Lifepoint Rehabilitation

The Critical Role **Inpatient Rehabilitation Plays in COVID-19 Recovery**

The healthcare community's understanding of the COVID-19 virus is still in its relative infancy, but over the course of the past year, lessons have been learned about protocols and practices that create stronger patient outcomes and prevent the spread of the virus.

This guide outlines the unique value that inpatient rehabilitation units and hospitals have played in responding to the pandemic, as well as the ongoing unique role that they will have once we have emerged from the pandemic.

Inpatient rehabilitation hospitals and units have played a vital role in the public health response which is demonstrated by initial research into the virus, key clinical quality metrics and the importance of hospital-level infection control protocols. While acute rehab units and hospitals have been demonstrated to be ideal settings to handle very sick, medically complex patients recovering from COVID-19, these rehab units and hospitals will continue to have an important post-pandemic role in our nation's healthcare continuum as the medically complex patient population continues to increase.

The Impact of Inpatient Rehabilitation on Patient Outcomes

As the number of COVID-19 patients in recovery increases, so will the need for rehabilitation. **Twenty percent (20%) of patients recovering from COVID-19 will require facility-based rehab, according to a recent study in the *Journal of Rehabilitation Medicine*.**[1] Further, the study underscored that rehab plays a unique and positive role in treating patients recovering from COVID-19.

Specifically, the interdisciplinary rehabilitation teams, including physicians, nurses and the full range of therapists, deliver comprehensive services to address the unusual clinical presentations of COVID-19, including respiratory issues, deconditioning, critical illness related myopathy and neuropathy, dysphagia, and joint stiffness and pain.

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Due to the unique clinical presentations of patients recovering from COVID-19, the nation's inpatient rehabilitation facilities treated more clinically complex patients. According to Uniform Data Set for Medical Rehabilitation (UDS), the industry's largest database representing more than 80% of all inpatient rehabilitation facilities, the average Case Mix Index rose to 1.43 from 1.40 during the pandemic. **Despite caring for more clinically complex patients, patients maintained a consistent average length of stay of approximately 13 days, and our nation's rehabilitation facilities were able to successfully discharge more patients to the community.**

Value to Partner Hospitals

Research reveals that, "While acute care and intensive care units are the main pillars of the early response to the disease, rehabilitative medicine should play an important part in allowing COVID-19 survivors to reduce disability and optimize the function of an acute hospital setting."[2]

Throughout the pandemic, inpatient rehabilitation has continued to provide significant value to short-term acute care hospitals as well as to patients through strong clinical outcomes.

In particular, as communities experienced significant surges in COVID-19 cases, and hospitals – along with their ICUs – began to feel overwhelmed, rehabilitation hospitals created new avenues of support to care for non-COVID-19 and stabilized COVID-19 patients more quickly in order to help free up bed capacity in the referring hospital.[3]

Additionally, strong partnerships between hospitals and acute rehabilitation providers offer a team-based approach to make clinically appropriate decisions for a patient's rehabilitative care. **Hospitals can find support through these partnerships in the proven ability of early rehabilitation to reduce disability, improve clinical outcomes, reduce costs and lower readmissions.**

Further, finding rehab partnership through a joint-venture or collaborating for hospital unit management can support healthcare providers by enhancing overall performance with fewer in-house resources. Shared expertise and responsibility for program infrastructure allows providers to maximize their program value and minimize up-front costs to start a new program.

Case Study: Lifepoint Rehabilitation

Lifepoint manages more than 300 hospital-based acute rehabilitation units, medical/surgical and outpatient therapy settings and delivers care in 22 joint-venture inpatient rehabilitation hospitals. Throughout the national health emergency, Lifepoint worked closely with their partners to relieve ICU and bed capacity challenges by accepting COVID-19 and non-COVID-19 patients requiring acute rehabilitation.

With the proven impact of rehabilitation on patient outcomes, Lifepoint helped hospitals gain capacity as a result of transferring recovering patients to a more appropriate level of care, leading to increased patient access and faster recovery.

During the pandemic,[4] Lifepoint's acute inpatient rehabilitation hospitals and hospital-based acute rehabilitation units have continued to:

- Provide higher rates of discharge to community than peer providers
- Maintain strong patient functional efficiency, consistent average lengths of stay of about 12 days
- Deliver rehospitalization rates lower than the industry

Additionally, patients in Lifepoint-partner rehab programs have recovered faster than those in other rehab programs, as compared by using UDS – the national database benchmarks.

Lifepoint partner hospitals have shown tremendous resilience and predictability in an otherwise unpredictable environment. Although the pandemic will have a lasting impact on the industry as a whole, Lifepoint is committed to helping navigate the continued challenges ahead, while always staying focused on the patient by providing great clinical programs and quality outcomes.

To learn how Lifepoint Rehabilitation can help your hospital provide the best possible care for medically complex patients and patients recovering from COVID-19, **www.LifepointRehabilitation.net**

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References

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