

## PARTNERSHIPS WITH POST-ACUTE CARE HOSPITALS KEY TO COVID-19 RESPONSE

**Kindred Healthcare and TIRR Memorial Hermann** | Houston, TX

Recent weeks of surging COVID-19 cases in Texas have strained the state's health care system. In response, post-acute care hospitals are forging closer relationships with their referral partners to optimize resources needed to treat COVID-19-positive and medically complex recovering COVID-19 patients. High-acuity COVID-19 patients often require more extensive clinical services over a longer period of time.

For patients experiencing prolonged hospital stays due to COVID-19 and related complications, which often include intensive care unit (ICU) treatment, inpatient rehabilitation facilities (IRF) and long-term acute care hospitals (LTCH) play an important role in their recovery. For example, clinicians specializing in the care of critically ill patients treat many requiring ventilators and other advanced supports to recover from the virus' complex impact, loss in strength and fine motor skills, dysphagia (difficulty swallowing), and ongoing shortness of breath. Expert teams provide necessary medical and rehabilitation care for patients who have had strokes and other neurological complications related to COVID-19.

Inpatient rehabilitation hospitals and long-term care hospitals are key partners for general acute-care hospitals discharging patients with, and recovering from, COVID-19. In particular, as communities and hospitals struggled to meet ICU capacity needs, these hospitals stepped forward to take care of COVID-19-positive patients and others to help provide beds for more COVID-19-positive patients.

"It's been a very fluid situation," said Stephanie Madrid, vice president, regional operations, Houston. "At first, we focused on patients transferring from general acute-care hospitals who didn't have COVID-19. Then we took recovering patients who

no longer demonstrated symptoms and had tested negative. Eventually, we reached a point during the first surge where the community needed more, so we opened a 10-bed COVID-19 –designated unit at Kindred Hospital Clear Lake. That unit took care of COVID-19-positive patients, and the other three Kindred LTCHs in Houston concentrated on post-COVID-19 patients."

"Now that we're in the second surge in Houston, we've had to quickly expand services by doubling our capacity for COVID-19-positive patients. Also, we're trying to add an entire floor of the hospital, about 43 additional beds," Madrid said.

In Houston, the health care provider community implemented a unified approach that includes information sharing and shared learning.

"I think we've all tried to stay in lockstep through this pandemic over the last four or five months now," said Jerry A. Ashworth, senior vice president and CEO, TIRR Memorial Hermann. "We're on daily system leadership calls and that's our opportunity to hear what's going on within the Memorial Hermann Health System. How can the IRFs across our system help our general acute-care hospital partners manage their beds, and provide needed relief and resources?" To take care of COVID-19-positive patients and complex post-COVID-19 patients, IRFs and LTCHs rely on the expertise of their interdisciplinary teams that include critical care and physicians and nurses, respiratory therapists and therapists that focus on restoring optimal functional recovery.

"The COVID-19 patients we're getting are complex — some are on ventilators, some are on ventilator dialysis and have wounds associated with either the disease process itself, or just having been at the general acute

care hospital ICU for so long and aren't able to move," Madrid said. "We have a lot of patients who needed dialysis." Kindred and TIRR Memorial Hermann are among the few facilities in the post-acute care setting that could take a patient requiring both ventilator and dialysis care."

These post-acute care providers have incurred increased costs to prepare for and treat COVID-19-positive patients and complex post-COVID-19 patients.

"When you look at lost revenue and volumes, and the additional costs of ramping up to prepare for COVID-19, whether it's personal protective equipment, respiratory systems, medications or facility infrastructure changes, there are significant dollars associated with that. In addition to trying to minimize the impact on our employees," Ashworth said. "I'm very proud to be a part of Memorial Hermann and the approach that we have taken. We had a 75% pay guarantee in place for

all of our employees. That's a huge commitment to our team to ensure that we had the resources readily available when volumes started coming back up. And now, here we are in a COVID-19 surge and every full-time employee is an essential team member right now."

For some patients, the recovery of post-COVID-19 functional impairments after being in the ICU are lengthy and intense. Several waivers have been granted to expand the use of IRFs and LTCHs to treat patients who had COVID-19.

"We're very appreciative that the barriers that typically exist in normal times have been taken out of play, and that's helped us tremendously," Ashworth said. "But a broader approach needs to be taken with the economic relief provisions of the CARES Act including a strong focus on the hot spots that are being impacted the most."