Literature Review: Adult Intermediate Levels of Care

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Definition: Adult intermediate levels of care (e.g. between intensive and basic care) refers to services provided to adults aged 21 and older, who have mental health and/or substance use disorders.

Target Population: The target population consists of adults older than 21, who are in need of services regarding substance abuse and/or mental health care.

Description: According to the *Community Partners, INC. (CPI) Bernalillo County Behavioral Health Business Plan*, intermediate levels of care are only accessible to Medicaid enrolled youth who are under the age of 21, but not provided for Medicaid enrolled adults age 21 and older. The CPI states that adult intermediate levels of care would be implemented to fill in the gap by providing care to eligible individuals who require this level of care to "learn or re-learn certain life skills, modify maladaptive behaviors and cognitions, and further prepare for successful community living" (CPI, INC., 2015). The CPI recommends the development of residential living services that focus on adults with co-occurring mental health and substance use disorders.

Intermediate care is a middle ground between intensive care and basic care, where in some cases patients have "complex needs" (Dahl, 2015). The goals of intermediate care are to "facilitate patients' transitions from illness to recovery" (Dahl, 2015). The literature also recommends that intermediate levels of care should be time-limited, normally no longer than six weeks (Young, J., 2009). According to the CPI, the proposed length of stay should be up to six months, though the goal is to determine each individual's needs, and the length of stay will vary. This level of care is intended to assist those in need until the individuals are established on their own, and serves as a transition from jail, hospitals, etc. to their community. Intermediate care focuses on the needs of individuals that revolve around independent living and self-care skills (Anderson, R., & Lyons, 2001).

Research Summary:

Often, intermediate care takes place in multiple settings such as hospitals, intermediate care facilities (ICF), nursing homes, and at patients' homes, though some research suggests a combination of home care, hospitals, and nursing homes in order to create an egalitarian system of long-term care (Kane, R., & Kane, R. A., 1978). The majority of the literature on adult intermediate levels of care are focused on care for the elderly (65 years and older). The objective of intermediate care is independent from care and patient's ability to live at home on their own, and to prevent readmission.

Example 1: Long-Term Patients' Outcomes and 12-Month Follow-Up

The Department of Public Health and General Practice at the Norwegian University of Science and Technology, conducted a randomized controlled trial (RCT) to assess and examine alternatives to providing general hospital beds to patients above the age of 75 years. The RCT included a sample from 142 patients that were 75 years old or older, who were admitted to a general hospital in Norway. Of the 142 patients, 72 were selected into intermediate care that took place at Sobstad Nursing Home and 70 to hospital care at St. Olavs University Hospital.

The intermediate care provided at Sobstad nursing home focused on individual evaluation and treatment of each patient's needs. In order to provide for each patient's needs and care, regular communication among the patient and their family included the patient's physical and mental challenges. Communication was essential for understanding each patient's needs and for determining the level of care that is suitable. Communication steered care and needs as well as determining each patient's trajectory with the level of car they receive. Patient's health records, and difficulties with daily activities were assessed by physicians and nursing staff in order to determine when each patient could return to independent living accommodations. At

St. Olavs University Hospital, "normal routines were followed", and communication with primary health care was in case the patient required "special needs" (Garensen, H., & Windspoll, 2008). Patients received the level of care that was primarily needed with little to no communication between physicians and patients' families.

To compare outcomes for both study groups, the researchers conducted follow up assessments 12 months after patients were discharged, which showed the immediate care group had significantly better outcomes. The intermediate care group spent less days in hospital beds, and fewer patients died in the intermediate care group. Table 1 shows primary features of the intermediate care group that fostered the favorable outcomes listed in the previous sentence. However, the rate of readmission and ability to perform daily activities was the same in both facilities.

Table 1: Main elements produced by a successful intermediate care system

1. Sufficient knowledge to diagnose appropriately and therapeutic facilities.
2. Tools to appropriately monitor "activities of daily living".
3. A "structure and regular communication" with the patient and their networks of professionals from their primary care.

Example 2: The Development of Intermediate Care Services in England

A study done in England compared and discussed different settings of intermediate care in multiple programs within England. Programs that were observed included geriatric day hospitals, hospital-at-home services, nursing homes, community hospitals, rapid response teams, community assessment and rehab teams, nurse-led units (patient cases and processes of care are under nurses' control), day center rehab, and residential care rehab. These programs focus on the elderly, however, and the literature stresses the importance of non-exclusion; meaning intermediate levels of care should not "specifically exclude older people with mental-health problems" (Young, J., 2009).

Each of the nine programs of intermediate care were compared according to length of stay, readmission, mortality rates, and discharge rates. Hospital-at-home models reduced length of stay from five to 22 days, but readmissions to hospitals significantly increased. Day hospitals were found to be costlier than other programs, and nurse-led units produced more independent patients but only after longer lengths of stay, and higher mortality rates. Community hospitals improved independence and was cost-effective. Nursing home and short term care are not cost-effective and had longer lengths of stay. According to the study outcomes, a community hospital (usually small hospitals) that offers multidisciplinary care and locally-based outpatient and inpatient services is most ideal for intermediate care units Table 2 provides a framework for an intermediate care system.

Table 2: Main criteria for an Intermediate Level of Care System

1. People, who would normally spend prolonged stays at hospitals, or be inappropriately placed in inpatient care or long-term residential care.
2. Services should provide a "structured individual care plan" that provides active therapy, treatment, and enough time for recovery.
3. Services plan to maximize independence and to return patients to their home.
4. Services are time-limited, no longer than six weeks, and in some instances, one to two weeks.
5. Services provide "cross-professional working", with a single framework, professional records, and shared protocols.

Conclusion:

The literature discusses length of stay at a minimum, and in one setting, the maximum length of stay is six weeks. The majority of literature emphasizes the importance of determining how long each patient needs. With a community of resources and care, each provider should look at what each patient requires to be independent. The goal is to assist while needed, and build patients' skills that will enable individuals to live independently.

The literature also stresses the importance on nurses in intermediate care units being trained to the same level as nurses in intensive care units. Nurses must be highly trained throughout fluctuations in staffing levels. If needed, nurses can be prepared for any situation and need for patients. When

arranging intermediate care units, there must not be a segregation between beds. Patients can internalize the segregation and believe others' needs are more important than their own.

A successful intermediate care system incorporates a system of regular communication and cooperation between patients, professionals, and primary care. Intermediate care provides patient care that addresses the individual's needs, from therapy to treatment, social services, and time for recovery. An intermediate care network requires a single, established framework of who is eligible for intermediate care, and same standard of training and knowledge for all staff. According to the literature, it is crucial that all staff have the same level of knowledge and experience in order to address any situation or needs patients have, as well as being socially conscious to treatment and referring of patients. Patients should receive sufficient, individualized care, that should decrease readmission rates. The literature found community hospitals to be most effective in readmission rates and level of care.

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