2022 ANNUAL REPORT

8N INPATIENT REHABILITATION UNIT

UW Medicine
UNIVERSITY OF WASHINGTON MEDICAL CENTER
Mission
The mission of the department of Rehabilitation Medicine is to improve the health, function, and quality of life of those we serve.

Values
We strive to provide excellent care, enhanced by a strong commitment to teaching, community service, and research. It is our belief that the highest quality rehabilitation is best achieved in partnership with the patient and their family. Our staff respects diversity and recognizes that every person deserves their own unique treatment plan.
Based on data from UDS, the number of admissions was 10 fewer in 2022 although the patient days was almost the same, likely due to an increase in average length of stay (16 in 2021, 16.6 in 2022). Although not displayed above, the median length of stay remained at 14 days, indicating that there may be a cluster of long length of stay patients who elevate the average. As in previous years, throughput to long term care facilities, where many of the long length of stay patients discharge, was impacted by the pandemic.

In 2022, the UW Medical Center Inpatient Rehabilitation unit served a higher percentage of brain injury and spinal cord injury patients than other healthcare facilities in the region and nation. The Miscellaneous category almost doubled from the previous year (12% in 2021) includes patients coded as “Medically Complex”, transplant, and oncology patients. All Other includes orthopedic, amputation, and multiple trauma diagnoses.
Most admissions to the UWMC Inpatient Rehabilitation are from UWMC’s Acute Care or ICU Services at the Montlake and Northwest campuses. Additional admissions come from local or regional facilities including other UW Medicine hospitals (Harborview Medical Center, Valley Medical Center). Like the region and nation, a small percentage of patients are admitted from home, skilled nursing facilities, or long-term care hospitals.

Compared to the region, 8N discharged fewer patients to home or the community and more patients to long term and acute care facilities. Compared to the nation, 8N discharged an equal amount to home and fewer patients to long term care facilities. 8N also discharged a higher percentage of patients to acute care facilities.

“All other” includes other rehab facilities and “Not listed”.

Discharge Settings 2022

Admissions Sources 2022
The Functional Activity scores for Self Care and Mobility reflect the ability to perform everyday activities independently. For Self Care, UWMC patients had lower scores on admission and discharge than the region and nation, including a smaller measured improvement. For Mobility, UWMC patients also scored lower at discharge and admission as compared to the region and nation. Our Case Mix Index (CMI) is lower than that of the region and nation (1.33 at UW-Montlake vs 1.42 for the region and nation). Further investigation is needed to determine the basis for these results.
Medtel™ completed telephone surveys with ~50% of patients, 3 months after discharge. On a 4-point scale ranging from “Very Dissatisfied” to “Very Satisfied”, the percentage of patients giving the highest possible score for Overall Satisfaction was 87%. Importantly, data is missing from Q1-Q3 due to the protracted process of switching vendors. We do not anticipate any interruptions in service in 2023.

Payor Mix 2022

2022 Demographics

- 299 patients served in 2021
- 64.1% of our patients had a stroke, brain injury or spinal cord injury
- 60 Average Age
- 61% Male, 39% Female
- 84% of patients return home
- 16.6 days
- The range = 1 to 80 days.
- *10% transfer to acute care
- *5.4% discharge to long term care facilities
- *1 patient expiration

UWMC Rehab typically has a younger population compared to the region (64) and the nation (68). There were 2 adolescents served in 2022.
Education and Volunteer Activities

The University of Washington and Harborview Medical Centers sponsor ongoing events to educate and assist current and former patients as well as the general public.

- **The Rehab Patient/Family Advisory Council** seeks patients and family members to partner with staff in program and policy development for ongoing improvement of the overall care experience. The UWMC Rehab Council meets monthly (virtual) on the 4th Wednesday, 2-3:30. For more information or to volunteer, contact Andrea Dotson, Patient and Family Education Services, 206-598-7448, dotsona@uw.edu.

- **The SCI Peer Mentor Program** strives to match newly injured patients with a person in the community who has successfully adjusted to living with a spinal cord injury. Peer mentors have similar life experience, providing opportunity for exchange of information, support, encouragement, and advocacy. A peer mentor may be requested during the inpatient rehabilitation stay at either UWMC or HMC, and will be arranged by the Peer Coordinator and the Rehabilitation Psychologist.

- **The Northwest Regional Spinal Cord Injury System** presents a monthly evening educational program that covers topics of interest to people with SCI and their family members, friends, physicians and allied health professionals. See www.sci.washington.edu/forum.
Education and Volunteer Activities (continued)

- **Amputee (Virtual) Support Group:** Weekly meetings providing information, guidance and support are open to patients, families, friends and community members. Tuesdays, 11-12:30, call 253-215 8782 or email goetch@uw.edu.

- **The UW Medicine Virtual Stroke Club** is a free resource available to all stroke survivors and caregivers. The group is to help lay the foundation for recovery and transition into life after a stroke. Members of the UW Medicine stroke care team will be available to answer questions and review educational topics. Meets the 2nd Tuesday of the month. For more information, call 206-744-3875 or email stroke@uw.edu.

- **The Brain Injury Support Group at HMC** is for families and friends or patients who are currently at Harborview in the intensive care, neuroscience specialty, acute care or rehabilitation units with brain injuries from concussion, aneurysm, stroke, tumor, trauma or other causes. Contact 206-744-3545 or email pbliss@uw.edu.
The Traumatic Brain Injury Model System (TBIMS), headquartered at the University of Washington's Department of Rehabilitation Medicine and Harborview Medical Center, is one of 16 such centers funded by the National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR-project number 90DPTB0008) through 2022. Over 1200 persons with TBI are participants in our Model System which has operated since 1998.

Our goal is to promote the health, well being, and recovery of persons with TBI by applying knowledge from cutting edge research into our clinical care. UW TBIMS research areas include testing the use of collaborative care to treat chronic pain for individuals with TBI, examining physical activity and it’s impact on cognition, sleep, and function in the first year after injury, gaining an understanding of change in cognition over time after TBI, and learning about returning to driving after TBI. We have partnered with the Brain Injury Association of Washington (BIAWA) to provided Brain Health and Wellness Classes at Harborview Medical Center which are open to the public. We also update our website (tbi.washington.edu) with relevant new information for individuals with brain injury including other research opportunities.
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UW Department of Rehab Medicine
Total = $15,168,276
The Inpatient Rehab Unit is located on the 8th Floor of the Pacific Tower.