

Quality and Performance 2017

The Rusk Outcomes Management System

At the Rusk Institute we use 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 2017 program outcomes are categorized as follows:

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

Brain Injury Rehabilitation: 2017

How much experience does Rusk have treating individuals with brain injuries?

- During 2017, we served 197 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, a 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 2017 was 65. 35% were 75 years or older, 28% between 65 and 74 years, 22% between 45 and 64 years, and 15% between 18 and 44 years. Most (74%) were males.
- 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.
- 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.

How much therapy will I 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.

How often will I 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 I get sick or have a medical emergency?

- Rusk has medical staff on-site 24 hours a day, seven 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, 12% of our patients with brain injury were transferred to acute care hospitals. Most (96%) of these were unplanned. This may reflect the fact that we choose to treat patients with complex medical issues.

How will my 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 brain injury program.

What kinds of improvements can I 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 (65%) were able to return to a community setting, such as home or assisted living, after their inpatient rehab stay. Some (22%) obtained additional rehabilitation in a less intensive setting, such as a subacute facility.
- Most (87%) patients who were discharged to community settings had achieved their self-stated goals.

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 2016, Rusk again received the highest accreditation possible—three years—with several commendations.

What do people say about their experience at Rusk?

- 96% 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 (96%) and in the community (91%).

Satisfaction with Services

- Speech/Language: 97%
- Occupational Therapy: 97%
- Physical Therapy: 97%
- Doctor: 94%
- Psychology: 94%
- Therapeutic Recreation: 93%
- Nursing: 92%

Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP): 2017

How much experience does Rusk have treating individuals who need acute inpatient rehabilitation?

- During 2017, we served 797 adult patients with various conditions in our CIIRP. (We also served an additional 688 patients in stroke, brain injury, limb loss, and pediatric specialty programs, described elsewhere.)
- The average age of persons in CIIRP was 69. Of these patients, 37% were 75 years and older, 31% between 65 and 74 years, 24% between 45 and 64 years, and 8% between 18 and 44 years. Most (61%) 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.

How much therapy will I 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 or practitioner.

How often will I 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 I get sick or have a medical emergency?

- Rusk has medical staff on-site 24 hours a day, seven 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, 11% of our patients in the CIIRP were transferred to acute care hospitals. 100% of these were unplanned. This may reflect the fact that we choose to treat patients with complex medical issues.

How will my family be involved?

- Family members are invited to participate in treatment planning and goal setting, family meetings, and education and training sessions. Emotional support and additional informational resources are also available to family members.

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 12 days in the CIIRP.

What kinds of improvements can I expect?

- 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 (75%) 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.
- Most (88%) patients who were discharged to community settings achieved their self-stated goals.

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 2016, Rusk again received the highest accreditation possible—three years—with several commendations.

What do people say about their experience at Rusk?

- 94% 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 (93%) and in the community (89%).

Satisfaction with Services

- Physical Therapy: 97%
- Occupational Therapy: 96%
- Speech/Language: 94%
- Doctor: 92%
- Psychology: 91%
- Nursing: 90%
- Therapeutic Recreation: 87%

Acute Patient Conditions

- Cardiac: 20%
- Pulmonary: 10%
- Orthopedic: 25%
- Medically Complex: 22%
- Spinal Cord: 14%
- Neurological: 9%

Limb Loss Program: 2017

How much experience does Rusk have treating individuals with limb loss?

- During 2017, we served 38 adult patients with limb loss in our inpatient Limb Loss Program.
- The average age of these patients was 62. Of these patients, 18% were 75 years or older, 26% between 65 and 74 years, 47% between 45 and 64 years, and 8% between 18 and 44 years. Most (79%) 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 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.

How much therapy will I 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 or practitioner.

How often will I 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 I 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, 5% of our patients with limb loss were transferred to acute care hospitals. All (100%) of these were planned.

How will my family be involved?

- Family members are invited to participate in treatment planning and goal setting, family meetings, education and training sessions. Emotional support and additional informational resources are also available to family members.

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 16 days for patients in the limb loss program.

What kinds of improvements can I expect?

- While results vary, at discharge most persons with limb loss were able to care for themselves and walk or get around with some help from their family members.
- Many patients who are discharged from the limb loss program continue to receive therapy services as an outpatient and/or in the home.
- Last year, about 68% were able to return directly to a community setting, such as home or assisted living, after their inpatient rehab stay. Some (26%) 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.

Does Rusk have special accreditation?

- Rusk Rehabilitation is accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF) 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 2016, Rusk again received the highest accreditation possible—three years—with several commendations.

What do people say about their experience at Rusk?•

- 94% 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 rehabilitation stay prepared them to function at home (93%) and in the community (89%).

Satisfaction with Services

- Physical Therapy: 97%
- Occupational Therapy: 96%
- Speech/Language: 94%
- Doctor: 92%
- Psychology: 91%
- Nursing: 90%
- Therapeutic Recreation: 87%

Pediatric Program: 2017

How much experience does Rusk have treating children and adolescents?

- During 2017, we served 139 pediatric patients in our inpatient pediatric specialty program.
- Our pediatric program uses 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.
- We treat patients ages 6 months to 18 years. The average age of our pediatric patients in 2017 was 11 years. Of these, 65% were 11 years or older, 12% between 8 and 10 years, 7% between 6 and 7 years, 9% between 4 and 5 years, and 6% under 3 years. Most (57%) were males.

How much therapy will my child receive?

- Last year, our pediatric patients received an average of 4.5 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 my 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 my child gets sick or has a medical emergency?

- Rusk has medical staff on-site 24 hours a day, seven 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, 6% of our pediatric patients were transferred to acute care units. Most (96%) of these were for planned procedures.

How will my 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 my child be an inpatient at Rusk?

- Not everyone stays for the same amount of time, but last year, the average patient stay was 22 days.

What kinds of improvements can I expect to see for my 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 93% were able to return directly to a community setting, such as home or assisted living, after their inpatient rehabilitation stay.

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 2016, Rusk again received the highest accreditation possible—three years—with several commendations.

What do people say about their experience at Rusk?

- 96% 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 their inpatient rehab stay prepared them to function at home (90%) and in the community (91%).

Satisfaction with Services

- Speech/Language: 96%
- Therapeutic Recreation: 94%
- Nursing: 94%
- Physical Therapy: 92%
- Occupational Therapy: 92%
- Doctor: 92%
- Psychology: 90%

Stroke Program - 2017

How much experience does Rusk have treating individuals who have had a stroke?

- During 2017, we served 314 adult patients with stroke in our inpatient stroke program.
- The average age of a stroke patient was 66. Of these patients, 32% were 75 years or older, 29% between 65 and 74 years, 31% between 45 and 64 years, and 8% between 18 and 44 years. Most (71%) 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.

How much therapy will I 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 or practitioner.

How often will I 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 I get sick or have a medical emergency?

- Rusk has medical staff on-site 24 hours a day, seven 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, 13% of our patients with stroke were transferred to acute care hospitals. 100% of these were unplanned. This may reflect the fact that we choose to treat patients with complex medical issues.

How will my family be involved?

- Family members are invited to participate in treatment planning and goal setting, family meetings, education and training sessions. Emotional support and additional informational resources are also available to family members.

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 17 days for patients in the stroke program.

What kinds of improvements can I 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, an aide or a friend.
- 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 56% were able to return directly to a community setting, such as home or assisted living, after their inpatient rehabilitation stay. Some (31%) 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.

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 2016, Rusk again received the highest accreditation possible—three years—with several commendations.

What do people say about their experience at Rusk?

- 94% 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 (93%) and in the community (91%).

Satisfaction with Services

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