

**ANNUAL REPORT**

**2021**

**ACUTE INPATIENT REHAB PROGRAM  
(Including Amputation Specialty Program and SCI)**

**SYRACUSE VAMC  
VA HEALTHCARE NETWORK  
UPSTATE NEW YORK**

# QUALITY

## PROGRAM DESIGNATIONS

Acute Inpatient Rehabilitation Unit (VISN 2 North)  
VISN 2 Polytrauma Amputation Network Site.  
SCI/D Center

## CARF ACCREDITATION

CIIRP is currently fully CARF Accredited including Amputation Specialty Program (ASP) and SCI. Next CARF survey planned for April 2022 seeking reaccreditation in CIIRP, Amputation Specialty Program (ASP) and SCI Specialty Program.

## JOINT COMMISSION

Survey completed in Sept 2019

**Functional Independent Measure (FIM):** is a tool used by the Syracuse VAMC Acute Rehab Unit that allows clinicians to measure the effectiveness of rehab interventions and describe outcomes in a uniform way. There are 18 motor and cognitive items that are rated on a scale of 1 to 7. 1 meaning the patient requires total assist with the activity and 7 meaning the patient is completely independent with the activity without the use of any assistive device(s). FIM items include Self Care (eating, grooming, bathing, dressing upper body, dressing lower body and toileting), Sphincter Control (bladder management and bowel management), Transfers (chair or wheelchair to/from bed, toilet, and tub/shower), Locomotion (walking or wheelchair and stair climbing), Communication (comprehension and expression) and Social Cognition (social interaction, problem solving and memory).

On the rehab unit, the Veteran is assessed in all 18 areas upon admission to the rehab unit, weekly during their stay and again at the time of discharge. Progress is marked in each functional category based on the change in FIM score (1-7) from admission to discharge and is referred to as FIM Gain or the change in FIM score. Many Veterans that are admitted to the rehab unit may only have deficits or area for improvement (when goals are set for improvement) in a portion of the 18 categories resulting in no change in FIM score from admission to discharge in certain categories, while a select few may have goals for improvement in all 18 categories.

## FIM GAIN/FIM CHANGE

In 2020, the Syracuse Rehab Unit's FIM change scores were all within 0.3 of the national benchmark so not specific improvement goals were established in 2021. In 2021 Syracuse's Rehab Unit overall FIM change score was 27.4, well above the national benchmark of 23.3.

In the Amputee population the 2021 overall FIM change data showed the Syracuse VA at 19.9, which is above the national benchmark of 18.5.

In the SCI population, the 2021 overall FIM change data showed the Syracuse VA at 33.3 compared to the national benchmark of 27.4.

In 2022 we will continue to monitor FIM gain/FIM Change scores in all categories and establish a new goals to improve the FIM change scores for all patients that fall > 0.3 FIM points below the national benchmark.

Only the Bathing FIM change score for all patients in 2021 met this criteria falling .4 FIM change points below the national benchmark.

## **PREDICTED OUTCOMES**

In 2021 88% of all patients met or exceeded their predicted outcomes based on meeting all 18 FIM related goals (Target set at 85%). This was an increase from 2020 when 82% of all patients met all predicted FIM related goals. 96% of all patients met goals required for a safe discharge directly back home. Three patients were discharged to an acute medical floor in order to address medical issues that arose. All Veterans with amputation and SCI were able to be discharged directly home in 2021.

ASP: 100% (up from 93% in 2020 and 88% in 2019) of the amputee population met or exceeded their predicted outcomes based on meeting all 18 FIM related goals (Target was set at 85%). 100% of amputees ultimately met goals required for a safe discharge directly back home.

SCI: 100% (up from 53% in 2020 and 89% in 2019) of all restorative SCI patients met or exceeded their predicted outcomes based on meeting all 18 FIM related goals (Target was set at 85%). 100% met the goals required for a safe discharge directly back home.

Pulmonary: 100% of patient admitted for pulmonary rehab in 2021 met all 18 FIM related goals (Target was set for 85%). 100% met their established ambulation endurance goal and 100% reported an improvement in their quality of life after completing the rehab program (Target was set for 85% for both). 100% of the pulmonary rehab patients met goals required for a safe discharge directly back home. In 2022, we plan to continue to monitor, analyze and compare the predicted outcomes for the pulmonary rehab population. No action plan needed at this time.

PM&R was also planning on participating in a pulmonary rehab research project in 2021, however this was not completed given the ongoing pandemic restrictions.

Anticipate project to start in 2022.

## **DURABILITY OF OUTCOMES**

Patients are scheduled for a 1 month follow up appointment with the physician after being discharged from the rehab unit. This appointment assesses the current status of the patient including any changes in: medical condition, living situation, physical condition/level of functioning, participation in / compliance with post discharge recommendations such as outpatient therapy and/or home exercise program, etc. In addition, a 3 month follow up survey is sent to patient seeking similar information.

In 2021, durability of outcomes data was collected on 85% of patients (82% in the amputee population) discharged from the rehab unit which was consistent with 85% captured in 2020. All established targets were met for all patients and the amputee population except for one target in the amputee population and one target for all patient population.

Target of 90% will maintain or improve their functional capacity following discharge from the rehab unit as measured either at the follow up survey or the follow up appt was not met for the amputee population (80%), but was met for the total population (93%).

Target of 80% of patients will not require a change in living situation was met for all patients (93%) and the amputee population (90%).

Target of 80% will not report any increase in difficulty getting around their home was also met for all patients (93%) and in the amputee population at 90%.

Target of 80% will not report a worsening of the medical condition that they were admitted to the rehab unit for was met for the amputee population at 89% but not for all patients at 79%.

Target of 80% for patients participating in their prescribed HEP met for all pt population at 85% and amputee pop at 90%.

Of those who were prescribed outpt therapies upon d/c a target of 80% completion of (or ongoing participation in) therapy program was met (100% of those who responded stated they were still participating in therapy or had completed their program for all pt pop and amp pop). Important to note, very low response rate may impact validity of this data.

Findings of target not met for maintenance of functional capacity in the amputee population is a decline from the year prior and likely represents the continued trend of medical complexity in this population given that the predominance of these patients are dysvascular in the VA setting. This is also seen in the general population numbers for a medical change after discharge. Overall during the COVID period rehab admissions have trended to the more medically complex patients due to intermittent limitations on discharges of patients to SNF settings. Overall trend is maintained for continue participation of patients in their therapy programs as outpatients and ability to obtain outpatient services for home modifications to sustain function.

In 2022 the plan will be to continue to increase the use of telehealth platforms and phone call visits for more consistent follow up with focus on attempting to encourage patient engagement in ongoing health maintenance post discharge.

SCI information not included.

## **DISCHARGE TO COMMUNITY**

In 2021, our discharge rate directly back to the community (patients prior living situation/home) was 96% for all patients and 100% in the amputee and SCI populations. This represents a steady improvement / trend from prior years and is above the national benchmark of 87%. 2020 our discharge rate directly back to the community (home) was 92% up from 89% in 2019 and 85% in 2018. It is not uncommon for patients to need extended subacute rehab prior to going home if caregiver support is limited; need placement pending modifications to make a home accessible; or for a patient to have to return to an acute medical ward for medical complications or procedures prior to discharge home.

In the amputee population the discharge rate directly back to the community (home) was 100% in 2021 and 2020, up from 94% in 2019, 81% in 2018 and above the national benchmark in 2021 at 84%.

In the restorative SCI population, the discharge rate directly back to the community (home) was 100% in 2021, up from 93% in 2020, 89% in 2019 and above the national benchmark of 84% in 2021.

### **DISCHARGES TO SKILLED NURSING FACILITIES**

In 2021, no patients were discharged to a SNF, down from 2 patients in 2020 that were discharged to SNF level care (one was and SCI patient, none were amputee patients) which was also a significant decrease from 2019 and 2018.  
No action needed but will continue to monitor.

### **INTERRUPTIONS IN SERVICE**

In 2021 one patient (1%) required therapies to be place on hold after developing a c-difficile infection. After successful treatment, rehabilitation was resumed and the patient was discharged home. There were no interruptions in the amputee or SCI populations. This is an improvement from 3% in 2020, but steady with 1% in 2019. IT is also better than the 3% national benchmark in 2021. Our interruption rate is impacted by the patient population in the VA which often does not have alternate funding sources and frequently has significant comorbidities which require managing complex medical conditions in addition to the typical rehab diagnoses. Due to the extreme limitation of available beds, the patients we accept tend to be more complicated than in the non-VA programs. Our collaborative relationship with general and orthopedic surgery results in discourse about these patients with the surgeons more strongly advocating admission for patients who require closer surgical follow up.

ASP: No interruptions

SCI: No interruptions

No action needed but will continue to monitor in 2022.

### **UNPLANNED DISCHARGE OR TRANSFERS TO MEDICAL UNIT**

In 2021, there were three patients (none in the amputee or SCI population) that required an unplanned discharge to a medical unit within the hospital.

One was a medically complex patients who developed an infection after 3 days on the rehab unit requiring a transfer to the medical floor for surgery. Once stabilized, that patient was re-admitted to the rehab unit and was discharged home. Another pt had plateaued in his rehab and a discharge plan for subacute rehab was established, however before that, he developed an acute kidney injury with fluid overload resulting in the need to transfer to a medical unit before subacute placement occurred. The last, was another patient who had plateaued in his rehab stay and was about to be discharged home when he had a seizure with altered mental status requiring discharge to the medical unit. That patient unfortunately suffered an acute MI while in the hospital and was transitioned to comfort care before passing away.

This was an improvement from 5 patients in 2020 and 2019.

ASP: No unplanned discharged or transfers.

SCI: No unplanned discharged or transfers.

No action plan needed but will continue to monitor.

### **SKIN CARE AND WOUND MANAGEMENT:**

In 2021, 7 patients had documented wounds, all of which were present on admission and no wounds were reported following admission. All wounds (100%) showed improvement at time of discharge. At time of follow up, all wounds had resolved except for two patients whose wounds showed further improvement. All targets of no wounds developing after admission, 100% of wounds showing improvement at time of discharge and 100% showing improvement at time of follow up were all met.

Trends in wound prevention on the rehab unit remains strong.

ASP: No amputee patients were admitted to the rehab unit with wounds, however surgical incisions were monitored and all had improved by time of discharge from the rehab unit. At the time of follow up, one patient's surgical wound was worse. Of note, that the time of his amputation, the surgery team felt that patient would likely not heal well requiring further surgical intervention. all were improved or unchanged (chronic wound) at time of discharge. 3 still had wounds at the time of their initial follow up visit but all had shown improvement from time of discharge.

Target of no new wounds developing after admission and 100% improvement of wounds at time of discharge were met, however the target of 100% of wounds showing improvement at time of follow up was not met. Trend is stable, no action plan needed but will continue to monitor.

SCI: 2 SCI patients had documented wounds during their rehab stay, both were admitted with these wounds. None developed wounds during their rehab stay and all showed improvement at time of discharge. Both wounds had resolved at time of follow up. All targets met .

Targets for no new wounds after admission, 100% of wounds will show improvement at time of discharge and at follow up were met. This is a positive trend from 2020.

No action plan needed at this time, as action plan will not likely influence outcome. Will continue to monitor.

Continuous education for nursing and clinic staff and adherence to early identification of skin issues and referral to wound specialists will be maintained on 4S. Early interventions by the dedicated 4S wound care team contributes to consistent wound prevention and healing.

### **INELIGIBLE/DENIALS FOR ADMISSION:**

In 2021, 163 consults/referrals were received, of those 15 were for patients with amputations. No patients were ineligible for admission, however 55% were denied admission in the general rehab population and 40% in the amputee population.

Target of less than 50% of consults will be denied met in the amputee population, but not met in the general rehab population. This trend remains stable.

Continued lack of available SNF level resources during the pandemic with limited SNF beds available for COVID positive patients, the number of acute inpatient referrals for patients that are poor candidates for acute rehab level of care has increased. This leads to high rates of denials for inappropriate candidates as noted in the data for denials in which the majority fall under the "unable to tolerate intensity" or "inappropriate for acute rehab" reason for denial.

Of note, 16 patients were not able to be admitted due to the lack of timely bed availability. This was primarily due to the fact that we had inadequate nursing staffing to support the 10 authorized inpatient rehab beds. Due to the Rehab Unit and SCI sharing a ward and nursing staff, as well as SCI mandates, the rehab unit beds have been restricted to  $\leq$  3 for all of 2021. This issue is also being addressed through aggressive nursing recruitment in order to increase the total number of beds on the unit. However the national nursing shortage, coupled with the pandemic, has significantly impacted our ability to obtain and maintain adequate nursing staff. Admissions throughout the year have been restricted limiting admissions from outside sources and elective admissions for prosthetic and pulmonary rehabilitation. We will continue to monitor the ineligible/denial rate and plan to focus on increasing the number of admissions to the rehab unit as the pandemic policies allow and as additional nursing staff is hired.

ASP: There were 15 consults to rehab unit for patients with amputation diagnoses and 6 were denied admissions. 11 amputees were admitted in 2021. Some patients admitted for prosthetic training may not have a consult as they are admitted directly from Rehab MDs in amputee clinic. Three amputees were denied due to inability to tolerate acute level rehab, two due to being inappropriate for acute rehab and one due to his disinterest in participating in our acute rehab program. No amputee specific action plan needed as nursing staffing to be addressed as this issue is impacting all admissions.

#### **DEATHS:**

No patients expired on the rehab unit in 2021, consistent with previous years. Will continue to monitor. No action plan required at this time.

#### **PROGRAM EVALUATION MODEL SCORE**

This general program rating incorporates length of stay, discharge to community rate, FIM change, charges and severity of disability. A Program Evaluation Index greater than 100 indicates that the facility is performing better than 50% of the facilities in the comparison group. In 2021, our score was 124.3, up from 113.3 in 2020, and 99.4 in 2019.

No actions are required but this will continue to be monitored.

#### **PATIENT FALLS**

In 2021, 6 falls were reported and of those, two were patients with SCI. No amputee falls reported. One fall was witnessed and occurred while staff was assisting the patient with a transfer when he lost his balance. The remainder of the falls occurred while patients were performing activities alone despite previous instruction to always call for assistance. This is an overall positive trend with fewer falls in 2021 than the 13 falls that occurred in 2020 and 10 in 2019. No injuries identified.

SCI: There were 2 falls in SCI population, representing a decrease for 4 in 2020. No injuries identified.

ASP: No falls reported in this population in 2021, this shows an improvement from 2 falls in 2020.

The Fall Committee, which includes rehab staff, continues to trend data and develop action plans. Will continue to monitor in 2021. No action plan needed.

### **INFECTION CONTROL**

The 2021 Hand Hygiene Compliance reports showed 95% compliance which represents a slight improvement from 94% in 2020 and a significant improvement from 81% in 2019.

Action plans including service supervisor education with staff, intermittent monitoring and direct feedback on hand hygiene behaviors and monitoring of trends. Heightened education was also instituted at the hospital level given the pandemic and appear to have improved overall numbers, but this will be an area of ongoing surveillance next year.

### **RISK MANAGEMENT ACTIVITIES:**

1. Tort Claims: None
2. Patient Advocate Complaints: None
3. RCA Improvements: None

### **GOALS ACCOMPLISHED IN 2021**

To establish a formal process for suicide risk screening and connecting Veterans who present with suicide risk to a behavioral health provider.

Review and update the pulmonary rehab program SOP.

Obtain and utilize portable gait support device (Andago device requested) that is more universally usable and safe for gait training.

Maintain CARF compliance for CIIRP and ASP as 2021 standards are released.

All clinical staff of 6 months or more on 4S will pass their FIM credentialing test (Met for all therapy staff).

To ensure all guidelines and procedures are strictly enforced in a timely manner as processes change periodically regarding prevention of COVID 19.

### **UNMET GOALS IN 2021**

Once clearance obtained, hold one Amputee Coalition (AC) Certified Peer Visitor (CPV) training class to recertify existing AC CPVs and certify new peer visitors (including caregiver peer visitors. This was not met due to facility restrictions on volunteers which is required for CPVs and a delay in AC training updates.

## **EMPLOYEES**

### **GOALS ACCOMPLISHED IN 2021**

To establish a formal required 4S wound care class for all newly hired nurses (and for retraining of existing nurses)

### **UNMET GOALS IN 2021**



Certify 1-2 more therapists as Indego Specialists, using formal Indego training program by certified Indego trainers. Goals not fully met due to no patients available to perform therapy plus training on. Will carry over to 2022.

Obtain iBOT equipment and complete training for selected staff in preparation for initiation of patient assessments. Goal not fully met due to stair climbing mode training not completed due to vendor availability. Will carry over to 2022.

Obtain funding for CRRN prep course and increase the number of CRRN's on the unit to 4.

To reach an 85% staffing level per operational bed; based on central office directive of 2.5 FTEE/ operational bed.

## VALUE

### GOALS ACCOMPLISHED IN 2021

All PM&R policies/SOPs will remain current, approved and consistent with 2021 CARF, Joint Commission and Facility standards.

Create a new system for tracking consults which includes clarifying details on those accepted vs denials as well as explanation for those accepted but not admitted to assist with data tracking.

To establish a process requiring rehab unit consults for all prosthetic training candidates for more accurate consult tracking data.

### UNMET GOALS IN 2021

Receive feedback from at least 2 distinct stakeholder groups (2 responses from internal and 3 responses from external)

## SATISFACTION

In 2021 the following programs were used to collect satisfaction data: Quick Cards, Amputee Clinic Satisfaction Survey, and uSPEQ. All satisfaction targets were met.

1. Performance information shared: Performance data was communicated to staff via regular CARF planning meetings, performance improvement meetings, in email and was also made available to all staff in shared folder which was updated regularly. Performance data was also included in the patient handbook, sent to stakeholders and posted on unit for patients/families/caregivers to view.
2. Quick card data: Quick card data for the rehab unit population results from 19 respondents showed:  
Overall Satisfaction 89% Excellent and 11% Very Good  
Courtesy of Staff: 95% Excellent and 5% Very Good  
Timeliness of Service: 95% Excellent and 5% Very Good

Confidence in Provider: 89% Excellent and 11% Very Good  
Respect for Privacy: 100% Excellent  
Sensitivity to Concerns: 100% Excellent  
Cleanliness of Facility: 89% Excellent and 11% Very Good  
Health Information & Advice: 95% Excellent and 5% Very Good  
All comments were positive with exception of “maybe a better way to deal with some pain issues”, more coffee for O.T., and more sleep time, less lights  
No action required but this will continue to be monitored in 2022.

For the SCI/D patient population, we received 107 quick card responses which showed (please note quick cards inclusive of all SCI patients including inpatient and outpatient):

Overall Satisfaction: 98% Excellent, 2% Very Good  
Courtesy of Staff: 98% Excellent, 2% Very Good  
Timeliness of Service: 89% Excellent, 11% Very Good  
Confidence in Provider: 95% Excellent, 5% Very Good  
Respect for Privacy: 97% Excellent, 3% Very Good  
Sensitivity to Concerns: 95% Excellent, 4% Very Good, 1% Good  
Cleanliness of Facility: 88.5% Excellent, 9.5% Very Good, 1% Good, 1% Fair  
Health Information & Advice: 92.5% Excellent, 7.5% Very Good

All comments were positive with exception of: complaints about the housekeeping, the food, room temperature, and request to have one patient per therapist per session.

No action required but this will continue to be monitored in 2022.

3. uSPEQ data for the Acute Rehab Unit:

14 responses received.

Service Responsiveness to Care Needs (5 questions): 95% Positive Responses  
Informed Choice (7 questions): 99% Positive Responses  
Respect (5 questions): 100% Positive Responses  
Participation in Daily Life Post Discharge (8 questions): 88% Positive Responses  
Overall Value (10 questions): 96% Positive Responses

Summary of all satisfaction questions for 2021: 96% Positive Responses

This represents an overall improvement from 2020 scores all categories except for Service responsiveness which decreased slightly from 98% in 2020 to 95% in 2021.

Target of 85% positive responses met for all categories – no action plan required.

\*Positive Responses = agree or strongly agree.

Data will continue to be monitored in 2022.

uSPEQ data for SCI: 75 responses received. Of note, not all respondents were admitted for acute rehabilitation, but rather represent all patients admitted to the spinal cord service.

Service Responsiveness to Care Needs (5 questions): 94% Positive Responses  
Informed Choice (7 questions): 96% Positive Responses

Respect (5 questions): 99% Positive Responses  
Participation in Daily Life Post Discharge (8 questions): 91% Positive Responses  
Overall Value (10 questions): 96% Positive Responses  
Summary of all satisfaction questions for 2020: 94% Positive Responses  
As compared to 2020 data, overall rating down improved from 93%.

Target of 85% positive responses met for all categories – no action plan required.  
\*Positive Responses = agree or strongly agree.  
Will continue to monitor data in 2022.

4. Amputee Clinic Survey: on a scale of 1-5 (1 strongly disagree to 5 strongly agree) with 11 questions the scores in 2021 ranged from 4.92 to 5.0, up from 2020 which ranged from 4.85 to 5.00, and from 2019 when the range was from 4.86 to 4.93.  
All comments were positive in nature.  
No additional actions are required but this will continue to be monitored.
5. Patient Advocate Report 2021: No Issues related to the Rehab Unit or restorative SCI patient care were reported.

### **GOALS ACCOMPLISHED IN 2021**

Maintain amputee outpatient customer service outcomes at or above 4.5, Quick Card program responses of excellent or very good above 90% and uSPEQ strongly agree/agree response rate at or above 85% in all categories.

### **UNMET GOALS IN 2021**

None

## **ACCESS**

### **ADMISSIONS**

In 2021, 68 patients were discharged from the rehab unit, up slightly from 65 patients in 2020. The overall number of admissions/discharges was limited primarily due to restrictions on admissions due to COVID 19 in addition to the fact that the number of beds available for rehab remains restricted due to nursing staffing and prioritizing all SCI (not just acute rehab SCI patients) admissions over rehab unit admissions by administration. With the ongoing pandemic and delay in construction for the new rehab unit on 5A, this is not expected to improve in 2022. We will continue to monitor this however no action plan will be established at this time.

The onset days to rehab unit admission was 12 days down from 15 days in 2020 and down from 17 in 2019. This was also lower than the national benchmark at 20 days.

The number of rehab unit admission consults received in 2021 was 163, up from 127 in 2020, however significantly lower than in years prior to the pandemic. This was significantly impacted by the fact that the rehab unit bed availability has been limited due to a nursing shortage and COVID 19 pandemic restrictions which has been communicated to internal and external referral sources.

“Elective” admissions from home which include pulmonary rehab and prosthetic training patients were significantly restricted due to the pandemic. In addition, admissions from non-VA hospitals were restricted throughout most of the year due to the pandemic which significantly impacted external referrals and admission rates. Many elective orthopedic surgeries have been cancelled due to the pandemic and hospital staffing also impacting our referral and admission rate.

In 2022 we will continue to track the number of admissions. However, it is not realistic to set a goal to increase the number of admissions to the rehab unit with the ongoing pandemic and without increasing the operating beds back up to the authorized 10 beds (currently capped at 3). The new rehab unit is currently on hold/delayed due to the pandemic and is now projected to be completion in 2023. Nursing recruitment efforts will also be a focal point as nurse staffing remains a significant limiting factor to potential admission while sharing a unit with SCI.

### **LENGTH OF STAY**

In 2021 the overall length of stay was 18 days, slightly up from the 2020 and 2019 overall length of stay at 17 days. This was still however below the national average of 19 days.

No action plan is required but this will continue to be monitored in 2022.

### **GOALS ACCOMPLISHED IN 2021**

Establish and utilize VVC to vendor clinics for at least 3 Community Prosthetic Providers (CPP).

Improve overall veteran participation in local adaptive sport programs by having 10 Veterans participate in 5 different adaptive sport programs.

Decrease onset to admission days to 6 for ortho population in 2021 (National benchmark)

Increase the % of ortho patients discharged to the community to 92%

Create a resource brochure of virtual recreation opportunities and modify Recreation templates to include this information.

### **UNMET GOALS IN 2021**

Decrease average length of stay for ortho population to 13.

### **2021 DEMOGRAPHICS OF PERSONS SERVED**

Number of patients discharged:	68 (11 patients with amputations, 8 with SCI)
Average hours of treatment per day:	3 hours minimum
Average length of stay:	18 days (12 days for patients with amputations, 22 days for patients with SCI)

Therapy services provided:

7 days per week

Demographics (All Patients):

Average age:	68
Male:	96 %
Female:	4 %
Caucasian:	88 %
African American:	9 %
American Indian:	0 %
Asian:	1 %
Hispanic:	0 %
Other/Unspecified:	1 %

Demographics (Amputee Patients):

Average Age:	66
Male:	91 %
Female:	9 %
Non-Traumatic:	99 %
Traumatic:	1 %
Transtibial:	36 %
Transfemoral:	18 %
Bilateral Lower Extremity:	36 %
Upper Extremity:	0 %
Other:	10%

Marital Status (All Patients)

Married:	42 %
Widowed:	3 %
Single:	13 %
Divorced/Sep:	42 %
Unspecified:	0 %

Types of patients served

Orthopedic	26 %
Stroke	12 %
Brain injury	4 %
Spinal Cord Injury	12 %
Amputee	16 %
Neuro	4 %
Pain	0 %
Cardiac	1 %
Pulmonary	7 %
Medically complex	12 %
Debility	0 %
Multiple Trauma	6 %
Other	0 %

PATIENTS CAME TO THE REHAB UNIT FROM:

Syracuse VA	52 % (For patients with amputations 55 %)
Other hospitals	33 % (For patients with amputations 9%)
Home	13 % (For patients with amputations 27 %)
Assisted Living	1 % (For patients with amputations 9%)

WHERE WERE PATIENTS DISCHARGED TO:

Home 93 % (For patients with amputations 91 %)
Acute Hospital 4 %
Assisted Living 3 % (For patients with amputations 9 %)

PREHOSPITAL LIVING SETTING:

Home 99 % (For patients with amputations 91 %)
Assisted Living 1 % (For patients with amputations 9 %)

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ASP:

Number of patients discharged: 11
Average hours of treatment per day: 3 hours minimum
Average length of stay: 12 days
Therapy services provided: 7 days per week

DEMOGRAPHICS:

Average age: 66
% Male: 91 %
% Female: 09 %
Non-Traumatic: 91 %
Traumatic: 9 %
Transtibial (TT): 36 %
Transfemoral (TF): 27 %
Bilateral Lower Extremity 27 %
Upper Extremity: 0 %
Admit FIM score: 88.6
D/C FIM score: 108.5
FIM Change: 19.9

PATIENTS CAME TO THE REHAB UNIT FROM:

Syracuse VA 55 %
Other hospitals 9%
Home 27 %
Assisted Living 9%

WHERE WERE PATIENTS DISCHARGED TO:

Home 91 %
Assisted Living 9 %
(100% back to their previous living setting)

PREHOSPITAL LIVING SETTING:

Home 91 %
Assisted Living 9 %

