

One Long Term Care Facility Riding Rehabilitation Wave to Success

By Steve McClain

Six years ago, Oaklawn Health and Rehabilitation Center opened its doors with private rooms and the usual nerves of how to fill the beds. Turns out, the facility located off US 60 between Louisville and Shelbyville hasn't had a problem filling those beds thanks to focusing on rehabilitation services. That emphasis reflects a growing trend across Kentucky and the nation as long term care facilities often serve as sites for short term rehabilitation.

"We opened with private rooms, and at the same time, the Centers for Medicare and Medicaid Services (CMS) changed the rules on reimbursement for acute care rehab centers. Consequently people started coming into sub-acute centers like Oaklawn for their rehab," said Burke Stephens, Oaklawn's administrator.

"With our emphasis on customer service, things just kind of grew from there."

The decision to hire Dr. Jason Miller, a physiatrist (loosely defined as a bone, muscle and nerve specialist), to focus on physical medicine and rehabilitation also paid dividends as patients' stays shortened.

"By having our own rehab doctor we have been able to zone in on the more specific needs of the shortstay, rehab patient, getting them home sooner and stronger. While our length of stay has shortened considerably, the demand for our services has only increased. We typically have 120-130 admissions a month," Stephens said.

Setting Up and Thriving

Those CMS changes that dictated how a person could qualify for an acute rehab stay forced the profession's hand in changing.

"For example, someone undergoing a single joint replacement would not qualify for acute rehab unless they had other issues, such as a stroke while on the table, or other complicating factors," Dr. Miller said. "Medicare said those patients healing from fractures and hip replacements,

either go home or to sub-acute rehab. So they started coming to us whereas five years ago, they would have gone to acute rehabilitation. And that is when long term care started doing more rehab service because there was a new market.”

Dr. Miller’s background was in acute rehab, and when he was approached about joining Oaklawn, he wasn’t sure about making the move until he took a serious look at the recent trends. “The goal in acute rehab is to get people home as soon and as safely as possible and performing at a highfunctioning level. So my first reaction to coming here was, ‘I’m not a nursing home doctor’,” Miller said. “When I first came and looked at the length of stay, I knew that was the first area we were going to change.”

For example, in acute rehabilitation and before CMS redefined who could go to acute rehabilitation, a total knee replacement required 5-7 days. Miller brought that same idea to the subacute setting.

“The average length of stay for most orthopedic rehab patients needs to be in that 7-10 day period, if everything goes well and there are no medical complications. Certainly we’re not going to jeopardize the medical side of things,” he said. “I knew we could get them to where they needed to be in that week-to-10-day span and they could go home.”

Staff had to adapt as well to make Dr. Miller’s vision for Oaklawn Rehab work.

While speaking of some of the challenges Stephens said, “You have to fit the square peg in the round hole, and do sub-acute care in the framework of the long term care regulations. We do a lot of assessment and paperwork on the front end. Subacute has further changed us as we moved to a more clinical focus, with more licensed staff than a typical facility of this size. In addition, we do a great deal of training for all staff.

“All our staff has to multi-task because of how fast the patients come and go. And fortunately we have great staff.”

The census at Oaklawn typically runs about 80–85 sub-acute rehab patients. The staff also take care of about 45-50 long term care residents.

The LTC residents are on one side of the facility, and nurses who are more tuned-in to those residents’ needs are assigned there.

“But we train all our nurses equally in long term care and rehab because we never know when we have to pull one from one side to the other,” Stephens said. And added Miller, “Our nurses have had to adapt and grow as we grew.

They have become highly skilled in rehabilitation which ultimately benefits all our residents.”

“Our true, short-term rehab patients get therapy seven days a week because most are very motivated to get better and go home,” Miller said. “They don’t want to sit here on Saturday and Sunday not doing anything. Their mindset is ‘if I don’t have anything to do on Saturday and Sunday I might as well go home.’ I think that is one reason our length of stay has shortened, because we do offer more therapy on a regular basis regardless of holidays or weekends.”

Stephens believes more facilities will continue to find ways to provide short-term rehabilitation services.

“We have an aging society,” she said. “Many years ago, if your knee or hip wore out, you were in a wheelchair. Now you get a new one.”

And word travels fast about a facility’s rehab services.

“I’m always finding people saying ‘My neighbor went there,’ or ‘someone from church was at Oaklawn’,” Stephens said.

Miller also believes rehabilitation in a long term care setting is a trend worth looking at.

“When we look at our referring physicians and talk with them about the goals they have for their patients, it is very gratifying to know we can meet and exceed those expectations.” he said. “It is the greatest compliment to know physicians and surgeons trust their patients to our care.”