

COMMENT ON PROPOSED HOSPITALS

Name:

Erin Odell

Do you represent an organization? If yes, please specify:

No

Proposed hospital(s) that you would like to share comments. Please select all that apply:

Nobis Rehabilitation

Whether the proposed new hospitals are needed to provide timely access to care:

I am the admissions coordinator nurse for a hospital based rehab in St. Paul. I have a deep understanding of patient access and flow, admission requirements, medical delays, insurance delays, insurance denials and pt/family preferences for specific locations for Rehab.

Without hesitation, I can tell you that most rehabs aren't running at full capacity on a regular basis. The national average for a rehab census is about 67%. The Twin Cities rehabs do run higher than average census, and are sometimes full. This is rarely, however, due to demand for full capacity, but almost always in response to discharge/placement barriers for existing rehab patients such as lack of insurance coverage for TCUs, financial or social barriers to TCU acceptance, lack of home care options due to living in a rural area or a lack of social support to return home safely with the needed level of assistance.

The financial impact of the new hospitals on existing hospitals that have emergency departments:

I don't believe a new rehab hospital would positively impact EDs. I could see how having an off-site rehab could negatively impact already overwhelmed EDs, when patients at a freestanding rehab facility need a higher level of care than can be managed at the facility, the patients would be sent to local hospitals (presumably via the ED).

How new hospitals would affect the ability of existing hospitals to maintain staff:

Lack of all levels of staff is impacting patient care, adding another facility would likely exacerbate the staffing crisis.

The extent to which the new hospitals would provide services to nonpaying or low-income patients.:

Uninsured and underinsured patients tend to be the longest stay patients (both in the acute care and rehab setting) due to their lack of options for discharge. Any facility operating in the Twin Cities should take these patients at a rate comparable to the rate of total uninsured patients in the community, anything else is prioritizing profit over the needs of patients. The recent reintroduction of for-profit health insurers in MN has thoroughly proven that when weighing financial gain against patient needs the outcomes consistently favor profit - and patients, families and communities suffer for it.

Patients who do not receive the rehab they need after a catastrophic illness or injury are far more likely to have long term impairments that will require community assistance for the long term.

Please share other thoughts on the proposals including, but not limited to, views on new models of for-profit care in Minnesota:

For profit care is crushing health care and leading to poorer outcomes for patients. Just today, I witnessed a young pt being discharged from acute care to LTC due to lack of other options because of being underinsured. This patient had a good chance at recovery and could have likely ended up back at their home after a thorough rehab period. Instead, the pt will now live in LTC- likely indefinitely.

Several times per week I have to break the news to patients and families that their insurer will not approve a rehab stay. This means that they will need to go to a much lower intensity rehab (TCU). A time is brain, as they say. For these patients, their chances of optimal recovery is dwindling by the day.