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The Critical Role of Rehab in COVID-19 Recovery

As the number of COVID-19 patients in recovery increases, so will the need for rehabilitation. Twenty percent of patients recovering from COVID-19 will require facility-based rehab, according to a recent study in the *Journal of Rehabilitation Management*.¹ Further, the study underscored that inpatient rehab plays a unique and positive role in treating patients recovering from COVID-19. **This guide provides research findings and key strategies hospitals can utilize to improve outcomes through rehabilitation for the care of patients recovering from COVID-19.**

Benefits of Rehab for Patients Recovering from COVID-19

Rehab has proven to be essential for the full recovery of patients following an elective surgery or an injury, and is now shown to be essential as patients proceed past an active coronavirus status.

It is expected that at least 700,000 Americans recovering from COVID-19 will require inpatient rehabilitative care, according to *Health Affairs*.² Extended stays in an intensive care unit and mechanical ventilation often cause muscle weakness and brain damage. After just three days, patients in the ICU may lose up to 9% of muscle mass, while some reports indicate that brain scans of COVID-19 patients may resemble that of a traumatic brain injury.

Many patients whose illness warrants an inpatient hospital stay will need rehabilitation after discharge, but will be too weak to tolerate the usually required three hours of therapy per day, according to healthcare advisory organizations, including the Marwood Group. To combat this issue, temporary regulatory changes, such as the waiving of the three-hour rule and pre-authorization requirements, will lead to an influx of Medicare beneficiaries who qualify for inpatient rehabilitation.

This expanded access to rehabilitation is critical since early integration of post-acute rehabilitative care has

proven to be a vital part of recovery for COVID-19 patients. Further, “early rehabilitation of the COVID-19 patients can enhance pulmonary, respiratory function, reduce complications, improve function, cognitive impairments and quality of life,” according to *Journal of Rehabilitation Management*.

Benefits of Partnerships in Post-Acute COVID-19 Recovery

Strong partnerships between short-term acute care hospitals and post-acute providers are more important than ever. Two of the key benefits include:

1. Overflow relief and increased patient access, with the opportunity to utilize rehabilitation for COVID-19 patient recovery. Rehabilitation programs are equipped to provide new avenues of support to help relieve overwhelmed hospitals while addressing the broader scope of patients with medical and functional impairments.

2. Support in making clinically appropriate decisions for patient rehabilitative care. The proven ability of early rehabilitation to reduce disability, improve clinical outcomes and reduce readmissions creates the best opportunity for patients to reach a full recovery.

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How a Focused Rehabilitation Partner Can Help

Leveraging a partner who specializes in rehab has become a beneficial strategy for STACH hospitals, especially during this time. The outsourcing of rehabilitation management services allows hospitals to stay focused on managing their core service lines while relying on an expert to relieve the burden of running rehab, ensuring clinical excellence and helping patients return home after an extended hospital stay. This strategy not only benefits partners during a pandemic, but also provides long-term clinical and operational success, while maintaining regulatory compliance.

Case Study: Partnership Key to Success Through COVID-19

Through partnerships with hospital-based rehab programs nationwide, Kindred Hospital Rehab Services (KHRS) has found that the integration of rehabilitation has positively impacted patient outcomes and helped hospitals gain capacity as a result of transferring recovering patients to a more appropriate level of care.

During the month of April 2020:

- KHRS partner hospital acute census was reduced by 35% during COVID-19, while KHRS-run acute rehab unit's (ARU) census dropped 16%
- KHRS-run ARU census was 12% of acute census pre-COVID-19, and increased to 17% in April

Access to acute rehab increased while the acute system census decreased, showing incredible need for rehab services and the ability to stay committed to patient access during a challenging time. Patients also recovered faster.

According to the findings, KHRS partners benefited from:

- **Greater patient access** through KHRS's long-standing clinical knowledge and access to best practices from a wealth of outcomes data.
- **Increased patient engagement and motivation**, and improved administrative and operational processes through intuitive technology.
- **Relief from the burden of running rehab** through deep rehab expertise and 30+ years of specialized experience.

KHRS partner hospital rehab programs continue to take sicker patients, with increased case mix index and debilities, while maintaining the highest clinical and quality standards.

In conclusion, rehabilitation is not only a critical component of a hospital's COVID-19 strategy, but also an integral part of their long-term clinical, operational and financial success.

To learn how KHRS can help your hospital provide the best possible care for patients recovering from COVID-19, visit www.kindredrehab.com.

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www.kindredrehab.com



References

1. Fary Khan, MBBS, MD, FAFRM (RACP), Bhasker Amatya, DMedSci, MD, MPH, *Medical Rehabilitation in Pandemics: Towards a New Perspective*, Journal of Rehabilitative Management, Vol. 52, Issue 4, April 9, 2020
2. *How Will We Care For Coronavirus Patients After They Leave The Hospital?* By Building Postacute Care Surge Capacity, Health Affairs Blog, April 13, 2020. DOI: 10.1377/hblog20200408.641535