UW Medical Center – Inpatient Rehabilitation

2025 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

The 2025 admissions were up 4% year over year, indicating that 2024's results were operationally sustainable. The Nurse Manager and Assistant Nurse Manager devoted consistent hours each week toward assisting the Admissions Coordinator.

Length of stay dropped by more than half a day, indicating that the program absorbed the additional admissions while maintaining consistent throughput.

Staff provided high-quality care for the adolescent population by coordinating with educational resources, facilitating peer relationships, and acknowledging adolescents' unique developmental needs.

Admitting Diagnoses

Stroke, brain injury, and spinal cord injury continue to remain among the most common admitting diagnoses. Of note, the percentage of spinal cord injury patients remains higher than regional and national peers, an unsurprising result given the program's partnership with Harborview Medical Center, a level 1 trauma center, and UW Medical Center, which serves a growing population of oncology patients (who may have a non-traumatic brain injury, for example).

323
Admissions

15.9 days
Average Length of Stay

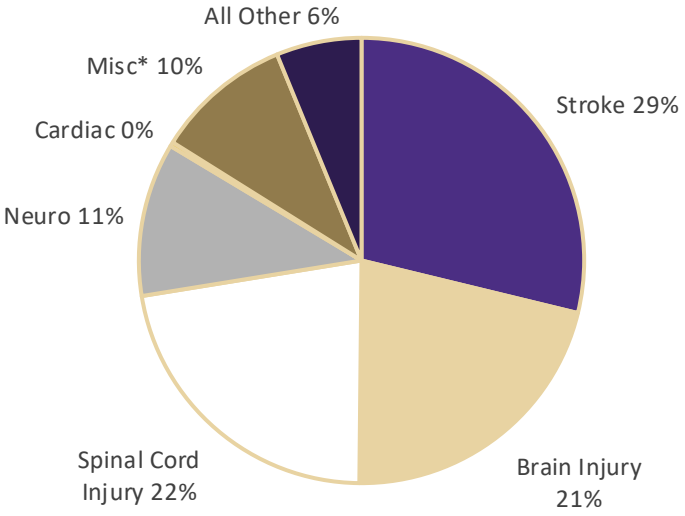
900
Average Weekly Therapy Minutes

5
Adolescents Served

2025 At a Glance

- Continued Admissions Coordinator support ensured continued growth of admissions totals
- Expected annual variation in admitting diagnoses, payor mix, length of stay, and admissions sources.
- Functional gains, overall satisfaction, and discharge setting continue to be a focus area for improvement.
- Continued opportunities for community engagement

Admitting Diagnoses Treated



*Miscellaneous includes medically complex patients

2025 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. "Other" includes insurers such as Tricare, Worker's Comp, and no insurance. Similar to admitting diagnoses, the program equally considers patients covered by different, and in many cases multiple, insurance plans. The interdisciplinary team uses this information to guide and support a safe and patient-centered discharge plan.

Satisfaction
The post-discharge patient satisfaction data indicates that the program performs well when patients are asked directly about communication, discharge teaching, and caregiver training. In terms of overall patient experience, however, the program falls short of its goal (>90%), indicating that there is room to improve. IPR leadership is committed to improving this result in 2026.

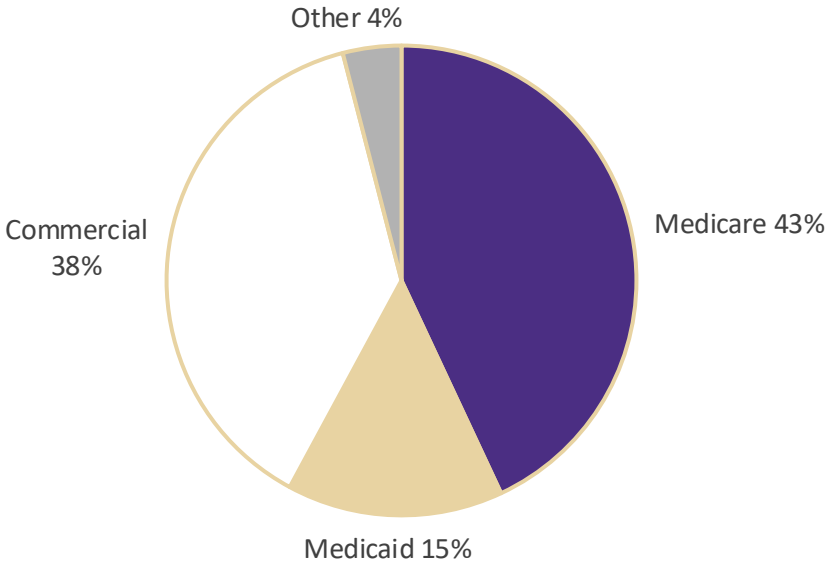
Admissions Source
As in previous years, most patients come from acute care hospitals, including roughly 2/3 from either of UWMC's campuses. A handful of patients admit from home or post-acute settings. At a geographic level, although the program primarily serves the WWAMI region, we admit patients from around the country.

98%

Of patients admitted from an Acute Care Hospital

Patients also admitted from Long Term Care, Skilled Nursing Facilities, and Home

Payor Mix



In 2025, patients admitted from: Washington, Canada, Utah, Arizona, Hawaii, Montana, California, and Minnesota

Patient Satisfaction (Percent "Very Satisfied")

78% Overall Patient Experience

96% RN/Therapist/Provider Communication

92% Caregiver Training

95% Discharge Instructions

2025 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
Discharge to home, long term care, and unplanned acute care discharge percentage remained within a few percentage points of the program's historical baseline. An additional group of patients are not counted here due to a clinically planned transfer back to acute care..

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, the team works around the clock to promote functional gains. Discharge planning involves a home exercise program and referrals to community-based therapies—typically outpatient or home health—for continued recovery.

Reportable Pressure Injuries
The one reportable pressure injury occurred with a patient who underwent extensive surgery. The wound was assessed by the Wound Clinical Nurse Specialist, investigated by IPR nurse management, discussed at staff education days, and reported to the WA Department of Health.

Discharge Location



82% Home



10% Acute Care

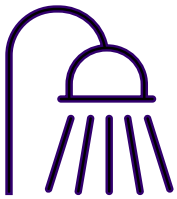


8% Long Term Care

1

Reportable Pressure Injury

Functional Gains During Stay



40%

Increase in patient self-care*



58%

Increase in patient mobility*

Functional Gains 3 Months Post-Discharge

18% Improvement in patient mobility*

14% 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

UW TBI Model System

Rehab and Beyond Manual