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 appropriate patients treated in inpatient rehabilitation programs had excellent long-term clinical outcomes.¹

For patients whose clinical needs require a higher level of frequency and intensity of therapy and nursing services with daily physician oversight, an acute inpatient rehabilitation setting can be the most appropriate setting for achieving optimal outcomes. Recommendations by the patient’s physicians, the acute inpatient rehabilitation team and a rehabilitation physician determine the appropriate setting.

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 demonstrated strength in discharging a high percentage of patients (70%) to the community.
- IRFs also have a strong record in preventing avoidable rehospitalizations. MedPAC reports that, in 2013, only 2.5% of acute care readmissions during an IRF stay were classified as potentially avoidable.

Other research has focused on the value of acute inpatient rehabilitation settings for a specific condition or injury. For stroke patients, a 2015 study concluded that “earlier IRF admission was beneficial among severely and moderately impaired patients” and led to shorter length of stay.³ A 2011 study on joint replacement and hip fracture patients found that those in an inpatient rehabilitation facility also had shorter lengths of stay and:

- were more likely to walk and manage stairs independently
- required less home care
- were less likely to use a walker at discharge⁴

Strength in Discharging

70% Discharged

In 2013, IRFs demonstrated strength in discharging a high percentage of patients (70%) to the community.

Preventing Avoidable Rehospitalizations

Only 2.5%

In 2013, only 2.5% of acute care readmissions during an IRF stay were classified as potentially avoidable.
A 2010 report on traumatic brain injury indicated that patients are spending less time in an inpatient care setting than in previous years and are experiencing improvements in functional independence during their stay. The report conclusions also note that “the majority of patients are discharged to community settings following inpatient rehabilitation.” A 2008 study on cardiopulmonary patients found similar results. More patients achieved functional independence, had shorter lengths of stay and had a higher rate of homebound discharge when cared for in the IRF.

With specialized rehabilitation staff and services, acute inpatient rehabilitation can improve clinical outcomes and shorten length of stay for appropriate patients. It plays a vital role in returning patients to the community and helping them avoid hospital readmissions.

**Value-based Care Delivery: Working Together**

As hospitals shift from a revenue base built on patient volume to one based on value and quality outcomes, the pressure to control costs and maximize revenue has escalated. An AHA TrendWatch from December 2015 highlights case examples from post-acute care innovators as they evaluate new models of care delivery. From preferred networks to alliances, the case studies show that for IRFs, SNFs and other post-acute care providers, delivering cost-effective quality care often means working collaboratively with partners to create economies of scale, conserve capital and spread risk.

For hospitals, whether they have a rehabilitation unit today or not, one option includes creating a joint venture with an inpatient rehabilitation provider. A national inpatient rehabilitation partner brings core competencies that acute care hospitals may not have, and access to resources and data that can help improve quality of care and streamline care delivery. These assets also help lower costs for the hospital, especially with regard to supply expense and staffing.

Simply put: a joint venture and/or operational partner can help a program achieve better clinical outcomes and financial performance.

A *Harvard Business Review* article from 2015 highlighted the successful partnership between an Illinois hospital and an inpatient rehabilitation provider. The article notes that the acute care facility acknowledged that rehabilitation services were not their area of expertise and they had been “unsuccessful at improving patients’ outcomes, functional status and satisfaction.”

They sought help from a rehabilitation partner and, six years later, the “partnership remains strong, and patients are receiving world-class rehabilitation services in the local community.” There were financial benefits and costs were lowered while the hospital found that its market share grew “8.6 percentage points, and the volume of discharges has nearly doubled (from 305 to 604 patients per year).”

An inpatient rehabilitation partnership has value not only for the hospital, but for its patients and the community as well. A rehabilitation partnership often improves the level of service in a community by providing more robust rehab services, and patients benefit from specialized rehab delivered by rehabilitation experts.
Hospitals do not have to bear full responsibility for patient outcomes downstream; that’s where a strong partnership comes in. Many hospitals believe they lose control when outsourcing clinical areas; we believe in a strategic alliance, not outsourcing. Therapy is the single thread that weaves throughout the patient care continuum to improve patient function and enable the return to a normal life. High quality therapy prevents complications and lends itself to early identification of issues that could potentially lead to a rehospitalization. Comprehensive therapy programs result in patient-centered, high quality, cost-effective care.

Kindred Hospital Rehabilitation Services is currently working with hundreds of hospitals and health systems across the country in joint ventures or partnerships, offering multiple programs and management solutions, including:

- acute inpatient rehabilitation unit management (IRU/ARU)
- freestanding acute inpatient rehabilitation hospitals (joint venture)
- outpatient rehabilitation
- medical-surgical rehabilitation
- long-term acute care (LTAC) hospital rehabilitation
- denials management

A strong therapy partner strengthens clinical outcomes while improving sales and marketing for patient access, compliance and consumer engagement, and creating clinical, operational and financial success.

Kindred is a unique partner because of our clinical expertise across the entire post-acute continuum and our effective partnerships with leading hospitals and health systems. Our patient-centered approach enables us to best identify the most appropriate care setting to facilitate recovery and wellness. For IRF-appropriate patients, we create better clinical and business outcomes, which benefit patients and partners alike.

Reference Links: