

When Home Is the Goal, **The Rehab Therapy Setting Matters.**

The Acute Inpatient Rehabilitation Setting

INPATIENT REHABILITATION FACILITY (IRF) OR ACUTE REHABILITATION UNIT (ARU)



Appropriate patients can achieve **better outcomes and shorter lengths of stay** in acute inpatient rehabilitation settings, according to published research. A 2014 study, *Assessment of Patient Outcomes of Rehabilitative Care Provided in Inpatient Rehabilitation Facilities (IRFs) and After Discharge*, found that patients treated in inpatient rehabilitation programs had better long-term clinical outcomes than those treated in nursing homes.

The study's key findings show that inpatient rehabilitation patients:

- returned home two weeks earlier
- remained home nearly two months longer
- stayed alive nearly two months longer¹

In addition:

- Inpatient rehabilitation hospital and unit patients in five of the 13 diagnostic conditions showed significantly **fewer hospital readmissions** than skilled nursing facility patients
- Inpatient rehabilitation hospital and unit patients made five percent **fewer emergency room visits** per year than skilled nursing facility patients

¹ Assessment of Patient Outcomes of Rehabilitative Care Provided in Inpatient Rehabilitation Facilities (IRFs) and After Discharge. Dobson, Dobson DaVanzo & Associates, LLC. 2014 Dec. http://www.amrpa.org/newsroom/Final_Dobson_DaVanzo_Report.pdf

² Inpatient Rehabilitation Facilities: Fact Sheet. American Hospital Association. <http://www.aha.org/content/14/fs-inpatientrehab.pdf>

The American Hospital Association (AHA) IRF Fact Sheet contains data that speak to the importance of choosing the right setting for patients in need of therapy on a case-by-case basis, noting:

- MedPAC reported that, in 2013, IRFs had a **far higher rate of discharging patients to the community** (IRFs: 70%; SNFs: 33%).
- IRFs also have a **far better record on avoidable rehospitalizations**. MedPAC reports that, in 2013, 2.5% of patients were readmitted during an IRF stay, with 11.1% of SNF patients readmitted during their stay.
- Medicare mandates that IRF physicians **direct care delivery by interdisciplinary medical teams**, which are not present in SNFs.²



01

Daily physician oversight by rehabilitation-focused physicians

02

More frequent and intense therapy care plans resulting in lower LOS and higher function upon discharge

03

Care plans focused on the individual patient's recovery goals

08

Participation in care conferences and thorough discharge planning to assure a successful and safe care transition

Of Key Importance in an Acute Rehabilitation Setting:

04

More nurses per patient with specialty rehabilitation training; close monitoring and treatment by rehab-focused nurses with 1 nurse to 6-7 patients

07

Family and caregiver training so rehabilitation gains can be carried over to the next care setting

06

Lower unplanned returns to the acute care hospital than less intense sites of care

05

Recovery focus with a higher discharge-to-community rate than less intense sites of care



For those acute patients who qualify, research shows the acute inpatient rehabilitation setting is more effective than other rehabilitation settings for:

- walking and transferring independently again
- going home quickly
- short lengths of stay
- receiving daily physician and nurse attention
- minimizing hospital readmission

What Does a Qualified IRF/ ARU Patient Look Like?



The complexity of the patient requires the structure of an interdisciplinary team (IDT) in a hospital setting, led by a rehabilitation physician to achieve functional goals.

- Patient has both medical and functional needs
- Patient can benefit from intense rehabilitation to meet recovery goals
- Patient can participate in therapy three hours per day or 15 hours over a seven-day period
- Patient requires daily supervision of a rehabilitation physician
- Patient requires and can benefit from interdisciplinary team approach to care
- For patients who qualify, the acute rehabilitation setting provides the following features not required in the skilled nursing setting:*

 - Daily medical supervision by a physician with specialized training in rehabilitation
 - Multidisciplinary team approach including 24-hour rehabilitation nursing coverage
 - Three hours of intensive therapy daily
 - Licensing and accreditation for hospital-level rehabilitation care

*American Medical Rehabilitation Providers Association

Important Facts About Transfers to an IRF



- Our team will review and assess your patient before the admission to ensure your patient meets the requirements for a referral to an IRF.
- Acute rehabilitation patients may be directly admitted from home, the physician's office or emergency room without having spent time in the hospital.
- We work with you as necessary to develop their future plan of care.