

# Most COVID-19 patients benefit at long-term acute care hospitals

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For patients with COVID-19, care at a long-term acute care hospital

(LTACH) seems beneficial, according to a study published in the January to March volume of *JMIR Rehabilitation and Assistive Technologies*.

Pete Grevelding, P.T., from Gaylord Specialty Healthcare in Wallingford, Connecticut, and colleagues describe the characteristics, clinical management, and [patient outcomes](#) occurring during and after acute COVID-19 in an LTACH. Electronic medical records of patients treated for COVID-19-related impairments from March 19, 2020, through Aug. 14, 2020 (118 patients) and a reference population of medically complex patients discharged Dec. 1, 2019, to Feb. 29, 2020, were reviewed.

The researchers found that the mean length of stay was similar for the COVID-19 cohort and the reference cohort. In the COVID-19 cohort, but not the reference cohort, there was a positive correlation observed between patient age and length of stay. From admission to discharge, the ambulation assistance scores improved in both the COVID-19 and reference cohorts; at discharge, the mean assistance score was greater in the COVID-19 versus the reference cohort (4.9 versus 4.1). Similarly, the mean change in gait distance was greater in the COVID-19 versus the reference [cohort](#) (221.1 versus 146.4 feet). Ninety-four percent of the 16 mechanically ventilated patients at admission were weaned before [discharge](#); 75 percent of the 75 patients admitted with a restricted diet were discharged on a regular diet.

"These observations indicate the [potential benefits](#) of individualized, focused, and holistic rehabilitation in a population severely affected by COVID-19," the authors write.

**More information:** Pete Grevelding et al, Patient Outcomes and Lessons Learned From Treating Patients With Severe COVID-19 at a Long-term Acute Care Hospital: Single-Center Retrospective Study,

*JMIR Rehabilitation and Assistive Technologies* (2022). [DOI: 10.2196/31502](https://doi.org/10.2196/31502)

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