

Exploring the Unique Bed Frame Needs of Post-Acute Care

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Average lengths of stay at LTAC (long-term acute care) or inpatient rehab facilities could be 25 days or more,¹ and LTC residents may live there many years. Patients and residents in post-acute settings are often older, sicker, and have more mobility challenges. This creates a unique set of care needs that the right set of bed frames can help support.

Fall and Entrapment Risk

Preventing patient falls may be the number one challenge in post-acute care, compounded by patients who are heavily medicated or suffering dementia. On the acute side, side rails and bed exit alarms are standard protocol. But CMS discourages side rails in LTCs, calling them a potential restraint—and that “[residents] who attempt to exit a bed through, between, over or around side rails are at risk of injury or death.”²

An alternative is to use a low bed and fall pads—and consider removal of the side rails altogether. A bed with a 39” wide surface more closely mimics the feel of a residential twin-size bed, allowing extra space for the resident to turn safely.

SPHM and Positioning for Care

Nurse aides have one of the highest injury rates of all healthcare workers.³ Adjustable-height low beds not only help prevent patient falls, but also make transfers easier. New bed, support surface, and SPHM technology can also help safely boost patients and residents up in bed.

References:

1. Centers for Medicare and Medicaid Services. What are Long-Term Care Hospitals? Retrieved from www.medicare.gov/pubs/pdf/11347-Long-Term-Care-Hospitals.pdf
2. Guidance to Surveyors for Long Term Care Facilities. (2016). CMS Manual System: Pub. 100-07 State Operations Provider Certification.
3. Nonfatal Occupational Injuries and Illnesses Requiring Days Away from Work. (2016). Table 7. Incidence rates for nonfatal occupational injuries and illnesses involving days away from work per 10,000 full-time workers by selected worker occupation and nature of injury or illness, all ownerships, 2015. Retrieved from www.bls.gov/news.release/osh2.nr0.htm
4. Aging in Place – What Does Aging in Place Really Mean? Retrieved from seniorliving.org/aging-in-place/

For PT/OT, bed height flexibility supports patient mobility. And speech therapists find specialty beds helpful when working with tube-fed patients or others who must eat in bed—an upright bed encourages proper swallowing and mitigates aspiration risk.

Aging in Place

LTC staff often care for residents in steady decline over several years—a type of *aging in place*.⁴ Having a range of bed frames (low, bariatric, geriatric) that is consistent room-to-room and able to help residents as they require higher levels of care can be a benefit to caregivers and the facility’s bottom line. Similar bed frame design and features create staff efficiency, ensuring that no matter the room or the person on the bed—care teams will know how to use the equipment effectively every time.

Conclusion

Patients in post-acute care often have a greater range of long-term needs—and facilities are often stretched from a budget and staffing standpoint. Standardizing equipment can help provide consistency of care no matter the patient or resident challenge.

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