



REGIONS HOSPITAL REHABILITATION

We're an intensive rehabilitation facility that offers patients the highest level of care. In 2021, our program remained strong with high patient census and expanded programming to meet our community's need.

2021 HIGHLIGHTS

PROGRAM GROWTH AND EXPANDED PATIENT CARE SERVICES

High census – We experienced record high orders for physical therapy, occupational therapy, and speech therapy. The inpatient rehabilitation facility also had record high census for multiple months. It continues to offer bed space for acute care patients through a Covid-19 emergency declaration waiver.

New leadership team members – In 2021, we welcomed therapy manager Kayla Brinkman Theimer, MA, CCC/SLP, and nurse manager Lisa Walmar, MSN, RN, to the inpatient rehabilitation facility leadership team.

Program expansion – INSPIRE offers education, community programs, resources and support groups to stroke survivors and their families. Last year, it expanded into the east metro to include Regions Hospital and HealthPartners Neuroscience Center.

Speech Therapy and Nutrition Services Implemented IDDSI – We introduced International Dysphagia Diet Standardization Initiative (IDDSI), a simplified way to label and describe food and liquids for those with swallowing challenges.

Refreshed Clinical Practice Guidelines – Therapists reviewed and shared clinical practice guidelines for caring for patients with stroke and traumatic brain injury. These guidelines help ensure that patients are offered evidenced-based acute care treatment, intensive rehabilitation and outpatient therapy.

Continued commitment to patient safety –

We recently implemented AWARE™, a new patient safety reporting system that improves situational awareness and increases “good catches.” Reinvesting in safety is a top priority for our organization.

Added space to meet patient demand –

Regions Hospital partnered with HealthPartners Como Clinic in St. Paul to expand physical therapy services to meet the growing need for care.

Improved wheelchairs for patients – A large investment was made in standard and specialized wheelchairs and wheelchair accessories to better serve our patients.

Implemented new cognitive test – Occupational therapists use the Oxford Cognitive Screen as a validated tool to assess areas of attention, memory, praxis, math/numbers, and language after stroke. Rehabilitation is exploring opportunities to get this tool translated for use with Hmong speakers.

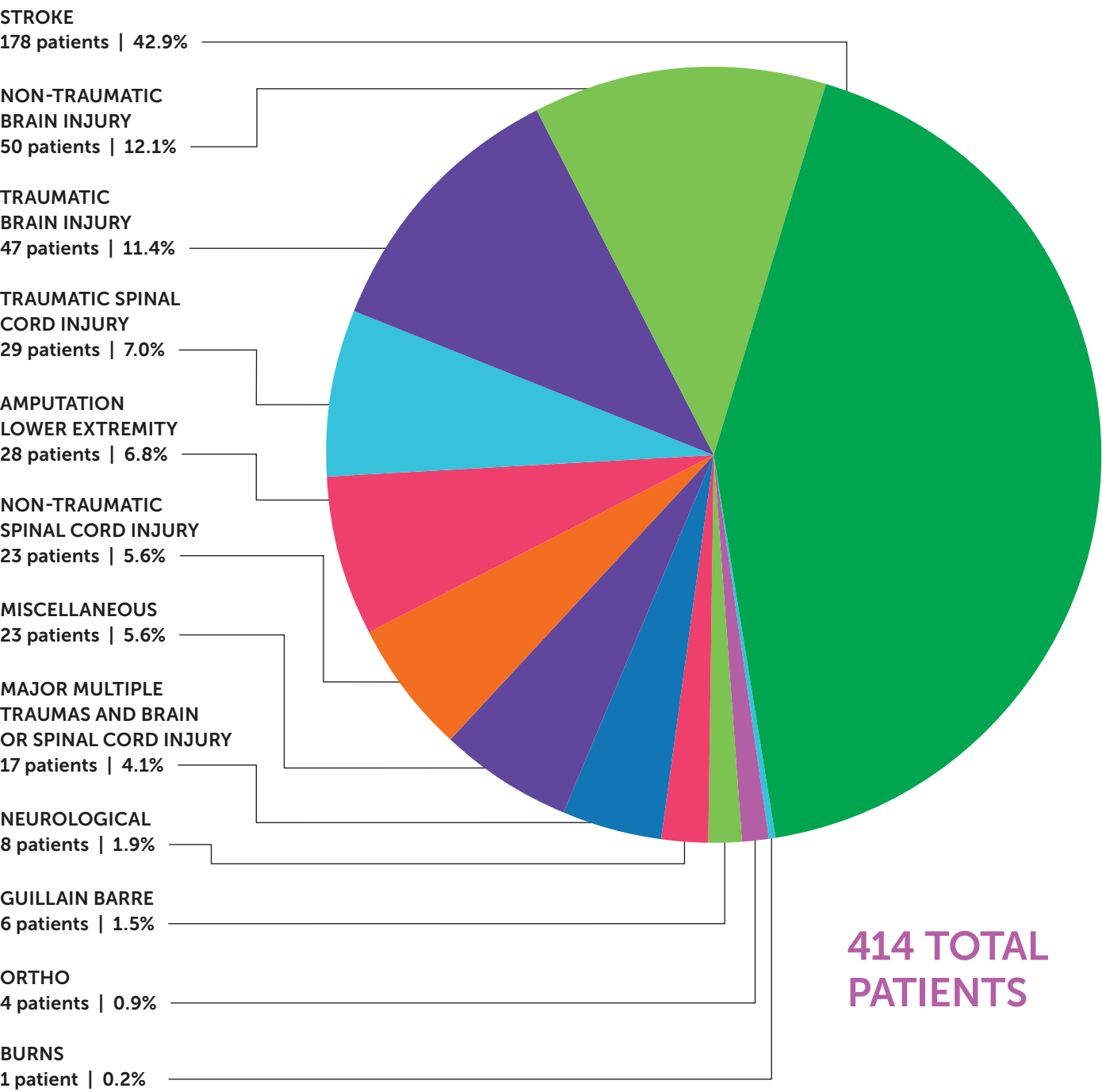
Grant recipient – We were awarded a \$17,000 grant to enhance our virtual communications with patients, families and community partners.

EXPANDED OUTPATIENT SUPPORT PROGRAMS

- Our bariatric care program was deepened through education, staff development and protocol use in outpatient settings.
- We initiated outpatient massage therapy and acupuncture services at HealthPartners Neuroscience Center. Due to high demand, we were able to expand acupuncture services by 50%.

OUTCOMES AND DATA – 2021

PATIENTS SERVED BY REHAB IMPAIRMENT CATEGORY



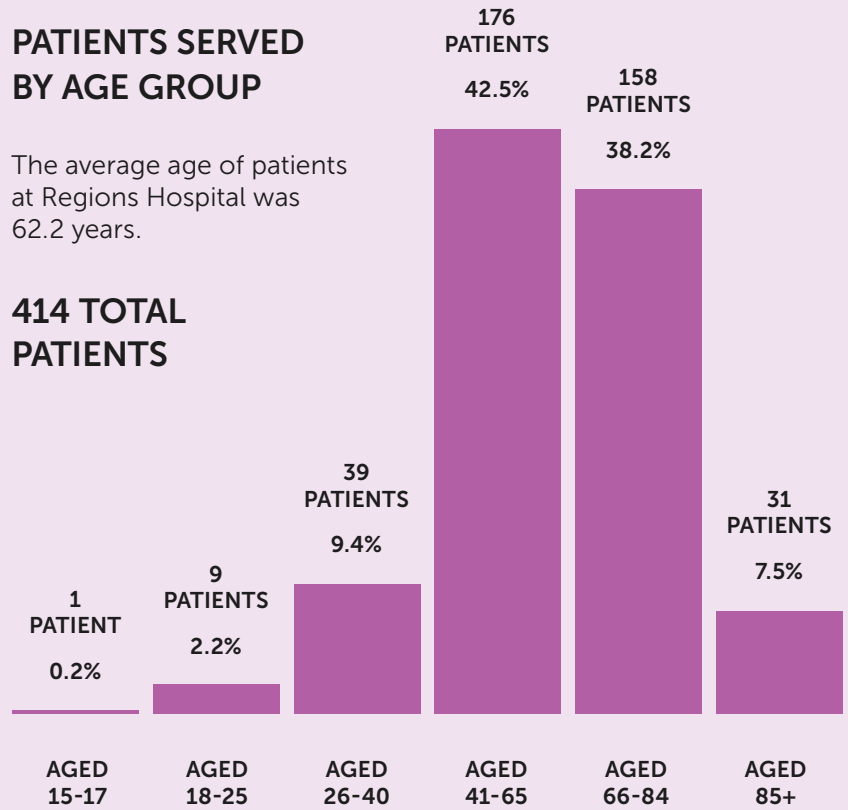


GENDER OF PATIENTS SERVED

PATIENTS SERVED BY AGE GROUP

The average age of patients at Regions Hospital was 62.2 years.

414 TOTAL PATIENTS



ALL PATIENT OUTCOMES

Rehabilitation Center patients made better functional gains than the regional adjusted mean. We continue to work with patients and families to increase the rate of discharges to home.

ALL PERSONS SERVED 414 PATIENTS	REGIONS HOSPITAL MEAN	REGIONAL ADJUSTED MEAN*
Length of stay in days	15.6	14.8
Self-care functional improvement ratio (higher is better)	1.06	1.00
Mobility functional improvement ratio (higher is better)	1.11	1.03
DISCHARGE DESTINATION		
To home and community	68.2%	74.5%
To long term care, includes transitional care unit	22.4%	14.3%
To acute care	8.2%	10.5%
To other	0.7%	0.3%

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

OUTCOMES FOR PATIENTS WITH STROKE

Patients with a stroke made better gains at our Rehabilitation Center than the regional adjusted mean with comparable lengths of stay.

STROKE 178 PATIENTS	REGIONS HOSPITAL MEAN	REGIONAL ADJUSTED MEAN*
Length of stay in days	15.9	15.8
Self-care functional improvement ratio (higher is better)	1.08	0.97
Mobility functional improvement ratio (higher is better)	1.11	1.01
DISCHARGE DESTINATION		
To home and community	65.7%	72.4%
To long term care, includes transitional care unit	27.0%	18.3%
To acute care	6.2%	8.8%
To other	0.6%	0.2%

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 had similar results to other patients in the region. Our patients had significantly better results in improvements in functional mobility than the regional adjusted mean.

MAJOR MULTIPLE TRAUMAS AND BRAIN OR SPINAL CORD INJURY 17 PATIENTS	REGIONS HOSPITAL MEAN	REGIONAL ADJUSTED MEAN*
Length of stay in days	16.4	16.2
Self-care functional improvement ratio (higher is better)	1.01	1.02
Mobility functional improvement ratio (higher is better)	1.19	1.06
DISCHARGE DESTINATION		
To home and community	76.5	77.6%
To long term care, includes transitional care unit	17.6%	10.7%
To acute care	5.9%	11.1%
To other	0.0%	0.6%

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OUTCOMES FOR PATIENTS WITH TRAUMATIC BRAIN INJURY

Our patients with a traumatic brain injury made greater functional gains and mobility functional improvements compared to the regional adjusted mean. We continue to work with patients and families to increase discharges to home.

TRAUMATIC BRAIN INJURY 47 PATIENTS	REGIONS HOSPITAL MEAN	REGIONAL ADJUSTED MEAN*
Length of stay in days	8.2	13.4
Self-care functional improvement ratio (higher is better)	1.22	1.03
Mobility functional improvement ratio (higher is better)	1.3	1.07
DISCHARGE DESTINATION		
To home and community	66.0%	75.5%
To long term care, includes transitional care unit	17.0%	12.6%
To acute care	17.0%	12.1%
To other	0.0%	0.1%

OUTCOMES FOR PATIENTS WITH NON-TRAUMATIC BRAIN INJURY

Our patients with a non-traumatic brain injury had functional gains comparable to the regional adjusted mean. We continue to be very successful at discharging these patients to home.

NON-TRAUMATIC BRAIN INJURY 50 PATIENTS	REGIONS HOSPITAL MEAN	REGIONAL ADJUSTED MEAN*
Length of stay in days	13.1	11.9
Self-care functional improvement ratio (higher is better)	0.99	1.02
Mobility functional improvement ratio (higher is better)	1.00	1.04
DISCHARGE DESTINATION		
To home and community	82.0%	78.9%
To long term care, includes transitional care unit	10.0%	8.9%
To acute care	8.0%	11.7%
To other	0.0%	0.3%

*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

Patients with traumatic spinal cord injuries made greater improvements than others in the regional adjusted mean, in both self-care and mobility functional improvements.

TRAUMATIC SPINAL CORD INJURY 29 PATIENTS	REGIONS HOSPITAL MEAN	REGIONAL ADJUSTED MEAN*
Length of stay in days	20.0	19.5
Self-care functional improvement ratio (higher is better)	1.09	1.02
Mobility functional improvement ratio (higher is better)	1.16	1.06
DISCHARGE DESTINATION		
To home and community	55.2%	71.6%
To long term care, includes transitional care unit	34.5%	17.6%
To acute care	10.3%	9.6%
To other	0.0%	0.9%

OUTCOMES FOR PATIENTS WITH NON-TRAUMATIC SPINAL CORD INJURIES

Increased length of stay has correlated with a third year of improvements for our patients with a non-traumatic spinal cord injury. Our functional gain now exceeds the region adjusted mean for mobility functional improvement.

NON-TRAUMATIC SPINAL CORD INJURY 23 PATIENTS	REGIONS HOSPITAL MEAN	REGIONAL ADJUSTED MEAN*
Length of stay in days	18.2	15.9
Self-care functional improvement ratio (higher is better)	0.98	1.0
Mobility functional improvement ratio (higher is better)	1.13	1.02
DISCHARGE DESTINATION		
To home and community	52.2%	71.7%
To long term care, includes transitional care unit	34.8%	13.4%
To acute care	8.7%	14.2%
To other	0.0%	0.1%

*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 2021**

LEVEL AND TYPE OF INJURY	NUMBER OF TRAUMATIC SCI*	NUMBER OF NON-TRAUMATIC SCI
Paraplegia Incomplete	8	13
Paraplegia Complete	4	1
Quadriplegia	0	0
Quadriplegia Incomplete C1-4	6	7
Quadriplegia Incomplete C5-8	8	2
Quadriplegia Complete C1-4	1	0
Quadriplegia Complete C5-8	2	0
Total	29	23

**AGE OF PATIENTS WITH
SPINAL CORD INJURY (SCI)
IN 2021**

AGE GROUP (YEARS)	NUMBER OF TRAUMATIC SCI	NUMBER OF NON-TRAUMATIC SCI
15–17	1	0
18–25	3	1
26–40	5	4
41–65	11	11
66–84	8	7
85+	1	0

*With or without Major Multiple Trauma.

90.3%
OF PATIENTS

DURABILITY OF OUTCOMES IN 2021

At 90 days post-discharge from acute inpatient rehabilitation, 90.3 percent of patients reached by phone had sustained or improved their functional status from discharge to follow up. This exceeds the national average of 83%.