

# Achieving Optimal Patient and Hospital Outcomes: Why Care Settings Matter



All post-acute settings are not created equal, notes the American Hospital Association (AHA).<sup>1</sup>

The growing rate of skilled nursing facility (SNF) closures has only reinforced this gap in care quality, leaving patients and hospitals nationwide straining to find care settings equipped and available to meet their unique needs.

One setting that has weathered the storm of shifting regulatory changes, population health transitions, a global pandemic, and the rise in medically complex patients: Inpatient rehabilitation.

## THIS GUIDE BREAKS DOWN:

- The unique benefits of inpatient rehabilitation in treating medically complex patients.
- 7 key differences between levels of post-acute care.
- How hospitals can optimize their rehabilitation program to improve quality and outcomes.

## Unique Benefits of Inpatient Rehabilitation

No other care setting offers inpatient rehabilitation's specialized programming for hospital-level patients requiring intensive physical, occupational, and/or speech therapy care.<sup>2</sup> This distinction sets inpatient rehabilitation facilities (IRFs) apart from SNFs across key outcome measures.

## 2023 Performance Outcomes: SNF vs. IRF<sup>3</sup>

- Inpatient rehabilitation operations maintain a higher discharge to the community rate of 70%, which is 37% higher than SNFs on average.
- SNF average length of stay (ALOS) was 2X higher than IRF ALOS.
- SNF 90-day readmission percentage was 2%, or 500,000 patients, higher than IRF.
- SNF 30- and 90-day mortality were nearly 2X IRF mortality.

As baby boomers age into Medicare eligible roles, and younger generations increasingly require post-acute care, having a service line equipped to meet a wide range of care needs is critical.

# Comparing Care Settings: IRF vs. SNF

Below is a care graph that further breaks down the benefits inpatient rehabilitation has on patients and the differences in care quality compared to SNFs.



|   | Inpatient Rehabilitation Facility or Acute Rehabilitation Units   | Skilled Nursing Facilities  |
|---|---|---|
| <b>License/Certification</b>                | Certified as acute level of care.<br><br>Licensed as freestanding inpatient rehab hospitals or distinct rehab units within a host hospital.   | Licensed as a skilled nursing facility.   |
| <b>Physician Involvement</b>                | Daily physician visits.   | Required physician visit during first 30 days; one visit every following 60 days.   |
| <b>Nursing</b>                              | Receive specialized training in rehab nursing, pain management and medication, skin integrity and self-care training.<br><br>Provide 24-hour nursing care; intervention, assessment and monitoring of: VS, IVFs/antibiotics, ostomy, catheter, trach, NG care; routine labs & diagnostics and respiratory equipment.<br><br>Average nursing hours per patient day (NHPPD): 6+.  | Must have at least one RN for at least eight straight hours a day, seven days a week, and either an RN or LPN/LVN on duty 24 hours per day; intervention, assessment and monitoring of: VS, IVFs/antibiotics, ostomy, catheter, trach, NG care; routine labs and diagnostics and respiratory equipment.<br><br>Average nursing hours per patient day (NHPPD): 4.1.  |
| <b>Rehab Therapy and Admission Criteria</b> | Available to patients requiring intensive rehabilitation therapy (PT/OT/ST).<br><br>Patients participate in therapy three hrs/day, five days a week or 15 hours over seven days with the goal of progressing home.<br><br>Requires a minimum of two therapy disciplines (PT & OT, PT & ST). Level of rehab services provided in an IRF is more intense than other levels of post-acute care.  | Patients must have a qualifying hospital stay for at least three patient days and a physician determines the patient requires daily skilled care from nursing or therapy.<br><br>PT/OT/ST available with a nondisciplinary approach to care. Level of participation, type and amount of therapy varies based on medical needs and functional potential. (Average .5-1 hour of therapy).<br><br>When possible, goal is to return patient to prior living setting but expectation that patient will return home or to community setting not required for admission. |
| <b>Team Treatment</b>                       | Interdisciplinary approach between physician, therapy team, social work, and nursing to facilitate recovery.<br><br>Physician-led weekly team conferences required.   | Interdisciplinary approach between therapy and nursing to facilitate recovery.  |
| <b>Ancillary Services</b>                   | Services on site: pharmacy, lab, radiology, and all other hospital services.  | Services readily available, but not on site: pharmacy consultant, lab, radiology.   |
| <b>Patient Characteristics</b>              | Medically complex patient's functional prognosis is good with the goal that they will return to home or a community-based setting.<br><br>Patient demonstrates sufficient endurance and potential to participate in a rehab program and make significant functional and/or cognitive gains.<br><br>Common admission patient description: <ul style="list-style-type: none"> <li>• Stroke or other neurologic disorder.</li> <li>• Multiple major traumas to brain, spinal cord, or amputation.</li> <li>• Cardiac or pulmonary illness.</li> <li>• Open heart and general surgery.</li> <li>• Arthritic and pain syndromes.</li> <li>• Orthopedic fracture or bilateral joint replacement.</li> </ul> | Patient demonstrates a potential for general health improvement. Common admission patient description: <ul style="list-style-type: none"> <li>• CHF, COPD and diabetes exacerbation requiring monitoring, management.</li> <li>• Wound care &gt; stage 2.</li> <li>• Orthopedic surgery.</li> <li>• Infections requiring ongoing IV antibiotics.</li> </ul>   |



## Care Graph Takeaways: Top IRF Attributes that Aid in Enhanced Patient Outcomes

- **Employing specialty trained registered rehabilitation nurses (RRNs)** fully equipped to treat patients with complex care needs.
- **Implementing hospital-level infection control measures** to help maintain patient and employee safety from admission to discharge.
- **Supplying daily physician oversight** and a multidisciplinary therapy team.
- **Utilizing innovative solutions** tailored specifically to rehabilitation patient needs.
- **Integrating the latest rehabilitation technology** to elevate patient and family member engagement throughout the care journey.

Research demonstrates – in addition to the statistics noted previously – early integration of inpatient rehabilitation into a patient’s care plan can result in improved outcomes, such as a patient’s activities of daily living following a stroke.<sup>3</sup>

By increasing patient access to this critical form of care, hospitals are better able to deliver high-quality outcomes in a safe environment.

This focus on quality is further evident in that IRFs and ARUs treat sicker patients yet produce better outcomes than other post-acute care settings.<sup>4</sup>

## Importance of Partnership in Post-Acute Recovery

While the benefits of inpatient rehabilitation are clear, running a rehabilitation unit or hospital is complex and highly regulated.

Many hospitals are finding joint venture or contract management partnership as a key strategy to help optimize their rehabilitation program and relieve the burden of self-management.

Lifepoint Rehabilitation’s decades of focused experience and national footprint have enabled hospital partner facilities to keep up with shifting care needs, while also improving outcomes and delivering greater patient access.

## Is your hospital looking to add a new or expand upon an existing rehabilitation program?

Visit [LifepointRehabilitation.net](https://LifepointRehabilitation.net) to learn about Lifepoint’s customizable partner solutions that can help your hospital meet the unique needs of your patients and community.

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 [LifepointRehabilitation.net](https://LifepointRehabilitation.net)

### References

1. Nickels, T. (2020, June 24). *AHA Letter on Resetting the IMPACT Act in Next COVID-19 Relief Package: AHA*. Retrieved June 29, 2020, from <https://www.aha.org/lettercomment/2020-06-24-aha-letter-resetting-impact-act-next-covid-19-relief-package>
2. *Fact sheet: Inpatient rehabilitation facilities – a unique and critical service: AHA*. American Hospital Association. (2019). Retrieved February 2, 2023, from <https://www.aha.org/fact-sheets/2019-07-09-fact-sheet-inpatient-rehabilitation-facilities-unique-and-critical-service>
3. *Skilled nursing facility (SNF) quality reporting program (QRP) public reporting*. CMS.gov. (2023). <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/nursinghomequalityinits/skilled-nursing-facility-quality-reporting-program/snf-quality-reporting-program-public-reporting>
4. *Inpatient Rehabilitation Facilities Fact Sheet [PDF]*. (2015). American Hospital Association.