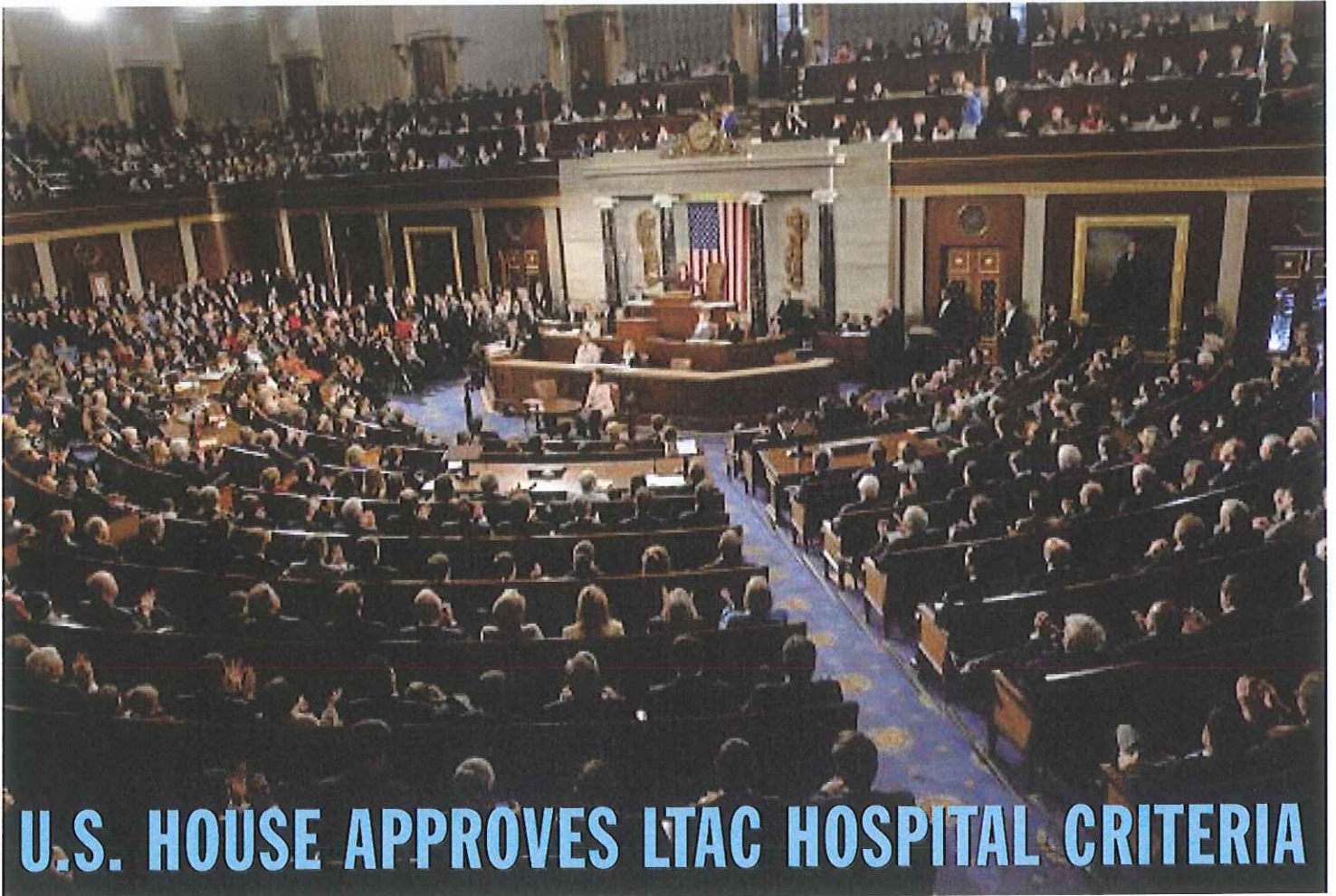


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# Continuum

The Quarterly Journal of LTAC Hospitals and the Spectrum of Post-Acute Care



**Hurdles Remain But Congressional Intent Is Clear**



ALTHA Grateful to Rep. Earl Pomeroy, Rep. John Larson and Rep. Phil English

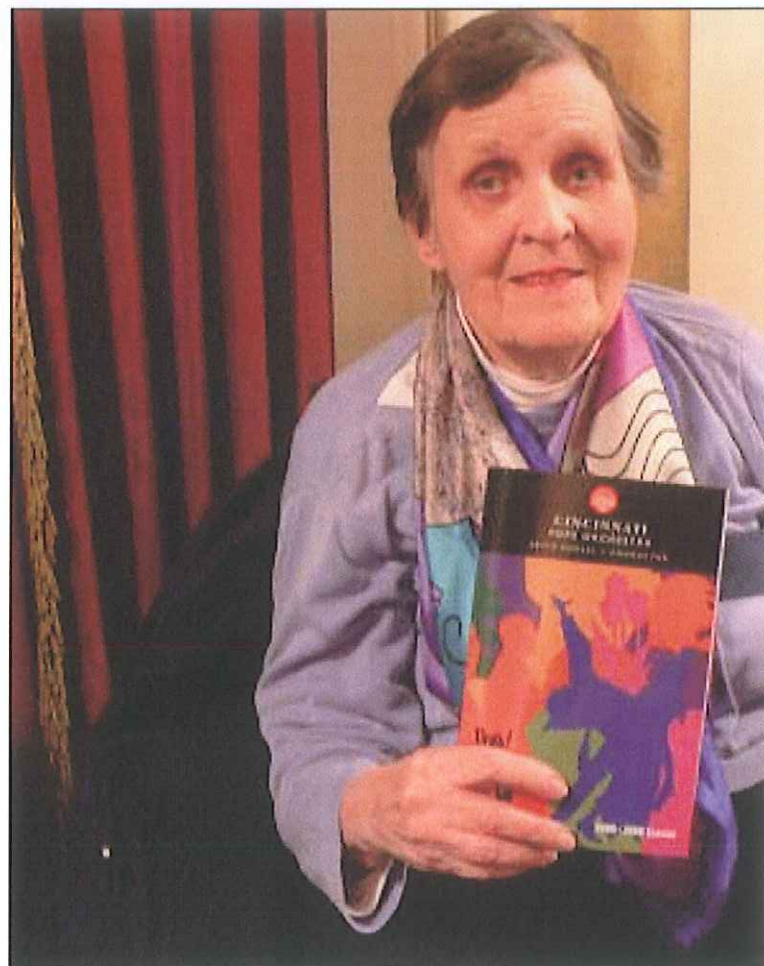
# An Enabled Prescr

## An Empowered Road to Recovery

By Karen D. Meyers, MBA/JD, MEd, CPCU, CLU, FLMI, CSSC

A recent visit with Camille Meyers, 81, of Cincinnati, Ohio, elicited this question from her, "How can we reach others to give them hope and inspire physicians, healthcare workers and other ordinary people to facilitate phenomenal recoveries like mine?" The following is the story of this remarkable woman and the way a Long Term Acute Care (LTAC) hospital served her and her family at a critical time in their lives.

On July 17, 2005, 79 year old Camille Meyers missed a step at church and fell, hitting her head on concrete and marble. She suffered a basal skull fracture, cranial



bleeds in three areas of the brain and a torn left rotator cuff. EMTs from the local fire department intubated her at the scene. She was stabilized in the emergency room and intensive care of a Trauma Level One Hospital in a deep coma and on a ventilator.

# Option for Success



Camille Meyers, now 81, made an amazing recovery at ALTHA member hospital Regency Hospital in Cincinnati, OH.

Discharge Plans originally contemplated hospice or a skilled nursing facility (SNF) equipped to handle comatose ventilator dependent patients. The family held onto the belief that given the appropriate care she would have a strong chance of survival because of her drive to serve others

and pre-morbidity level of function. Research on MedLine produced an article ("Outcome following traumatic brain injury in the elderly: A critical review" by Mark J. Rapoport and Anthony Feinstein, University of Toronto, Brain Injury, 2000, vol. 14, No. 8, pages 749-761) that supported that premise concluding pre-morbidity function is a factor which would be important to review before a negative outcome was assumed based on age. As the family searched for placement for their mom, an LTAC hospital, Regency Hospital of Cincinnati, decided to embrace that theory and admit this medically complex patient under CMS Regulations.

Widowed by a tragic accident at the age of 26 while pregnant with her second child, Camille Meyers lived an active independent life with her two children (my brother and myself), who, thanks to her courage and direction became the first college graduates in the extended family and who ultimately went on to graduate and law school. At 79 years of age, Camille volunteered up to twenty hours a week at a local hospital, attended church weekly, participated in warm water classes two to three times a week, enjoyed concerts with friends and family, and visited the sick on a regular basis. She drove to church the day she fell.

Upon admission to Regency Hospital of Cincinnati, Certified Nurse's Aides profiled her human side (e.g. her favorite color, her favorite time of day, number of children etc.) while physicians, RN's and other medical personnel responded with utmost care and urgency to her extensive medical needs. Camille presented a myriad of medically complex issues including neuro-

logical, pulmonary, infectious disease, ophthalmologic, cardiac, pharmacologic, and orthopedic. An individualized case management plan was put in place to address these issues.

What turned out to be a turning or tipping point in her case management was then put in place. A log of purposeful activity that Camille exhibited (e.g. response to pain, turning her head toward music, blinking her eyes or nodding her head in response to a question, raising her hand in response to a command, praying etc.) was established. A protocol that anyone could record what they believed to be purposeful was established, including medical and non-medical personnel, as well as family and friends. The Certified Nurse's Aides were empowered to assist patients and their families. In Camille's case they did just that. Recognizing Camille was not a morning person, Regency Hospital Administration and Case Management facilitated observation later in the day. This alone made a significant difference in her recovery. Staff and visitors were encouraged to talk with Camille as if she heard everything despite her comatose condition. As Congress and CMS intended, Camille's case required superb utilization of LTAC resources from a care perspective balanced with economic realities and the needs of this patient.

Twenty days into the coma, Camille Meyers started to show signs of emerging. She turned 80. A birthday party and prayer session for her was held in her room. People attending the party swore they saw her smiling. Her elderly friends visited often and solicited her prayers for Katrina's victims. Camille started to pray with them by mouthing the words. The doctors were amazed but appropriately cautious. One physician, Dr. Steven Wunder, an extraordinary Rehab Physician, communicated a realistic yet optimistic viewpoint as to her outcome in Case Management Team Meetings.

Three weeks after her admission to the LTAC hospital, she started to exhibit signs of wakefulness. As the hours passed, she recognized her family and friends and for a period of time was in and out of a coma or coma-like state. Camille also remembers much of what was said while she was in a coma and is ever thankful for all the medical and non-medical personnel who talked to her as if she were awake during that period. She was discharged for rehabilitation in a little over six weeks.

In rehabilitation she started to walk after which she came "home" to live with family and continue out patient therapies. She now walks with a walker, has a daily one hour and fifteen minute home exercise program, attends church weekly, participates in warm water classes with an aide, volunteers making holiday favors fourteen times a year for residents of several nursing homes, visits ill friends, and participates with family members in presentations on how medical facilities and personnel can help other patients recover as well as the importance of enabling legislation/regulation and utilization of LTAC

hospitals. Ever conscious of the critical importance of social workers and case managers at acute care hospitals, Camille and her family have begun a program to support the information exchange between LTAC hospitals and acute care case managers. The goal of that exchange is to facilitate a win-win scenario by promoting the admission of appropriate patients to LTAC hospitals, where necessary resources are available.

Like so many others, a facilitated miracle occurred in Camille's case. Through the legislative empowerment of Long Term Acute Care hospitals, a plan was made possible in which ordinary people were likewise empowered to perform in extraordinary ways. Undeniably Camille Meyers is one example of how LTAC hospitals serve a major role in society and will continue to do so as the demographic tsunami descends upon America and baby boomers approach their fifties, sixties, seventies, eighties and beyond.

As an educator, attorney and consultant in the field of health care, it is abundantly clear that the role of Long Term Acute Care hospitals is critical to American society. Through value based legislation and regulation, Congress and CMS have given those qualifying patients who are critically ill and medically complex—ventilator dependent, in need of certain wound care, and/or not suitable for care in a rehab settings—a chance to reclaim their lives. Through admission to an enabled LTAC hospital those very patients have an opportunity to become productive members of their families and communities. They are given a chance to survive and thrive.

Congress and CMS should be thanked and lauded for this much needed opportunity for Medicare recipients. Without a doubt, most qualifying patients have little, if any, chance for meaningful survival in other types of facilities. With the economic, emotive and moral drain of less than meaningful survival, Congress and CMS have enabled and need to continue to enable a win-win scenario through LTAC legislation and utilization. The services provided by an LTAC hospital is unparalleled anywhere else in the health care system. For qualifying patients (like our mother and others with whom our paths cross in business, legal proceedings and our communities), it is priceless. Indeed a life is of utmost importance. Empowered LTAC hospitals live and breathe that fundamental American value every minute of every day. ▲



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