group colors together, knowing this is the sky and this is the grass? Will they use pincher mechanisms to connect one piece to the next?"

The program also has wind-up toys that patients can play with as a lesson in fine motor movement. "They can have toy races, so it offers competition," Combs says. Some patients, such as stroke patients, find it difficult to wind up the toys, she adds. "So it might be minor, but it's very therapeutic for a patient."

Patients may play computer games that offer skills in problem-solving, abstract thinking, and memory. "These are games like Solitaire for patients with a profound deficit with short-term memory. Do they know how to sequence? Can they remember the ace moves to the top?" Computer games also might benefit physically impaired patients by offering some fine motor coordination activities, Combs says. ■

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