REHABILITATION UNIT
ANNUAL OUTCOMES REPORT - 2013

Prepared by
Keir Ringquist, PT, PhD, GCS
Rehabilitation Program Manager
Director of Occupational and Physical Therapy
DEMOGRAPHICS OF THE REHABILITATION UNIT
CALENDAR YEAR 2013

Total Persons Served - 372

Average Age

- Age 0-44: 15.0%
- Age 45-64: 16.6%
- Age 65-74: 15.3%
- Age 75-140: 53.1%

Admitting Diagnosis

- Stroke: 28.2%
- Brain Injury: 14.5%
- Spinal Cord Injury: 11.3%
- Orthopedic: 10.7%
- Amputation: 8.4%
- Debility: 4.6%
- All Other: 22.3%
DEMOGRAPHICS OF THE REHABILITATION UNIT
CALENDAR YEAR 2013

Ethnicity

- Black: 4.1%
- Hispanic: 55.5%
- White: 21.2%
- Asian: 17.7%

Payer Source

<table>
<thead>
<tr>
<th>Payer Source</th>
<th>Medicare</th>
<th>Medicaid</th>
<th>HMO/PPO</th>
<th>Uninsured</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>UIH</td>
<td>38.44%</td>
<td>23.39%</td>
<td>24.19%</td>
<td>11.02%</td>
<td>2.96%</td>
</tr>
<tr>
<td>Benchmark</td>
<td>68.85%</td>
<td>5.30%</td>
<td>18.92%</td>
<td>2.78%</td>
<td>4.15%</td>
</tr>
<tr>
<td>Outcome Indicator</td>
<td>Indicator Target</td>
<td>Measures</td>
<td>Data Collection Process</td>
<td>Data Source</td>
<td>Benchmark</td>
</tr>
<tr>
<td>------------------</td>
<td>------------------</td>
<td>----------</td>
<td>-------------------------</td>
<td>-------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Functional Gains</td>
<td>Persons Served</td>
<td>LOS Efficiency (FIM Change per rehab day)</td>
<td>FIM scores entered in EMR by rehabilitation team members. Data submitted to UDSMR and UDSMR provides monthly, quarterly, annual reports on LOS efficiency.</td>
<td>FIM/ UDSMR reports</td>
<td>Regional Mean from UDSMR</td>
</tr>
<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>
</tr>
<tr>
<td>Rate of Consumer Satisfaction with Meeting Patient Expectations</td>
<td>Persons Served</td>
<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>
</tr>
<tr>
<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>
</tr>
<tr>
<td>% of Persons Served Discharged to Community</td>
<td>Persons Served</td>
<td>% of patients discharged to community</td>
<td>Quarterly, Annually</td>
<td>FIM/ UDSMR reports</td>
<td>Regional Data from UDSMR</td>
</tr>
<tr>
<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>
</tr>
<tr>
<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>
</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>
</tr>
</tbody>
</table>
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
LOS EFFICIENCY FOR INPATIENT REHABILITATION STAY
CALENDAR YEAR 2013

- **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 2013

### Improvement in Function per Day of Rehab (higher is better)

<table>
<thead>
<tr>
<th></th>
<th>All Cases</th>
<th>Stroke</th>
<th>Brain Injury</th>
<th>Spinal Cord Injury</th>
<th>Orthopedic</th>
</tr>
</thead>
<tbody>
<tr>
<td>UIH</td>
<td>2.29</td>
<td>1.94</td>
<td>2.22</td>
<td>2.68</td>
<td>3.32</td>
</tr>
<tr>
<td>Region</td>
<td>2.49</td>
<td>2.14</td>
<td>2.56</td>
<td>2.47</td>
<td>3.63</td>
</tr>
</tbody>
</table>

• **Analysis** – There are 4 Rehabilitation Impairment Categories (RIC) in which there were 30 or more cases in 2013 – Stroke, SCI, Brain Injury, Orthopedics.

• **Conclusion** – Overall, UIH LOS Efficiency is was near or lower than the Regional data for all cases as well as stroke, brain injury and orthopedics. UIH LOS Efficiency was above for Spinal Cord Injury patients. This outcome will be part of process improvement efforts in 2014.
OVERALL PATIENT SATISFACTION WITH THE REHABILITATION UNIT
CALENDAR YEAR 2013

• **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 213 patients in 2013, a follow up rate of 57.26%.

• **Benchmark** – Our goal was for 95% 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=213)

- Very Satisfied: 69%
- Somewhat Satisfied: 27%
- Somewhat Dissatisfied: 4%
- Very Dissatisfied: 1%

University of Illinois Hospital & Health Sciences System
Changing medicine. For good.
OVERALL PATIENT SATISFACTION BY DIAGNOSIS

- All Cases: 96%
- Stroke: 98%
- Brain Injury: 85%
- Spinal Cord Injury: 89%
- Orthopedic: 100%

Goal: 100%
OVERALL PATIENT SATISFACTION WITH
THE REHABILITATION UNIT
CALENDAR YEAR 2013

• **Analysis** - We achieved our new goal of having at least 95% of patients reporting they were Somewhat or Very Satisfied with the rehabilitation services received. For the 4 RICs, overall patient satisfaction was at ranged from 85-100%.

• **Conclusions** –While we have reached our new 95% goal, there is still room for improvement in terms of RIC categories.
PATIENT SATISFACTION: MEETING PATIENT EXPECTATIONS
CALENDAR YEAR 2013

• **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 209 patients in 2012, a follow-up rate of 56.18%.

• **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.
Rehab Expectations Met - All Patients (n=209)

- Very Satisfied: 43%
- Somewhat Satisfied: 43%
- Somewhat Dissatisfied: 13%
- Very Dissatisfied: 1%
REHAB MET PATIENT EXPECTATION
BY DIAGNOSIS

All Cases: 86%
Stroke: 78%
Brain Injury: 76%
Spinal Cord Injury: 86%
Orthopedic: 97%

Goal: 100%
PATIENT SATISFACTION: MEETING PATIENT EXPECTATIONS
CALENDAR YEAR 2013

• **Analysis** - We did not 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 4 RICs, only the orthopedic RIC had at least 90% of the patients reported that the Rehabilitation Unit met their expectations.

• **Conclusions** – Meeting patient expectations was not a quality improvement initiative for the rehabilitation unit this year. This will be a focus for improvement in 2014.
• **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 189 patients in 2013, a follow up rate of 50.81%.

• **Benchmark** – Our goal was for 80% 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

Community Participation - All Patients (n=189)

Very Satisfied: 22%
Somewhat Satisfied: 20%
Somewhat Dissatisfied: 7%
Very Dissatisfied: 51%
IMPROVED COMMUNITY PARTICIPATION

CALENDAR YEAR 2013

• **Analysis** - We achieved our previous 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 our new goal of 80% we only achieved that for Orthopedic patients.

• **Conclusions** – We maintained our improvements from the previous year but did not increase to our goal of 80% this year. 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 2013

• **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.
PATIENTS DISCHARGED TO THE COMMUNITY
CALENDAR YEAR 2013

• **Analysis** – In 2013, UIH was at the benchmark with 79% of UIH patients discharged to the community. Follow-up data for calendar year 2013 indicated that 89.4% of UIH patients who were discharged to the community initially remain in the community 3 months post discharge.

• **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.
EXTERNAL ADMISSIONS TO THE REHABILITATION UNIT
CALENDAR YEAR 2013

• **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

<table>
<thead>
<tr>
<th>Year</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY2002</td>
<td>3</td>
</tr>
<tr>
<td>CY2003</td>
<td>3</td>
</tr>
<tr>
<td>CY2004</td>
<td>3</td>
</tr>
<tr>
<td>CY2005</td>
<td>10</td>
</tr>
<tr>
<td>CY2006</td>
<td>8</td>
</tr>
<tr>
<td>CY2007</td>
<td>4</td>
</tr>
<tr>
<td>CY2008</td>
<td>11</td>
</tr>
<tr>
<td>CY2009</td>
<td>12</td>
</tr>
<tr>
<td>CY2010</td>
<td>22</td>
</tr>
<tr>
<td>CY2011</td>
<td>12</td>
</tr>
<tr>
<td>CY2012</td>
<td>11</td>
</tr>
<tr>
<td>CY2013</td>
<td>28</td>
</tr>
</tbody>
</table>
EXTERNAL ADMISSIONS TO REHABILITATION UNIT
CALENDAR YEAR 2013

• **Analysis** – In 2013, 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 met. Increasing external admissions can increase the ADC and profitability of the rehabilitation unit. With increase admissions from internal resources the goal for external admissions would be at or above 20 based on bed availability.
PATIENT TRANSFERS BACK TO ACUTE CARE
CALENDAR YEAR 2013

• **Benchmark** – Our goal was to be at or below 11% for unplanned transfers to acute care

• **Data Collection Process** – Discharge destinations were entered into United Data System for Medical Rehabilitation (UDSMR). Reports are received on a monthly, quarterly and yearly basis.
UNPLANNED TRANSFERS TO ACUTE CARE – CALENDAR YEAR 2013

UIH: 9.0%
Benchmark: 9.3%
UNPLANNED TRANSFERS TO ACUTE CARE – CALENDAR YEAR 2013

• **Analysis** – For all cases, UIH was at 9.0% for unplanned transfers to acute care.

• **Conclusion** – This is below the benchmark and below the goal for the year. This outcome will continue to be monitored in 2014.
NUMBER OF PATIENT FALLS –
CALENDAR YEAR 2013

- **Benchmark** – Our goal was to decrease falls by 10%

- **Data Collection Process** – Patient falls are tracked in National Database for Nursing Quality Indicators (NDNQI). Reports are received on a quarterly that review one year prior data.
NUMBER OF PATIENT FALLS

Patient Falls on Rehab Unit

- 2012: 75 falls
- 2013: 37 falls
PATIENT FALL – CALENDAR YEAR 2013

• **Analysis** – From July 2013 to December 2013, there was a decrease in falls from the 95\textsuperscript{th} percentile in NDNQI to the 50\textsuperscript{th} percentile. For calendar year 2013 there was a decrease in number of falls by 50%.

• **Conclusion** – The rehab unit exceed the initial goal to decrease falls by 10%. This outcome will continue to be monitored in 2014.
In May, the Rehabilitation Unit hosted a Welcome Back Celebration for Stroke Survivors and their families in honor of Stroke Awareness Month.

In August, the Rehabilitation Unit celebrated the second anniversary of “Living Life after Stroke”, a Stroke Support Group, led by 2 former patients.

2 rehab nurses received the CRRN certification.

Initiation of the Key Performance Indicator board to allow daily and public access to our quality outcomes.

The last portion of the year the rehab unit focused on increasing census and was successful to increase ADC to 13.

Had decrease in fall rate from the 95th percentile to the 45th percentile in NDNQI compare group.
UIH REHABILITATION UNIT
OUTCOMES MANAGEMENT INDICATORS
CALENDAR YEAR 2014

1. Length of Stay
2. Length of Stay (LOS) Efficiency
3. Overall Patient Satisfaction with Rehabilitation Services
4. Patient Satisfaction with the Rehabilitation Unit Meeting Their Expectations
5. Patient Satisfaction with the Rehabilitation Unit Meeting Their Community Participation Needs
6. Percentage of Patients Discharged to the Community
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