

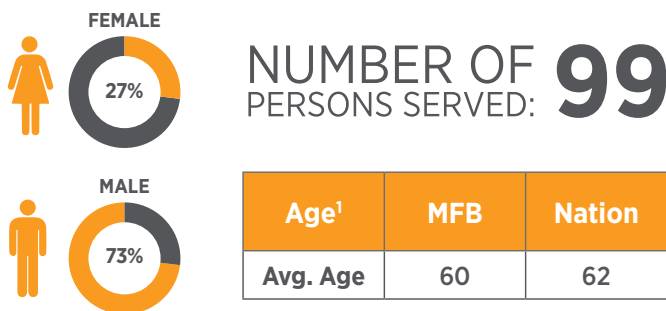
AMPUTATION PROGRAM OUTCOMES

STRIVING FOR EXCELLENCE

Mary Free Bed Rehabilitation Hospital gathers information on results achieved by patients served in its programs. These results are offered so you can see what others have accomplished during their inpatient stay.

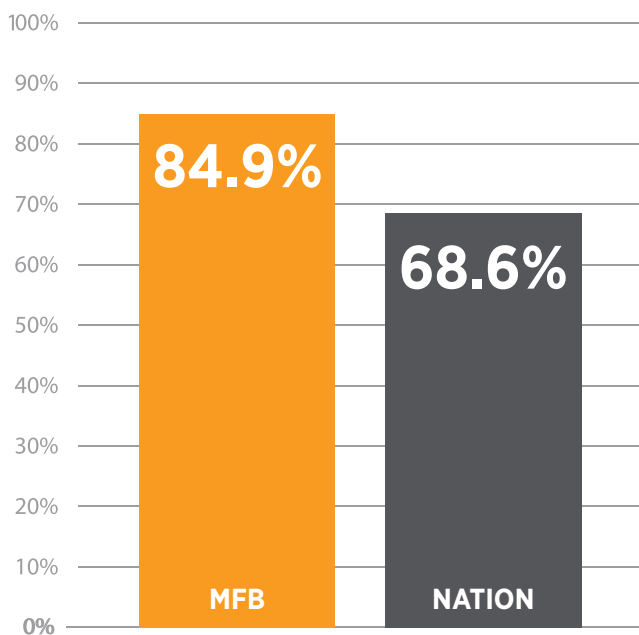
We always learn from our patients about how to improve on excellent care, each and every time, no exceptions!

PERSONS SERVED



DISCHARGE TO HOME/COMMUNITY

At Mary Free Bed, more people were discharged to live in the community compared to the nation.



FUNCTIONAL IMPROVEMENT

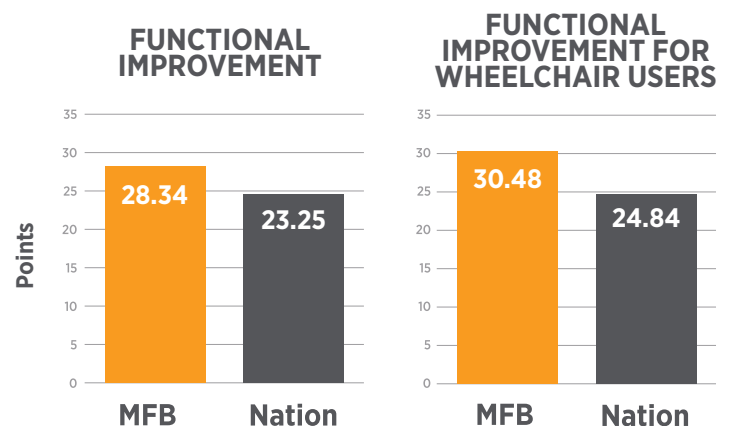
Using the QRP Scale

The level of functional improvement of patients in rehabilitation is measured in points gained from admission to discharge for a variety of skills and abilities used in daily life. This is reported to the Centers for Medicare and Medicaid (CMS) through the Quality Reporting Program (QRP), which enables us to compare the functional improvement of Mary Free Bed patients to other rehabilitation patients across the nation.

Mary Free Bed patients achieved more functional improvement than the national average as measured through QRP.

QRP FUNCTIONAL CATEGORIES

Self Care	Eating Oral Hygiene Toilet Hygiene Shower/Bathe Self Upper Body Dress Lower Body Dress Footwear
Mobility	Rolling, laying down and sitting up in bed Sit to stand Transferring to and from bed and chair Transferring to and from toilet Transferring in and out of car Ambulation (walking) Stairs Retrieval of item from ground Wheelchair mobility



AMPUTATION PROGRAM OUTCOMES

Mary Free Bed
Rehabilitation Hospital

Service Dates: April 1, 2019 - March 31, 2020

AVERAGE NUMBER OF THERAPY HOURS

The average number of therapy hours per day for adult inpatients with amputations includes time spent in physical therapy, occupational therapy, speech therapy and orthotics and prosthetics. During FY2020, patients participated in an average of 3.3 hours of daily therapy over a five-day therapy week.

Additionally, and as needed, our patients receive psychology services, respiratory therapy, recreational therapy, 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 FY2020, the frequency of these transfers for patients with amputations at Mary Free Bed Rehabilitation Hospital was 7.7%.

PATIENT SATISFACTION

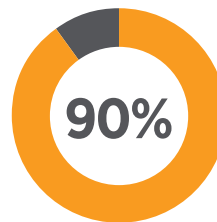
In our most recent FY2020 patient satisfaction survey data for all inpatients, Mary Free Bed Rehabilitation Hospital achieved a Likely to Recommend rank in the Press Ganey national database of 94th percentile (554 responses). This compares to other inpatient rehabilitation programs in the normative data.



Source: Press Ganey®

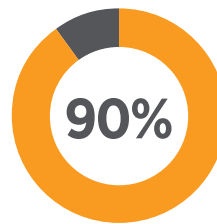
FOLLOW UP²

After discharge, patients who have experienced amputations receive a 30-day follow-up call to find out how those served are functioning following the inpatient rehabilitation stay.



Physical Ability

In this survey, 90% of the 49 patients with amputations 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 90% of the 51 patients with amputations who responded had improved or maintained their health status since discharge.



CARF Accredited as an Inpatient Hospital Amputation Specialty Program-Adults.



Accredited by the Joint Commission.

Restoring Hope and Freedom
Mary Free Bed
Rehabilitation Hospital

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Data Source: eRehabData®
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eRehabData®

¹Data from Tableau

²Follow Up Data: This information was sourced from REDCap