DEMOGRAPHICS OF THE REHABILITATION UNIT
CALENDAR YEAR 2012

Total Persons Served - 299

Average Age

Admitting Diagnosis

- Stroke: 31.88%
- Spinal Cord Injury: 23.75%
- Debility/Medically Complex: 16.72%
- Orthopedic Disorders: 14.05%
- Brain Injury: 16.72%
- Brain Injury: 16.72%
- Other Neurological Disorders: 14.05%
- Cardiopulmonary: 16.72%
- Amputation: 2.34%
DEMOGRAPHICS OF THE REHABILITATION UNIT
CALENDAR YEAR 2012

Ethnicity
- Black: 61%
- Hispanic: 17%
- White: 17%
- Asian: 4%

Payer Source

<table>
<thead>
<tr>
<th></th>
<th>UIH</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>32.40%</td>
<td>56.60%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>28.40%</td>
<td>3.80%</td>
</tr>
<tr>
<td>HMO/PPO</td>
<td>24.10%</td>
<td>33.30%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>11.40%</td>
<td>1.70%</td>
</tr>
</tbody>
</table>
1. Length of Stay (LOS) Efficiency
2. Overall Patient Satisfaction with Rehabilitation Services
3. Patient Satisfaction with the Rehabilitation Unit Meeting Their Expectations
4. Patient Satisfaction Their Community Participation Following Rehabilitation Stay
5. Percentage of Patients Discharged to the Community
6. The Number of Patients Admitted from External Facilities
## UIH REHABILITATION UNIT OUTCOMES MANAGEMENT

### INDICATORS

<table>
<thead>
<tr>
<th>Outcome Indicator</th>
<th>Indicator Target</th>
<th>Measures</th>
<th>Data Collection Process</th>
<th>Data Source</th>
<th>Benchmark</th>
<th>Analyzed By</th>
<th>Reported To</th>
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</thead>
<tbody>
<tr>
<td><strong>Functional Gains</strong></td>
<td>Persons Served</td>
<td>LOS Efficiency (FIM change per rehab day)</td>
<td>FIM scores entered weekly by rehabilitation team members. Data submitted to UDSMR and UDSMR provides quarterly reports on LOS efficiency.</td>
<td>FIM/UDSMR quarterly report</td>
<td>Regional Mean (adjusted) from UDSMR</td>
<td>Program Manager; Rehabilitation Unit Operations Team (RUOT)</td>
<td>Rehab Staff, Rehab Unit Operations Team, Hospital Executive Staff</td>
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<td><strong>Rate of Consumer Overall Satisfaction with Processes of Care</strong></td>
<td>Persons Served</td>
<td>Key aspects of satisfaction rated</td>
<td>1 week post discharge and 3-6 months post discharge</td>
<td>Telephone surveys</td>
<td>&gt;90% patient report being satisfied or very satisfied</td>
<td>Program Manager, RUOT</td>
<td>Rehab Staff, Rehabilitation Unit Operations Team</td>
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<td><strong>Rate of Consumer Satisfaction with Meeting Patient Expectation</strong></td>
<td>Persons Served</td>
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<td><strong>Rate of Consumer Satisfaction with Community Participation</strong></td>
<td>Person Served</td>
<td>Key aspects of satisfaction rated</td>
<td>3-6 months post discharge</td>
<td>Telephone Survey</td>
<td>&gt;65% of patients report being satisfied or very satisfied</td>
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<td><strong>% of Persons Served Discharged to Community</strong></td>
<td>Persons Served</td>
<td>% of patients discharged to community</td>
<td>Quarterly</td>
<td>FIM/UDSMR</td>
<td>Regional Data from UDSMR</td>
<td>Program Manager; RUOT</td>
<td>Rehab Staff, Rehabilitation Unit Operations Team</td>
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<td><strong>External Admissions</strong></td>
<td>Persons Served</td>
<td>% of patients admitted from outside UIH</td>
<td>Semiannually</td>
<td>External Referral Tracking Data</td>
<td>Increase by 5 referrals from previous year</td>
<td>IP PT Coordinator; Program manager</td>
<td>Rehabilitation Unit Operations Team, Hospital Exec Staff</td>
</tr>
</tbody>
</table>
LOS EFFICIENCY FOR INPATIENT REHABILITATION STAY
CALENDAR YEAR 2012

- **Benchmark** – Our goal was to meet or exceed the Regional Mean (adjusted) for LOS Efficiency

- **Data Collection Process** – FIM scores were entered by the rehabilitation team into the electronic Team Conference Report in the Electronic Medical Record system. Data was submitted to United Data System for Medical Rehabilitation (UDSMR). Reports are received on a monthly, quarterly and yearly basis.
LOS EFFICIENCY – CALENDAR YEAR 2012

LOS Efficiency
(Change in FIM Score/Rehab Day)

<table>
<thead>
<tr>
<th>Category</th>
<th>UIH</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Cases</td>
<td>2.37</td>
<td>2.41</td>
</tr>
<tr>
<td>Stroke</td>
<td>2.06</td>
<td>2.03</td>
</tr>
<tr>
<td>Orthopedic</td>
<td>3.65</td>
<td>3.55</td>
</tr>
<tr>
<td>Spinal Cord Injury</td>
<td>2.2</td>
<td>2.39</td>
</tr>
</tbody>
</table>
Analysis – There are 2 Rehabilitation Impairment Categories (RIC) in which there were 60 or more cases in 2012 (Stroke and Non-Traumatic Spinal Cord Injury). There was 1 RIC in which we had more than 30 cases (Orthopedic).

Conclusion – Overall, UIH LOS Efficiency is comparable or exceeds the Regional data for all cases as well as the RIC for which there are 30 or more cases with SCI slightly below. This outcome will continue to be monitored with closer examination of the LOS efficiency for SCI.
OVERALL PATIENT SATISFACTION WITH THE REHABILITATION UNIT
CALENDAR YEAR 2012

• **Data Collection Process** – A list of patients, including their RIC and contact information, was submitted monthly to MedTel Outcomes, Inc. MedTel conducted follow-up phone calls 3 months after patient discharge date asking standardized questions on patient satisfaction with services. Follow-up data was collected for 203 patients in 2012, a follow up rate of 73.29%.

• **Benchmark** – Our goal was for 90% or more of our patients to indicate that they were Very Satisfied (rating of 4) or Somewhat Satisfied (rating of 3) with the services provided by the Rehabilitation Unit.
PATIENT SATISFACTION

Satisfaction with Rehabilitation Unit
All Patients - n=181

- Very Satisfied: 67%
- Somewhat Satisfied: 28%
- Somewhat Dissatisfied: 4%
- Very Dissatisfied: 1%
OVERALL PATIENT SATISFACTION WITH THE REHABILITATION UNIT
CALENDAR YEAR 2012

• Analysis - We achieved our goal of having at least 90% of patients reporting they were Somewhat or Very Satisfied with the rehabilitation services received. For the 3 RICs, overall patient satisfaction was at least 90%.

• Conclusions – Improving patient satisfaction was a quality improvement initiative for the rehabilitation unit this year. After reviewing data from the previous year with staff, leadership rounding and strategies to encourage patient input were implemented. While we have reached our 90% goal, there is still room for improvement in terms of getting closer to 100% satisfaction of all patients we serve.
PATIENT SATISFACTION:
MEETING PATIENT EXPECTATIONS
CALENDAR YEAR 2012

- **Data Collection Process** – A list of patients, including their RIC and contact information, was submitted monthly to MedTel Outcomes, Inc. MedTel conducted follow-up phone calls 3 months after patient discharge date asking standardized questions on patient satisfaction with services. Follow-up data was collected for 203 patients in 2012, a follow up rate of 73.29%.

- **Benchmark** – Our goal was for 90% or more of our patients to indicate that they Strongly Agreed (rating of 4) or Somewhat Agreed (rating of 3) that the Rehabilitation Unit met their expectations.
MET REHABILITATION EXPECTATIONS

Rehab Expectations Met - All Patients
n=180

- 62% Strongly Agree
- 4% Somewhat Agree
- 2% Somewhat Disagree
- 31% Strongly Disagree
REHAB MET PATIENT EXPECTATION BY DIAGNOSIS

- All: 93%
- Stroke: 92%
- Spinal Cord Injury: 91%
- Orthopedic: 100%

Goal: 100%
PATIENT SATISFACTION: MEETING PATIENT EXPECTATIONS

CALENDAR YEAR 2012

• **Analysis** - We achieved our goal of having at least 90% of patients reporting they Strongly Agreed or Somewhat Agreed that the rehabilitation unit met their expectations. For the 3 RICs, at least 90% of the patients reported that the Rehabilitation Unit met their expectations.

• **Conclusions** – Meeting patient expectations was a quality improvement initiative for the rehabilitation unit this year. After reviewing data from the previous year, staff were encouraged to ask patients about their expectations for rehabilitation and incorporate patient goals and expectations in the treatment plan. While there is still room for improvement, there was overall progress in meeting patient expectations compared to previous years. An additional focus could be on moving patients from Somewhat Agree to Strongly Agree in this category.
• **Data Collection Process** – A list of patients, including their RIC and contact information, was submitted monthly to MedTel Outcomes, Inc. MedTel conducted follow-up phone calls 3 months after patient discharge date asking standardized questions on patient satisfaction with services. Follow-up data was collected for 203 patients in 2012, a follow up rate of 73.29%.

• **Benchmark** – Our goal was for 65% or more of our patients to indicate that they Strongly Agreed (rating of 4) or Somewhat Agreed (rating of 3) that their community participation improved following their Rehabilitation stay.
Community Participation – All Patients
n=168

- Strongly Agree: 24%
- Somewhat Agree: 21%
- Somewhat Disagree: 1%
- Strongly Disagree: 54%
COMMUNITY PARTICIPATION

- All: 78%
- Stroke: 83%
- Spinal Cord Injury: 79%
- Orthopedic: 84%

Goal: 65%
**Analysis** - We achieved our goal of having at least 65% of patients reporting they Strongly Agreed or Somewhat Agreed that their rehabilitation stay improved their ability to participate in the community. For the 3 RICs, at least 75% of patients reported improved ability to participate in the community.

**Conclusions** – Improving community participation was a quality improvement initiative for the rehabilitation unit this year. After reviewing data from the previous year with staff, strategies were implemented to engage patients in community participation activities. While there is still room for improvement, there was progress in overall community participation compared to previous years.
PATIENTS DISCHARGED TO THE COMMUNITY
CALENDAR YEAR 2012

• Data Collection Process – Discharge destination data was collected and entered into the UDSPro database based on documentation in the patients record. Data on whether or not the patient was still in the community was also collected as part of the MedTel Follow-up process.

• Benchmark – Our goal was to meet or exceed the national average for discharge to community and for remaining in the community at 3 months post-discharge.
DISCHARGE TO COMMUNITY

Discharge to Community

UIH - Discharge to Community from Rehab
Benchmark - Discharge to Community from Rehab
UIH - Living in Community at 3 month followup
Benchmark - Living in Community at 3 month followup
PATIENTS DISCHARGED TO THE COMMUNITY
CALENDAR YEAR 2012

• **Analysis** – In 2012, UIH was near the benchmark with 75% of UIH patients discharged to the community in comparison to a national average of 77%. Follow-up data for calendar year 2012 indicated that 92.3% of UIH patients who were discharged to the community initially remain in the community 3 months post discharge. This is comparable to benchmark data which indicates that 92.8% of all patients remain in the community at follow-up.

• **Conclusion** – UIH discharge destinations appear to be appropriate given that patients who are discharged home remain at home at a rate similar to the benchmark data. This outcome will continue to be monitored.
Data Collection Process – External Admission data was collected and entered into a data tracking sheet based on electronic (ECIN) referrals, faxed referrals and telephone referrals. Data was collected on the number of referrals that were received as well as the number of patients admitted to our rehabilitation unit.

Benchmark – Our goal was to increase external admissions by 5 admissions from the previous year.
EXTERNAL ADMISSIONS TO THE REHABILITATION UNIT

Outside Referrals Admitted to UIH Rehab

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<tbody>
<tr>
<td></td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>10</td>
<td>8</td>
<td>4</td>
<td>11</td>
<td>12</td>
<td>22</td>
<td>12</td>
<td>11</td>
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University of Illinois
Hospital & Health Sciences System
EXTERNAL ADMISSIONS TO THE REHABILITATION UNIT

Outside Referral Sources - 2012

- UofChicago: 24
- Northwestern: 20
- Rush: 9
- Advocate: 4
- Kindred: 2
- Other: 15
EXTERNAL ADMISSIONS TO THE REHABILITATION UNIT

Insurance Type of Outside Referrals - 2012

- Medicare: 30
- Selfpay: 15
- HMO/PPO: 12
- Medicaid: 12
- Other: 5
• **Analysis** – In 2012, 11 patients were admitted to UIH rehabilitation from outside facilities. This is one less than the previous year. The majority of referrals came from University of Chicago and the majority of patients referred had Medicare as their payer source.

• **Conclusion** – The goal to increase external admissions was not met. Increasing external admissions can increase the ADC and profitability of the rehabilitation unit. The Rehabilitation Unit Operations Team has received approval to hire personnel to focus on admitting patients from outside facilities with the goal to have at least 20 external admission in 2013.
In May, the Rehabilitation Unit hosted a Welcome Back Celebration for Stroke Survivors and their families in honor of Stroke Awareness Month.

In June 2012, The University of Illinois Hospital & Health Sciences Systems Inpatient Rehabilitation Unit received a Three-Year Accreditation from CARF for the following programs:

- Comprehensive Integrated Inpatient Medical Rehabilitation
- Stroke Specialty Program

In August, the Rehabilitation Unit Celebrated the 1-year anniversary of “Living Life after Stroke”, a Stroke Support Group, led by 2 former patients.

In October, 2 Occupational Therapists, Joe Mendoza and Kay McGee, presented at the IOTA conference on Wii Rehabilitation.
UIH REHABILITATION UNIT
OUTCOMES MANAGEMENT INDICATORS
CALENDAR YEAR 2013

1. Length of Stay (LOS) Efficiency
2. Overall Patient Satisfaction with Rehabilitation Services
3. Patient Satisfaction with the Rehabilitation Unit Meeting Their Expectations
4. Patient Satisfaction with the Rehabilitation Unit Meeting Their Community Participation Needs
5. Percentage of Patients Discharged to the Community
6. The Number of Patients Admitted from External Facilities
7. Percentage of patients transferred to Acute Care from the Rehabilitation Unit
8. The number of falls sustained by rehabilitation patients on the Rehabilitation Unit
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<tr>
<td>Rate of Consumer Overall Satisfaction with Processes of Care</td>
<td>Persons Served</td>
<td>Key aspects of satisfaction rated</td>
<td>3 months post discharge</td>
<td>Telephone Survey</td>
<td>&gt;95% of patients report being satisfied or very satisfied</td>
<td>Program Manager, RUOT</td>
<td>Rehabilitation Unit Operations Team, Rehab Staff</td>
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<td>Rate of Consumer Satisfaction with Meeting Patient Expectations</td>
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<td>Key aspects of satisfaction rated</td>
<td>3 months post discharge</td>
<td>Telephone Survey</td>
<td>&gt;90% of patients report being somewhat agree or strongly agree (at least 50% strongly agree)</td>
<td>Program Manager, RUOT</td>
<td>Rehabilitation Unit Operations Team, Rehab Staff</td>
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<td>Rate of Consumer Satisfaction with Community Participation</td>
<td>Persons Served</td>
<td>Key aspects of satisfaction rated</td>
<td>3 months post discharge</td>
<td>Telephone Survey</td>
<td>&gt;80% of patients report being satisfied or very satisfied</td>
<td>Program Manager, RUOT</td>
<td>Rehab Staff, Hospital Executive Staff; Rehab Unit Operations Team</td>
</tr>
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<td>% of Persons Served Discharged to Community</td>
<td>Persons Served</td>
<td>% of patients discharged to community</td>
<td>Quarterly, Annually</td>
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<td>External Admissions</td>
<td>Persons Served</td>
<td>% of patients admitted from outside UIMC</td>
<td>Semiannually</td>
<td>External Referral Tracking Data</td>
<td>Internal benchmark; increase to at least 20 admissions</td>
<td>Program Manager, RUOT</td>
<td>Rehabilitation Unit Operations Team, Hospital Exec Staff; Rehab Staff</td>
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<td>% of Persons Served Discharged to Acute Care</td>
<td>Persons Served</td>
<td>% of patients discharged to Acute Care</td>
<td>Monthly, Quarterly, Annually</td>
<td>UDSMR reports</td>
<td>Regional Data from UDSMR</td>
<td>Program Manager, RUOT</td>
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</tr>
<tr>
<td>Safety: Number of Patient Falls on 5E Rehab Unit</td>
<td>Persons Served</td>
<td>Number of Patient Falls</td>
<td>Monthly, Quarterly, Annually</td>
<td>NDNQI/ MIDAS</td>
<td>Internal benchmark; decrease falls by 10% from last year</td>
<td>Rehab Clinical Nurse Specialist; Rehab Nurse Manager; RUOT</td>
<td>Rehab Staff, Hospital Executive Staff; Rehab Unit Operations Team</td>
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