STROKE REHAB PROGRAM

Allied Rehab Hospital is part of Allied Services Integrated Health System, the premier post-acute health-care system in Northeast Pennsylvania, and is the region’s leading provider of inpatient stroke rehabilitation. We are committed to providing our patients with quality rehabilitation healthcare services, and believe that our results demonstrate our fulfillment to that commitment. In fact, for 2015 the hospital received the Uniform Data System of Medical Rehabilitation’s TOP PERFORMER award. This award recognized Allied Rehab among the top 2% of rehab hospitals nationwide in improving patient function and returning patients to their home. Allied Rehab’s Main and Regional Hospital Campuses have also earned accreditation for their Stroke Specialty Program by the Commission on Accreditation of Rehabilitation Facilities (CARF).

ADMISSION CRITERIA
The program serves those patients who have a diagnosis of a stroke. Comorbidities managed may include but are not limited to respiratory/cardiovascular compromise, dysphagia, obesity, renal dysfunction, psychiatric diagnoses, substance abuse, communication disorder and visual dysfunction. Patients admitted to Allied Rehab must be medically stable, at least 12 years of age, weigh at least 75lbs and require at least 3 hours a day, a minimum of 5 days a week of at least two of the following services per day; physical therapy, occupational therapy, speech/language therapy, and/or prosthetic and orthotic services. The patient must have clear functional goals that are realistic, offer practical improvements, and are expected to be achieved within a reasonable time frame to warrant admission. Prior to admission, a rehab physician evaluates each patient for medical acuity and stability, and readiness for rehabilitation.

DISCHARGE/TRANSFER CRITERIA
A discharge date will be planned when the treating physician and interdisciplinary team agree that the patient-specific rehabilitation goals have been achieved and patient’s post discharge care needs can be met at an alternative level of care. The following criteria are considered in planning for discharge:
- Rehab goals have been achieved
- Patient’s post-discharge care needs are better met at an alternative level of care
- Patient does not require skilled therapy services in an Inpatient Rehabilitation Facility
- Patient is not able to participate in 3 hours of therapy per day
- Patient’s medical needs are not capable of being met in a rehabilitation setting
• “Significant practical improvement” can not be achieved in a reasonable period of time
• Patient is not able to participate in therapy due to medical or cognitive reasons

OUR REHABILITATION PROGRAM

The overall goals of the Stroke Program are to assist the patient to achieve functional independence, to improve his/her quality of life and to provide effective patient/family education. Patients typically admitted to inpatient rehabilitation may exhibit decreased strength and sensation, impaired posture/balance, impaired movement/balance and impaired bowel/bladder function. These deficits may interfere with the patient’s ability to walk, and/or perform activities of daily living such as dressing, bathing, feeding, and toileting. The goal of the rehab process is to maximize independence regarding the patient’s ability to return to life roles and activities that include driving, working, returning to school, social events, and community activities. The Stroke Rehab Team develops individualized treatment plans aimed at assessing patient risk, promoting functional gains and teaching the patient/family effective coping skills for life after discharge from rehab.

Once admitted, the team performs a thorough evaluation and establishes individualized realistic goals in collaboration with the patient and/or family/support system. The team addresses each patient’s unique medical, social, emotional, spiritual, cultural, vocational, and personal needs. In addition to traditional rehabilitation techniques, patients may participate in the latest technological advancements in rehabilitation care including neuromuscular electrical stimulation (Bioness, VitalStim, lower extremity ergometry), body weight support ambulation training (Zero G system), robotic therapy (REO), and visual/perceptual motor training (Wii, virtual reality, Dynavision). Along with the latest technology, Allied Rehab provides the necessary training in self care and mobility skills, nutrition and psychological support to assist patients with personal independence. Patient/family education and community outings are utilized to progress each patient towards returning home.

OUR REHABILITATION TEAM

The Stroke Rehab Program has a dedicated team of experienced professionals. Each individual’s treatment team is made up of a board certified physiatrist (a doctor who specializes in physical medicine and rehabilitation therapy), a physical therapist, occupational therapist, speech therapist, recreational therapist, a respiratory therapist, psychology staff, rehabilitation nurses, a medical social worker, and a dietician, as appropriate. They work together with the patient and their family/support system to meet the unique physical, cognitive, social and emotional needs of the patient. Psychology services are provided to assist the patient and family with the adjustment to the patient’s disability. Psychology staff may provide feedback and counseling to patients regarding behaviors that may negatively impact the rehabilitation process. As a medical rehabilitation facility, Allied Rehab does not admit patients into the inpatient program for the purpose of treating psychiatric diagnoses. There may be occasions when patients who are being treated for appropriate medical rehabilitation diagnoses are also found to concurrently have a psychiatric diagnosis. When necessary, patients can be transferred to local facilities for further evaluation and treatment of psychiatric issues.

The team provides the necessary training to achieve established goals while focusing on the medical, social, emotional, spiritual, cultural, and vocational needs of the patient and their family. As the patient achieves his/her goals, the team modifies the program to promote as much functional independence as possible while ensuring the patient’s safety and well-being. Rehabilitation psychology staff, other clinicians, and stroke survivors assist patients and their family members/support system with learning techniques for coping and adapting to life after a stroke. The impact of stroke affects the whole family; and so involvement of spouses, children, and others in the patient’s support system is a vital part of recovery. Our Stroke Program supports this through family/support system participation in education/training, support groups, and through counseling. Monthly support group meetings are also open to the community.

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SCOPE OF PROGRAM SERVICES
Patients are typically referred to Allied for services from local and regional hospitals, though some patients are admitted after a stay at a skilled nursing facility, or directly from home. Approximately 76% of patients admitted to Allied Rehab Hospital are covered by Medicare, with the remainder paid by Medicaid and private insurances such as Geisinger and Blue Cross/Blue Shield. Information regarding insurance coverage and the patient’s financial responsibility (i.e. copays/fees) are provided to patients during the admissions process. Patients can discuss any questions or concerns with an admissions representative or with a medical social worker.

Patients receive at least 3 hours of Physical Therapy, Occupational Therapy and/or Speech Therapy, a minimum of 5 days per week. Schedules can be adjusted to allow patients to participate in cultural and spiritual activities as they desire. Nursing care is provided on a 24-hour per day basis, and therapy services are available 7 days a week (Mon–Fri, 6am to 4:30pm; Sat/Sun, 6am to noon). Outpatient services are available by appointment (Mon-Fri, 8am to 5pm).

Several factors influence whether or not a patient receives therapy on weekend days including but not limited to: day of admission, clinical need, medical issues, and absences from therapy during the week. The hospital adheres to insurance guidelines that can impact how much therapy patients receive in order to be compliant with inpatient rehabilitation regulations.

The Stroke Program scope of service provides care to patients according to their level of impairment, activity and participation. Allied Services Stroke Program is based on an integrated treatment approach that will focus on normal movements and achieving symmetry of body and movement. Emphasis is placed on re-establishing normal function instead of compensation, though compensation techniques will also be utilized to maximize function when necessary. An individualized approach to patient and family needs is critical in establishing a treatment plan, realistic goals, and appropriate progression through the continuum of care.

The following areas are addressed:

- Anxiety
- Aphasia and other communication disorders
- Cardiovascular status
- Cognitive function
- Co-morbidities
- Continence
- Depression
- Dysphagia
- Health promotion and screenings
- Hearing
- Hydration
- Mood disturbances
- Motor function
- Nutrition
- Patient/family/support system education
- Perceptual deficits
- Psychosocial issues
- Services to prevent illness
- Sexuality and intimacy
- Skin integrity
- Visual deficits

Arrangements for Other Medical Services: Allied Services is committed to delivering quality patient care services. While our focus is on rehabilitation, there may be times during your stay that you require additional medical services or testing. To ensure that patient care services are available in a timely manner to meet your medical needs, Allied Services Rehab contracts with external agencies to provide laboratory and radiology services directly in your room. If your physician requests laboratory testing or diagnostic imaging for you, nursing staff will schedule these services either immediately (in

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case of an urgent medical situation), or the next day (for routine testing). Results will be provided to your physician within a few hours in the case of an urgent situation, or by the following day for routine testing. If you require an MRI, CT scan, or other specialized testing, the nursing staff will make arrangements for you to be transported to an appropriate accredited facility to receive those services. Results will be obtained from the facility where the testing was completed. During your stay at Allied Rehab, if it becomes necessary for you to visit with a physician specialist (surgeon, cardiologist, nephrologist, etc), every attempt will be made for consultation within the facility, otherwise a member of the nursing staff will accompany you while you are outside of our facility.

PLAN OF CARE
Patients and their families are encouraged to be active participants in the care and discharge planning process. Families/caregivers are provided information regarding family training sessions. Weekly rehab team meetings are held to discuss each patient’s individualized plan of care and discharge plan. The medical social worker updates the patient and/or his/her caregiver to ensure full understanding of the current treatment plan and to address each patient’s concerns and challenges. Additionally, the physiatrist makes every attempt to meet with the patient and family one evening each week to address any questions or concerns. Upon discharge, patients continue with treatments designed to continue the transition toward an active, independent lifestyle. Allied Rehab remains a lifetime resource for the patient and their family.

TRANSITION HOME / FOLLOW UP CARE
The ability to resume one’s life role and participate in the community to the extent desired is another goal of the Stroke Program. Community integration skills are taught as part of therapy and activities are practiced during the rehabilitation process.

Patients and their caregivers receive education and training based upon the patient’s goals and lifestyle. When appropriate, patients are given opportunities to practice these skills in the transitional apartment. This apartment helps the patients and their families get ready for the challenges they will face at home. The team may perform evaluations of their home, school or work site to identify barriers and make recommendations for accessibility. The family works closely with the occupational therapist to assess their home and make accessibility changes as recommended.

At discharge, patients and families are provided written instructions to ensure necessary follow up care. Discharge plans may include additional services from a home health or outpatient facility. All pertinent discharge information is forwarded to the patient’s primary care physician and home health or outpatient provider to facilitate a smooth and safe transition. This continuity of care is a significant advantage for our patients. In addition to inpatient rehabilitation, we offer a wide range of post-acute care services to meet the needs of the patients we serve including: Transitional Rehab, Home Health, In Home Services, Outpatient Rehab, Long-Term Care and Personal Care.

COMMUNITY INVOLVEMENT
Raising community awareness regarding stroke prevention, stroke risk factors and the National Stroke Association’s F.A.S.T. message is important to our Stroke Team. Several times per year, members of our Stroke Team visit organizations throughout our community to conduct Stroke Awareness presentations. Information from the National Stroke Association including “Reducing Risk and Recognizing Symptoms”, Stroke Risk Scorecards, and F.A.S.T. wallet cards are distributed at these presentations.

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WHO ARE THE PATIENTS WE SERVE?
Allied Rehab Hospital serves both adults and adolescents (ages 12-17). Our Stroke Rehabilitation Program serves approximately 240 patients each year with an average age of 73 years old. The chart below shows the average age of our patients in 2015 compared to national benchmarks. For 2015, there were no adolescents admitted to the Stroke Program.

![Average Age Chart]

WHAT ARE THE RESULTS OF THE SERVICES WE PROVIDE?
This section summarizes several important outcomes (for 2015) of the services we provide including: Effectiveness, Efficiency, Satisfaction, Length of Stay and Discharge Destination.

DOES ALLIED REHAB HOSPITAL ACHIEVE RESULTS?
Allied is committed to helping every patient meet and exceed their rehabilitation goals and maximize quality of life by reducing activity limitations and participation restrictions. For a rehabilitation hospital, effectiveness is about patients making significant improvements in important functional activities like walking, taking care of themselves, and participating in community activities. We measure the effectiveness using a tool called FIM™, which gauges the amount of functional improvement patients make. It is our goal to have the Stroke Program meet or exceed the national benchmarks provided by UDSMR for FIM™ Score Change, Length of Stay Efficiency, and Discharge to the Community. The following chart shows our FIM™ improvements compared to national benchmarks for 2015.
In addition to measuring how much improvement patients make, it is important to measure how quickly those results are achieved. In other words, how efficient are the services we provide? We measure efficiency by looking at how much functional improvement patients make each day they are at our facility using a measure called Length of Stay Efficiency. The chart below compares our Length of Stay Efficiency to national benchmarks for 2015.
WHAT DO OUR PATIENTS SAY?
After discharge, each of our patients is mailed a brief survey by Press Ganey, a healthcare consulting firm, to ask about their satisfaction with the care, treatment, and services they received at Allied. We ask patients to give the following statements a rating from Very Poor to Very Good:

- Overall rating of care you received
- How well staff prepared you to function at home
- Likelihood of recommending our facility to others

In 2015, 93% of our Stroke Program patients rated their care favorably.

HOW LONG WILL I STAY AT ALLIED REHAB HOSPITAL?
It is important to us at Allied Rehab that not only do our patients achieve excellent outcomes, but also that they are achieved in an efficient fashion. Patients in our Stroke Program stay for about 12 days. The chart shown below compares the average length of stay for our patients compared to national benchmarks for 2015.
WHAT HAPPENS AFTER REHABILITATION?

Upon discharge, about 72% of our Stroke patients return to their homes, significantly better than the 59% seen at other rehab hospitals across the nation. However, whether a patient is able to return home depends upon the type and severity of each patient’s diagnosis and other unique circumstances. Our goal is to return the patient home, however urgent medical issues may arise that require a transfer to an acute care facility for treatment of those issues. Once those issues are resolved, patients may return to Allied Rehab to continue with the rehabilitation process. In some circumstances, patients may require a transfer to a skilled nursing facility to continue rehabilitation with the goal of ultimately returning home. Patients who return home can continue to participate in the rehabilitation process through outpatient or home health services. The chart below shows where our stroke patients were discharged to in comparison to national benchmarks in 2015.

QUESTIONS?

For additional information, please contact Bill Harrington, Director of Medical Social Work (570-348-1390) or visit our website, www.allied-services.org.