Long term acute care (LTAC) hospitals are certified as acute care hospitals but focus on patients who stay, on average, more than 25 days. Many LTAC patients transfer from an intensive or critical care unit at an acute care hospital. LTACs specialize in treating patients who may have more than one serious condition. Categorized as a post-acute care facility, LTACs provide care for patients with higher acuity needs than an inpatient rehabilitation facility or skilled nursing facility. LTACs focus on the patient’s return to normalcy through the implementation of evidence-based protocols.

Challenging Populations

There are numerous challenges related to the populations admitted to LTACs:

ELDERLY POPULATION. With the aging population's increased lifespan (an average of 78.8 years in 2012) comes numerous health issues to be considered. Each year, millions of seniors age 65 and older suffer falls. In fact, more than one out of four seniors fall each year, but less than half tell their doctors. After a senior has fallen once, they are twice as likely to fall again.

Twenty-two percent of all hospital admissions are patients age 75 and older. Falls increase hospital length of stay (LOS) and total cost of admission. As a healthcare community, we need to mobilize patients consistently, safely, and effectively.

OBESE POPULATION. The care of obese patients is difficult due not just to patient size and related challenges, but to the medical and chronic conditions associated with the disease of obesity—including diabetes, nutrition, thromboembolic issues, airway management, pulmonary management, and unique skin conditions. As the numbers on the scale increase, so does risk for disease. Obesity affects all bodily systems, and the comorbidities that staff must manage during LTAC stays can present significant care, equipment, mobility, and staffing challenges.

Moving patients in any care setting is a critical and often difficult responsibility, and can be an emotionally and physically daunting task for staff. Proper movement, early mobilization, and both patient and caregiver safety requires using equipment that is correctly sized for the bariatric patient. Obese patients need equipment that accommodates their weight as well as their girth. Ideally, there is enough room to turn the patient and keep all extra skin free from any pressure (i.e. side rails). Obese patients generally have many moist skin folds with the extra moisture leading to skin conditions, so it is important to support a healthy microclimate.

Mobility devices used with this population, such as wheelchairs and walkers, must be able to accommodate the weight of the patient. A bariatric patient also generally requires more position wedges/pillows to protect the extra skin layers. Patients also require gowns that cover them completely during transfers. All of these factors and more need to be addressed in an effort to maintain patient and staff
safety—as well as patient dignity.

PEDIATRIC POPULATION. The assumption that only adult patients in healthcare facilities are afflicted with pressure injuries and other skin-related breakdown is faulty. Pediatric patients are also at risk for pressure injuries and other skin issues, as evidenced by the National Pressure Ulcer Advisory Panel (NPUAP) citing research guidelines focusing on prevention and treatment of pressure injuries in the pediatric population—including patients into their adolescent years.

With updated medical research and treatment advances, childhood diseases and medical conditions no longer pose the same threats they did even a few years ago. Premature infants are surviving the hardships of early birth and infants and children with critical health issues are receiving medical treatments that allow them to reach adulthood. Often, the treatment of the complications of early childhood leads to extended hospital stays and the need for greater awareness of the potential for pressure injuries.

The Joint Commission identified reduction of healthcare-associated development of pressure injuries as a 2007 national patient safety goal. In addition, the NPUAP specified research guidelines for prevention and treatment of pressure injuries in infants and children as a key priority.

Active and reactive pressure redistribution surfaces as well as low air loss surfaces have been created to meet the needs of this patient population.

Challenging Conditions

There are numerous conditions that present significant challenge to nurses and caregivers in the LTAC care setting.

WOUND CARE AND PRESSURE INJURIES Wound care for patients can be painful, difficult to manage, and hard to assess—especially on the bariatric patient. In the US, pressure injury care is estimated to approach $11 billion annually, with a cost of $70,000 per individual pressure injury. The NPUAP defines a pressure injury as: “Localized injury to the skin and/or underlying tissue, usually over a bony prominence, as a result of pressure.”

MICROCLIMATE. According to the NPUAP, there are several factors that contribute to the formation of
Helping Caregivers through New Technology and Design

Caregivers often shoulder the greatest burden associated with patient satisfaction, but innovations in equipment design can help. Sizewise and other companies offer a range of specialty products and equipment to help LTAC patients and caregivers.

This includes specialty surfaces to help prevent or treat pressure injuries, immerse and envelop the patient, and add alternation therapy. Microclimate plays a big part in preventing pressure injuries by keeping the skin surface from being moist, thereby decreasing the chance of friction and shear.

Certain equipment is designed to help with fall prevention and decrease the chance of broken bones if/when a patient does experience a fall. A low bed is 12 to 16 inches from the deck to the floor. There are also very low beds that are less than 12 inches from the deck to the floor.

Some equipment is designed for use in the care of patients who may require numerous staff members to mobilize a patient in bed or for patients who are experiencing a high level of pain.

pressure injuries. Some of these are the level of moisture at the skin level and the temperature, otherwise known as the microclimate. Your patient should have the correct microclimate to prevent pressure injuries, as increased moisture and temperature can increase friction and shear.5

INFECTION CONTROL. Infection control is a factor in wounds and between patients. The top covers on the mattress should be intact and free from tears to prevent fluids seeping into the mattress.

FALLS. Falls occur for multiple reasons and often represent an interaction among individual factors, environmental factors, situational activities (e.g. bending, reaching), and organizational factors such as facility staffing and equipment. Low beds and protective mats should be available for patients at higher risk of falling. Patients fall due to: lower body weakness; difficulties with walking and balance; use of medicines such as tranquilizers, sedatives, or antidepressants; or vision problems. Falls commonly cause broken bones and head injuries.

A patient with impaired vision, gait, and/or cognition due to dementia, impulsiveness, or sedation has greater fall risk. Patients who become confused in a new setting are also at increased risk of falls. Urinary incontinence and hypotension can also be risk factors.3

There is not one single intervention or strategy that will stop a patient from falling; however, fall prevention strategies can be tailored not just to the specific patient, but also the specific unit.

Key prevention methods include: identifying patients with greater fall risk and placing them close to the nursing station; rounding frequently to check for patient mobility needs such as going to the bathroom; using low beds and fall mats when available to minimize falls when they do occur; and using a fall alarm to notify staff when a patient attempts to get out of bed.

Conclusion

In order to keep patients safe, we must be up to date on best practices and evidence-based care protocols, internal guidelines provided based on current staff and equipment statuses, and national association directives, such as those from the NPUAP.

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