



Riverside Rehabilitation Institute

STROKE OUTCOME DATA REPORT

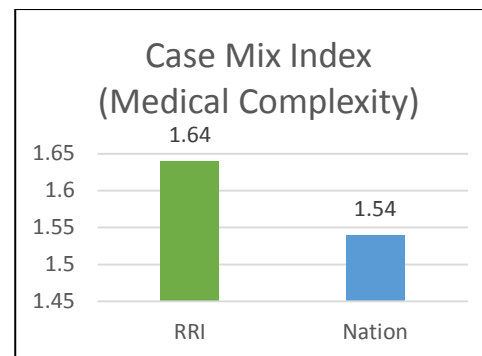
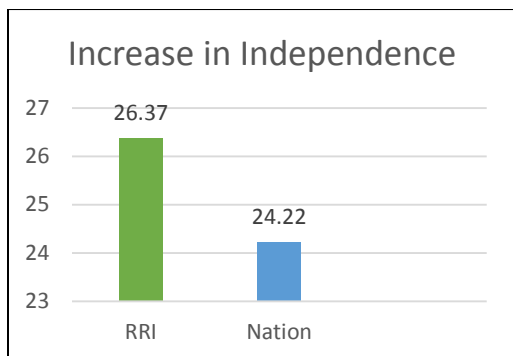
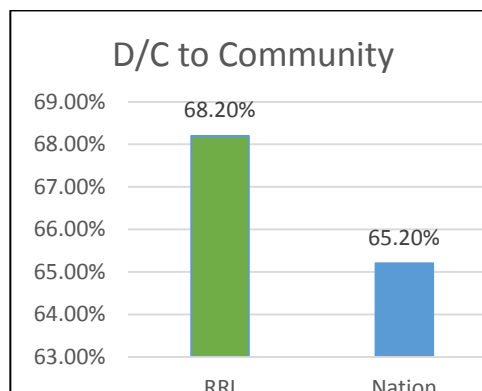
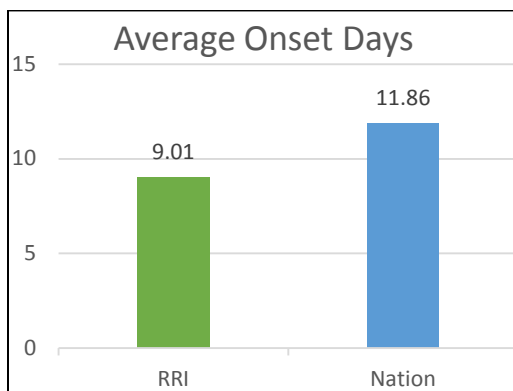
2016

Outcome comparison between Riverside Rehabilitation Institute and other rehabilitation hospitals in the nation

214 stroke patients were treated in 2016

Compared to other national rehabilitation hospitals, RRI patients:

- Are admitted to acute inpatient rehabilitation 2.8 days earlier
- Are more medically complex
- Are discharged home 68% of the time
- Achieve a 2.1 higher level of independence with functional mobility and activities of daily living compared to the national average



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REHABILITATION HOSPITAL ADMISSION CRITERIA

Needs to be seen by a medical doctor at least 3 times per week

- ❖ Have the ability to participate in 3 hours of therapy per day, 5 days/week (*Patients with poor endurance can have their therapy spread out over 7 days/week ~ one of these therapies MUST be physical therapy*)
- ❖ Have a reasonable expectation of significant improvement in a reasonable amount of time
- ❖ Have the need for an intensive, coordinated disciplinary team approach

REHABILITATION DIAGNOSIS

Patient must meet the above criteria at minimum. The diagnoses considered for admission are:

- ❖ Stroke
- ❖ Brain injury (traumatic and non-traumatic)
- ❖ Spinal cord injury
- ❖ Lower extremity amputation
- ❖ Certain orthopedic conditions
- ❖ Major multiple trauma
- ❖ Neurological disorders (Parkinson's, Multiple Sclerosis)
- ❖ Major surgery with complications
- ❖ CHF, COPD exacerbations
- ❖ General Debility
- ❖ Oncology (depending on type of treatment)

ON-SITE SERVICES

In addition to 24-hour rehabilitation nursing and daily physiatrist visits:

Pharmacy	FEES
Respiratory Therapy	Neuropsychology
Hemodialysis	Dietician
Chaplain	Full-time therapy services (PT, OT, ST)
Wound Care	Diagnostic imaging (x-ray, ultrasound)

Riverside Rehabilitation Institute is currently participating with all major payers that Riverside Health System accepts.

- ❖ The Admissions Department at RRI will verify patient's benefits prior to admission and disclose the coverage and anticipated out of pocket expense to the patient
- ❖ It is the responsibility of the clinical liaison to obtain insurance pre-authorizations and educate the patient and family on inpatient rehabilitation