

What Does Mercy LTAC Offer?

In addition to the length of stay accommodation, Mercy Special Care differs from acute care facilities by offering:

- Daily evaluations by a Medical Consultant
- Full-time psychiatric technicians, cross-trained as Certified Nurses' Aides
- A stronger staff-patient ratio (1:3, excluding ancillary staff)
- Comprehensive, detailed, weekly treatment plans, which include operationally defined problems, goals, and chart duplication with regard to medications, treatments and specific psychotherapeutic interventions. Because the large majority of LTAC patients are severely psychiatrically and/or cognitively compromised, treatment coordination with caregivers is essential. This means treatment plans are constructed in great detail and are clearly communicated to family and community service providers, who are also invited to participate in the plan. LOS constraints on an acute unit would preclude development of such sophisticated plans.
- Longer LOS allows more time for staff to gather history and develop rapport/trust with these special patients, their families and their providers. Longer LOS also fosters more frequent, intimate communication with patients and caregivers, which often translates to improved prognosis and reduced recidivism.



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MERCY

behavioral medicine unit



Referrals must have: a DSM IV-R primary diagnosis with medical co-morbidity or medical co-morbidity rule out.

What is Mercy Special Care?

Mercy Special Care Hospital, Nanticoke is a “Long Term Acute Care Hospital” (LTAC) that’s demonstrated successful treatment outcomes for clinically complex patients who have failed shorter-term modalities. It is a proven resource for State Psychiatric Hospital Diversion.

What is a Psychiatric LTAC?

Mercy Special Care Hospital’s Behavioral Medicine Unit is *one of only a few such hospitals in the state with this designation, treating adult and geriatric psychiatric inpatients who require acute care for an average minimum of 25 days or longer.*

The 16-bed unit focuses primarily (but not exclusively) on the Medicare patient, offering a comprehensive, acute care program specifically designed to stabilize severe, chronic behavioral and/or emotional disorders. The multi-disciplinary health care team aggressively and comprehensively addresses the physiological, psychological and social needs of each patient, providing an alternative treatment modality in the patient’s progression from acute care to his/her pre-morbid health and level of independence.

Admission consideration is extended to voluntary patients and patients who are court ordered via involuntary commitments.

Length of Stay

Psychiatric LTAC hospitals offer a longer length-of-stay (LOS) to accommodate the special needs of special patients. Such patients include:

(1) *Adult Patients with Co-Morbid Medical Problems*

Physical maladies can often complicate psychiatric diagnoses and/or treatment. LTACs allow the treatment team more time to rule out medical syndromes that may be contributing to psychiatric presentation and to process/rule out differential diagnoses. LOS constraints on an acute unit preclude such a determination.

(2) *Gero-psychiatric Patients*

In addition to co-morbidity issues noted above, LTACs are well suited to address other needs that are specific to the gero-psychiatric population.

Due to metabolic changes that occur with advancing age, it is often best to make psychotropic adjustments slowly to observe for side effects and efficacy. In addition, since many elderly patients are being treated with medications for medical problems, they should be carefully monitored for synergistic reactions secondary to psychotropic administration. Again, having adequate time to monitor patients’ responses is critical.

(3) *Chronic Treatment-Refractory Psychiatric Patients*

Over the past decade, there has been a movement underway to close or reduce state psychiatric hospital beds. This decision resulted in each county having a “bed cap” or a specific number of beds apportioned to them per calendar year.

For this reason, state and county funding has been provided to develop programs to divert patients from state hospitals. These programs include: (CHIPPS) Community Hospital Integration Project Programs; development of Intensive Case Management (ICM’s), Resource Coordination (RC’s) and aftercare teams; County Diversionary Units (or, Crisis Residential Facilities); and Long Term Structured Residences (LTSR’s) – just to name a few.

These initiatives have been very successful to the extent that only the very ill, most treatment-resistant patients are being admitted to acute psychiatric hospitals. Consequently, many of these special patients need more time to reconstitute than can be offered in an acute care setting. For that reason, Mercy Special Care Hospital (LTAC) offers acute psychiatric hospitals and community-based mental health services an alternative to state hospital transfers – successfully diverting 80-90% of involuntary admissions from state hospitals over the past several years. These patients reconstituted on average of 25 days, most having been returned to where they had been living prior to symptom onset.

