

Post Acute Care for Hip Fractures

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Objectives

- Understand the differences in Post Acute Providers
- Compare Evidence Based outcomes
- Identify Areas of Concern related to Hip Fx
- Discuss strategies



Differences in Post Acute Care Providers

- Long Term Acute Care (LTCH)
- Inpatient Rehabilitation Facilities – Hospital Units
- Inpatient Rehabilitation Facilities – Freestanding
- Skilled Nursing Facilities
- Swing Beds
- Home Health
- Outpatient Therapy



Free standing versus Hospital Based

- Support Services after hours
- RRT and Code support
- Access to Tests/Procedures
- Follow up Appointments



LTCH

- Must have a stay in a ICU or CCU
- ALOS of 25 days
- Seen daily by a physician
- Complex medical needs



IRFs

- All IRFs
 - CMS requires facilities to admit patients with Qualifying Dx (60% rule)
 - Fracture of the femur is Qualifying
 - Acetabular fracture is Not Qualifying (considered pelvic fx)
 - Patient must require 2 therapies of which one must be PT or OT (other therapies are SLP and Ortho/Prosthetic)
 - Physician must see the patient 3 times a week
 - 3 hours of therapy provided daily (5 days a week)
 - Interdisciplinary treatment team.
 - Plan of Care must be completed within 96 hours
 - Treatment Team conference weekly
 - Have potential for improvement
 - Be motivated or able to participate in therapy



SNF

- Requires a 3 day qualifying stay
- Patient must require skilled care
- Must be seen by a provider on day of admission, the 14th day and every 30 days thereafter.
- Paid using RUGS
 - Ultra High –
 - in 7 days receive 720 or more minutes of therapy (12 hours)
 - At least 2 disciplines (1 for 5 days and 2nd for 3 days)
 - Very High
 - 500 or more minutes (just over 8 hours)
 - At least 1 discipline for 5 days
 - High
 - 325 or more minutes (about 5.5 hours)

Swing Beds

- Located in a rural area, not “urbanized”
- Fewer than 100 beds
- Requirements are similar to SNF

Home Health

- Home Bound Status
 - Because of illness or injury, need the aid of supportive devices to leave their residence OR
 - Have a condition that leaving home is medically contraindicated
- Under the Care of a Physician within 90 days prior to the start of within 30 days
- Certification, with re certification due in 60 days
- Need intermittent skilled Nursing, PT, OT and/or SLP

MedPAC Report, June 2018

Chart 8-1. Number of post-acute care providers remained stable in 2017

	2013	2014	2015	2016	2017	Average annual percent change 2013-2017	Percent change 2016-2017
Home health agencies	12,613	12,481	12,346	12,204	11,844	-1.6%	-3.0%
Inpatient rehabilitation facilities	1,161	1,177	1,182	1,188	1,178	0.4	-0.8
Long-term care hospitals	432	422	426	423	411	-1.2	-2.8
Skilled nursing facilities	15,163	15,173	15,223	15,263	15,277	0.2	0.1

Note: The skilled nursing facility count does not include swing beds.
Source: MedPAC analysis of data from the Provider of Services files from CMS.

Comparison of Outcomes

- Inpatient Rehabilitation Facilities and Skilled Nursing Facilities: Vive La Difference! (Dobson, DaVanzo & Assoc) www.medicareadvocacy.org
- Findings
 - IRF patients live longer
 - IRF patients spend more day at home and fewer days in HC institutions
 - IRF patients have fewer emergency room visits
 - IRF patients (with some diagnosis) have fewer rehospitalizations
 - IRF patients also had higher overall medical costs over a 2 year period.
- Note: Study was commissioned by AMPRA

Comparison of Outcomes

- Joint Replacement Rehabilitation Outcomes on Discharge from Skilled Nursing Facilities and Inpatient Rehabilitation Facilities. DeJong, Hown, Smout, Tian, Putman and Gassaway. (Archives of Physical Medicine and Rehabilitation, Vol 90, Aug 2009)
- Findings
 - IRF – better motor FIM outcomes
 - Earlier and more intensive rehabilitation was associated with better outcomes
 - High volume facilities had better outcomes than lower volume facilities.

Contact Information

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