Levels of Care

Many settings provide continued care after a hospital stay, but clinical capabilities vary greatly
Kindred Hospitals, a nationwide network of long-term acute care hospitals, provide physician-led acute care and specialized rehabilitation to medically complex patients.

	Long-Term Acute Care Hospitals	Inpatient Rehabilitation	Skilled Nursing Facilities
License/Certification	Comparable to and licensed, accredited and certified as an acute care specialty hospital (med/surg floors, telemetry and ICU)	Licensed as inpatient hospitals or distinct rehabilitation units within a hospital	Licensed as a skilled nursing facility
Physician Involvement	Daily physician visits. Subspecialists available as needed.	Care directed by a rehabilitation physician with specialized training in physical rehabilitation medicine. Subspecialist consultations available as needed.	Physician or a non-physician professional (NP, PA, clinical nurse specialist) visits frequently, not daily
Nursing	ICU nurses certified in Advanced Cardiac Life Support; 24-hour nursing care; assessment, planning, implementing, evaluating of: VS, IVFs/antibiotics/ drips, critical labs and diagnostics, respiratory and cardiac equipment, catheter, trach, NG placement and management	Receive specialized training in rehab nursing; 24-hour nursing care; intervention, assessment, monitoring of: VS, IVFs/antibiotics, ostomy, catheter, trach, NG care; routine labs and diagnostics and respiratory equipment	24-hour nursing care; intervention, assessment, monitoring of: VS, IVFs/antibiotics, ostomy, catheter, trach, NG care; routine labs and diagnostics and respiratory equipment
Rehab Therapy	PT/OT/ST available. Participation in therapy varies due to stability of medical condition. No minimal level of therapy participation required for admission. Therapy intensity often ramped up during course of care as patient plan of care dictates. All rehab therapy is 1:1.	Intensive therapy program requiring the patient to participate for three hours of daily therapy, five days per week. Requires the services of a minimum of two therapy disciplines (PT and OT, PT and ST). Level of rehab services provided in an IRF is more intense than other levels of post-acute care.	Participation, type, and amount of therapy vary based on patient condition and medical needs. When possible, goal is to return patient to prior living setting, but expectation that patient will return home or to community setting not required for admission.
Team Treatment	Interdisciplinary approach between physician, therapy, nursing and respiratory to facilitate recovery. Physician-led care team meetings held at the patient's bedside at least weekly.	Interdisciplinary approach between physician, therapy team, and nursing to facilitate recovery. Physician-led weekly team conferences.	Interdisciplinary approach between therapy and nursing to facilitate recovery.
Ancillary Services	Pharmacy, lab, radiology, and procedure and operating rooms in select locations	Pharmacy, lab, radiology	Services available as send-out
Patient Characteristics	Patients requiring ongoing acute care to treat serious conditions such as respiratory failure, stroke, infections or surgical complications with many concurrent illnesses.	Typically patients who have experienced a functional decline as a result of an acute illness, traumatic injury or surgery. Patients demonstrate sufficient endurance and potential to participate in a rehabilitation program and make significant gains in functional capabilities.	Typically patients requiring skilled nursing and/ or ongoing therapy to restore functional independence and/or mobility before returning home.

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To learn more about our level of care, contact your clinical liaison or visit KindredHospitals.com

	Outpatient Rehabilitation	Home Healthcare	Hospice
License/Certification	Licensed/certified for patients whose rehabilitation and medical needs can be met in an outpatient setting	Certified to provide skilled nursing and skilled therapy services for patients for whom leaving home takes considerable effort or is otherwise unsafe	Certified services that provide care for those with a terminal illness in a setting that the patient considers home
Physician Involvement	Physician or non-physician professional reviews/ certifies outpatient therapy plan of care	Patient's physician certifies need and oversees care	Hospice physician certifies terminal illness and, in coordination with attending, directs medical management of the hospice plan of care, with visits as indicated
Nursing	Patients do not have skilled nursing needs	Nursing supervision of acute and chronic medical conditions. Teach/train/observe/assess and provide care plan management; instruct on medication administration, including oral, injections, infusions or tube feeding; wound, catheter and ostomy care; NG/trach aspiration and care.	Nursing services are intermittent and individualized to meet the needs of the patient, typically increasing in frequency with patient decline.
Rehab Therapy	Participation in therapy varies based on medical needs and functional potential. PT/OT/ST available. Type and amount of therapy depends on the patient's condition and rehab prognosis.	Participation and type of therapy vary based on medical needs and functional potential. PT/OT/ST available. Therapy goals are to restore function and improve patient independence and safety in the home environment. As patient function improves and patient is no longer homebound, therapy may be transferred to outpatient setting.	PT/OT/ST services are available when their provision meets the patient's palliative goals of care, usually meaning providing relief from distressing symptoms.
Team Treatment	Physician-led weekly team conferences.	Multidisciplinary team with nursing, therapy, social worker, home health aide. Visits are intermittent based on patient need and physician orders. Private duty (usually paid for by patient) may be available.	The core hospice team includes physician, nursing, social work and counseling services. Counseling can be provided by spiritual care counselors, bereavement counselors or nutritional counselors; volunteers, hospice aides and others may also be included on the interdisciplinary team.
Patient Characteristics	Patients tend to be in a stable medical condition that does not require frequent adjustments. Patient has functional limitations compared with prior level of function. Potential exists for function to improve with therapy intervention.	Patients typically have an illness or injury that can be managed by intermittent clinical services and that makes them unable to leave the home without assistance	Patients typically have a likely life expectancy of six months or less, if the illness runs its normal course.

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