



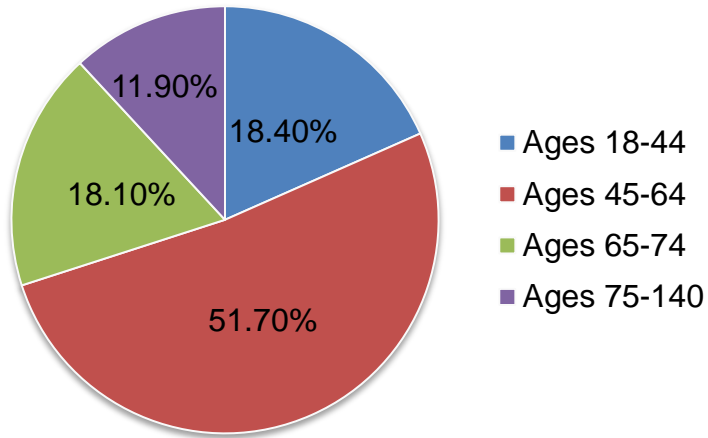
REHABILITATION UNIT ANNUAL OUTCOMES

Prepared by
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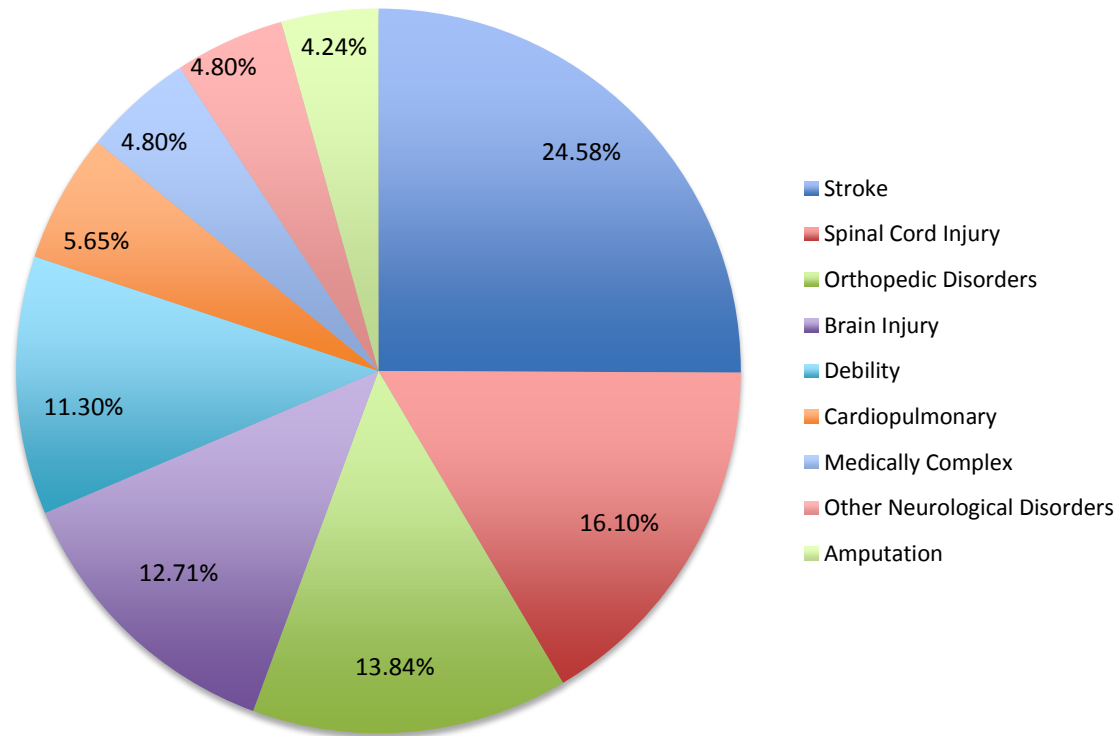
DEMOGRAPHICS OF THE REHABILITATION UNIT CALENDAR YEAR 2014

Total Persons Served - 354

Average Age

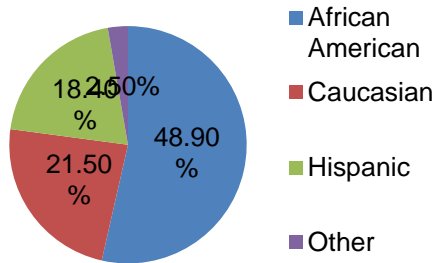


2014 Admitting Diagnosis

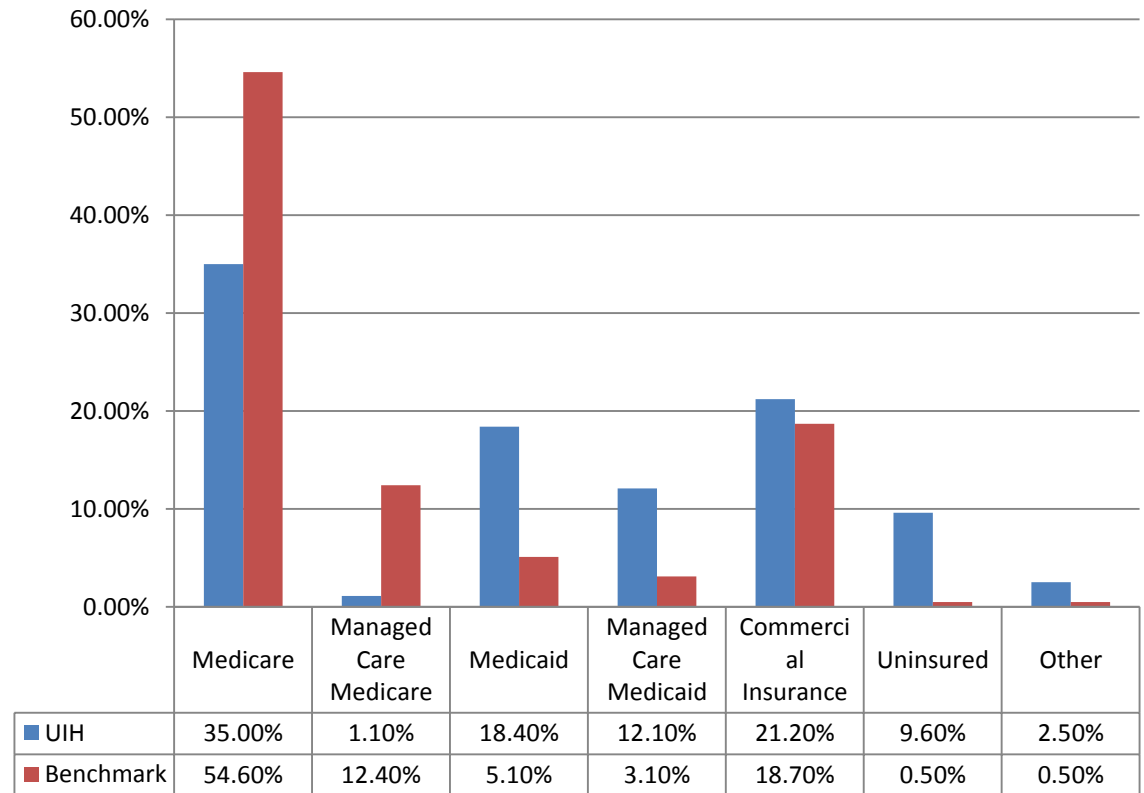


DEMOGRAPHICS OF THE REHABILITATION UNIT CALENDAR YEAR 2014

Ethnicity



Payer Source



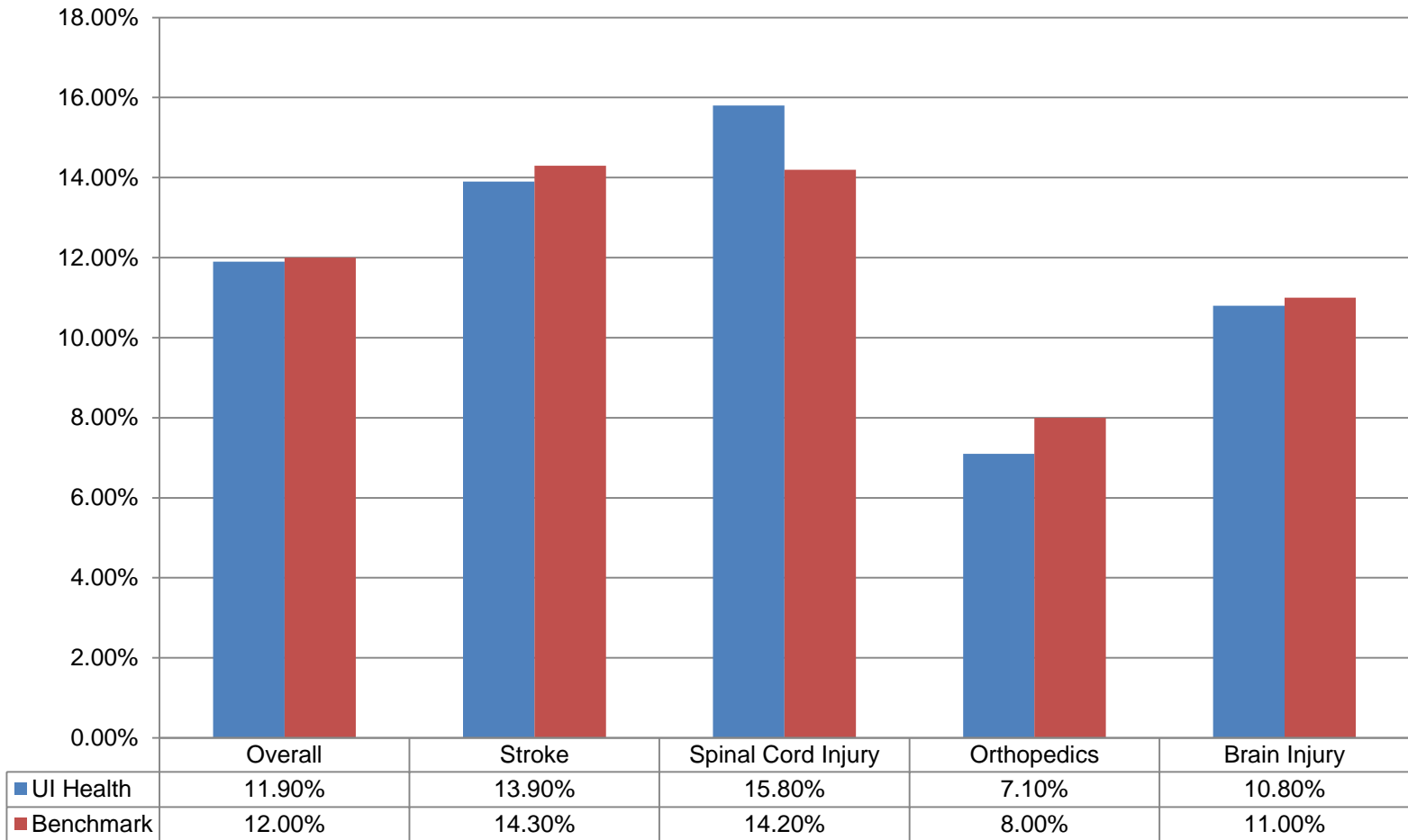
UIH REHABILITATION UNIT OUTCOMES MANAGEMENT INDICATORS CALENDAR YEAR 2014

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 to be at or below 50th percentile in NDNQI (decrease actual number by 10%)

LENGTH OF STAY CALENDAR YEAR 2014

- **Benchmark** – Our goal was to meet or exceed the Regional Mean (adjusted) for Length of Stay
- **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.

LENGTH OF STAY – CY 2014



LENGTH OF STAY FOR INPATIENT REHAB STAY CALENDAR YEAR 2014

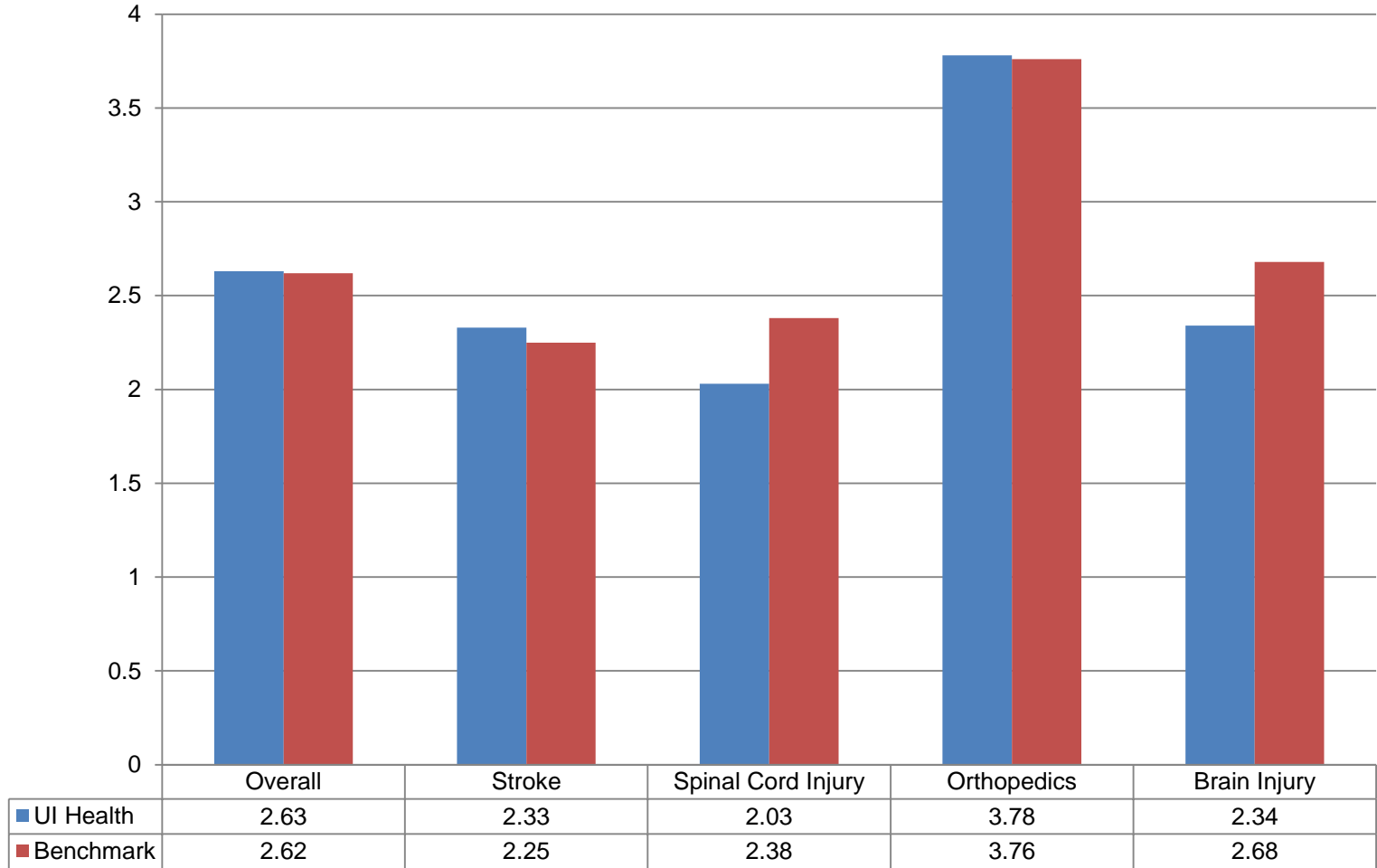
- **Analysis** –There are 4 Rehabilitation Impairment Categories (RIC) in which there were 40 or more cases in 2014 – Stroke, SCI, Brain Injury, Orthopedics.
- **Conclusion** –UIH Length of Stay was lower than the Regional Benchmark overall and for Stroke, Brain Injury and Orthopedics. UIH Length of Stay was above for Spinal Cord Injury patients. This outcome will be part of process improvement efforts in 2015.

LOS EFFICIENCY FOR INPATIENT REHABILITATION STAY CALENDAR YEAR 2014

- **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 – CY 2014

(HIGHER IS BETTER)



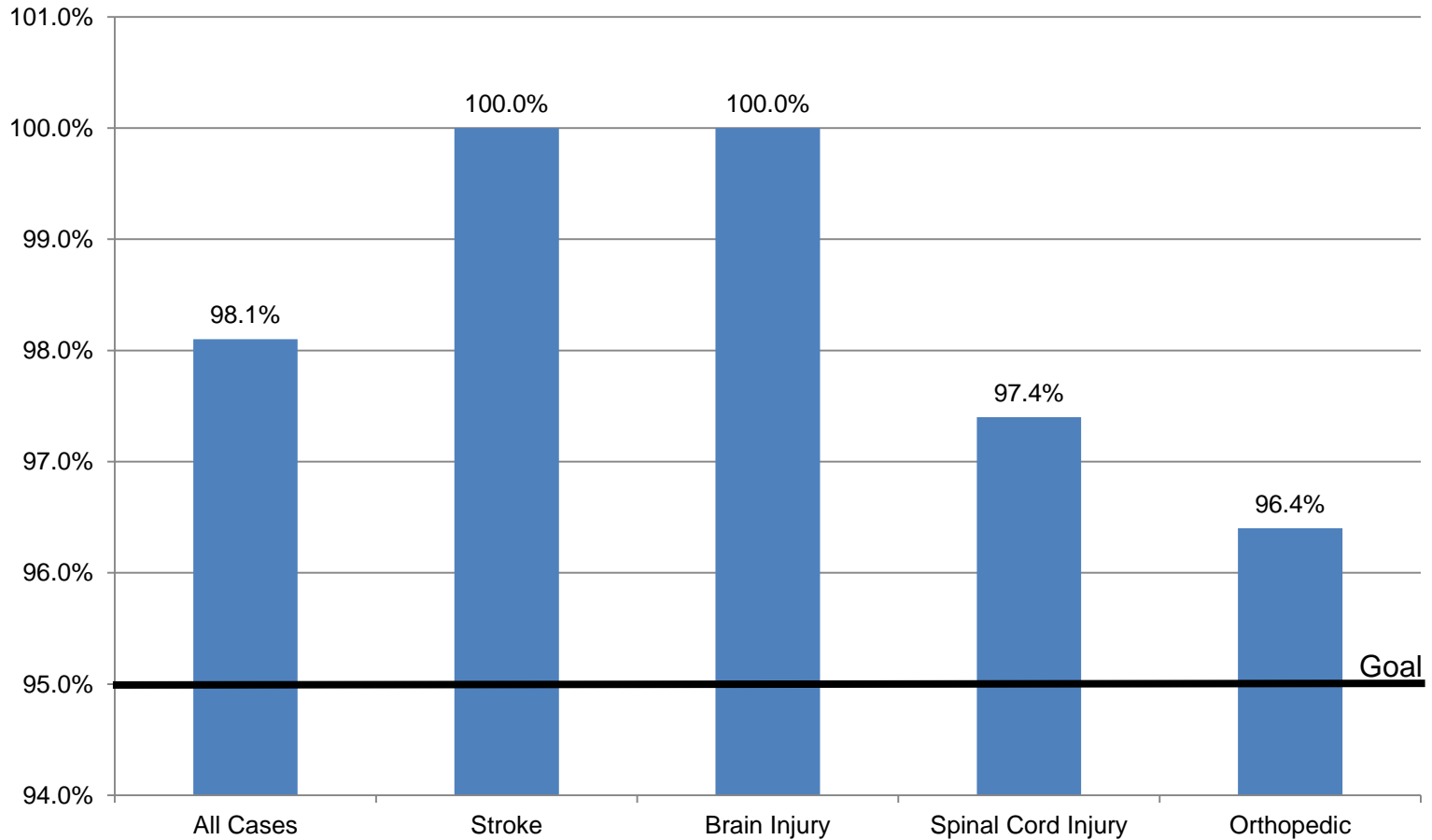
LOS EFFICIENCY FOR INPATIENT REHABILITATION STAY CALENDAR YEAR 2014

- **Analysis** – There are 4 Rehabilitation Impairment Categories (RIC) in which there were 40 or more cases in 2014 – Stroke, SCI, Brain Injury, Orthopedics.
- **Conclusion** – Overall, UIH LOS Efficiency is was near or above the Regional data for all cases as well as stroke and orthopedics. UIH LOS Efficiency was below for Spinal Cord Injury and Brain Injury patients. This outcome will be part of process improvement efforts in 2015.

OVERALL PATIENT SATISFACTION WITH THE REHABILITATION UNIT CALENDAR YEAR 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 215 patients in 2014, a follow up rate of 60.73%.
- **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



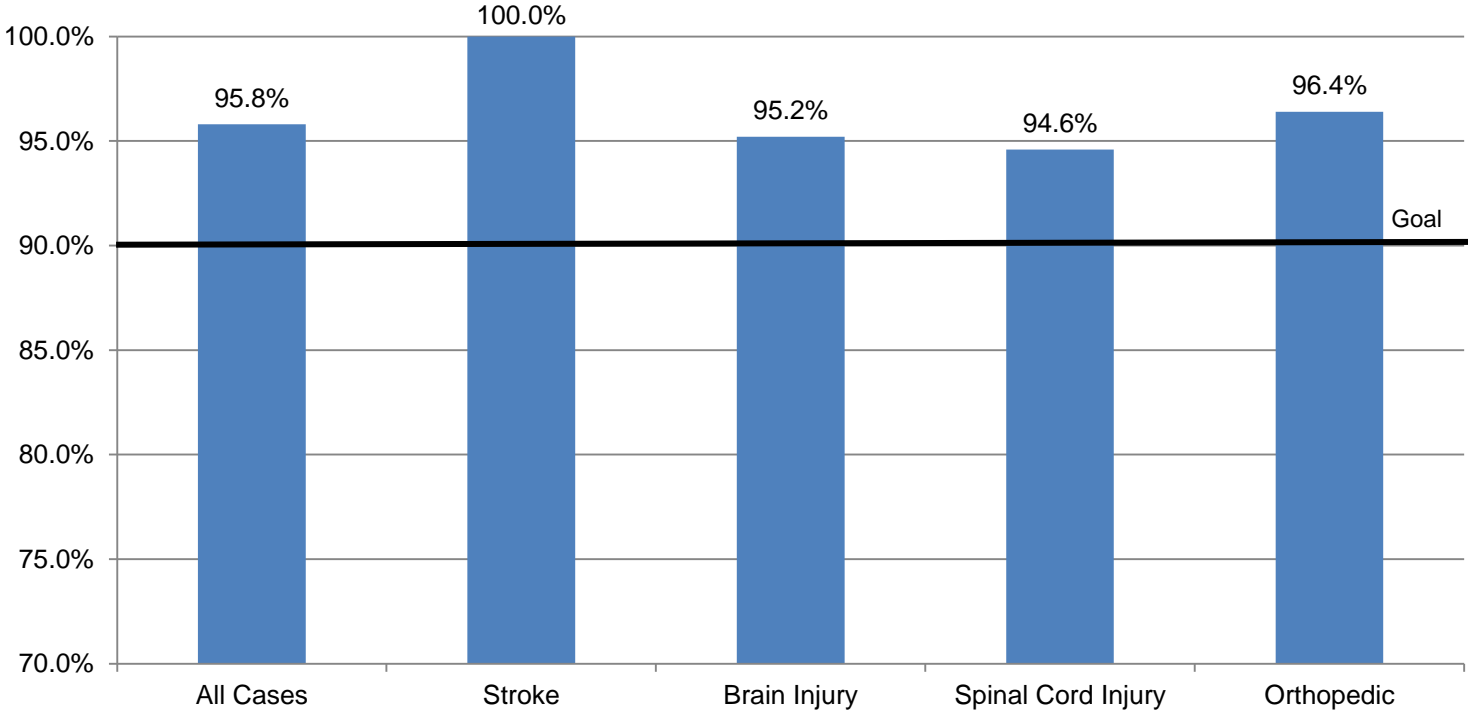
OVERALL PATIENT SATISFACTION WITH THE REHABILITATION UNIT CALENDAR YEAR 2014

- **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 96.4-100%.
- **Conclusions** –While we have reached our 95% goal in all categories.

PATIENT SATISFACTION: MEETING PATIENT EXPECTATIONS CALENDAR YEAR 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 214 patients in 2013, a follow up rate of 60.45%.
- **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 MET PATIENT EXPECTATION BY DIAGNOSIS



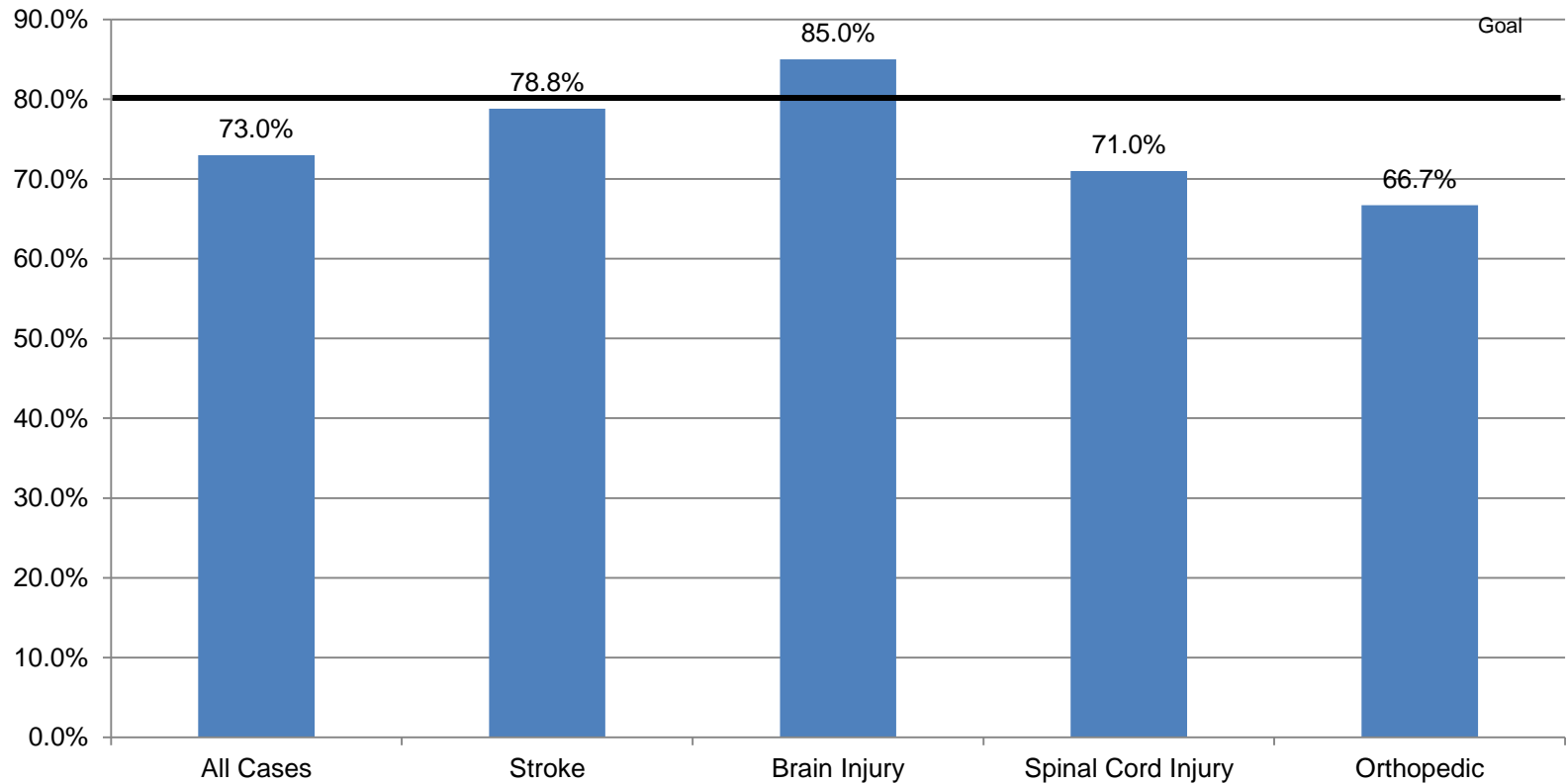
PATIENT SATISFACTION:
MEETING PATIENT EXPECTATIONS
CALENDAR YEAR 2014

- **Analysis** - We did achieve our goal of having at least 90% of patients reporting they Strongly Agreed or Somewhat Agreed that the rehabilitation unit met their expectations overall as well as in all 4 RIC groups.
- **Conclusions** – Will continue to monitor with no active process improvement in 2015.

IMPROVED COMMUNITY PARTICIPATION CALENDAR YEAR 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 200 patients in 2014, a follow up rate of 56.50%.
- **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 – CY 2014



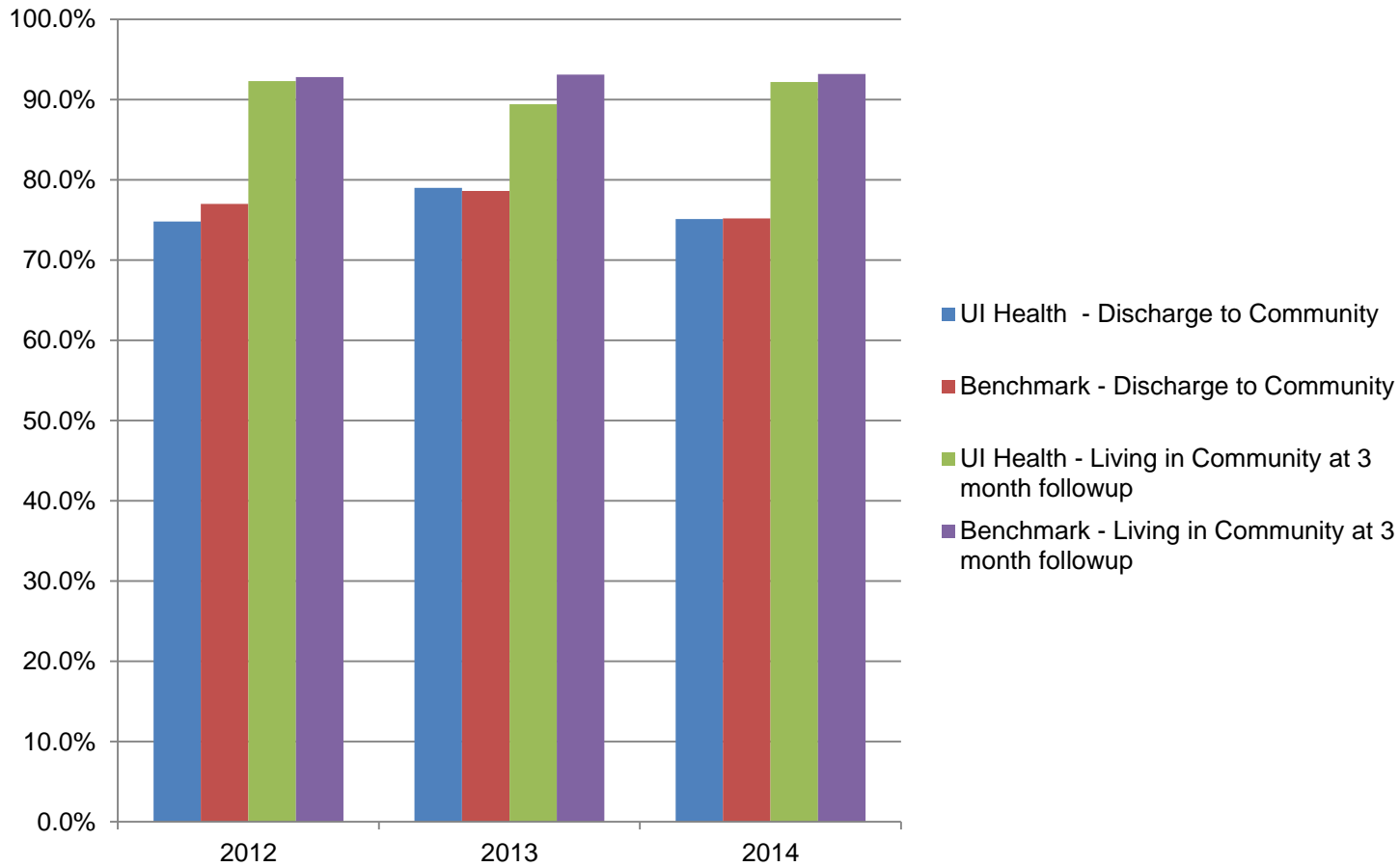
IMPROVED COMMUNITY PARTICIPATION CALENDAR YEAR 2013

- **Analysis** - For our goal of 80% we only achieved that for brain injury patients and were close to meeting the goal with our stroke population. Our overall score as well as orthopedics and spinal cord injury were less than 80%.
- **Conclusions** – We maintained our improvements from the previous year but did not increase to our goal of 80% this year in all categories. While there is still room for improvement, there was progress in overall community participation compared to previous years. This will be a focus in 2015.

PATIENTS DISCHARGED TO THE COMMUNITY CALENDAR YEAR 2014

- **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



PATIENTS DISCHARGED TO THE COMMUNITY CALENDAR YEAR 2014

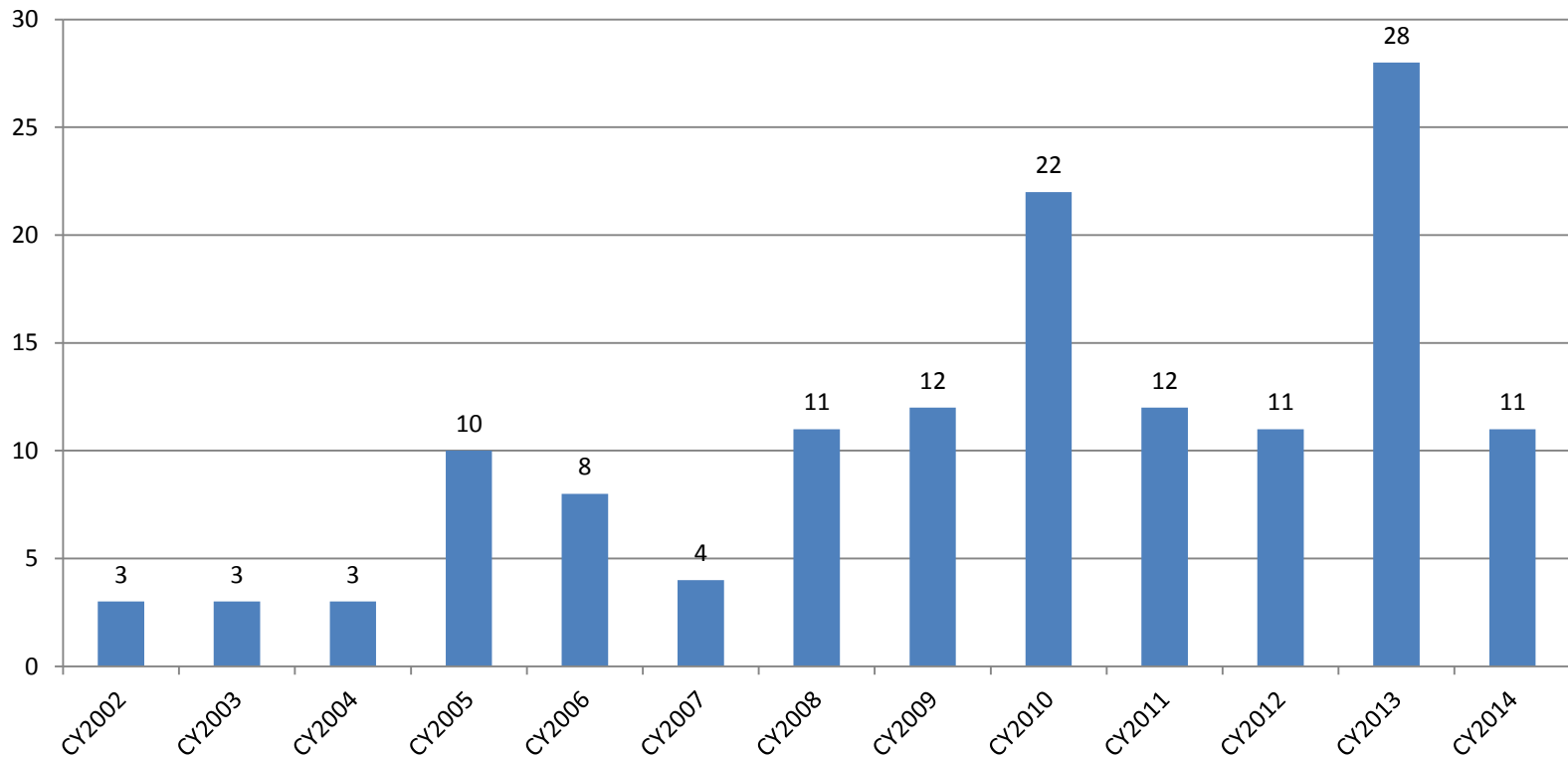
- **Analysis** – In 2014, UI Health was at the benchmark with 75% of UIH patients discharged to the community. Follow-up data for calendar year 2014 indicated that 92% of UIH patients who were discharged to the community initially remain in the community 3 months post discharge.
- **Conclusion** – UIH 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 2014

- **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** – To be at or above 20 admissions to compliment internal referral admissions.

EXTERNAL ADMISSIONS TO THE REHABILITATION UNIT

Outside Referrals Admitted to UIH Rehab



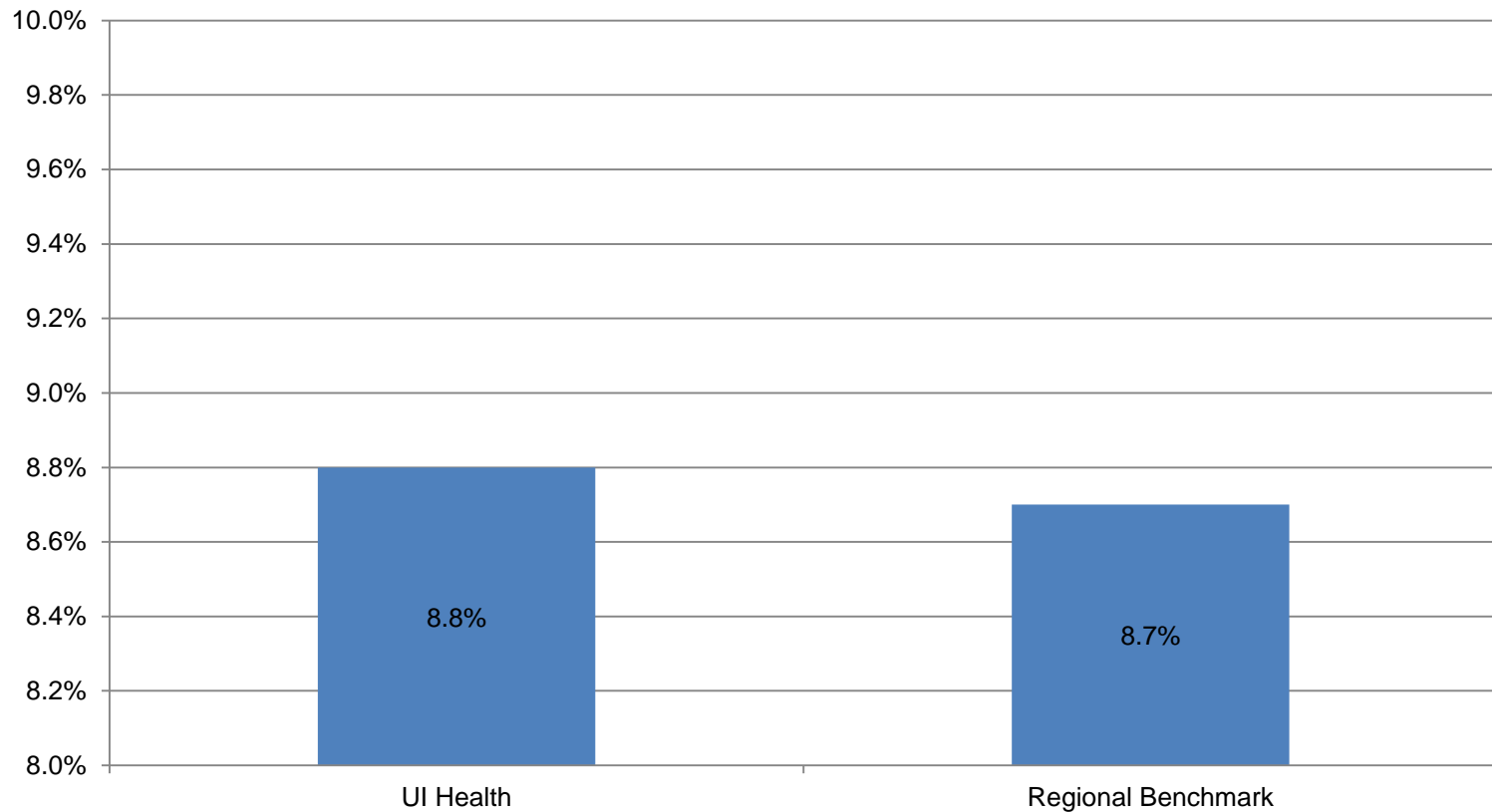
EXTERNAL ADMISSIONS TO REHABILITATION UNIT CALENDAR YEAR 2014

- **Analysis** – In 2014, 11 patients were admitted to UIH rehabilitation from outside facilities. This is 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. With increase admissions from internal resources the goal for external admissions would be at or above 20 based on bed availability. This will be a focus in 2015.

PATIENT TRANSFERS BACK TO ACUTE CARE CALENDAR YEAR 2014

- **Benchmark** – Our goal was to be at or below benchmark 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 2014



UNPLANNED TRANSFERS TO ACUTE CARE – CALENDAR YEAR 2014

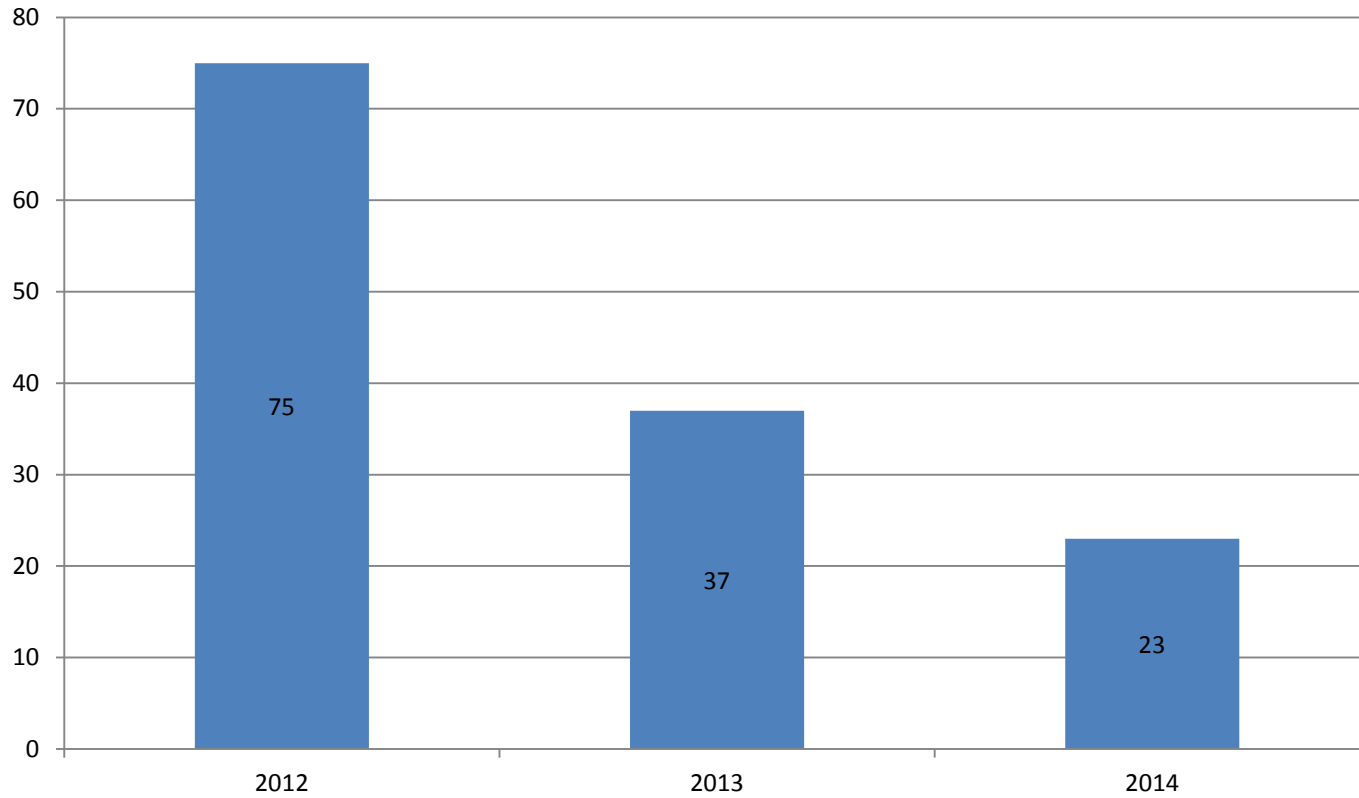
- **Analysis** – For all cases, UIH was at 8.8% for unplanned transfers to acute care.
- **Conclusion** – This is below the benchmark and below the goal for the previous year. This outcome will continue to be monitored in 2015.

NUMBER OF PATIENT FALLS – CALENDAR YEAR 2014

- **Benchmark** – Our goal was to decrease falls by 10% and maintain or improve our fall rate in our National Database for Nursing Quality Indicators (NDNQI) compare group to at or below 50th percentile
- **Data Collection Process** – Patient falls are tracked in NDNQI. Reports are received on a quarterly that review one year priors data.

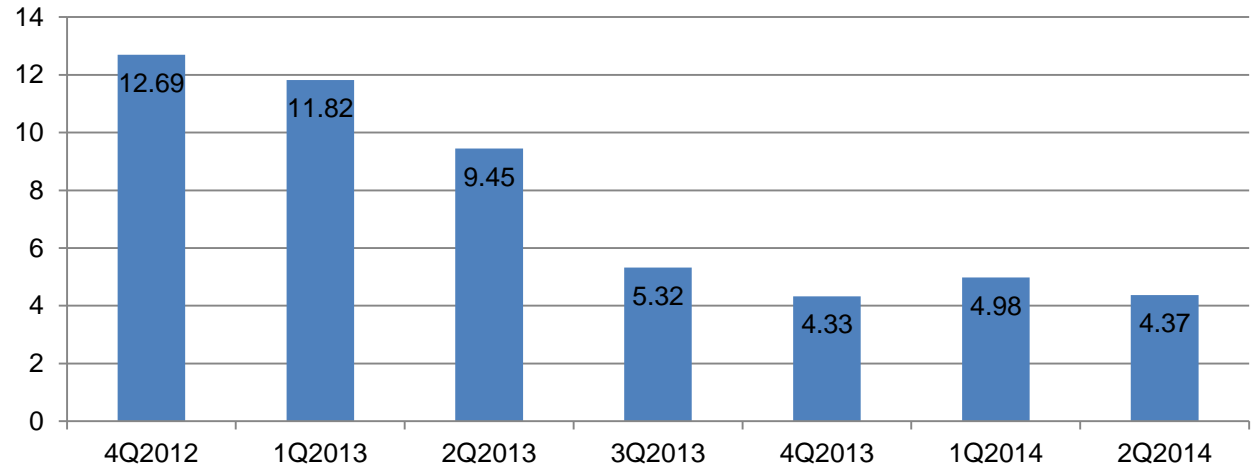
NUMBER OF PATIENT FALLS

Patient Falls on Rehab Unit

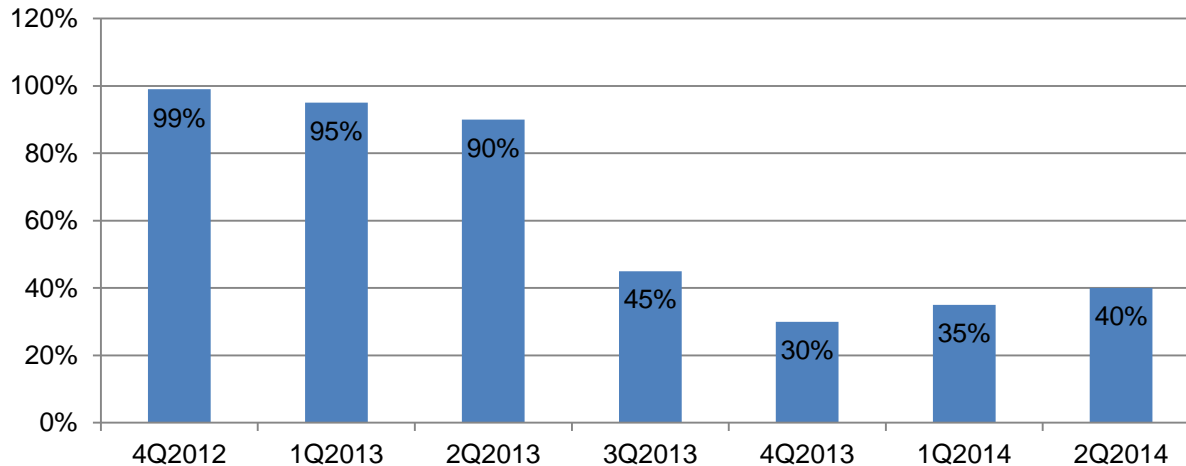


PATIENT FALLS – CALENDAR YEAR 2014

Fall Rate



Percentile Rank



PATIENT FALL – CALENDAR YEAR 2014

- **Analysis** – From July 2013 to December 2013, there was a decrease in falls from the 95th percentile in NDNQI to the 50th percentile. For calendar year 2013 there was a decrease in number of falls by 50%.
- **Conclusion** – The rehab unit exceeded the initial goal to decrease falls by 10%. This outcome will continue to be monitored in 2014.

REHABILITATION UNIT ACCOMPLISHMENTS 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
- Had decrease in fall rate from the 95th percentile to the 45th percentile in NDNQI compare group
- 6 staff with Award of Merit and UI Health CARE awards

UIH REHABILITATION UNIT OUTCOMES MANAGEMENT INDICATORS CALENDAR YEAR 2015

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 Community Participation Needs
5. Percentage of Patients Discharged to the Community
6. Percentage of patients transferred to Acute Care from the Rehabilitation Unit
7. The number of falls sustained by rehabilitation patients on the Rehabilitation Unit
8. The number of pressure ulcers sustained by rehabilitation patients on the Rehabilitation Unit