INTENSIVE REHAB AT HOME CARDIAC PROGRAM UPDATE

SEPTEMBER, 2014

CARDIAC INTENSIVE REHAB PROGRAM

Program Scope and Update

- Focused on patients in the Heart Failure Unit – Patients who would otherwise be offered care in a SNF
  - Established Criteria with hospital
    - MC and MCA population
    - Non-Palliative care , with > 6 months prognosis (not hospice eligible)
    - Not on VAD or Inotropic Therapy
    - 30-mile radius of Central Austin
- Weekly case review established with health system HF Floor CM, Hospitalist
- May 1st – Go Live Date

Current Metrics

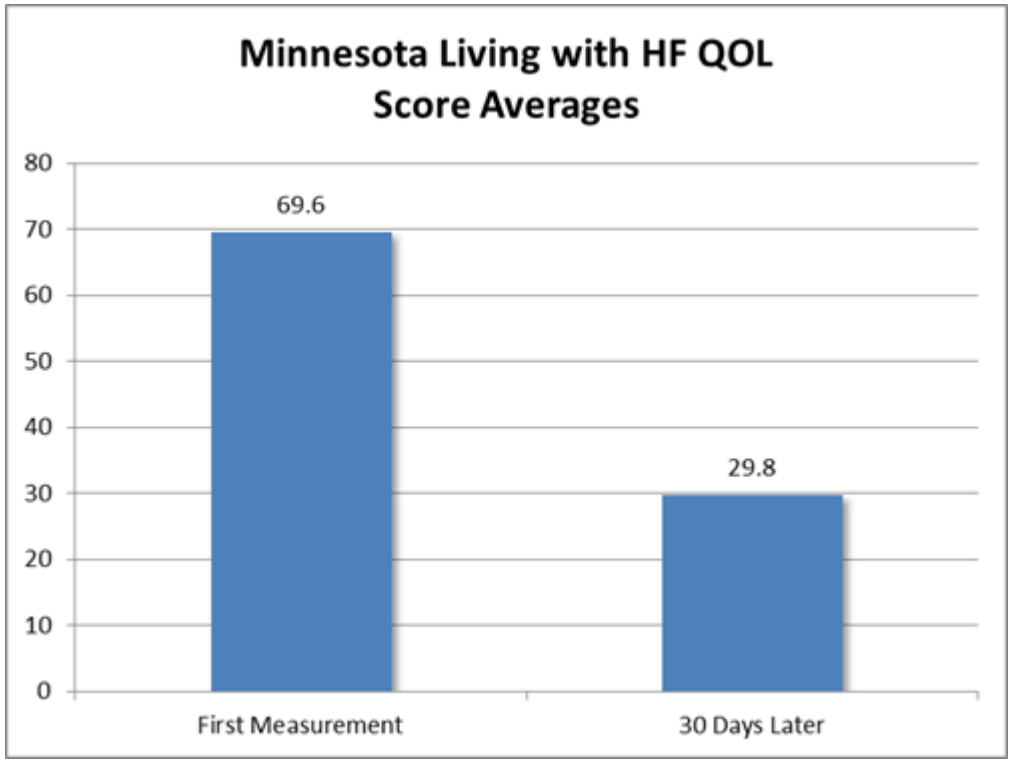
Metrics	Current Status
Referrals	19
Program Admissions	11
Pending Admission(s)	1
ER Diversions	10
ER Visits	2 – unrelated to HF 1 – HF related
Hospitalizations	1
Services provided	Skilled Nursing, Rehab, PCS, Coordination of NP services
Non-Program Referrals to HH	4*
Non-Program Admissions	5**

Non-Program Admissions:
**4 patient admitted to routine HH - outside program service area*
***4 patient/family elected service at SNF – long-term placement decision, 1 d/c to HH of choice*

Key Learnings to Date

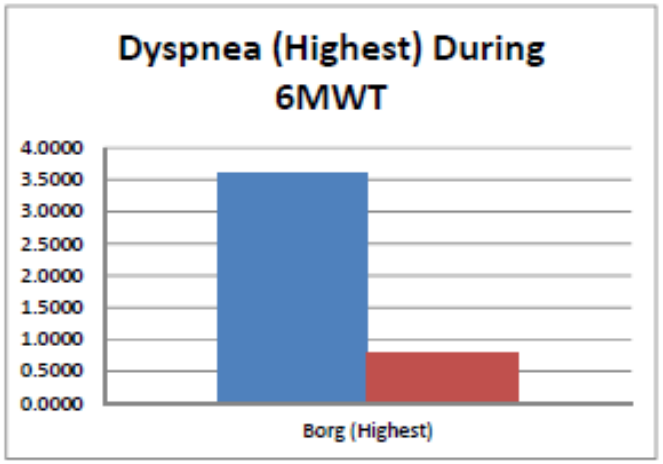
- Many patients have a HH provider of choice; extensive explanation of the program differences is necessary
- Communication with the treating physician is key; visiting practitioners are helpful with this

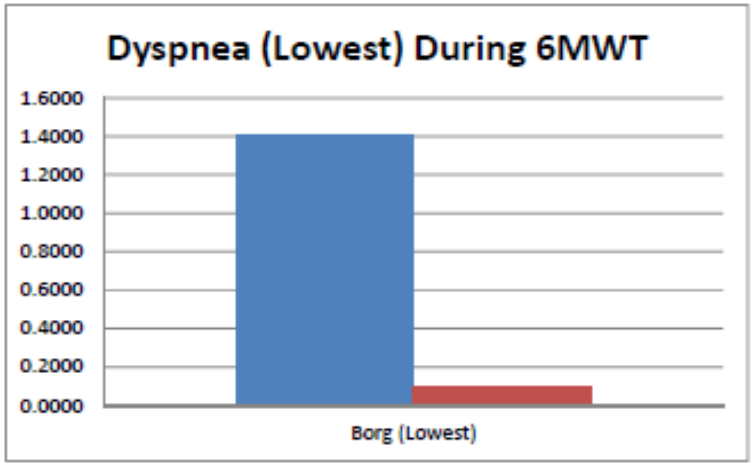
SUMMARY – MLWHF SCORES FROM SOC TO DAY 30

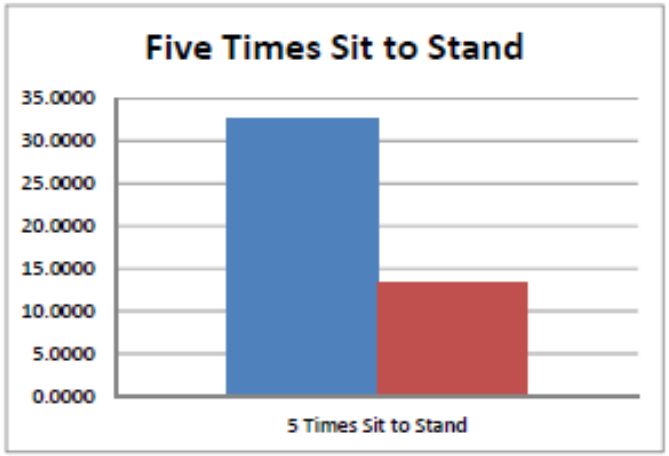


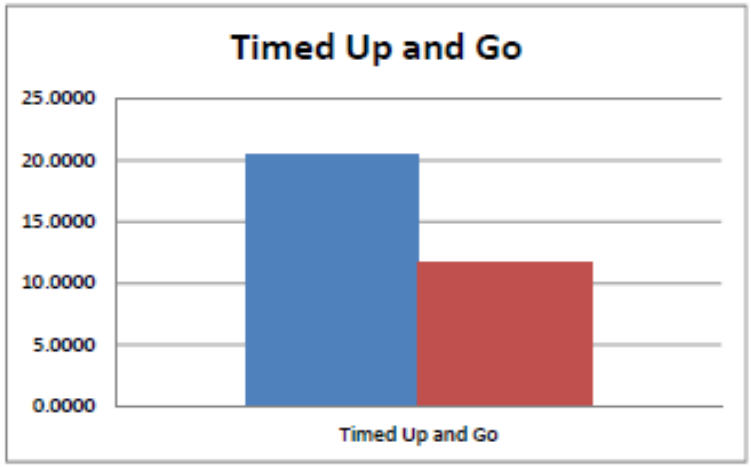
INTENSIVE REHAB AT HOME THERAPY FUNCTIONAL MEASURES SUMMARY

Therapy Outcome Measures - RightPath® Intensive Rehab Program at Home









ORTHOPEDIC REHAB PROGRAM PILOT – MAY, 2015

TEXAS ORTHOPEDIC REHAB PROGRAM

Program Scope and Update

- Focused on patients of Orthopedic Patients scheduled for surgery
  - Established Criteria with Texas Orthopedics
    - All payers contracted with Texas Home Health (TXHH)
    - Patients living within TXHH service area
- Dedicated TXHH Clinical Liaison, focused on managing care for the patients from initial referral (typically received at the same time as surgery scheduled) through recovery
- Clinical Liaison responsible for coordinating:
  - Outpatient physical therapy evaluation prior to surgery
  - Durable Medical equipment to be delivered before or on day of surgery
  - Home health to ensure admission completed within 24 hours of hospital discharge
  - Discharge disposition – assisting discharge planners in eliminating barriers which cause patients to utilize skilled nursing facilities (SNF) and inpatient rehabilitation (IRF)

Current Metrics 8/28/14 - present

Metrics	Current Status
Referrals	168
Program Admissions	97
Pending Admission(s)	25
ER Visits	3
Hospitalizations	3 (1 fall, 1 CHF exacerbation, 1 Myocardial Infarction)
Services provided	PT, OT, Skilled Nursing
Non-Admissions	45**

** Non-admissions due to out of network payer sources

Key Learnings to Date

- Must begin instructing expectation for return home after surgery (vs. SNF/IRF)
- Immediate communication with surgeon for any complications to avoid ER
- Patient education of complications and process to address

CLINICAL OASIS OUTCOMES

	Timely Initiation Of Care	Emergent Care	Hospital Admission w/in 30 Days of SOC	Hospital Admission w/in 60 Days of SOC	Discharged To Community
	86%	3%	2%	3%	96%
Clinical Outcomes	Stabilization and Improvement in Transferring	Stabilization and Improvement in Toileting Hygiene	Stabilization and Improvement in Management of Oral	Stabilization and Improvement in Dyspnea	Stabilization and Improvement in Ambulation/Locomotion
	100%	100%	100%	96%	100%
	30 Day Re-Hospitalization	Stabilization and Improvement in Grooming	Stabilization and Improvement in Dress Upper Body	Stabilization and Improvement in Dress Lower Body	Stabilization and Improvement in Bathing
	0%	100%	100%	100%	100%

TOTAL KNEE REPLACEMENT – HOME HEALTH OUTCOMES

Therapy Assessment Item Description	Average Assessment at Initial Visit	Average Assessment at Discharge	
ASSISTIVE DEVICE	Rolling Walker	CANE/SINGLE SUPPORT	
DISTANCE AMBULATED (FEET)	51 - 100	101 - 250	
PAIN (LOWEST IN PREVIOUS 24 HOUR PERIOD) - KNEE	3	2	
PAIN (WORST IN PREVIOUS 24 HOUR PERIOD) - KNEE	7	5	
PERCENTAGE OF WEIGHT BEARING	70 - 99	100	
ROM - KNEE EXTENSION	-6	-2	
ROM - KNEE FLEXION	85	105	
STRENGTH - KNEE EXTENSION	3-/FAIR-	4/GOOD	
STRENGTH - KNEE FLEXION	3-/FAIR-	4/GOOD	

KEY POINTS FOR SUCCESS

- Streamlined communication process in order to quickly escalate emergent issues to the surgeon
- Coordination of care beginning prior to surgery in order to eliminate potential barriers to effective recovery following hospital discharge
- Specially trained therapists able to provide effective therapy and identify any potential complications immediately
- Optimal short-term home health focused on regaining patient independence as soon as possible