



# Rehabilitation Center

2023 Annual Report



# Regions Hospital Rehabilitation

We're an intensive rehabilitation facility that offers comprehensive care to our patients. In 2023, we received recognition for following the highest standards of care. We continue to evolve our program to meet our community's needs.

## 2023 highlights

**Maintaining excellence:** Our rehabilitation center received three-year accreditation by the Commission for Accreditation of Rehab Facilities (CARF), with specialty certification in stroke, brain injury and spinal cord injury care.

**New physician:** We welcomed physical medicine and rehabilitation physician Mahmood Alatbee, MB ChB, who specializes in spinal cord injury care.

**National collaboration:** Together with regional partners, we were designated a Minnesota Regional Spinal Cord Injury Model System (SCIMS) program. This recognized the high level of patient care and experience we provide through research, staff development and community engagement related to spinal cord injury care.

**Transition support:** Our spinal cord injury program created a guide to ease the transition for patients moving from the hospital to community living. Our brain injury program updated materials to reflect new best practices.

**Patient access to care:** The COVID-19 public health emergency ended May 2023. This opened all rehabilitation center beds to patients who met admission criteria.

**Health equity:** We're proud of the equitable care we provided, including cost and discharge measures, as determined by the CMS Equity Report.



Jane Borner, DPT, is an award-winning rehabilitation physical therapist at Regions Hospital

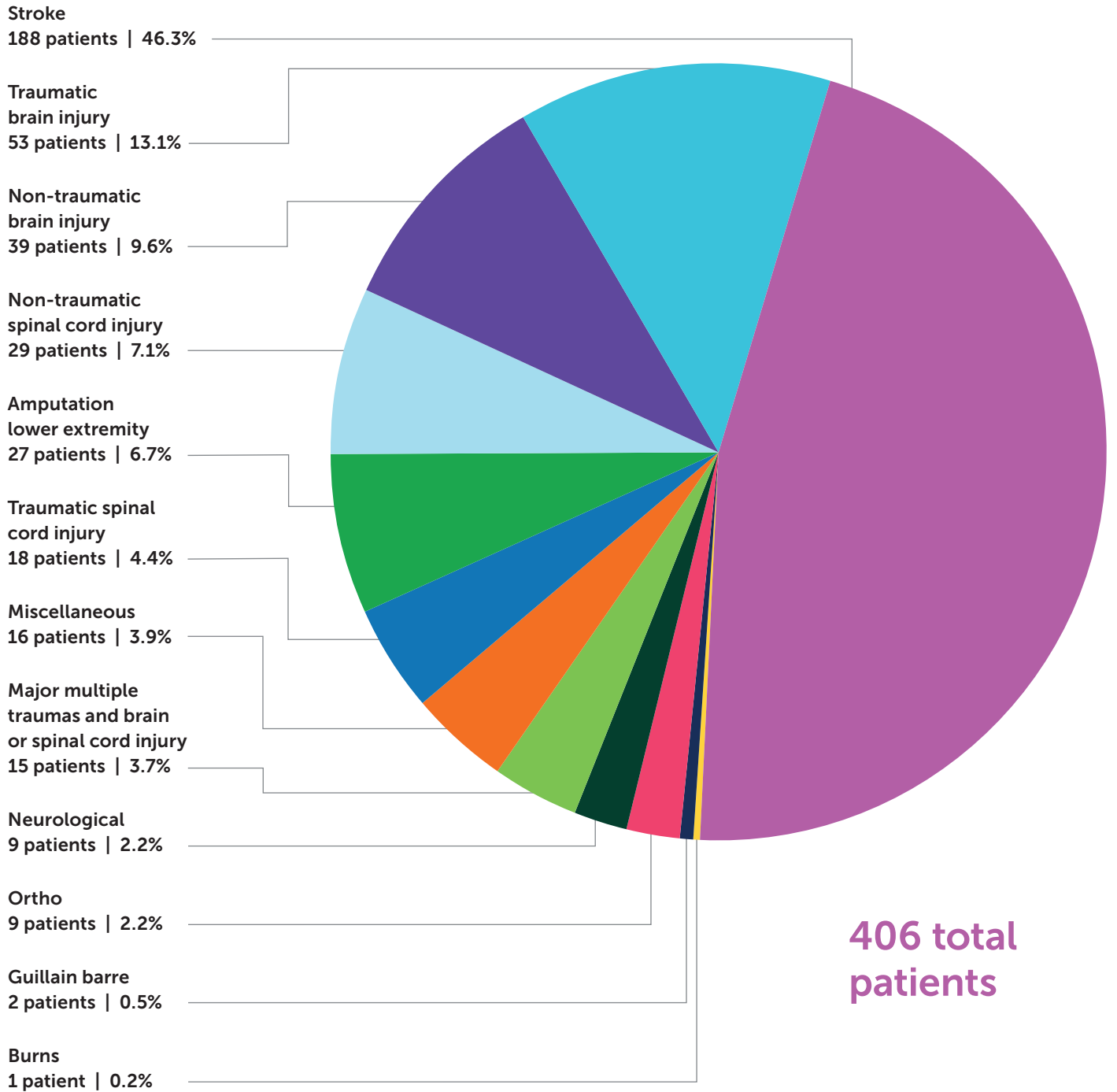
**Team member recognition:** Jane Borner, DPT, received the HealthPartners President's Award, the highest recognition offered by our organization.

**Best practice:** Our occupational therapists were trained in the Fugl-Meyer Assessment, a stroke-specific, performance-based impairment index used to assess motor function, balance, sensation and joint functioning in patients with post-stroke hemiplegia or one-sided weakness.

**Lifelong stroke support:** Stroke INSPIRE continues to grow in membership to serve patients and care partners after stroke through community programs, support groups and well-being offerings.

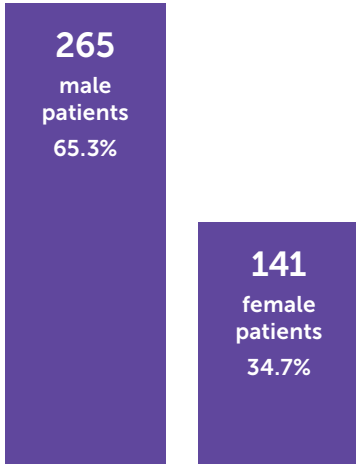
# 2023 outcomes and data

## Patients served by rehab impairment category



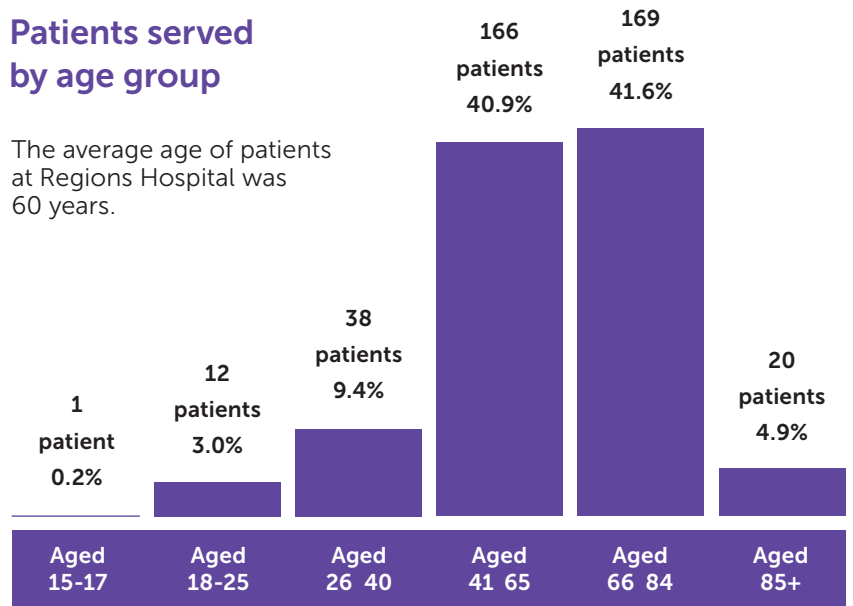
# 406 patients served at Regions Hospital

## Patients served by gender



## Patients served by age group

The average age of patients at Regions Hospital was 60 years.



## All patient outcomes

Our patients were discharged to acute care at a lower rate than the regional adjusted mean. Patients made comparable improvements in self-care.

All persons served 406 patients	Regions Hospital mean	Regional adjusted mean*
Length of stay in days	16.2	13.8
Self-care functional improvement ratio (higher is better)	1.00	1.03
Mobility functional improvement ratio (higher is better)	0.95	1.02

Discharge destination	Regions Hospital mean	Regional adjusted mean*
To home and community	68.2%	76.8%
To long-term care, including transitional care units	24.1%	13.4%
To acute care	7.1%	9.4%
To other	0.2%	0.2%

\*Regions Hospital uses the Uniform Data System for Medical Rehabilitation as the source for benchmarking data and outcomes comparison.

## Outcomes for patients with stroke

Our patients were discharged to acute care at a lower rate than the regional adjusted mean. Patients made comparable improvements in self-care.

Stroke 188 patients	Regions Hospital mean	Regional adjusted mean*
Length of stay in days	16.8	14.5
Self-care functional improvement ratio (higher is better)	1.02	1.00
Mobility functional improvement ratio (higher is better)	0.94	1.03

Discharge destination	Regions Hospital mean	Regional adjusted mean*
To home and community	66.0%	75.5%
To long-term care, including transitional care units	29.3%	16.1%
To acute care	4.3%	8.0%
To other	0.5%	0.1%

## Outcomes for patients with major multiple traumas and brain or spinal cord injury

Our patients with major multiple traumas and brain or spinal cord injury were discharged to acute care slightly less than the regional adjusted mean. Patients were discharged to home at a comparable rate.

Major multiple traumas and brain or spinal cord injury 15 patients	Regions Hospital mean	Regional adjusted mean*
Length of stay in days	18.1	15.1
Self-care functional improvement ratio (higher is better)	0.93	1.02
Mobility functional improvement ratio (higher is better)	0.97	1.02

Discharge destination	Regions Hospital mean	Regional adjusted mean*
To home and community	80.0%	80.6%
To long-term care, including transitional care units	13.3%	12.2%
To acute care	6.7%	6.8%
To other	0.0%	0.4%

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### Outcomes for patients with traumatic brain injury

Our patients with traumatic brain injury made significantly better functional gains than the regional adjusted mean.

Traumatic brain injury 53 patients	Regions Hospital mean	Regional adjusted mean*
Length of stay in days	15.1	12.4
Self-care functional improvement ratio (higher is better)	1.23	1.02
Mobility functional improvement ratio (higher is better)	1.15	1.06

Discharge destination	Regions Hospital mean	Regional adjusted mean*
To home and community	69.8%	77.3%
To long-term care, including transitional care units	11.3%	11.5%
To acute care	18.9%	10.8%
To other	0.0%	0.2%

### Outcomes for patients with non-traumatic brain injury

Our patients with non-traumatic brain injury were discharged to acute care at a much lower rate than the regional adjusted mean.

Non-traumatic brain injury 39 patients	Regions Hospital mean	Regional adjusted mean*
Length of stay in days	14.8	11.8
Self-care functional improvement ratio (higher is better)	0.95	0.99
Mobility functional improvement ratio (higher is better)	0.84	1.03

Discharge destination	Regions Hospital mean	Regional adjusted mean*
To home and community	71.8%	78.6%
To long-term care, including transitional care units	20.5%	8.6%
To acute care	5.1%	12.5%
To other	0.0%	0.2%

\*Regions Hospital uses the Uniform Data System for Medical Rehabilitation as the source for benchmarking data and outcomes comparison.

## Outcomes for patients with traumatic spinal cord injuries

Our patients with traumatic spinal cord injuries were discharged to acute care at a lower rate than in 2022.

Traumatic spinal cord injury 18 patients	Regions Hospital mean	Regional adjusted mean*
Length of stay in days	16.9	18.9
Self-care functional improvement ratio (higher is better)	0.93	1.07
Mobility functional improvement ratio (higher is better)	0.88	1.09

Discharge destination	Regions Hospital mean	Regional adjusted mean*
To home and community	61.1%	75.3%
To long-term care, including transitional care units	27.8%	14.4%
To acute care	11.1%	8.9%
To other	0.0%	1.4%

## Outcomes for patients with non-traumatic spinal cord injuries

Our patients with non-traumatic spinal cord injuries made greater self-care gains than the regional adjusted mean. Patients were discharged to acute care at a much lower rate and were discharged to home more often than in 2022.

Non-traumatic spinal cord injury 29 patients	Regions Hospital mean	Regional adjusted mean*
Length of stay in days	22.4	15.8
Self-care functional improvement ratio (higher is better)	1.03	1.01
Mobility functional improvement ratio (higher is better)	0.97	1.03

Discharge destination	Regions Hospital mean	Regional adjusted mean*
To home and community	65.5%	71.9%
To long-term care, including transitional care units	27.6%	15.0%
To acute care	6.9%	12.5%
To other	0.0%	0.4%

\*Regions Hospital uses the Uniform Data System for Medical Rehabilitation as the source for benchmarking data and outcomes comparison.

### Number of patients with spinal cord injury (SCI) by level and type in 2023

Level and type of injury	Number of traumatic SCI	Number of non-traumatic SCI
Paraplegia Incomplete	6	16
Paraplegia Complete	1	3
Quadriplegia	0	0
Quadriplegia Incomplete C1-4	7	8
Quadriplegia Incomplete C5-8	4	0
Quadriplegia Complete C1-4	0	0
Quadriplegia Complete C5-8	0	1
Total	18	29*

\*One non-traumatic spinal cord injury didn't fall within these categories

### Age of patients with spinal cord injury (SCI) in 2023

Age group (years)	Number of traumatic SCI	Number of non-traumatic SCI
15–17	1	0
18–25	1	2
26–40	5	4
41–65	5	15
66–84	6	7
85+	0	1

### Patient and team member safety

We continuously monitor and follow best practices to prevent common complications and ensure patient safety.

C. difficile infections	2 patients
Central line-associated infections	0 patients
Deep vein thromboses	0 patients
Hospital-acquired pressure injuries	2 patients
Hand hygiene compliance	94.6%



**Surveyed patients who recommended our facility**

Diagnosis	Percentile rank	Responses
Stroke	77%	25
Brain injury	92%	9
Spinal cord injury	92%	9
All	91%	61

**3.26**

**average hours per day of patient therapy**

**Exceeded the national average of therapy hours during admission**

In 2023, our patients received an average 3.26 hours of therapy per day, 5-6 days per week. The average hours per day was 3.38 for stroke, 3.23 for brain injury and 3.16 for spinal cord injury. Our patients also received psychology services, therapeutic recreation, rehabilitation nursing, integrative therapy (massage and acupuncture), music therapy and pet therapy, upon request.

**96%**

**of patients sustained or improved**

**Durability of outcomes in 2023\***

At 90 days post-discharge from acute inpatient rehabilitation, 96% of patients reached by phone had sustained or improved their functional status from discharge to follow-up. This exceeded the national average of 85%.

\*Based on calls made in 2023 to patients discharged in Q4/2022-Q3/2023



**We're certified by the Commission on Accreditation of Rehabilitation Facilities as a comprehensive inpatient rehabilitation program, with specialty certifications for stroke, brain injury and spinal cord injury.**