

PEDIATRIC SPECIALTY PROGRAM OUTCOMES

Mary Free Bed
Rehabilitation Hospital

Service Dates: April 1, 2018 through March 31, 2019

STRIVING FOR EXCELLENCE

Mary Free Bed Rehabilitation Hospital gathers information on the results that are achieved by children and adolescents who are served in its programs. These results are offered so that you can see what children and teens have accomplished during their inpatient stay.

We always learn from our patients about how to improve on excellent care, each and every time, no exceptions!

PERSONS SERVED

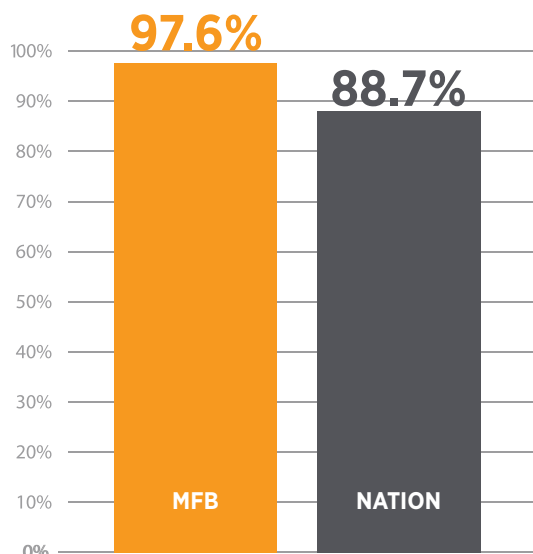
NUMBER OF PERSONS SERVED: **164**

AVERAGE AGE **10.7**

Age	MFB	Nation
0 to 3	11.6%	10.8%
3+ to 5	7.9%	10.3%
5+ to 7	9.1%	9.3%
7+ to 10	14%	13.9%
10+	57.3%	55.7%

DISCHARGE TO HOME/COMMUNITY

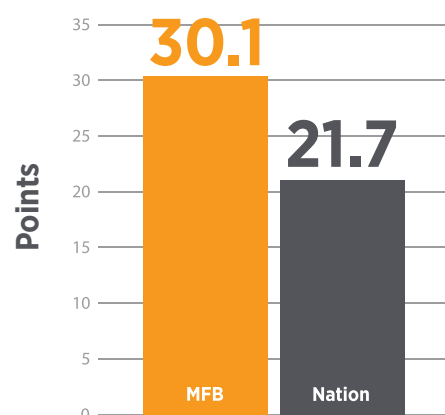
At MFB, more people were discharged to live in the community compared to the nation.



FUNCTIONAL IMPROVEMENT

Using the WeeFIM™ Scale

At MFB, children gained more functional improvement than the national average. Functional improvement is measured in points gained on the WeeFIM™ scale.



MEASURING FUNCTIONAL IMPROVEMENT

Using the WeeFIM™ Scale

The WeeFIM™ (Functional Independence Measure) scale is a functional assessment measurement system used in inpatient rehabilitation programs for children. It measures the “most common” daily living skills needed to function, and provides a basis to standardize and measure progress. Each WeeFIM™ area is scored on a 1-7 point scale, ranging from complete independence (7) to total dependence (1).

WeeFIM™ SCALE CATEGORIES	
Self-Care	Eating Dressing/upper body Grooming Dressing/lower body Bathing Toileting
B/B Management	Bladder management Bowel management
Mobility	Mobility (Bed, chair, wheelchair) Transfers (Toilet) Transfers (Tub, shower)
Locomotion	Walk or wheelchair Stairs
Communication	Comprehension Expression
Cognition	Social interaction Problem solving Memory

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AVERAGE NUMBER OF THERAPY HOURS

The average number of therapy hours per day for all pediatric inpatients includes time spent in physical therapy, orthotics & prosthetics, occupational therapy and speech therapy. During FY2019, there was an average of 3.6 hours of daily therapy over a five-day therapy week. Additionally, and as needed, our patients receive psychology services, child life services, respiratory therapy, therapeutic recreational activities, registered dietitian services and driver rehabilitation, and attend peer support meetings.

UNPLANNED TRANSFERS FOR ACUTE CARE¹

Under certain circumstances, a patient may demonstrate changes in his or her medical condition that warrant a transfer to acute care for close medical monitoring. If this occurs, patients are transferred to acute care services and typically return to the inpatient rehabilitation program within a few days. During FY2019, the frequency of these transfers for pediatric patients at Mary Free Bed Rehabilitation Hospital was 11.6%.

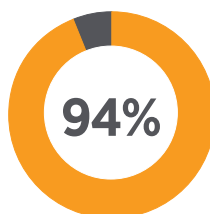
PATIENT SATISFACTION

In our most recent FY2019 patient satisfaction survey data for all inpatients, Mary Free Bed Rehabilitation Hospital achieved a Likely to Recommend rank in the Press Ganey national database of 95th percentile (442 responses). This compares to other inpatient rehabilitation programs in the normative data.



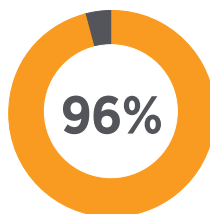
FOLLOW UP²

After discharge, pediatric patients receive a 30 day follow up call to find out how persons served are functioning following the inpatient rehabilitation stay.



Physical Ability

In this survey, 94% of the 70 pediatric patients who were contacted stated their physical abilities had improved or remained the same compared to the time of discharge.



Health Status

The survey also showed that 96% of the 70 pediatric patients who responded had improved or maintained their health status since discharge.



CARF Accredited as an Inpatient Hospital Pediatric Specialty Program.



Accredited by the Joint Commission.

Restoring Hope and Freedom
Mary Free Bed
Rehabilitation Hospital

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Data Source: UDS® WeeFIM™

¹Data from Tableau

²Follow Up Data: This information was sourced from REDCap

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