

Quality and Performance 2015

Rusk Rehabilitation Outcomes Management System

Rusk Rehabilitation uses a patient-centered method to measure how effective and efficient are our inpatient treatment programs. Our programs are effective when our patients learn to function more independently and are able to return to the community after discharge. We measure how efficient our programs are by looking at how long it takes to accomplish these results.

The 2015 program outcomes are categorized as follows:

- Stroke Program: Acute Inpatient Rehabilitation
- Brain Injury Program: Acute Inpatient Rehabilitation
- Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP)
- Pediatric Program: Acute Inpatient Rehabilitation
- Limb Loss Program: Acute Inpatient Rehabilitation

Stroke Program: Acute Inpatient Rehabilitation

How much experience do we have treating individuals with Stroke?

- During 2015, we served 358 adult patients with stroke in our inpatient Stroke Program.
- The average age of a stroke patient was 66. 56% were 65 years or older, 35% between 45 and 64 years, and 8% between 18 and 40 years. Most (52%) were males.
- The patients who come to our program have limitations in at least one of the following areas: communication (understanding and speaking), moving around, performing daily self-care activities, engaging in activities of domestic life (doing housework, preparing meals), and participating in community activities.
- Our Stroke Specialty program includes a highly skilled, interdisciplinary team of professionals with specialized training in the medical, nursing, and therapeutic care of individuals who have had a stroke. Your physician is also a specialist in treating persons who have had a stroke.

Where do people come from?

- Most people come from Manhattan (28%), Brooklyn (27%), and Queens (20%). Many also come from other parts of New York State (13%) and from other states (7%).

How much therapy will you receive?

- Last year, our patients received an average of 3.6 hours of physical, occupational, speech-language pathology, psychology, and/or recreational therapy per day delivered by a licensed/certified therapist.
- Many also received other therapies as needed.

How often will you see a doctor?

- You will be seen regularly by your physiatrist, a doctor who specializes in rehabilitation.
- You will also be seen as needed by physicians with other medical specialties.

What happens if you get sick or have a medical emergency?

- Rusk has medical staff on-site 24 hours a day, 7 days a week, with Advanced Life Support certification and the equipment and processes in place to respond to medical emergencies. If necessary, you will be transferred to an acute care hospital for specialized treatment.
- Last year, 17% of our patients with stroke were transferred to acute care hospitals. Most (80%) of these were unplanned. This may reflect the fact that we choose to treat patients with complex medical issues.

How will your family be involved?

- Family members are invited to participate in treatment planning and goal setting, family meetings, and education and training sessions.

How long will I be an inpatient at Rusk?

- Not everyone stays for the same amount of time, but last year, the average patient stay was 18 days for patients in the stroke program.

What kinds of improvements can you expect?

- While results vary, at discharge most persons with strokes were able to care for themselves and walk or get around with a wheelchair with some help from their family members.
- Many patients who are discharged from the stroke program continue to receive therapy services as an outpatient and/or in the home.
- Last year, about 50% were able to return directly to a community setting, such as home or assisted living, after their inpatient rehab stay. Some (37%) obtained additional rehabilitation in a less intensive setting, such as a subacute facility.
- Most (89%) patients who were discharged to community settings had achieved their self-stated goals.

What do people say about their experience at Rusk?

- 97% of our patients rated the Overall Care at Rusk as “Very Good” or “Good.”
- Patients were highly satisfied with our physicians, nursing, and therapy services.
- Most patients also gave high ratings for how well their inpatient rehab stay prepared them to function at home (91%) and in the community (86%).

Satisfaction with Services

- Doctor: 93%
- Nursing: 95%
- Physical Therapy: 98%
- Occupational Therapy: 98%
- Speech/Language: 93%
- Psychology: 97%
- Therapeutic Recreation: 94%

Does Rusk have special accreditation?

Rusk Rehabilitation is accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF) as an Inpatient Stroke Rehabilitation Specialty Program. Every three years we are reviewed by CARF to ensure that all our programs meet or exceed very high standards of care for our patients. In October 2013, Rusk again received the highest accreditation possible—three years—with several commendations.

Special Recognition for Rusk Rehabilitation

- Best in New York State and among the top 10 in the country, in the *U.S. News & World Report* annual “Best Hospitals” list since the first ranking in 1989.
- Magnet® recognition for excellence in nursing care.
- “A” Hospital Safety ScoreSM by the Leapfrog Group for excellence in patient safety.

Patient Feedback

“I was extremely impressed with the responsiveness, competency, professionalism and compassion of the nursing (&) staff.”

“The nurses and nurses aides were wonderful, courteous, caring, pleasant, friendly, knowledgeable and efficient!”

“Physical therapy was great. Intense—physical therapist very caring and supportive.”

“The PT team was pro-active, encouraging and caring.”

“Occupational therapists guided me toward feeling comfortable about home recovery. Therapist carefully guided me through details of independence that left me feeling confident about home recovery.”

“Extremely impressed with the compassion, competency, professionalism & warmth of occupational therapy staff.”

Brain Injury Program: Acute Inpatient Rehabilitation

How much experience do we have treating individuals with Brain Injuries?

- During 2015, we served 202 adult patients with brain injuries in our inpatient Brain Injury Program.
- The majority (69%) had non-traumatic brain injury, such as an infection of the brain, tumor, or an aneurysm. The remaining (31%) had injuries caused by trauma, such as car accident, fall, or sports collision.
- The average age of a brain injury patient in 2015 was 63. 51% were 65 years or older, 34% between 45 and 64 years, and 14% between 18 and 44 years. Most (52%) were males.
- The patients who come to our program have limitations in at least one of the following areas: communication (understanding and speaking), moving around, performing daily self care activities, engaging in activities of domestic life (doing housework, preparing meals), and participating in community activities.
- Our Brain Injury Specialty program includes a highly skilled, interdisciplinary team of professionals with specialized training in the medical, nursing, and therapeutic care of individuals who have had a brain injury. Your physician is also a specialist in treating persons who have had a brain injury.

Where do people come from?

- Most patients come from Manhattan (25%), Brooklyn (23%), and Queens (12%). Many also come from other parts of New York State (19%) and from other states (13%).

How much therapy will you receive?

- Last year, our patients received an average of 3.6 hours of physical, occupational, speech-language pathology, psychology, and/or recreational therapy per day delivered by a licensed/certified therapist.
- Many also received other therapies as needed.

How often will you see a doctor?

- You will be seen regularly by your psychiatrist, a doctor who specializes in rehabilitation.
- You will also be seen as needed by physicians with other medical specialties.

What happens if you get sick or have a medical emergency?

- Rusk has medical staff on-site 24 hours a day, 7 days a week, with Advanced Life Support certification and the equipment and processes in place to respond to medical emergencies. If necessary, you will be transferred to an acute care hospital for specialized treatment.
- Last year, 19% of our patients with brain injury were transferred to acute care hospitals. Most (90%) of these were unplanned. This may reflect the fact that we choose to treat patients with complex medical issues.

How will your family be involved?

- Family members are invited to participate in treatment planning and goal setting, family meetings, and education and training sessions.

How long will I be an inpatient at Rusk?

- Not everyone stays for the same amount of time, but last year, the average patient stay was 14 days for patients in the specialized brain injury program.

What kinds of improvements can you expect?

- While results vary, at discharge most persons with brain injury needed someone to supervise them when caring for themselves and walking or getting around with a wheelchair.
- Most patients who are discharged from the brain injury program continue to receive therapy services as an outpatient and/or in the home.
- Last year, most people (63%) were able to return to a community setting, such as home or assisted living, after their inpatient rehab stay. Some (17%) obtained additional rehabilitation in a less intensive setting, such as a subacute facility.
- Most (91%) patients who were discharged to community settings had achieved their self-stated goals.

What do people say about their experience at Rusk?

- 95% of our patients rated the Overall Care at Rusk as “Very Good” or “Good.”
- Patients were highly satisfied with our physicians, nursing, and therapy services.
- Most patients also gave high ratings for how well their inpatient rehab stay prepared them to function at home (100%) and in the community (93%).

Satisfaction with Services

- Doctor: 98%
- Nursing: 91%
- Physical Therapy: 94%
- Occupational Therapy: 96%
- Speech/Language: 98%
- Psychology: 92%

Therapeutic Recreation: 90%

Does Rusk have special accreditation?

- Rusk Rehabilitation is accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF) as an Inpatient Brain Injury Rehabilitation Specialty Program. Every three years we are reviewed by CARF to ensure that all our programs meet or exceed very high standards of care for our patients. In October 2013, Rusk again received the highest accreditation possible—three years—with several commendations.

Special Recognition for Rusk Rehabilitation

- Best in New York State and among the top 10 in the country, in the *U.S. News & World Report* annual “Best Hospitals” list since the first ranking in 1989.
- Magnet® recognition for excellence in nursing care.
- “A” Hospital Safety ScoreSM by the Leapfrog Group for excellence in patient safety.

Patient Feedback

“Excellent care and dedicated nurses.”

“I love this treatment (PT) because after different exercises I feel better and independent. My physical therapist worked with me with love and helped me get better.”

(Occupational therapist) took extra time to try and understand our needs and create a plan that would be best for us. Also very caring and knowledgeable.”

“Having animals, plants, and art in this environment is so important! I still think about the bunnies!”

Comprehensive Integrated Inpatient Rehabilitation Program

How much experience do we have treating individuals who need acute inpatient rehabilitation?

- During 2015, we served 844 adult patients with various conditions in our CIIRP. (We also served an additional 658 patients in Stroke, Brain Injury, and Pediatric specialty programs, described elsewhere.)
- The average age of persons in CIIRP was 69. 68% were 65 years or older, 25% between 45 and 64 years, and 8% between 18 and 44 years. Most (54%) were females.
- The patients who come to our program have difficulties in performing at least one of the following: moving around, taking care of themselves (self-care), engaging in

activities of domestic life (doing housework, preparing meals) and participating in community activities. In addition, some of our patients have difficulty communicating (understanding and speaking).

- The CIIRP unit includes nurses and therapists who have special training and expertise in treating individuals with various conditions. Your physician is also a specialist in treating various conditions requiring acute inpatient rehabilitation.

Where do people come from?

- Most people come from Manhattan (32%), Brooklyn (22%), and Queens (13%). Many also come from other parts of New York State (16%) and from other states (9%).

How much therapy will you receive?

- Last year, our patients received an average of 3.4 hours of physical, occupational, speech-language pathology, psychology, and/or recreational therapy per day delivered by a licensed/certified therapist.
- Many also received other therapies as needed.

How often will you see a doctor?

- You will be seen regularly by your physiatrist, a doctor who specializes in rehabilitation.
- You will also be seen as needed by physicians with other medical specialties.

What happens if you get sick or have a medical emergency?

- Rusk has medical staff on-site 24 hours a day, 7 days a week, with Advanced Life Support certification and the equipment and processes in place to respond to medical emergencies. If necessary, you will be transferred to an acute care hospital for specialized treatment.
- Last year, 8% of our patients in the CIIRP were transferred to acute care hospitals. Most (75%) of these were unplanned. This may reflect the fact that we choose to treat patients with complex medical issues.

How will your family be involved?

- Family members are invited to participate in treatment planning and goal setting, family meetings, and education and training sessions.

How long will I be an inpatient at Rusk?

- The amount of time you stay varies from a few days to several weeks, based on your individual needs and the progress being made. Last year, the average patient stay was 13 days for patients in the CIIRP.

What kinds of improvements can you expect?

- While results vary, at discharge most persons were able to care for themselves and walk or get around with a wheelchair with some help from family members.
- Many patients who are discharged from the CIIRP continue to receive therapy services as an outpatient and/or in the home.
- Last year, most people (80%) were able to return to a community setting, such as home or assisted living, after their inpatient rehab stay. Some (12%) obtained additional rehabilitation in a less intensive setting, such as a subacute facility.
- Most (86%) patients who were discharged to community settings had achieved their self-stated goals.

What do people say about their experience at Rusk?

- 97% of our patients rated the Overall Care at Rusk as “Very Good” or “Good.”
- Patients were highly satisfied with our physicians, nursing, and therapy services.
- Most patients also gave high ratings for how well their inpatient rehab stay prepared them to function at home (94%) and in the community (91%).

Satisfaction with Services

- Doctor: 97%
- Nursing: 90%
- Physical Therapy: 96%
- Occupational Therapy: 97%
- Speech/Language: 94%
- Psychology: 93%
- Therapeutic Recreation: 95%

Does Rusk have special accreditation?

- Rusk Rehabilitation is accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF) as a Comprehensive Integrated Inpatient Rehabilitation Program. Every three years we are reviewed by CARF to ensure that all our programs meet or exceed very high standards of care for our patients. In October 2013, Rusk again received the highest accreditation possible—three years—with several commendations.

Special Recognition for Rusk Rehabilitation

- Best in New York State and among the top 10 in the country, in the *U.S. News & World Report* annual “Best Hospitals” list since the first ranking in 1989.
- Magnet® recognition for excellence in nursing care.
- “A” Hospital Safety ScoreSM by the Leapfrog Group for excellence in patient safety.

Patient Feedback

"(Nurses) provided excellent care with respect, compassion and had words of encouragement."

"Both physical and occupational therapists were phenomenal. They imbued confidence and high—but ultimately reachable—expectations!"

"All therapies were excellent!!! THE BEST."

"(Occupational) Therapist gave me good insight to take better care of myself at home."

"I loved the music therapy and the horticulture. I brought home 10 plants, and put them all in beautiful arrangements."

"Dr. was great! His associates also were excellent. They were caring, informative, encouraging, warm. Model healers."

"Dr. was totally available, practical, responsive and responsible. Excellent experience!"

"I like how they had the family come in to show them how to help the patient at home. Social worker did good job in helping set up things at home."

"After a 2 week stay I was able to return home with confidence thanks to the excellent treatment at Rusk. Everything and everybody was super!"

"All in all—a RARE and intelligent and responsive staff. Rusk could not have been better—in EVERY way. What an institution!"

Pediatric Program: Acute Inpatient Rehabilitation

How much experience do we have treating children and adolescents?

- During 2015, we served 118 pediatric patients in our Inpatient Pediatric Specialty Program.
- Our pediatric program use a child-centered, team approach to identify each child's obstacles and capabilities and then develop a treatment plan. The plan is based on developing practical goals that address the activity limitations that the child is experiencing. Examples include: having difficulty understanding conversations; having difficulty learning to speak, read, and write; being unable to move around independently; needing help to perform activities of daily living such as bathing, dressing, eating, and drinking. This plan may include various therapies, psychological support, education, and the use of adaptive equipment in the home, school, or community environments. The child and their family then work closely with the clinical team to achieve these treatment goals.
- Our Pediatric Specialty program includes a highly skilled, interdisciplinary team of professionals with specialized training in the medical, nursing, and therapeutic care of children and adolescents.

- The average age of our pediatric patients in 2015 was 12. 78% were 10 years or older, 8% between 7 and 10 years, 10% between 5 and 7 years, 6% between 3 and 5 years, and 6% under 3 years. Most (58%) were males.

Where do our pediatric patients come from?

- Most of our pediatric patients come from Brooklyn (37%), Manhattan (14%), Queens (17%), and Bronx (14%). Many also come from other parts of New York State (7%) and from other states (4%).

How much therapy will your child receive?

- Last year, our pediatric patients received an average of 3.7 hours of physical, occupational, speech-language pathology, psychology, and/or recreational therapy per day delivered by a licensed/certified therapist.
- Many also received other therapies as needed, such as nutrition, feeding and swallowing, educational services, and vocational rehabilitation.

How often will your child see a doctor?

- Your child will be seen regularly by a physiatrist, a doctor who specializes in rehabilitation.
- Your child will also be seen as needed by physicians with other medical specialties.

What happens if your child gets sick or has a medical emergency?

- Rusk has medical staff on-site 24 hours a day, 7 days a week, with Advanced Life Support certification and the equipment and processes in place to respond to medical emergencies. If necessary, your child will be transferred to an acute care unit for specialized treatment.
- Last year, 8% of our pediatric patients were transferred to acute care units. Most (90%) of these were for planned procedures.

How will your family be involved?

- Family members are invited to participate in treatment planning and goal setting, family meetings, and education and training sessions.

How long will your child be an inpatient at Rusk?

- Not everyone stays for the same amount of time, but last year, the average patient stay was 33 days.

What kinds of improvements can you expect to see for your child?

- While results vary, at discharge most were able to care for themselves and walk or get around with a wheelchair with some help from their family members.
- Many patients who are discharged from the pediatric program continue to receive therapy services as an outpatient and/or in the home.
- Last year, about 92% were able to return directly to a community setting, such as home or assisted living, after their inpatient rehab stay.

What do people say about their experience at Rusk?

- 100% of our pediatric patients and their families rated the Overall Care at Rusk as “Very Good” or “Good.”
- Patients and families were also highly satisfied with our physicians, nursing, and therapy services.
- Most patients also gave high ratings for how well their inpatient rehab stay prepared them to function at home (94%) and in the community (94%).

Satisfaction with Services

- Doctor: 93%
- Nursing: 96%
- Physical Therapy: 95%
- Occupational Therapy: 94%
- Speech/Language: 92%
- Psychology: 91%
- Therapeutic Recreation: 98%

Does Rusk have special accreditation?

- Rusk Rehabilitation is accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF) as an Inpatient Pediatric Rehabilitation Specialty Program. Every three years we are reviewed by CARF to ensure that all our programs meet or exceed very high standards of care for our patients. In October 2013, Rusk again received the highest accreditation possible—three years—with several commendations.

Special Recognition for Rusk Rehabilitation

- Best in New York State and among the top 10 in the country, in the *U.S. News & World Report* annual “Best Hospitals” list since the first ranking in 1989.
- Magnet® recognition for excellence in nursing care.
- “A” Hospital Safety ScoreSM by the Leapfrog Group for excellence in patient safety.

Patient Feedback

“The best staff a young child could ask for! Seriously, every nurse was caring and helpful.”

“It was hard work but I was dedicated and I loved that I was constantly motivated.”

“I would recommend the facility to anyone who needs rehabilitation. The therapists were very knowledgeable and helped my daughter tremendously.”

“Therapists were excellent. They treated with kindness. They taught him to walk. I am very grateful.”

Limb Loss Program: Acute Inpatient Rehabilitation

How much experience do we have treating individuals with Limb Loss?

- During 2015, we served 29 adult patients in our inpatient Limb Loss Program.
- The average age of a limb loss patient was 59. 55% were 65 years or older, 24% between 45 and 64 years, and 21% between 18 and 44 years. Most (59%) were males.
- In our Limb Loss program we use a team approach to identify where the patient is having difficulty and work together to develop a treatment plan. The patients who come to our program have limitations in at least one of the following areas: performing daily self-care activities, moving around, sensation (ability to feel), vision (ability to see), engaging in activities of domestic life (doing housework, preparing meals), care of residual (remaining) limb, putting on and taking off the artificial limb (prosthesis) and participating in community activities.
- Our Limb Loss Specialty program includes a highly skilled, interdisciplinary team of professionals with specialized training in the medical, nursing, and therapeutic care of individuals who have had a limb loss. Your physician is also a specialist in treating persons who have had a limb loss.

Where do people come from?

- Most people come from Manhattan (28%), Brooklyn (21%), Queens (14%), and Staten Island (14%). Many also come from other parts of New York State (14%).

How much therapy will you receive?

- Last year, our patients received an average of 3.3 hours of physical, occupational, speech-language pathology, psychology, and/or recreational therapy per day delivered by a licensed/certified therapist.
- Many also received other therapies as needed.

How often will you see a doctor?

- You will be seen regularly by your physiatrist, a doctor who specializes in rehabilitation.
- You will also be seen as needed by physicians with other medical specialties.

What happens if you get sick or have a medical emergency?

- Rusk has medical staff on-site 24 hours a day, 7 days a week, with Advanced Life Support certification and the equipment and processes in place to respond to medical emergencies. If necessary, you will be transferred to an acute care hospital for specialized treatment.
- Last year, 17% of our patients with limb loss were transferred to acute care hospitals. Most (90%) of these were planned.

How will your family be involved?

- Family members are invited to participate in treatment planning and goal setting, family meetings, and education and training sessions.

How long will I be an inpatient at Rusk?

- Not everyone stays for the same amount of time, but last year, the average patient stay was 15 days for patients in the specialized limb loss program.

What kinds of improvements can you expect?

- While results vary, at discharge most persons were able to care for themselves and get around with some help from their family members.
- Last year, most people (69%) were able to return to a community setting, such as home or assisted living, after their inpatient rehab stay. Some (14%) obtained additional rehabilitation in a less intensive setting, such as a subacute facility.
- All (100%) patients who were discharged to community settings had achieved their self-stated goals.

What do people say about their experience at Rusk?

- 97% of our patients rated the Overall Care at Rusk as “Very Good” or “Good.”
- Patients were highly satisfied with our physicians, nursing, and therapy services.
- Most patients also gave high ratings for how well their inpatient rehab stay prepared them to function at home (94%) and in the community (91%).

Satisfaction with Services

- Doctor: 97%
- Nursing: 90%
- Physical Therapy: 96%
- Occupational Therapy: 97%
- Speech/Language: 94%
- Psychology: 93%
- Therapeutic Recreation: 95%

Does Rusk have special accreditation?

- Rusk Rehabilitation is accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF) as a Comprehensive Integrated Inpatient Rehabilitation Program. Every three years we are reviewed by CARF to ensure that all our programs meet or exceed very high standards of care for our patients. In October 2013, Rusk again received the highest accreditation possible—three years—with several commendations.

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Patient Feedback

"(Nurses) provided excellent care with respect, compassion and had words of encouragement."

"Both physical and occupational therapists were phenomenal. They imbued confidence and high—but ultimately reachable—expectations!"

"All therapies were excellent!!! THE BEST."

"(Occupational) Therapist gave me good insight to take better care of myself at home."

"I loved the music therapy and the horticulture. I brought home 10 plants, and put them all in beautiful arrangements."

"Dr. was great! His associates also were excellent. They were caring, informative, encouraging, warm. Model healers."

"Dr. was totally available, practical, responsive and responsible." Excellent experience!"

"I like how they had the family come in to show them how to help the patient at home. Social worker did good job in helping set up things at home."

"After a 2 week stay I was able to return home with confidence thanks to the excellent treatment at Rusk. Everything and everybody was super!"

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