



REGIONS HOSPITAL REHABILITATION

We're an intensive rehabilitation facility that offers patients the highest level of care. In 2020, we experienced strong program development while supporting COVID-19 public health needs.

2020 HIGHLIGHTS

COMMUNITY ADVOCACY, RESEARCH AND DEVELOPMENT

COVID-19 pandemic response – Leveraged our ability to quickly respond to local and national changes during the pandemic. This included infection control process changes, staff and capacity needs, and extending therapy and nursing services to support patients with COVID-19. Our team led and contributed throughout the pandemic, and our program emerged even stronger.

Community education – Presentations given through Minnesota Brain Injury Association to area rehabilitation professionals on facilitating a successful support group and lifelong well-being to brain injury survivors and caregivers.

Continued CARF certification – Achieved three-year certification for our four Commission on Accreditation of Rehabilitation Facilities (CARF) programs: General, Stroke, Traumatic Brain Injury and Spinal Cord Injury.

Research funding for powered hand grip orthosis – The goal of this ongoing project is to demonstrate feasibility of a novel, user-friendly hand grip product in support of improved function.

Acupuncture research for mild traumatic brain injury – Funded by the Minnesota Office of Higher Education, this study will determine the optimal dosage of acupuncture in the treatment of mild traumatic brain injury-related chronic post-traumatic headache.

Teaming with patients – Implemented a more efficient process to support community discharge by fostering improved patient engagement and involvement toward goals as well as communication. We also increased the

return rate of our patient feedback survey to over 50% for a more robust database in support of patient-driven program improvements.

Holistic approach – To promote patient progress, healing and well-being, we increased use of acupuncture, music and massage. We also made changes to our peer mentor program to continue through the pandemic.

Improving patient sleep – Using sleep stimulus control procedures, we increased the average time our patients slept by an hour per night.

Brain Gym – NeuroWell now offers Brain Gym. This innovative program is an interactive class of physical and cognitive exercises for those identified with mild cognitive impairment.

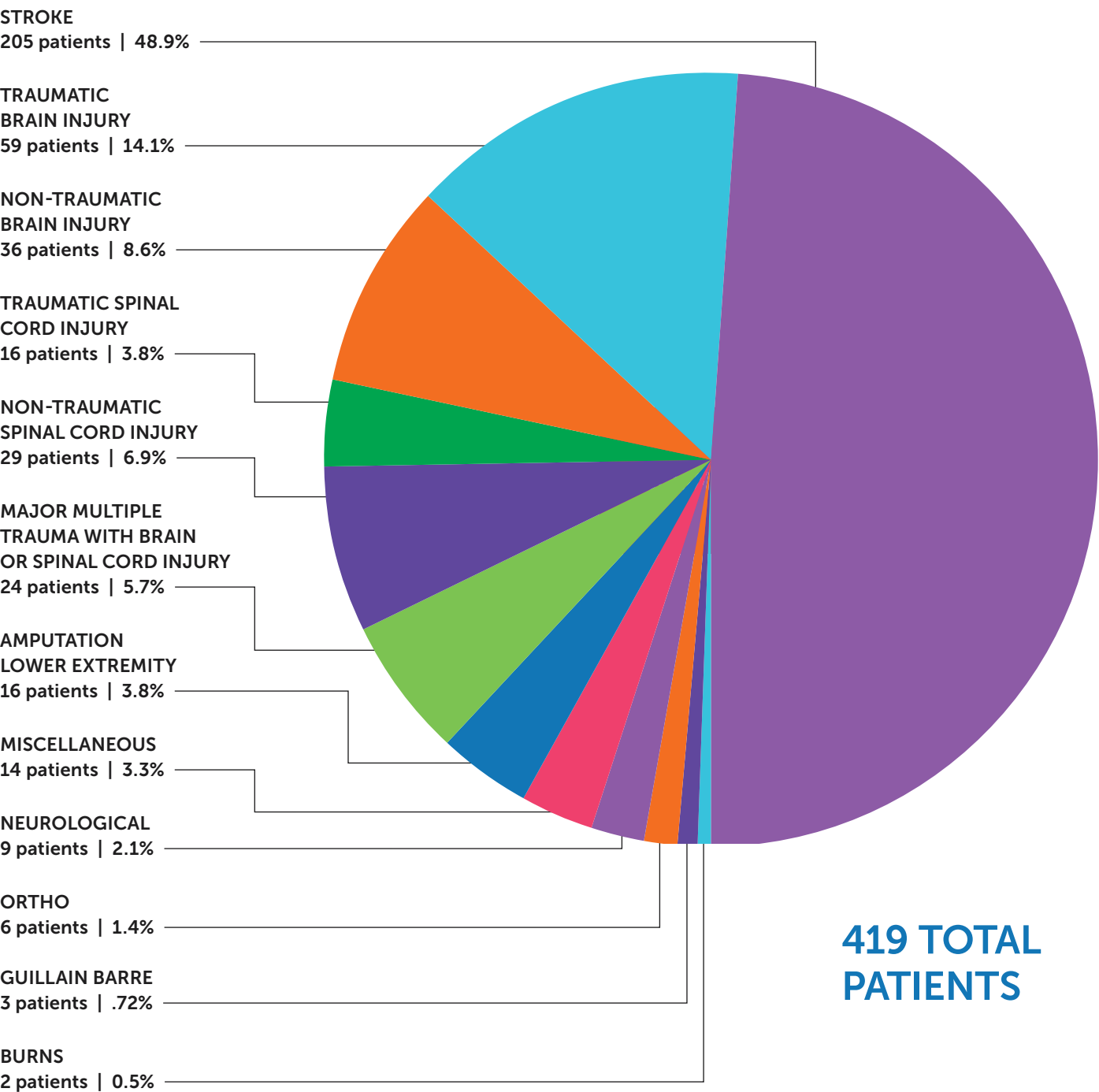
New sensory room – Added a sensory room to enhance our work with patients who have cognitive and sensory impairments.

PATIENT AND STAFF SAFETY

- Zero C. difficile infections
- Zero central line-associated infections
- Zero catheter-associated urinary tract infections
- Zero deep vein thromboses
- Achieved 98.4% hand hygiene compliance for the year

OUTCOMES AND DATA – 2020

PATIENTS SERVED BY REHAB IMPAIRMENT CATEGORY



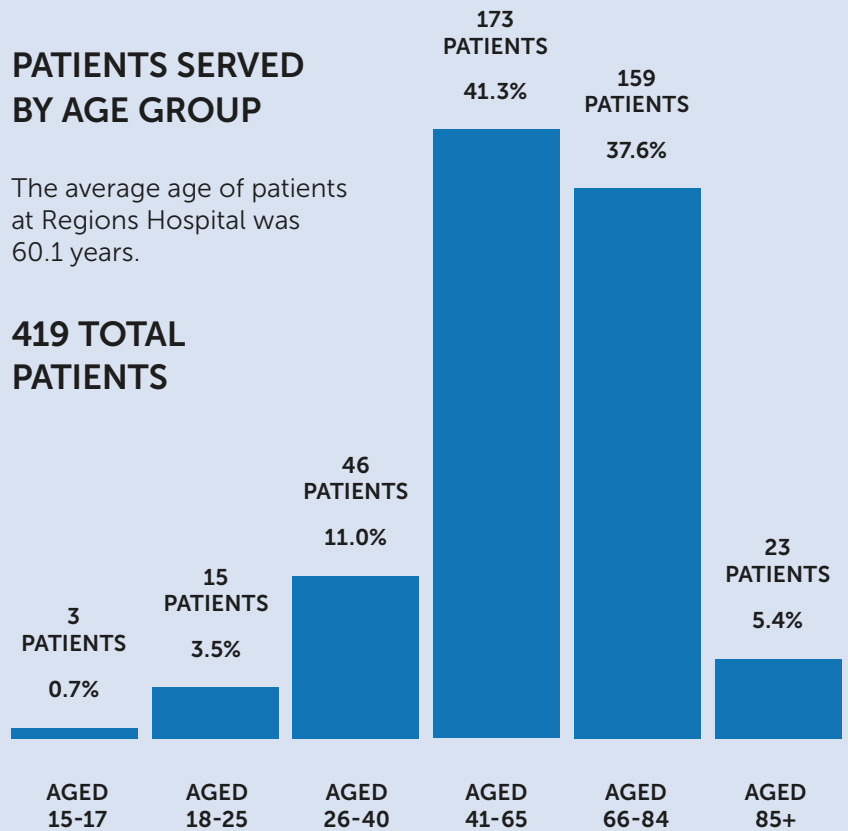


GENDER OF PATIENTS SERVED

PATIENTS SERVED BY AGE GROUP

The average age of patients at Regions Hospital was 60.1 years.

419 TOTAL PATIENTS



OUTCOMES

Regions Hospital patients made similar gains in self-care function over a shorter length of stay and discharged to acute care at a lower rate than the regional adjusted mean. In addition, return to the community increased significantly compared to 2019.

ALL PERSONS SERVED 419 PATIENTS	REGIONS HOSPITAL MEAN	REGIONAL ADJUSTED MEAN*
Length of stay in days	13.1	13.9
Self-care functional improvement ratio (higher is better)	.98	.99
Mobility functional improvement ratio (higher is better)	.96	1.02
DISCHARGE DESTINATION		
To home and community	73.0%	77.1%
To long term care, includes transitional care unit	18.2%	12.1%
To acute care	7.8%	9.5%
To other	0.5%	0.5%

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

OUTCOMES FOR PATIENTS WITH STROKE

Representing our largest proportion of admissions, patients with stroke made comparable gains in self-care function over a shorter length of stay and discharged to acute care at a lower rate than the regional adjusted mean. An ongoing focus is to improve functional gain and discharge to home.

STROKE 205 PATIENTS	REGIONS HOSPITAL MEAN	REGIONAL ADJUSTED MEAN*
Length of stay in days	13.4	14.1
Self-care functional improvement ratio (higher is better)	.95	.99
Mobility functional improvement ratio (higher is better)	.88	1.03
DISCHARGE DESTINATION		
To home and community	68.4%	76.9%
To long term care, includes transitional care unit	24.3%	14.3%
To acute care	6.8%	8.2%
To other	0.5%	0.3%

OUTCOMES FOR PATIENTS WITH MAJOR MULTIPLE TRAUMA WITH BRAIN OR SPINAL CORD INJURY

Our patients with major multiple trauma and brain or spinal cord injury made greater overall functional gains over a significantly shorter length of stay compared to the regional adjusted mean.

MAJOR MULTIPLE TRAUMA WITH BRAIN OR SPINAL CORD INJURY 24 PATIENTS	REGIONS HOSPITAL MEAN	REGIONAL ADJUSTED MEAN*
Length of stay in days	13.3	18.4
Self-care functional improvement ratio (higher is better)	1.0	.97
Mobility functional improvement ratio (higher is better)	1.04	1.04
DISCHARGE DESTINATION		
To home and community	70.8%	77.1%
To long term care, includes transitional care unit	20.8%	12.1%
To acute care	8.3%	8.6%
To other	0.0%	1.0%

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OUTCOMES FOR PATIENTS WITH TRAUMATIC BRAIN INJURY

Our patients with a traumatic brain injury made greater functional gains compared to the regional adjusted mean, with nearly three-fourths returning to the community.

TRAUMATIC BRAIN INJURY 59 PATIENTS	REGIONS HOSPITAL MEAN	REGIONAL ADJUSTED MEAN*
Length of stay in days	13.2	12.5
Self-care functional improvement ratio (higher is better)	1.01	.99
Mobility functional improvement ratio (higher is better)	1.1	1.02
DISCHARGE DESTINATION		
To home and community	74.6%	77.0%
To long term care, includes transitional care unit	11.9%	9.5%
To acute care	13.6%	11.5%
To other	0.0%	.8%

OUTCOMES FOR PATIENTS WITH NON-TRAUMATIC BRAIN INJURY

Our patients with a non-traumatic brain injury made greater functional gains and discharged to the community at a significantly higher rate compared to the regional adjusted mean.

NON-TRAUMATIC BRAIN INJURY 36 PATIENTS	REGIONS HOSPITAL MEAN	REGIONAL ADJUSTED MEAN*
Length of stay in days	10.7	11.0
Self-care functional improvement ratio (higher is better)	1.12	1.01
Mobility functional improvement ratio (higher is better)	1.05	1.03
DISCHARGE DESTINATION		
To home and community	91.7%	81.3%
To long term care, includes transitional care unit	2.8%	7.7%
To acute care	5.6%	10.4%
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 WITH OR WITHOUT MAJOR MULTIPLE TRAUMA

Regions Hospital patients with a traumatic spinal cord injury discharged to the community at a higher rate over a shorter length of stay compared to the regional adjusted mean, representing a significant improvement compared to 2019.

TRAUMATIC SPINAL CORD INJURY WITH OR WITHOUT MAJOR MULTIPLE TRAUMA 25 PATIENTS	REGIONS HOSPITAL MEAN	REGIONAL ADJUSTED MEAN*
Length of stay in days	18.3	21.0
Self-care functional improvement ratio (higher is better)	.98	.95
Mobility functional improvement ratio (higher is better)	.96	1.04
DISCHARGE DESTINATION		
To home and community	68.0%	65.8%
To long term care, includes transitional care unit	28.0%	19.2%
To acute care	4.0%	11.5%
To other	0.0%	2.3%

OUTCOMES FOR PATIENTS WITH NON-TRAUMATIC SPINAL CORD INJURIES

Increased length of stay has correlated with a second year of improvements for our patients with a non-traumatic spinal cord injury. Our functional gain now exceeds the region adjusted mean, and our discharge to community has improved.

NON-TRAUMATIC SPINAL CORD INJURY 29 PATIENTS	REGIONS HOSPITAL MEAN	REGIONAL ADJUSTED MEAN*
Length of stay in days	16.0	15.2
Self-care functional improvement ratio (higher is better)	1.02	.98
Mobility functional improvement ratio (higher is better)	1.09	1.03
DISCHARGE DESTINATION		
To home and community	65.5%	71.1%
To long term care, includes transitional care unit	24.1%	14.1%
To acute care	10.3%	13.8%
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 2020**

LEVEL AND TYPE OF INJURY	NUMBER OF TRAUMATIC SCI*	NUMBER OF NON-TRAUMATIC SCI
Paraplegia Incomplete	10	10
Paraplegia Complete	2	1
Quadriplegia	0	0
Quadriplegia Incomplete C1-4	5	12
Quadriplegia Incomplete C5-8	7	4
Quadriplegia Complete C1-4	1	0
Quadriplegia Complete C5-8	0	0
Total	25	27

**AGE OF PATIENTS WITH
SPINAL CORD INJURY (SCI)
IN 2020**

AGE GROUP (YEARS)	NUMBER OF TRAUMATIC SCI*	NUMBER OF NON-TRAUMATIC SCI
15–17	1	0
18–25	6	1
26–40	6	4
41–65	7	12
66–84	5	12
85+	0	0

*With or without Major Multiple Trauma.

96.3%
OF PATIENTS

DURABILITY OF OUTCOMES IN 2020

At 90 days post-discharge from acute inpatient rehabilitation, 96.3 percent of patients reached by phone had sustained or improved their functional status from discharge to follow up.