

STROKE PROGRAM OUTCOMES

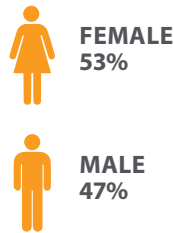
STRIVING FOR EXCELLENCE

Mary Free Bed at Covenant gathers information on results achieved by patients served in its programs. These results are offered so you can see what others have accomplished during their inpatient stay.

We always learn from our patients about how to improve on excellent care, each and every time, no exceptions!

PERSONS SERVED

NUMBER OF PERSONS SERVED: **162**

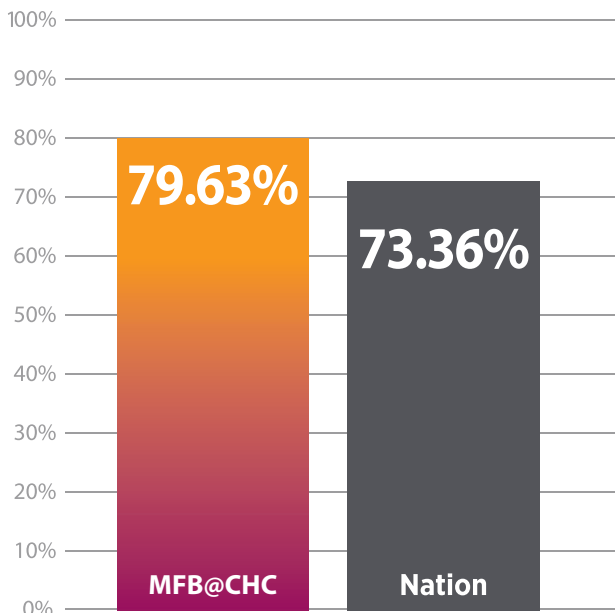


Age ¹	MFB@CHC	Nation
Avg. Age	71	69

Our average length of stay was 14 days compared to the national average of 16 days.

DISCHARGE TO HOME/COMMUNITY

The Mary Free Bed at Covenant rate for discharge to community is better than the national average for adult stroke patients receiving inpatient rehabilitation.



FUNCTIONAL IMPROVEMENT

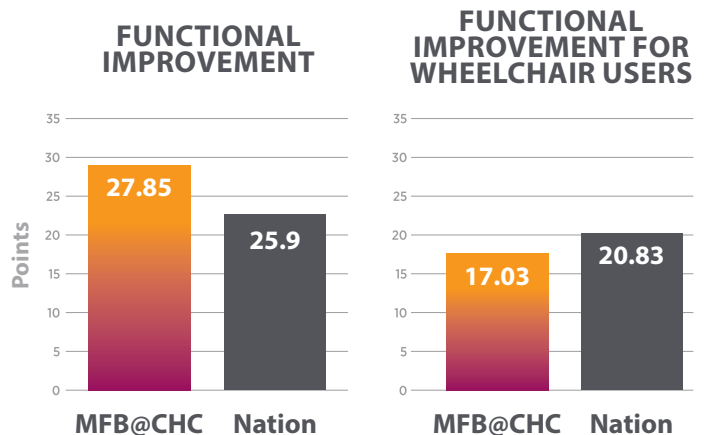
Using the QRP Scale

The level of functional improvement of patients in rehabilitation is measured in points gained from admission to discharge for a variety of skills and abilities used in daily life. This is reported to the Centers for Medicare and Medicaid (CMS) through the Quality Reporting Program (QRP), which enables us to compare the functional improvement of Mary Free Bed patients to other rehabilitation patients across the nation.

Mary Free Bed patients achieved better functional gain than the national average as measured through QRP.

QRP FUNCTIONAL CATEGORIES

Self Care	Eating Oral Hygiene Toilet Hygiene Shower/Bathe Self Dressing
Mobility	Moving in bed Transferring to and from bed, chair, toilet and car Ambulation (walking) and/or wheel-chair mobility Stairs



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AVERAGE NUMBER OF THERAPY HOURS

The average number of therapy hours per day for all adult inpatients who have experienced stroke includes time spent in physical therapy, occupational therapy and speech therapy. During FY2020, patients participated in an average of three hours of daily therapy over a five-day therapy week.

Additionally, and as needed, our patients receive psychology services, orthotics and prosthetics, respiratory therapy, recreational therapy, registered dietitian services and attend educational and peer support meetings.

UNPLANNED TRANSFERS FOR ACUTE CARE¹

Under certain circumstances, a patient may demonstrate changes in his or her medical condition that warrant a transfer to acute care for close medical monitoring. If this occurs, patients are transferred to acute-care services and typically return to the inpatient rehabilitation program within a few days. During FY2020, the frequency of these transfers for patients who have experienced stroke at Mary Free Bed at Covenant was 8%, compared to the national average of 10%.

PATIENT SATISFACTION

In our most recent FY2020 patient satisfaction survey data for all inpatients, Mary Free Bed at Covenant achieved an overall satisfaction score of 99%.



Source: Internally Generated Survey

FOLLOW UP²

After discharge, patients who have experienced stroke receive a 30-day follow-up call to find out how those served are functioning following the inpatient rehabilitation stay.


88.9%

Physical Ability

In this survey, 88.9% of the 79 patients who were contacted stated their physical abilities had improved or remained the same compared to the time of discharge.


89.1%

Health Status

The survey also showed that 89.1% of patients who experienced stroke who responded had improved or maintained their health status since discharge.



CARF Accredited as an Inpatient Hospital Stroke Specialty Program—Adults.



Accredited by Healthcare Facilities Accreditation Program.

Data Source: eRehabData®
eRehabData® is owned by AMRPA and is built, maintained, and operated by Fleming AOD © 2001 - 2017
eRehabData®
¹Data from Tableau
²Follow Up Data: This information was sourced from REDCap