Journal of Cardiology and Cardiovascular Research

Reinfeld HB, 2022- J Cardiol Cardiovasc Res ISSN: 2583-259X Case Report

LTAC (Long Term Acute Care) vs **Hospice Care Medical Decision:** Determining which is Best for **Patient**

Howard B Reinfeld*

Abstract

Long term care (LTAC) vs Hospice care and which is best for what patient, medical decision making should be determined on varies factors. The diagnosis of the patient, life expectancy and whether or not the patient has a DNR (do not resuscitate) order or full code order are important factors. Every aspect of the critical and/ or terminal illness should be considered. Emotional and spiritual support of the patient along with the family's needs should be considered. Knowing the advantages and disadvantages of each option is essential. This article will disclose the pros and cons of each care and include a case report on why the medical decision was made on a specific case and care option.

*Corresponding Author: Howard B Reinfeld,

Keywords: Long Term Acute Care; Hospice care; Medical decision.

What is Long-Term Acute Care?

Long-term care LTC is defined as the health and support services for people of any age group. It is provided by caregivers. People require support and health services, and it's their right to obtain the appropriate care for their well-being. LTAC system is usually suitable for critically ill patients as they need professional care by caregivers. Without LTAC services, a critically ill patient is prone

to suffer more and delay recovery [1]. The patients experiencing LTAC care are mostly discharged from the intensive care unit (ICU). These patients may not need ICU anymore require more supervision and maintenance than usual.

What type of patients are observed in LTAC?

Studies and surveys recommend that patients need to stay in an LTAC for around 30 days to

Reinfeld HB | Volume 3; Issue 3 (2022) | Mapsci-JCCR-3(3)-063 | Case Report Citation: Reinfeld HB. LTAC (Long Term Acute Care) vs Hospice Care Medical Decision: Determining which is Best for Patient. J Cardiol

Cardiovasc Res. 2022;3(3):1-6.

be observed for proper care. Typically, patients with prolonged use of ventilators or weaning are seen in LTACs. Patients with ongoing dialysis for chronic renal failure are more likely to be observed in the long-term acute care system. Patients who have undergone complex wounds or burns, several IV medications or transfusions, or require intensive respiratory care should stay in the LTAC to get the appropriate care from the providers. These patients should not leave LTAC until they get recovered [2]. Just like every other thing, the LTAC system has strengths and weaknesses. Here are the weaknesses and strengths of the LTAC system.

Weaknesses

The environment and aging of the population

Almost 70% of those currently turning 65 need a better LTC system. But it lacks a positive environment because basically, a long-term care facility is a home where a positive environment for the resident, especially for the patient suffering from any severe condition, needs positive environment that most of us actually lack [2]. There is a limited amount of actual care given to the elderly by their friends and family. The elderly community needs special care and services from care providers, unfortunately, they don't get them. It is proved to be one of the hardest weaknesses of the system.

Low quality of care and cost

The Long-term care settings have changed over time so has the requirement of the care.

The overall factors affect the system, from caring for the vulnerable population to costeffective care, everything is facing lower quality and no efficiency. It is essential to understand the eligibility criteria for services to provide quality at an affordable cost, especially for the elderly [3]. The insurance of the elderly should never be compromised, because of the budget, so it is high time to focus on this challenge and convert it into a strength. However, the research shows that the cost of LTAC is generally 25 to 35 percent lower than that of regular hospitals [1].

Staff shortage

It is much needed to get credible and qualified professionals to provide the demanding services. But unfortunately, the shortage of trained staff makes it hard to reach the goal of qualified care providers who understand the need for services of the public and deliver professionally. Employee turnover enforces to hire low qualified personnel in the workforce, which directly affects the LTAC system [3].

Strengths

As far as strengths are concerned, the Longterm care system also holds many positive aspects. LTAC is one of the most appropriate options for patients with critical conditions. These patients are thoroughly monitored in the LTAC system.

Patients who require rehabilitation services, wound care, and pulmonary services should opt for LTAC than regular hospitals [4]. Other strengths may include:

Medical support at the LTC facility

One of the most significant pros of an LTC facility is consistent medical care. The public gets constant access to medical care services from minor injuries or major injuries to prescription administration. The 24-hour monitoring services are available to the patient to make the system even more impactful. LTC services ensure the safety of health as a priority [4].

Family concerns

If a family commits to helping their loved one by providing the best care and services, it seems even more effective. From emotional or physical to financial drain, family support and long-term care by professionals always assist. The family of the patient with chronic illness should not take care of their daily needs and go to their jobs and follow routines. It's because the patient is taken care of well in the LTAC by professionals.

Living spaces

The proper living space is provided through the LTC system to manage the housekeeping. It is actually based on the care of the elderly, and in a safe and healthy environment, they get recovered soon from any injury or damage. The constant care with wheelchairs and walkers becomes a positive aspect of the long-term care system [5].

What is hospice care medical decision?

Hospice care (HC) is inter-professional and multidimensional care as it provides a broad range of services. It may include symptom management, pain, psychosocial and spiritual care, and bereavement services. Hospice care is a bit challenging decision to choose as it evokes uncertainty and confusion. This decision is made by the family, patients, and healthcare providers [6]. Hospice care essentially focuses on the comfort care and quality of life of the patient with serious terminal illnesses. A patient and their family have a right to the discussion in order to opt for the best hospice care plan with the physician.

When should hospice care start?

Hospice care is often provided to patients illnesses, with terminal for instance, advanced cancer. Any illness with no positive recovery or cure by any advanced treatment may lead a patient to end up acquiring hospice care. When a patient is no longer able to survive more than 6 months, they should be getting hospice care, which is provided for patients' care and comfort [7]. Physicians, family, and the patient can have a discussion together to exactly estimate when to start hospice care. However, research has shown that most people and doctors resist getting hospice care soon. It might be due to the indication of giving up on the patient's life. But studies and surveys have shown that hospice care may enhance the quality of life and provide hope to the quality of life at the last stages of advanced illness [8]. Therefore, hospice care medical decision lies between the patient and the family.

Advantages of hospice care

Hospice services strengthen patients' quality of life by providing medical care. It is a specialized form of care for patients experiencing life-limiting illnesses or terminal or diseased conditions. Research

Reinfeld HB | Volume 3; Issue 3 (2022) | Mapsci-JCCR-3(3)-063 | Case Report Citation: Reinfeld HB. LTAC (Long Term Acute Care) vs Hospice Care Medical Decision: Determining which is Best for Patient. J Cardiol Cardiovasc Res. 2022;3(3):1-6.

shows that hospice care possesses interdisciplinary care, which is provided by trained volunteers and professionals. It may involve trained home health aide, case manager nurses, physicians, certified medical social workers, and skilled hospice volunteers in order to fulfill all the health needs of the patients and provide them comfort and care. These types of services are available 24 hours per day, even on holidays and weekends. It shows that patients and their family members feel free to access hospice care whenever they need it [8]. One of the most significant advantages of hospice care medical decision is it is not so expensive when it comes to durable medical equipment, medications, or medical supplies. Additionally, Medicaid, Medicare, and private insurance usually balance the expenses for the patients of hospice care. Studies and surveys have analyzed that hospice care is one of the best ways to avoid unnecessary and unwanted medical treatments, hospitalizations, and other medical procedures. However, the goal of hospice care is to fulfill the requirements of the patient's health in order to achieve care goals and provide the best comfort and convenience to the patient [7].

Everything that comes with advantages has its drawbacks too. One of the most potential drawbacks of hospice care is it restricts several aspects of treatments. It has been analyzed that a hospice asks for a per day charge of money from which all the medical expenses must be paid. It may lead to several troubles, including the denial of diagnostic tests. These tests may include x-rays and blood work. The cost of these tests becomes the primary responsibility of the hospice agency, even if the physician of the patient requests these tests. It is due to the expenses of these tests. It could be possible that these tests are not proven useful, hence they are not approved by the hospice agencies [9]. Another drawback of hospice care is that it avoids hospitalization once the patient joins hospice care. However, Medicare hospice benefit may require a short-term stay in the hospital in order to manage symptoms. It is known as inpatient care [9]. Yet, the coverage of treatment and admission criteria is handled poorly. Additionally, hospice care has a disadvantage that it does not participation in clinical trials or experimental treatments. It might be due to these being life-prolonging.

Disadvantages

Benefits of Long-Term Acute Care	Benefits of Hospice Care
A chronically ill patient can get rehabilitation	A critically ill patient can spend the last stages
services, wound care, and pulmonary services from	of his life with care and comfort through
professionals	hospice care
24-by-7 monitoring is available in the LTAC system	Constant monitoring is provided in hospice care
The family does not have to care about the patient	The family, patient, and physician can discuss
after admitting them to HTAC	and opt for hospice care
	Durable medical equipment, medications, or
Less costly than regular hospitals	medical supplies are not so expensive

Table 1: Comparison of benefits of LTAC and hospice care.

Drawbacks of LTAC	Drawbacks of hospice care
A positive environment is lacking	Limits several aspects of treatments
LTAC is expensive and not all people can afford it	Not cost-effective
	Denial of diagnostic tests including x-rays and
Staff becomes short	blood work
Sometimes the low quality of care due to excessive	Avoids hospitalization despite the need of the
workload and staff shortage	patient

Table 2: Comparison of drawbacks of LTAC and hospice care.

Medical decision-making case report

Case 1

95-year-old female admitted to the hospital after being found outside on the ground by her neighbor. Past medical history is limited due to altered mental status. Patient lived alone and was last seen normal by her son a day before. Son disclosed past medical history included hypertension and hypothyroidism. CT of the Brain was negative, CT of the Spine showed no fractures, normal CXR with labs concluding a TSH of 16.7 and elevated WBC count. Patient was placed on a sepsis code for questionable UTI (urinary tract infection). patient remained confused demented with EEG showing excessive slowing of cortical rhythms and bilateral diffuse encephalopathy. Due to her history of echocardiogram hypertension an preformed which concluded a normal ejection fraction with trace of regurgitation in the mitral valve. After a full round of antibiotic this patient remained with an altered mental status, distended abdomen and no appetite. Discussion with her son took place as to which he wanted his mother to go home on hospice care or transferred to an LTAC facility. After considering both options, the son decided he wanted full care for his mother, and he did not want any limitations on her care. A peg tube was placed, and this patient is feeding and being cared for in the LTAC facility.

Case 2

84-year-old female with a past medical history of hypertension and breast cancer was admitted to hospice IPU (in patient unit) with a hospice diagnosis of malignant neoplasm of unspecified site of female breast. This patient showed altered mental status, agitation and shortness of breath. Previous diagnostics concluded brain were reviewed and metastasis. Plan of care for this patient included pain management, respiratory care for shortness of breath, and comfort care. Close observation and medication adjustments were made as needed. The life expectancy for this patient was less than 6 months. Emotional and spiritual support was provided. This patient expired shortly after being admitted to the hospice IPU.

Conclusion

The bottom line is that patients who need to get specialized treatment for chronic diseases or serious medical problems for at least 20 to 30 days should choose long-term acute care. Research shows that people are treated well in LTAC facilities and monitored thoroughly for their chronic issues. These patients are more likely to be recovered within 20 to 30 days while acquiring long-term acute care. Despite all the weaknesses of LTAC, chronically ill patients should not avoid getting assistance from LTAC. Patients with the hope of getting cured should be in LTAC. On the other hand, patients who are less likely to live more than 6 months should try

to approach hospice care in order to get proper assistance. It may extend their life for a while. It also relaxes the family to go back to their routine lives with the support needed.

Patients with advanced cancer or other such terminal illnesses should choose hospice care right after they have stopped getting treatments. Even if the treatments do not ensure a cure, such patients should get hospice care.

References

- 1. Lamas DJ, Owens RL, Nace RN, Massaro AF, Pertsch NJ, Gass J, et al. Opening the Door: The Experience of Chronic Critical Illness in a Long-Term Acute Care Hospital. Crit Care Med. 45(4):e357-e362. PubMed | CrossRef
- 2. Damuth E, Mitchell JA, Bartock JL, Roberts BW, Trzeciak S. Long-term survival of critically ill patients treated with prolonged mechanical ventilation: a systematic review and meta-analysis. Lancet Respir Med. 2015;3(7):544-53. PubMed | CrossRef
- 3. Tamiya N, Noguchi H, Nishi A, Reich MR, Ikegami N, Hashimoto H, et al. Population ageing and wellbeing: lessons from Japan's long-term care insurance policy. Lancet. 2011;378(9797):1183-92. PubMed | CrossRef
- 4. Finkel RS, Mercuri E, Meyer OH, Simonds AK, Schroth MK, Graham RJ, et al. Diagnosis and management of spinal muscular atrophy: Part 2: Pulmonary and acute care; medications, supplements and immunizations; other organ systems; and ethics. Neuromuscul Disord. 2018;28(3):197-207. PubMed | CrossRef
- 5. Sahetya S, Allgood S, Gay PC, Lechtzin N. Long-Term Mechanical Ventilation. Clin Chest Med. 2016;37(4):753-763. PubMed | CrossRef
- 6. Lemond L, Allen LA. Palliative care and hospice in advanced heart failure. Prog Cardiovasc Dis. 2011;54(2):168-78. PubMed | CrossRef
- 7. Stevenson DG, Huskamp HA. Integrating care at the end of life: should Medicare Advantage include hospice? JAMA. 2014;311(15):1493-4. <u>PubMed | CrossRef</u>
- 8. Coyle N. Palliative care, hospice care, and bioethics: a natural fit. J Hosp Palliat Nurs. 2014;16(1):6-12. CrossRef
- 9. Odejide OO. A Policy Prescription for Hospice Care. JAMA. 2016;315(3):257-8. PubMed | CrossRef