As hospitals reach capacity in the treatment of COVID-19 patients who are suffering the lingering effects of the virus (e.g., damage to the lungs, heart, kidneys, gut, liver), they are turning to long-term acute care (LTAC) facilities to fill the gap in patient care. However, one has to ask if these facilities are prepared for the challenges of caring for these complex patients?

Depending on a facilities’ capacity, many may lack the equipment and supplies to manage the clinical complexities of COVID-19 cases. None of the chronic care facilities have had to provide this level of care in the past. Compounding this issue, the pandemic has intensified long-standing challenges in the LTAC space, including high operational costs and staffing shortages.

Even long-term acute care hospitals (LTACHs), which are typically well equipped to provide high-acuity care, have opportunity to advance and promote improved patient outcomes. In a study of 94 LTACHs caring for COVID-19 patients, published in the December 2020 edition of the journal CHEST, the researchers determined that:

(While) “LTACH staff have the skills necessary for treatment of COVID-19 patients, extensive preparations and transformations are required for treating patients with a highly virulent virus.”

LTAC administrators bear the burden of preparing their facilities and staff members for long-term care of COVID-19 patients. Here are some factors for consideration that can help LTAC facilities deliver high quality care at a lower cost.

**Start with a safe transition**

Safely transitioning a COVID-19 patient from an acute-care hospital to a LTACH, skilled nursing facility (SNF) or other long-term care site is key to maintaining continuity of care. It requires close communication and collaboration between the hospital discharge planner and LTAC facility administrators.

One challenge LTACs face is converting patients from the hospital’s medical equipment and supplies to their own. There are inherent risks in switching a patient from one therapeutic (e.g., ventilator) or diagnostic (e.g., monitor) device to another, particularly when the new device is designed for lower acuity care. Additional challenges arise when a patient comes from the hospital to the post-acute care setting with accessories and consumables that are not compatible with the post-acute site’s equipment.

By aligning medical supplies and equipment to hospital ICU standards, a long-term care facility can enhance the quality of care delivery, help facilitate healthy patient transitions and minimize safety risks. For those facilities that are part of a larger health system, standardization of equipment and supplies to a single vendor can also reduce costs.
Apply strategies for long-term success

While it is common for LTACs to care for patients with respiratory issues, both chronic (e.g., COPD) and acute (e.g., pneumonia), patients recovering from COVID-19 frequently suffer severe, long-term respiratory complications that may require significant intervention.

"Post-COVID lungs look worse than any type of terrible smoker’s lung we’ve ever seen," as described by a Texas trauma surgeon. "And they collapse. And they clot off. And the shortness of breath lingers on... & on... & on."3

Conventional oxygen therapy strategies employed by LTAC clinicians may not be adequate when caring for COVID-19 patients, as the National Institutes of Health states in its COVID-19 Treatment Guidelines:

"In adults with COVID-19 and acute hypoxemic respiratory failure, conventional oxygen therapy may be insufficient to meet the oxygen needs of the patient. Options for providing enhanced respiratory support include high-flow nasal cannula (HFNC), noninvasive positive pressure ventilation (NIPPV), intubation and invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO)."3

For those COVID-19 patients discharged from the ICU into a LTAC facility, adoption of ICU-quality ventilation equipment is required to provide this level of respiratory support. Facility administrators should evaluate their site’s mechanical ventilators to ensure they have lung-protective tools and weaning support methodologies that facilitate recovery and prevent the need for costly hospital readmissions.

Prior to the pandemic, LTAC facilities often strive to keep patients out of the hospital. In 2019, 73 percent of SNFs subject to the Center for Medicare and Medicaid Services (CMS) Skilled Nursing Facility Value-based Purchasing Program received a penalty for poor 30-day hospital readmission rates.4

Additionally, patients with severe cases of COVID-19 “should be monitored closely for worsening respiratory status because some patients may progress to acute respiratory distress syndrome (ARDS),” according to the National Institutes of Health.3 In LTAC facilities, where patient-to-nurse staff ratios are typically much higher than in the ICU, reliable monitoring equipment is critical to keeping patients safe.

The road ahead

While vaccine roll-out is a significant step in the right direction, the reality is that LTAC facilities may well be caring for COVID-19 patients for quite some time as surges continue to push hospitals in hot spot areas beyond capacity.

For more information on LTAC facility solutions for a higher level of care, visit: www.draeger.com/en-us_us/Hospital/Long-term-acute-care.

References