Alternative Health Care Settings

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Let’s start with a little history – prior to the 1980s, if you were hospitalized you could stay as long as you needed or basically wanted too. Then, something called diagnosis-related groups (DRG’s) were introduced by the government. DRG’s classified hospital inpatients into a group that are expected to consume similar hospital resources. Let me give you a small case scenario on how the DRG system works – if your 73-year-old grandmother fell and fractured her hip, the person who calculates the DRG’s for the hospital would enter the following information into the computer: female, 73 year of age, fracture of hip; as well as if your grandma had another pre-existing condition such as asthma, hypertension, diabetes, etc. This information then will calculate a DRG, the DRG will also calculate how long the patient should be in the hospital. If the patient stays longer, it is referred to as day outlier and the facility would lose money. How many of you have heard the phrase, “they are basically kicking the patient out of the hospital?” Well, this is due to the strict guidelines that have been developed by government.

Now let’s move onto the various definitions for acute care facilities, which are also known as hospitals.

What is an acute care facility (ACF)? It’s referred to as a hospital that provides health care services to patients who have serious or acute illnesses or injuries and/or who are in need of surgery. Acute care facilities provide a full range of services. Think of your local community hospital.

Hospitals are required to have an organized medical and professional staff, (medical would be physicians and professionals would be nursing, laboratory, etc.) as well as inpatient beds that are available 24 hours per day. The primary function of hospitals is to provide inpatient and nursing services along with other services such as outpatient service.

A consideration to make when discussing the hospital organization is the population served by the facility. Population served is referring to the specific group of people. Example: a facility that specializes in the treatment of women is usually referred to as a women’s hospital. Other examples could include a Cancer Hospital or Pediatric Hospital.

This is important to note that hospital bed size or bed count is the total number of inpatient beds for which the facility is licensed by the state.

The hospitals average length of stay (LOS) will determine if whether the hospital is classified as a short-term or an acute hospital or long term. The average length of stay for acute care hospitals is four to five days, with a total of less than 25. The average LOS of stay will be greater than 25 days of a long-term hospital. In our area, the local community hospital is commonly referred to as “cause” or critical access hospitals. They work on a reimbursement system that is not related to DRG’s, and their
You will need to know how to calculate length of stay. The rule for LOS is that you will count the day of admission, but not the day of discharge. For example: If a patient was admitted on October 6\textsuperscript{th} and discharged on the 10\textsuperscript{th} – the LOS would be four days.

Hospitals also can be categorized by the following types:

- Critical Access Hospitals
- General Hospitals
- Specialty Hospitals
- Rehabilitation Hospitals
- Behavioral Health Care Hospitals

For those of us who live in a rural area, your local community hospital maybe a Critical Access Hospital (CAH). A CAH is located no more than 35 miles from any other hospital or another CAH or they are certified by the state as being a necessary provider of health care to the area. Critical Access Hospital’s have the following criteria: must provide 24 hour emergency care, they are licensed for only 15 inpatient beds, but can have up to 25 swing beds if they are a swing bed facility, and finally patients are restricted to a 96 hour stay.

A general hospital provides emergency care, performs general surgery, and admits patients for a wide range of problems based on licensure by the state.

A specialty hospital, as we said earlier focuses on a particular disease or patient population.

A behavioral health care hospital focuses their treatment on clients with mental health diagnosis.

The following is a term that you will need to become familiar with – a hospitalists is a physician who spends most of their time in a hospital admitting patients to their inpatient services from a local primary care provider. So in other words the patient is referred to the hospital by the primary care provider, and then the hospitalists resumes the care of the patient.

When a patient is arrives at the hospital, the admitting department personnel categorizes the patient into one of the following areas:

- Ambulatory patient also know as outpatient
- Ambulatory surgery patient
- Emergency care patient
- Inpatient
- Newborn
- Observation
- Sub-acute care

An ambulatory patient or outpatient is a patient that is treated and released the same day. Their length of stay (LOS) must be 23 hours, 59 minutes and 59 seconds or less.
An ambulatory surgery patient is a patient who has elected to have surgery on an outpatient basis, which means the patient is treated and released on the same day. Their length of stay (LOS) must be 23 hours, 59 minutes and 59 seconds or less.

In this unit you will note that there are numerous types of health care facilities that are listed – please make sure you take the time to review the definitions for the facilities as we only have time to discuss a few.

A chemical dependency program is a program that provides 24-hour medical directed evaluation and withdrawal management in an acute care inpatient setting. The treatment includes medical assessment of the client as well as detoxification and withdrawal management.

Respite care is when the patient is provided specialized care in a setting other than their home, thus giving the primary care provider a needed break or rest.

We need to mention two very important health care services, which are home care and hospice.

Home care allows for the patient to receive the required care in the patient’s home. Specialized care is provided by various health professionals. Skilled care services provided to home health care patients must be ordered by a physician. Examples of skilled services include the following: patient assessment, IV’s for medication and infusion care (chemotherapy, drug therapy, hydration therapy, and total parental nutrition) as well as insertion of catheters, wound care, and tube feeding. Home health care also covers the use of durable medical equipment (DME) and supplies.

Whereas, hospice care provides comprehensive medical and supportive, social, emotional, and spiritual care to terminally ill patients and their families. The goal of hospice is to provide palliative care, which is comfort management for the terminally ill patient.

We’ll now focus our attention to long-term care –

Long-term care facilities provide a range of services including custodial, intermediate, rehabilitative and skilled nursing care. The typical LOS for long-term care facilities is 30 days of more.

There are several types of long-term facilities that you need to become familiar with for this unit:

- Adult day care, or an adult day care center, is a non-residential facility that specializes in providing activities for elderly and/or handicapped individuals.

- An assisted-living facility (ALF) provides supervision or assistance with activities of daily living (ADL), as well as the coordination of services by outside health care providers. Assistance to residence may include the administration of medications, or supervision of personal care services provided by professional staff members.

- Continuing Care Retirement Communities (CCRC) can also be referred to as life care communities. Most CCRC’s offer various levels of care within one community to accommodate residents such as independent living, assisted living, and skilled nursing care. An example of
services that are provided to residence, include transportation, meals, housekeeping, and physician services.

An intermediate care facility can defined as a health care facility for individuals who are disabled, elderly, or non-acutely ill, usually providing less intensive care than that offered at a hospital or skilled nursing facility. ICF facilities are licensed by the state as well as federally certified. Federal certification measures the ability of a health care facility to deliver care that is safe and adequate as well as in accordance with federal laws and regulations.

Long-term care hospitals (LTCH) focus on patients with serious medical problems or rehabilitation issues that require intense, special treatment. The average length of stay is greater than 25 days.

Residential care facility (RCF) can be defined as an option for the elderly who are no longer able to live alone, but do not require skilled nursing care. RCF’s typically provide assistance with personal hygiene, grooming, and other activities of daily living (ADL’s), as well as recreational and social services. On a side note, it is important to know that Medicare does not reimburse Residential Care Facilities.

Skilled nursing facility (SNF) can be defined as a facility which primarily provides care to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital. Such SNF services include IV therapy, physical, and speech therapy, and wound services.

Rehabilitative facility can be defined as a facility, which provides therapy and training for rehabilitation. The facility may offer occupational therapy, physical therapy, vocational training, and special training such as speech therapy.

We will now move onto Manager Care –

There are several terms to become familiar with in reference to managed care. The first term is utilization management; utilization management can be defined as the review of appropriateness, medical necessity, and efficiency of health care services according to established criteria or guidelines. Utilization management has specific policies and procedures that address the following functions: discharge planning, concurrent planning, pre-certification, and clinical case appeals.

Preadmission certification (PAC) looks at each patient’s illness and determines if the patient meets the criteria to be admitted for care. So in other words, does the patients illness must meet the medical necessity for inpatient care prior to admission?

There are several examples cited in the text, which describe Exclusive Provider Organizations (EPO), Integrated Delivery System (IDS) Health Maintenance Organizations (HMO), and Preferred Provider Organizations (PPO).
Be sure to review the following agencies, which are operated by the United States Department of Health and Human Services (DHHS):

- Administration for Children and Families (ACF)
- Administration on Aging (AoA)
- Agency for Healthcare Research and Quality (AHRQ)
- Agency for Toxic Substances and Registry (ATSDR)
- Centers for Disease Control and Prevention (CD)
- Centers for Medicare and Medicaid Services (CMS)
- Food and Drug Administration (FDA)
- Health Resources and Services Administration (HRSA)
- National Institutes of Health (NIH)
- Substance Abuse and Mental Health Services Administration (SAMHSA)

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