



2023 Annual Report

Vision: A world where all people can fully participate and thrive

Mission: Together we achieve and advance the highest quality rehabilitation care, training, and research

Values: Integrity, inclusion, innovation, impact

Patient Demographics

Admissions & Length of Stay

2023 was a year of many significant milestones for our program. The first, and perhaps most influential change was the end of the Public Health Emergency (PHE) in May. The PHE's termination meant a resumption of many pre-pandemic compliance and regulatory standards. While our team effectively navigated this change, we did so cautiously, and as a result our admissions total for 2023 came in lower than the prior 3 years (range: 299-309). Our average length of stay (ALOS), meanwhile, decreased year over year but remains above 16 days. Our median length of stay remained at 14 days.

Admitting Diagnoses

Stroke, brain injury, and spinal cord injury continue to remain among our most common admitting diagnoses. Of note, between 2022 and 2023, the percentage of stroke patients rose by 16% and brain injury patients rose by 17%, while the medically complex category decreased by 35%. Although we equally consider referrals across diagnostic categories, and expect variations between years, we will continue to monitor this category for trends.

282

Admissions

16.3 days

Average Length of Stay

900

Average Weekly Therapy Minutes

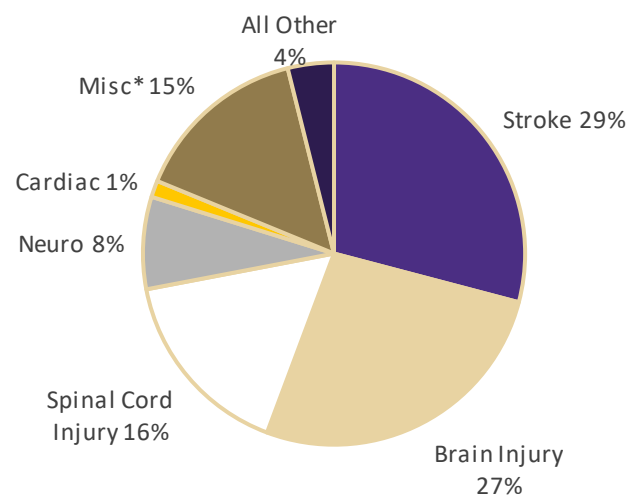
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Adolescents Served

2023 At a Glance

- Unit operations continue to adapt as the COVID-19 pandemic recedes.
- Expected annual variation in admitting diagnoses, admissions totals, payor mix, and admissions sources.
- Functional gains, overall satisfaction, and discharge setting continue to be a focus area for improvement.
- Opportunities for community engagement remain plentiful.

Admitting Diagnoses Treated



*Miscellaneous includes medically complex patients

2023 Summary

We collect demographic and satisfaction data to help identify disparities, promote health equity, and respond to the changing needs of our patient population.

Patient Demographics – cont.

Payor Mix

Medicare remains the predominant insurer with commercial insurance a close second. Of note, Medicare decreased 15% and commercial insurance increased 22% between 2022 and 2023. Medicaid remains largely unchanged and "Other" includes insurers such as Tricare, Worker's Comp, and no insurance. Similar to admitting diagnoses, we equally consider referrals across different insurers and expect variations between years. Nevertheless, we will continue to monitor this category for trends.

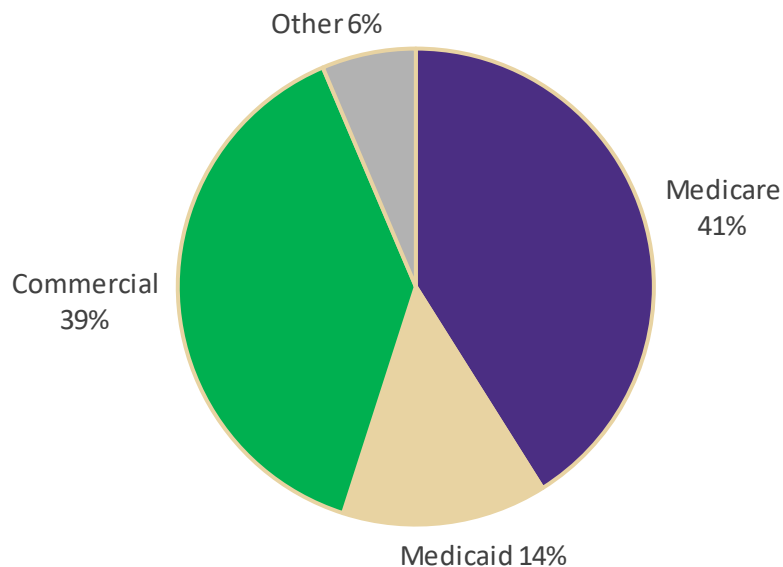
Satisfaction

Our post-discharge patient satisfaction data indicates that our program performs well during the inpatient stay regarding specific questions. Communication, discharge teaching, and caregiver training are major components of the rehab stay. In terms of overall patient experience, however, we fall short of our goal (>90%), indicating that we have room to improve. Further follow up is needed to determine next steps.

Admissions Source

As in previous years we admit most of our patients from acute care hospitals. There remain, however, a handful of patients who admit from home or post-acute settings. At a geographic level, although we primarily serve the WWAMI region, we admit patients from around the country.

Payor Mix



In 2023, patients admitted from: Washington, Alaska, Oregon, Montana, Idaho, California, Texas, Hawaii, South Carolina, and Arizona

Patient Satisfaction (Percent "Very Satisfied")

96%

Admitted from an Acute Care Hospital

Other sources include Long Term Care, Skilled Nursing Facilities, and Home

81%

Overall Patient Experience

94%

Caregiver Training

96%

RN/Therapist/Provider Communication

95%

Discharge Instructions

2023 Summary – cont.

We measure outcomes across many quality and safety categories, using data from our electronic health record, regulatory documents, and post-discharge follow up surveys.

Outcomes

Discharge Location

Our discharge to home, long term care, and unplanned acute care discharge percentage remained within a few percentage points of our historical baseline. An additional group of patients are not counted here due to a planned transfer back to acute care based on clinical factors.

Functional Gains

Patients continue to make significant functional gains during and after their inpatient rehab stay. With an average of 15 hours of intensive therapy per week, and rehab nursing available 24 hours per day, our team works around the clock to promote recovery. Discharge planning involves a home exercise program and referrals to community-based therapies—outpatient or home health—to continue functional progress.

Reportable Pressure Injuries

There were no reportable pressure injuries in 2023. The interdisciplinary team, often in concert with Wound Clinical Nurse Specialists, helped to achieve this result.

Discharge Location

81% Home



11% Acute Care



6% Long Term Care

0

Reportable Pressure Injuries

Functional Gains During Stay



49%

Increase in patient self-care*



59%

Increase in patient mobility*

Functional Gains 3 Months Post-Discharge

23%

Improvement in patient mobility*

10%

Improvement in patient self-care*

*Average values

Get Involved

We encourage current and former patients to engage with community groups to sustain their recovery, foster peer relationships, and support their transition after inpatient Rehab.

Please contact John Franco at johnf7@uw.edu with additional opportunities

Education & Volunteer Activities

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.

Amputee (Virtual) Support Group provides weekly 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.

UW Medicine's **Virtual Stroke Club** is a free resource available to all stroke survivors and caregivers. The group helps 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. Contact: 206-744-3875 or 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

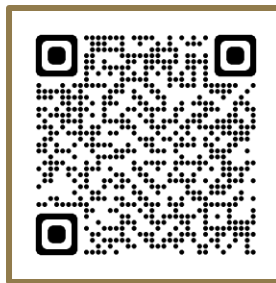
Disability Rights Washington is a private non-profit that protects the rights of people with disabilities statewide. Contact at 800-562-2702 or at info@dr-wa.org.

Additional Resources

Department of Rehab Website (New!)



UW TBI Model System



Rehab and Beyond Manual

