Points to consider re: Open door forum

Regarding Point number 7- **the substitutability for IRH/U care by skilled nursing facilities.**

Idaho Elks Rehabilitation hospital is a freestanding IRF with an imbedded SNF that is set up to provide two levels of rehabilitation care to the community. We have had a lot of experience, working out which patients are better served in our IRF, and which patients are well served in the SNF.

In general, the SNF offers more flexibility in varying the intensity of therapy offered, while the IRF is limited by the 3 hour rule. The SNF also offers significantly reduced reimbursement, therefore the resources in the IRF, beyond PT, OT and ST are more extensive.

SNF rehab

- Medically simple-few co morbidities, at the very least, co morbidities are very stable and inactive.
- Conditions that require low intensity levels and amounts of therapy- sometimes over a longer time frame, sometimes at a pace that is quite quick.
- Pts with pharmacologically simple profiles.
- Patients that require minimal Respiratory therapy do not require a personal care attendant for safety, that require minimal intervention from dietary, and for whom standard room equipment is sufficient.
- Patients that do not require excessive amounts of nursing time to provide quality care.

IRF level rehab

- IRF level patients tend to have complex medical/co morbidity pictures.

- Their pharmacological needs are more extensive-as is the management of those regimes on a daily basis. It is not so much the 3 hours of PT, OT, ST that differentiates the IRF patient, although that is a factor to consider, but it is the entire constellation of services that must be aggressively pressed into service to produce a timely and well coordinated outcome.

- Intense dietary intervention, neuropsychology intervention, personal care attendants when indicated, special, or custom equipment such as beds, bariatric equipment.

- We also have more resources for clinically complex procedures such as advanced wound care, TPN and IV administration, tube feedings.

- Specialty services such as ventilators, recreational therapy, specialty therapy modalities, brain injury stimulation levels, are available in the IRF.

- Lower nursing staff ratios to provide more intense rehab nursing care, as well as more technical medical care.