AN ENABLED PRESCRIPTION FOR SUCCESS

An Empowered Road to Recovery

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A recent visit with Camille Meyers, 81, of Cincinnati, Ohio, elicited this question from her, "How can we reach others to give them hope and inspire physicians, health care workers and other ordinary people to facilitate phenomenal recoveries like mine?" The story of this remarkable woman follows, including how a long term acute care (LTAC) hospital served her and her family at a critical time in their lives.

On July 17, 2005, 79-year-old Camille Meyers missed a step at church and fell, hitting her head on concrete. She suffered a basal skull fracture, cranial bleeds in three areas of the brain and a torn left rotator cuff. EMTs from the local fire department intubated her at the scene. She was stabilized in the emergency room and intensive care unit of a trauma level one hospital, in a deep coma and on a ventilator.

Discharge plans originally contained hospice or a skilled nursing facility (SNF) equipped to handle comatose ventilator dependent patients. The family held on to a belief that given the appropriate care she had a chance to survive because of her drive to serve others and pre-morbidity level of function. Research on MedLine produced an article that supported that premise concluding pre-morbidity function is a factor which would be important to review before a negative outcome was assumed based on age.[1] As the family searched for placement of their mom, an LTAC hospital, Regency Hospital of Cincinnati, decided to embrace that theory and admit this medically complex patient under CMS regulations.

Widowed by a tragic accident at the age of 26 and pregnant with her second child, Camille Meyers lived an active, independent life with her two children (my brother and me). Thanks to her courage and direction, we became the first college graduates in the extended family and ultimately went on to graduate and law schools. At 79 years of age she volunteered up to 20 hours a week at a local hospital, attended church weekly, participated in warm water classes two to three times a week, enjoyed concerts with friends and family and visited the sick on a regular basis. She drove to church the day she fell.

Upon admission to Regency Hospital of Cincinnati, certified nurse's aides profiled her human side (e.g., her favorite color, her favorite time of day, number of children, etc.) while physicians, RNs and other medical personnel responded with utmost care and urgency to her extensive medical needs. Camille Meyers presented a myriad of medically complex issues including neurological, pulmonary, infectious disease, ophthalmologic, cardiac, pharmacologic and orthopedic. An individualized case management plan was put in place to address these issues.

What turned out to be a turning point in her case management was then put in place. A log of purposeful activity that Camille exhibited (e.g., response to pain, turning her head toward music, blinking her eyes or nodding her head in response to a question, raising her hand in response to a command, praying, etc.) was established. A protocol that anyone could record what they believed to be purposeful was established, including medical and non-medical personnel, as well as family and friends. The certified nurse's aides were empowered to assist patients and their families. In Camille's case they did just that. Recognizing Camille was not a morning person, Regency Hospital administrators and case managers facilitated observation later

in the day. This alone made a significant difference in her recovery. Staff and visitors were encouraged to talk with Camille as if she heard everything despite her comatose condition. As Congress and CMS intended, Camille's case required superb utilization of LTAC resources from a care perspective balanced with economic realities and the needs of this patient.

Twenty days into the coma, Camille Meyers started to show signs of emerging. She turned 80. A birthday party and prayer session for her was held in her room. People at the party swore they saw her smiling. Her elderly friends visited often and solicited her prayers for Katrina's victims. Camille started to pray with them by mouthing the words. The doctors were amazed, but appropriately cautious. One physician, Dr. Steven Wunder, an extraordinary rehab physician, communicated a realistic yet optimistic viewpoint as to her outcome in case management team meetings.

Three weeks after her admission to the LTAC hospital, she started to exhibit signs of wakefulness. As the hours passed, she awoke, knowing her family and friends, and for a period of time was in and out of a coma or coma-like state. Camille also remembers much of what was said while she was in a coma and is ever-thankful for all the medical and non-medical personnel who talked to her as if she were awake during that period. She was discharged for rehabilitation in a little over six weeks.

In rehabilitation she started to walk, then came home to live with family and continue outpatient therapies. She now walks with a walker, has a daily 75-minute home exercise program, attends church weekly, participates in warm water classes with an aide, volunteers making holiday favors 14 times a year for residents of nursing homes and visits friends. With family members, she participates in presentations on how medical facilities and personnel can help other patients recover, as well as the importance of enabling legislation/regulation and utilization of LTAC hospitals. Ever-conscious of the critical importance of social workers and case managers at acute care hospitals, Camille and her family have begun a program to support information exchange on LTAC hospitals with those roles. The goal of that exchange is to facilitate a win-win scenario for the acute care hospitals by helping those roles support the admission of appropriate patients to an LTAC hospital in which they have a chance to survive and thrive.

Like so many others, a facilitated miracle occurred in Camille's case. Through the legislative empowerment of LTAC hospitals, a plan was made possible in which ordinary people were likewise empowered to perform in extraordinary ways. Undeniably, Camille Meyers is one example of how LTAC hospitals serve a major role in society and will continue to do so as the demographic tsunami descends upon America and baby boomers approach their fifties, sixties, seventies, eighties and beyond.

In my role as an educator, attorney and consultant, it is abundantly clear that LTAC hospitals are critical to American society. Through value-based legislation and regulation, Congress and CMS have given those qualifying patients who are critically ill, medically complex, with or without ventilator dependency, those with certain wound presentations, and those with low tolerance for rehab a chance to reclaim their lives. Through admission to an enabled LTAC hospital, those very patients have an opportunity to become productive members of their families and communities and are given a chance to thrive. Congress and CMS should be thanked and lauded for this much needed opportunity for Medicare recipients. Without a doubt, most qualifying patients have little, if any, chance for meaningful survival in other types of facilities. With the economic, emotive and moral drain of less-than-meaningful survival, Congress and CMS have enabled and need to continue to enable a win-win scenario through LTAC legislation and utilization. An admission to an LTAC hospital is unparalleled and its services unavailable anywhere else in the health care system for those qualifying patients (like our mother and others with whom our paths cross in business, legal proceedings and our communities). Indeed, a life is of utmost importance. Empowered LTAC hospitals live and breathe that fundamental American value every minute of every day.

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1. "Outcome Following Traumatic Brain Injury in the Elderly: A Critical Review," Mark J. Rapoport and Anthony Feinstein, University of Toronto, *Brain Injury,* 2000, vol. 14, no. 8, pgs. 749–61.