LAKEVIEW / CLINICAL PARTNERS

ICU capacity and the next level of hospital care

During the COVID-19 emergency, many hospitals had to coordinate transfers while coping with staff shortages, delayed care and high-acuity admissions. This briefing explains the historical findings and how to use them in a referral conversation today.

Historical clinical operations discussion. The source article was published April 27, 2022. Its pandemic observations and figures describe that period. Assess current capacity and patient needs separately.

Planning a review for continued hospital care

Executive Summary

- Patients with chronic conditions avoided or delayed care during the pandemic and are now experiencing more advanced and complicated illnesses.
- Emergency departments and ICUs face staffing shortages, slowing patient throughput and exacerbating burnout.
- Medically complex patients who need continued acute care can be discharged to long-term acute care hospitals to improve patient outcomes and relieve hospital capacity burdens.

Impact of Care Avoidance During the Pandemic

COVID-19 exposure concerns were one reason people postponed care. The 2022 source cited surveys in which more than 40% reported delaying or avoiding medical care. In a separate cited survey, 85% of those in the relevant group identified concern about catching COVID-19. People with multiple underlying conditions were particularly affected. These were pandemic-era survey populations.

During the pandemic, delays in routine or urgent care made it harder for some people to manage conditions such as diabetes or obesity. A person arriving in the hospital after a delay could need more intensive assessment and treatment. For a referral today, describe the person's actual clinical course, recent changes and current treatment. National observations made in 2022 cannot determine the level of care each person needs now.

During the pandemic, concern about exposure sometimes delayed evaluation for serious symptoms. A referral discussion should describe the patient's course and present condition. New emergency symptoms require prompt emergency evaluation.

Across the nation, emergency departments and ICUs are now facing an influx of patients whose conditions are more advanced and complicated as a result of delays in care. Without sufficient resources, many patients face long wait times in the ER, impacting patient outcomes and experience.

LTACHs Can Relieve Resource Constraints at the Hospital

One approach to managing patient flow and outcomes is to discharge medically complex patients who require continued acute care to a long-term acute care hospital (LTACH).

When the appropriate patients are discharged from the ICU to an LTACH, the benefits are numerous:

- Medically complex patients receive the level of care they need to fully recover
- Hospitals increase throughput
- Patients in the ER receive timely care and have a more positive experience
- When transfer is clinically appropriate, the sending team can plan for the patient's continuing needs and the receiving hospital can coordinate resources. Assess patient safety, acceptance and coverage before arranging transport.

Clinical Capabilities of LTACHs That Aid in Complex Care Recovery

Lakeview can review patients who need continued hospital-level respiratory, infection, wound or rehabilitation services. Include the current orders, the response to treatment and what remains to be decided.

Specialized Staff

Ask which physician, nursing, respiratory and rehabilitation services are available at the proposed location and how those services fit the patient's current needs.

The 2022 source cited three historical markers of complexity from different data sources. They use different definitions and reporting periods. They are context for the referral discussion and are not local admission thresholds.

- An average of six coexisting conditions was cited in the historical discussion.
- A cited industry source described 55 percent of the studied illnesses as "extreme" under its severity classification.
- The source reported an average case-mix index of 5.19 at short-stay acute hospital discharge, calculated from 2020 MEDPAR data.

Hospital Setting

Confirm the monitoring, laboratory testing, imaging, pharmacy and dialysis the patient will need in the receiving setting. At Lakeview, on-site dialysis can be coordinated with other hospital care. Verify specialized orders and transport requirements individually.

If infection-control precautions are needed, communicate the organism, current precautions and the level of isolation the treating team requires. Confirm room and staffing capability before transfer.

Planning a Lakeview clinical review

For an individual referral, ask the liaison how the hospital handles clinical review, therapy readiness and discharge planning for the needs described.

- Confirm the scope and current status of any specific service or certification relevant to the case.
- Describe the patient's recent movement, respiratory support and response to activity so the receiving team can plan safe rehabilitation.
- Agree who will confirm medicines, equipment, primary care follow-up and any services needed after discharge. Tell the family how to reach that contact.

Call Lakeview Admissions at (262) 534-8509 to discuss a referral. For clinical records, use the referral fax at (262) 534-8507.

References

CDC survey of delayed or avoided medical care during the COVID-19 pandemic in June 2020. The published report defines the participants and the care they reported delaying. https://www.cdc.gov/mmwr/volumes/69/wr/mm6936a4.htm

MedlinePlus provides a patient overview of COVID-19, including symptoms, complications and when to obtain care. https://medlineplus.gov/covid19.html

The same CDC survey reports how patterns of delayed or avoided care varied by underlying medical condition and other characteristics of the participants. https://www.cdc.gov/mmwr/volumes/69/wr/mm6936a4.htm

For background on how providers coordinate care as patients move between settings, see the Agency for Healthcare Research and Quality's care coordination atlas. https://www.ahrq.gov/ncepcr/care/coordination/atlas/chapter2.html

For background on the medical and nursing services some people may still require during critical illness, see MedlinePlus. https://medlineplus.gov/criticalcare.html

https://pmc.ncbi.nlm.nih.gov/articles/PMC3094575/

https://www.aha.org/system/files/media/file/2019/04/fact-sheet-ltch-0319.pdf

- Calculations from MedPar 2020 data

From capacity pressure to a clinical handoff

Pandemic-era staffing shortages increased the burden on emergency departments and ICUs. A delayed transfer can contribute to crowding and limit access for new patients. At the same time, a bed shortage does not establish that a person is ready to move. The decision needs a receiving team that can continue the current level of medical treatment safely.

When preparing a transfer, separate the change in medical condition, the tests or orders still pending, and the operational barrier. Identify whether the next action belongs to a referring clinician, payer, bed coordinator or transport team. Include available infection-control and respiratory resources, therapies, mobility needs and how staff can respond if the person deteriorates.

The earlier white paper cited pandemic-era CDC and hospital workforce reports, 2019 LTCH industry data and calculations from the 2020 MEDPAR file.

Talk with Lakeview

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https://www.lakeviewsystem.com/long-term-acute-care

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