

Orlando Health Rehabilitation Institute Annual Report Fiscal Year 2017

October 1, 2016 through September 30, 2017

Orlando Health Mission

To improve the health and quality of life of the individuals and community we serve.

Orlando Health Vision

A trusted leader inspiring hope through the advancement of health.

Orlando Health Values

People
Quality
Community

Introduction

Orlando Health Rehabilitation Institute (ORHI) includes our inpatient rehabilitation facilities located on the 12th and 14th Floors of the North Bed Tower at Orlando Regional Medical Center. Our outpatient programs are located within walking distance at 100 W Gore St (Gore St.) and 1222 S Orange Ave (OHHI). We have provided comprehensive rehabilitation services to the greater Orlando area for over 30 years.

Definitions

OP: Outpatient; SCI: Spinal Cord Injury; BI: Brain Injury; CIIRP: Comprehensive Integrated Inpatient Rehabilitation Program

FIM: Functional Independence Measure: A nationally benchmarked patient outcome tool that captures the burden of care. The tool scores 18 items on a 1-7 ordinal scale with scores ranging from 18-126. Patients are placed in a diagnostic category and scored throughout their care. In addition, FIM scoring is applied post discharge from our facility to determine how much our patients continue to improve. This tool is used by our inpatient rehabilitation department to determine patient outcomes.

FOTO: Focus on Therapeutic Outcomes: A nationally benchmarked patient completed outcome tool. Each patient is risk adjusted using the same criteria. Expected points of change (improvement) are then determined based on the patient’s report of function. This also captures patient satisfaction. This is used exclusively at our outpatient facilities.

Orlando Health Rehabilitation Institute: At a Glance

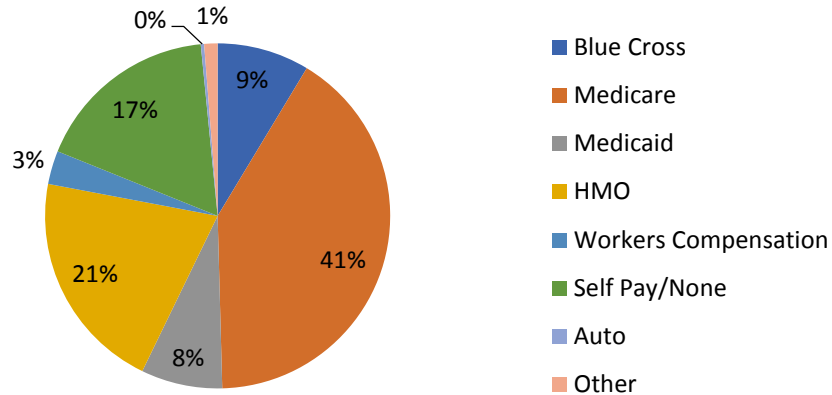
	<u>Stroke</u>	<u>SCI</u>	<u>BI</u>	<u>CIIRP</u>		<u>OP Stroke</u>	<u>OP SCI</u>	<u>OP BI</u>	<u>Neuro: Other</u>	<u>Single Service</u>
Number of Patients	200	70	218	433		66	43	44	125	2983
Ages 0-44	15	20	83	129	Ages 13-17	0	0	2	5	170
Ages 45-64	93	27	76	140	Ages 18-39	8	22	28	32	688
Ages 65-74	46	16	37	81	Ages 40-64	40	19	13	52	1413
Ages 75-140	46	7	22	83	Ages 65+	18	2	1	36	692
Male	107	44	146	217		35	30	36	67	1054
Female	93	26	72	216		31	13	18	58	1948
Falls with Injury	0	0	0	1		0	0	0	8*	0

*occurred after completion of program; reported during follow-up survey

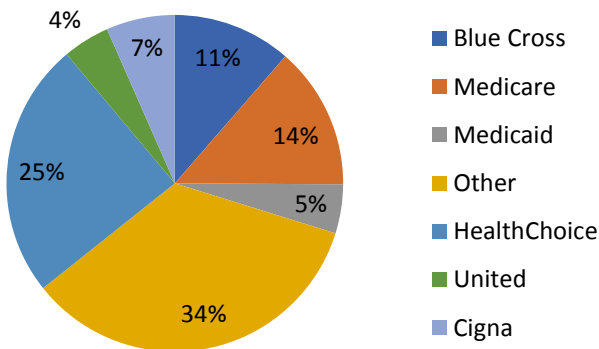
Note: CIIRP volume includes patients of Major Multiple Trauma with Brain or Spinal Cord Injury.

Payer Mix

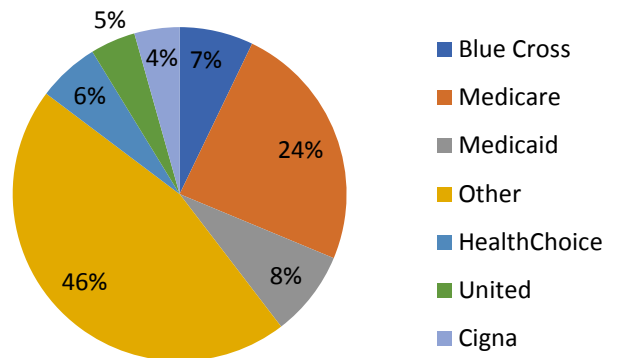
Inpatient Rehab Payer Mix



OHHI Payer Mix



Gore St. Payer Mix



Orlando Health Rehabilitation Institute inpatient payer mix was determined using the Uniform Data System (UDS). The outpatient OHHI and Gore St payer mix data was tabulated from Quadramed Enterprise Scheduling (QES). Both of these systems provide payer mix information based on patient reported data at the time of admission and may not reflect the actual payer of the patient at billing.

Patient Quality Outcomes

For information on hospital acquired infections, pressure ulcers and our readmission rates please refer to the public website: <https://www.medicare.gov/inpatientrehabilitationfacilitycompare/> . Note that data on this public website will be a few quarters behind.

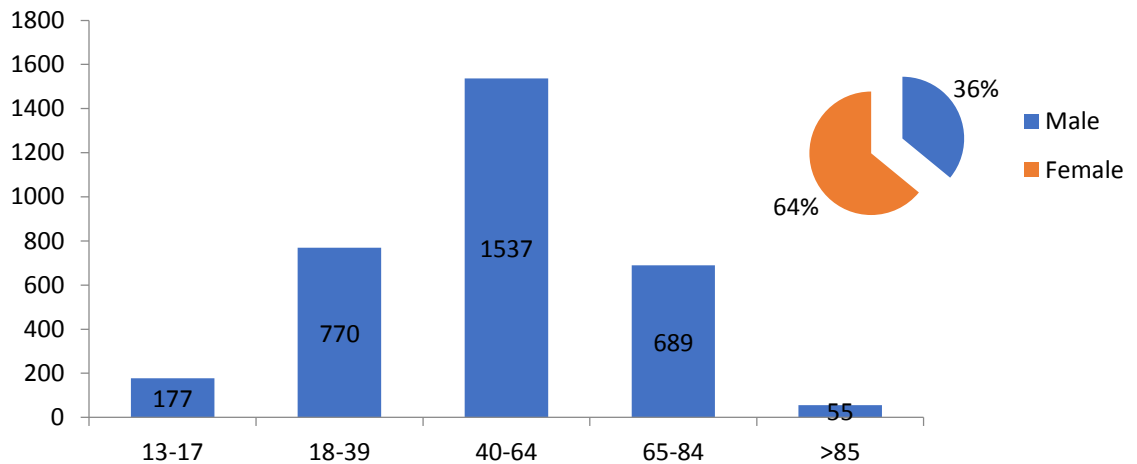
Outpatient Medical Rehabilitation Program

The single discipline outpatient medical rehabilitation program services patients requiring rehabilitation from one professional. These services may include physical, occupational or speech and language services at our Orlando Health Outpatient Offices. We have two downtown offices to meet patient's needs. Our office located at 1222 S Orange Ave focuses on treatment of orthopedic and oncology patients. The office located at 100 W Gore St. specializes in treatment of neurological and orthopedic diagnoses.

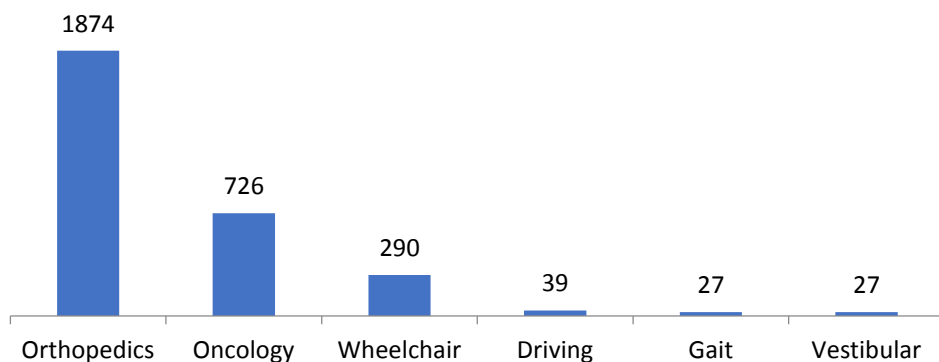
People

OHRI Single Service treated 2983 patients from October 2016 to September 2017. Our largest volume of single service patients continues to be general orthopedics.

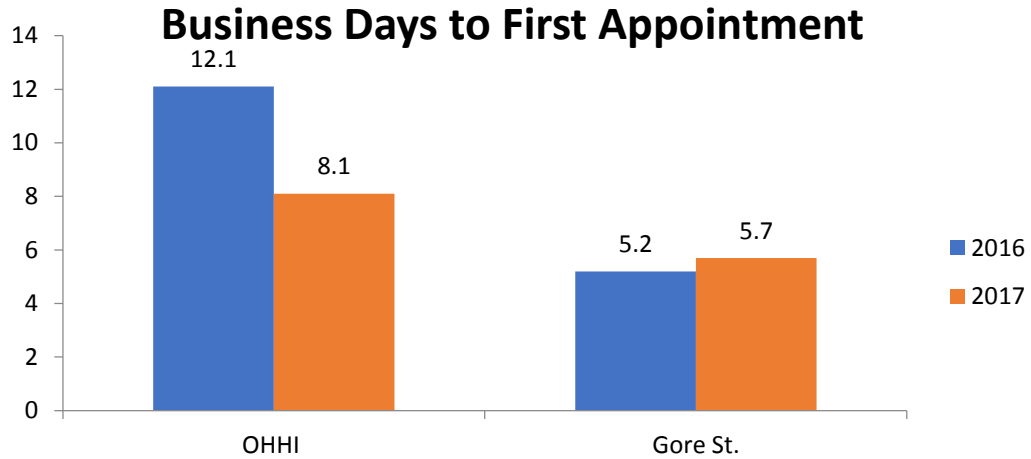
Patients Treated by Age and Gender



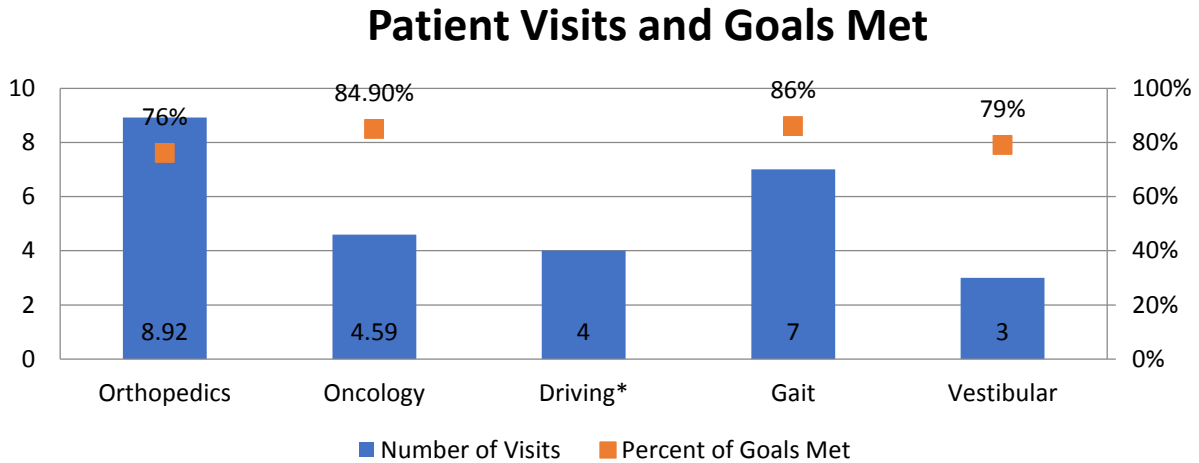
Number of Patients by Single Service



Quality



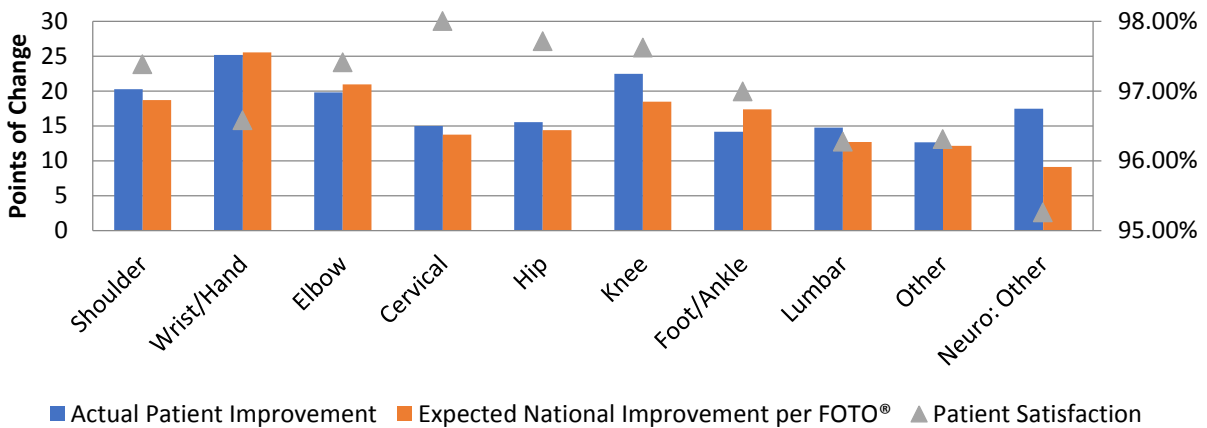
Our OHHI office reduced the same day cancellations from Fiscal Year 2016 of 19% to 15% for Fiscal Year 2017. This allowed us to offer new patients appointments faster. Gore St. also reduced their cancellation rate from 25% to 19.6% this past year!



*Goals Met is not calculated for driving patients.

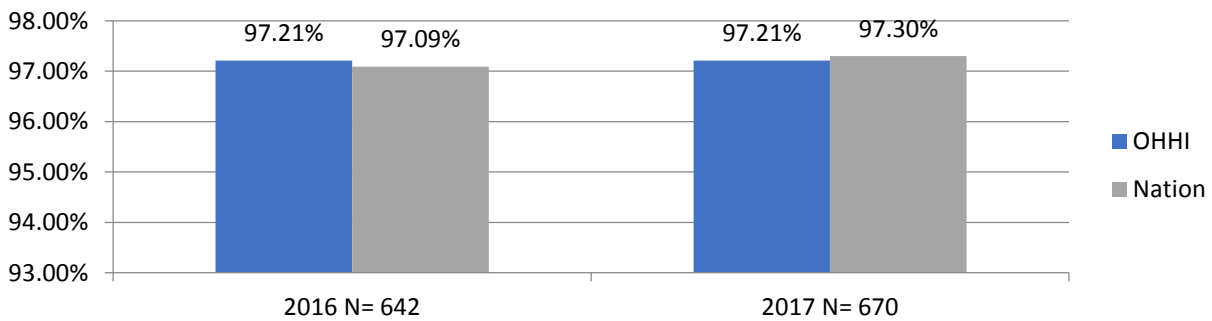
Orlando Health Rehabilitation Institute compares the results of patient care to other similar clinics across the nation using FOTO®. We believe this provides us with an accurate representation of the patient's perspective of functional gains and their satisfaction.

Patient Improvement by Body Part compared to FOTO® National Average N=741



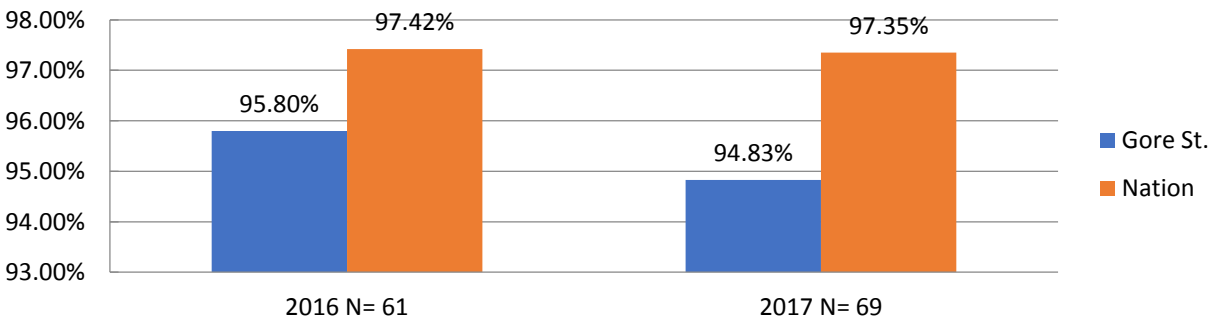
Orthopedic Patient Satisfaction

compared to FOTO® National Average



Neurological Patient Satisfaction

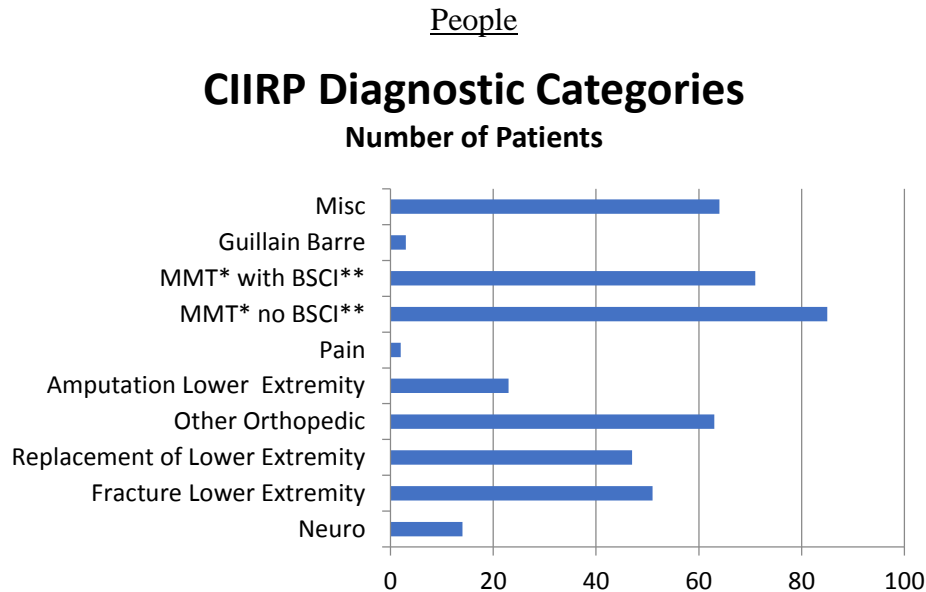
compared to FOTO® National Average



Comprehensive Integrated Inpatient Rehabilitation Program

Orlando Health Rehabilitation Institute (OHRI) Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP) includes physical, occupational, speech language therapies, nursing and other disciplines deemed appropriate to patients who meet the criteria for the program. In total, OHRI admitted 433 patients to our CIIRP program. The average age of patients served was 55.8 years old with an average onset day of 15.8. Adolescent patients (ages 12-17 years old) were admitted to our inpatient program beginning in March 2017. In total we admitted three adolescent CIIRP patients, diagnoses included gunshot wounds, a motor vehicle accident and general orthopedics.

One fall with injury occurred during FY17; this patient was transferring with a family member and became distracted. The patient and family were provided with additional education on transfers prior to discharge.



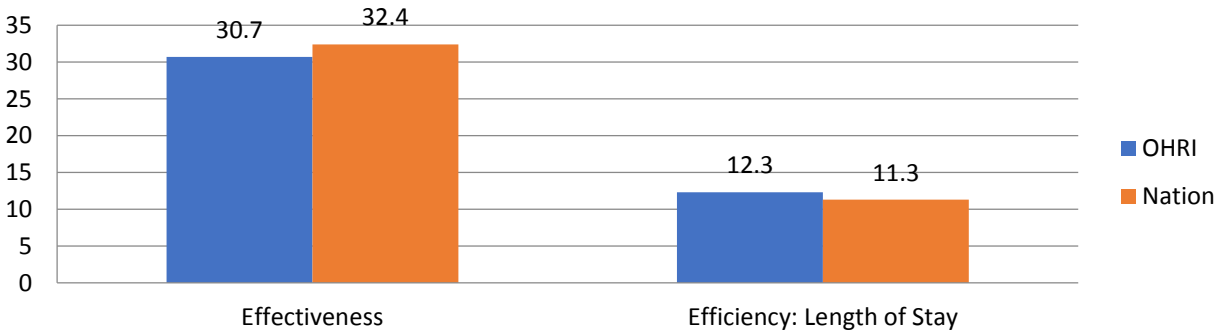
**Brain or Spinal Cord Injury *Major Multiple Trauma

Note: Volume of patients with MMT and BSCI (N=71) may appear on more than one graph.

Quality

CIIRP: Patient Improvement and Length of Stay

compared to FIM™ National Average N=433



Post discharge from inpatient rehabilitation patients continue to make functional gains with 11.1 points of change in FIM scoring.

Patients were primarily referred to our program through Orlando Regional Medical Center. Return to higher level of care accounted for 5.8% (N=25) of our patients, compared to 7.1% for the nation. Upon discharge 89.6% of our CIIRP patients were discharged back to the community. This is well above the national average of 84.1%. Patients report an overall satisfaction using Press Ganey Surveys with our inpatient program of 86%.

Spinal Cord Injury

People

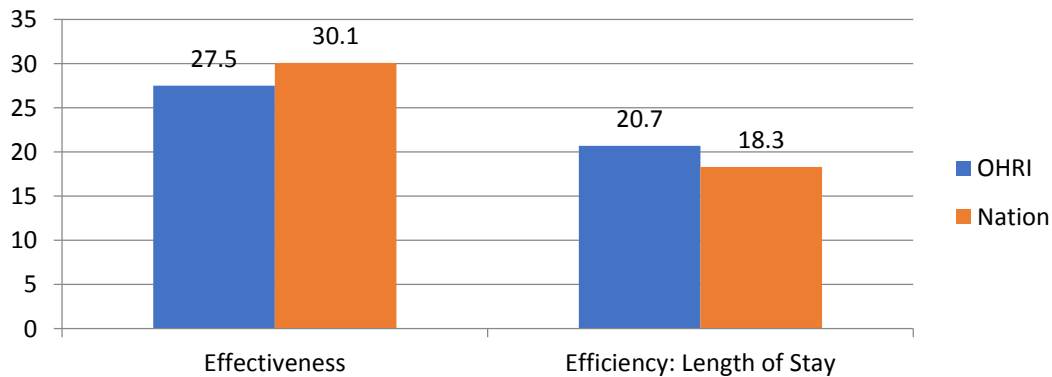
Spinal Cord Injury	Inpatient	Outpatient
Number of Patients	70	43
Average Age	54.4	41
Onset Days/Days until Appointment	17.7	6
Goals Met	NR	82%
Patients under the age of 18	2	0
Length of Stay	20.7 days	14 visits
Transfer to Higher Level of Care	9	5

This year our Inpatient Rehabilitation Spinal Cord Injury program began accepting adolescent (12-17 years old) patients in March 2017. These patients averaged 40.5 points of change while in our program exceeding the national average by 10 points!

Quality

Inpatient SCI: Patient Improvement and Length of Stay

compared to FIM™ National Average N=70

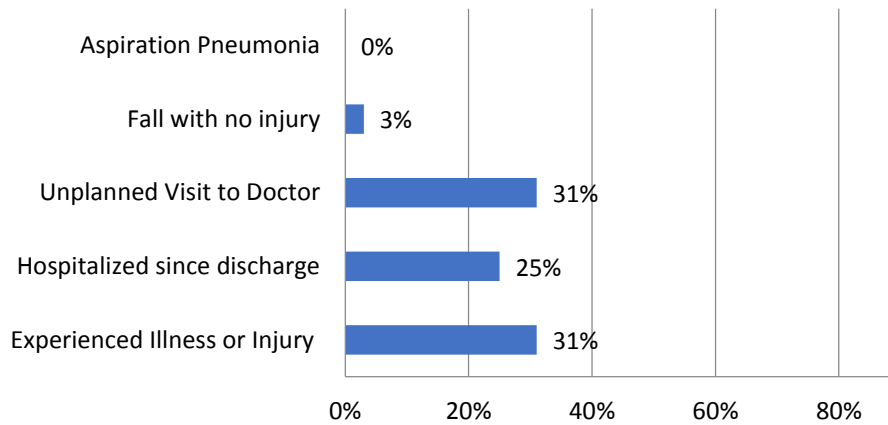


Our patients reported 86% overall patient satisfaction following completion of our inpatient program. Our return to higher level of care was 2% above the nation. This was determined to be due to 4 patients undergoing planned surgical procedures, and 5 patients transferred due to medical complications. Two of the transfers were avoidable had admission been delayed by 2 days. We continue to collaborate closely with our trauma team and through SCI rounds so as to be more accurate when deciding on an admission to our unit; ensuring the patient is appropriate for transfer to our intensive rehabilitation unit. However as we are a hospital based facility

disruption in care was minimal. More of our patients also return to the community at discharge with 79.7% compared to 73.9% average across the nation. Post discharge, patients reported an additional 9.7 points of FIM change. Once completed with our outpatient program 65% of patients are discharged with recommendations to continue with their home exercise program. Program specific patient satisfaction is completed by a patient phone survey, thirty days post discharge from our outpatient program.

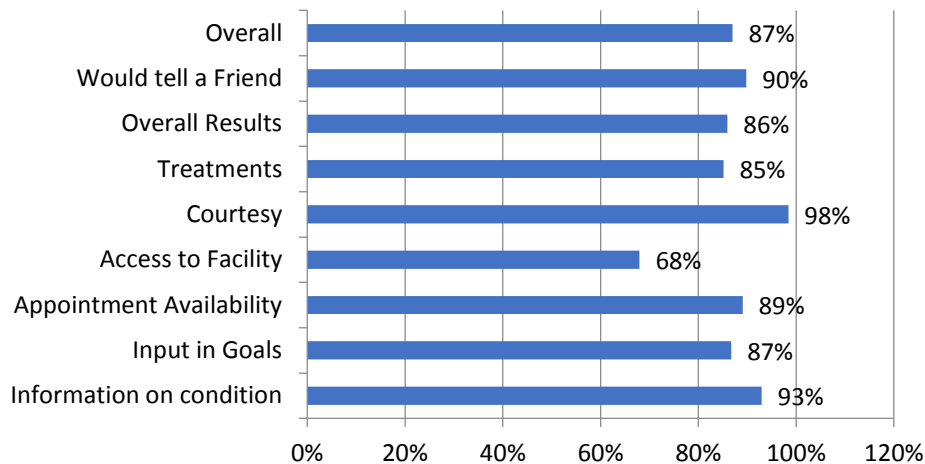
Post Discharge SCI Patient Outcomes

After Completion of Outpatient Program N=32



SCI Patient Satisfaction

after completion of Outpatient Program N=32



Brain Injury

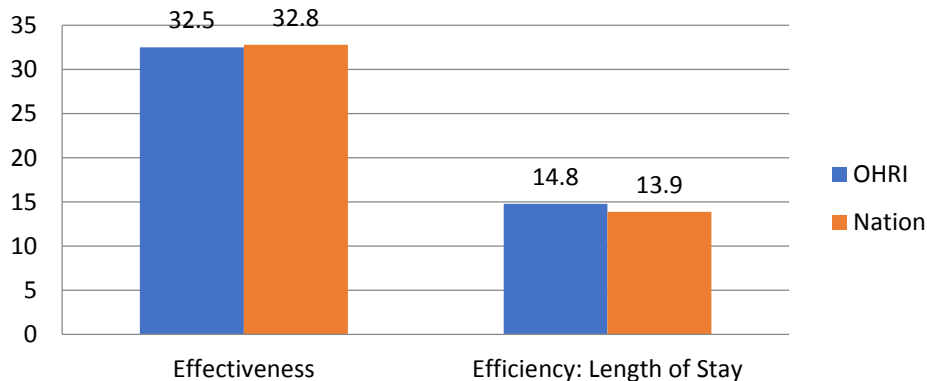
People

Brain Injury	Inpatient	Outpatient
Number of Patients	218	44
Average Age	49.3	33
Onset Days/Days to Appointment	20	7
Goals Met	NR	83%
Patients Under the Age of 18	7	2
Length of Stay	14.8 days	14 visits
Transfer to Higher Level of Care	16	2

Quality

Inpatient Brain Injury: Patient Improvement and Length of Stay

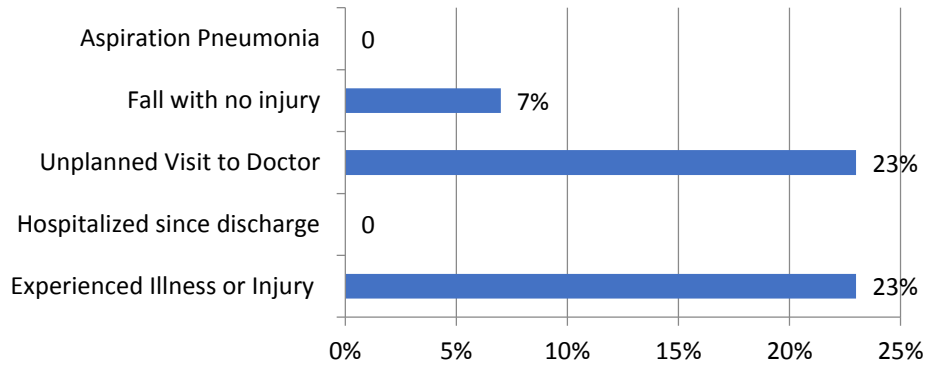
compared to FIM™ National Average N=218



Patients report an overall satisfaction with our program of 86%. Patients transferring to a higher level of care was 3% lower than the nation. No patients died during care. Once completed with our program, patients continue to make gains with 17.4 points of change in function. Over 88% of our patients are discharged back to the community, vs 78.9% for the nation. Our outpatients reported a 97.7% overall satisfaction. Patients at our outpatient clinic continue to progress as well with 77% of patients not requiring any assistance with activities of daily living after discharge. Over 60% of our patients return to participating in leisure activities following completion of outpatient rehabilitation.

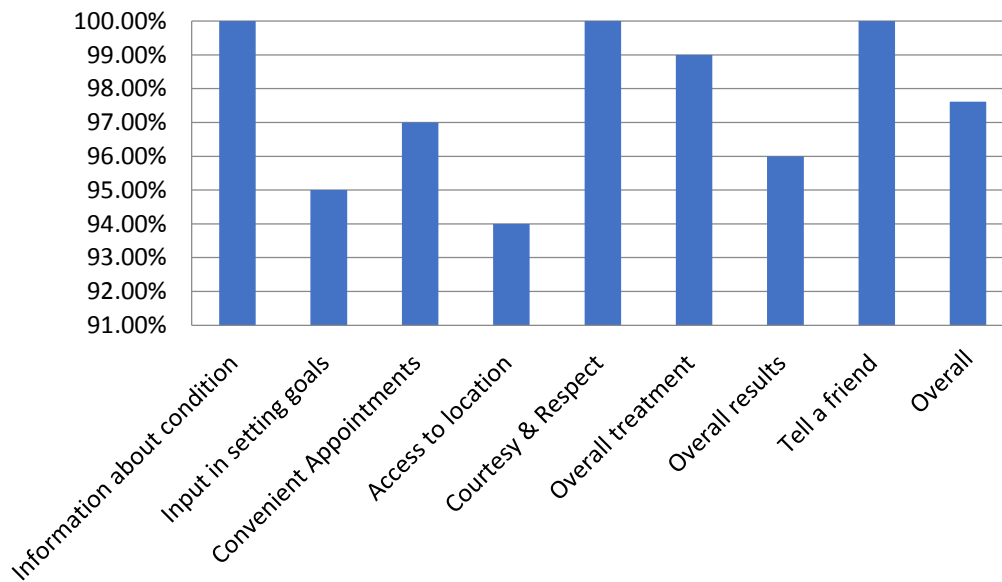
Post Discharge Brain Injury Patient Outcomes

After Completion of Outpatient Program N=25



Brain Injury Patient Satisfaction

After completion of outpatient program N=25



Stroke

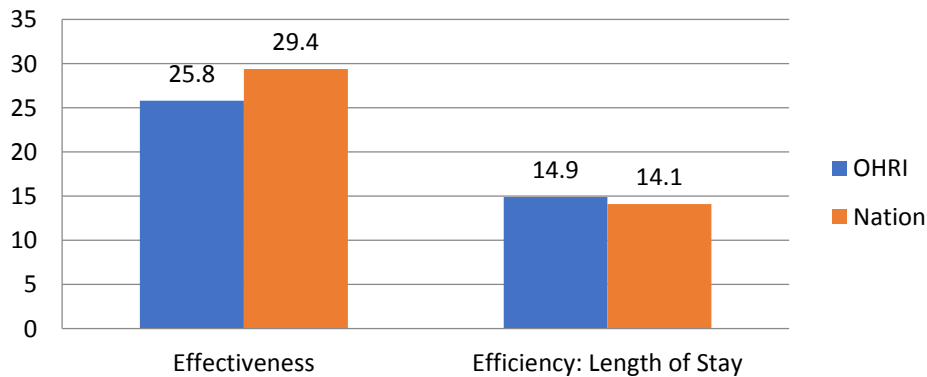
People

Stroke	Inpatient	Outpatient
Number of Patients	200	66
Average Age	51	57
Onset Days/Days to Appointment	9.7	6
Goals Met	NR	86%
Patients Under the Age of 18	1	0
Length of Stay	14.9 days	9 visits
Transfer to Higher Level of Care	11	7

Quality

Inpatient Stroke: Patient Improvement and Length of Stay

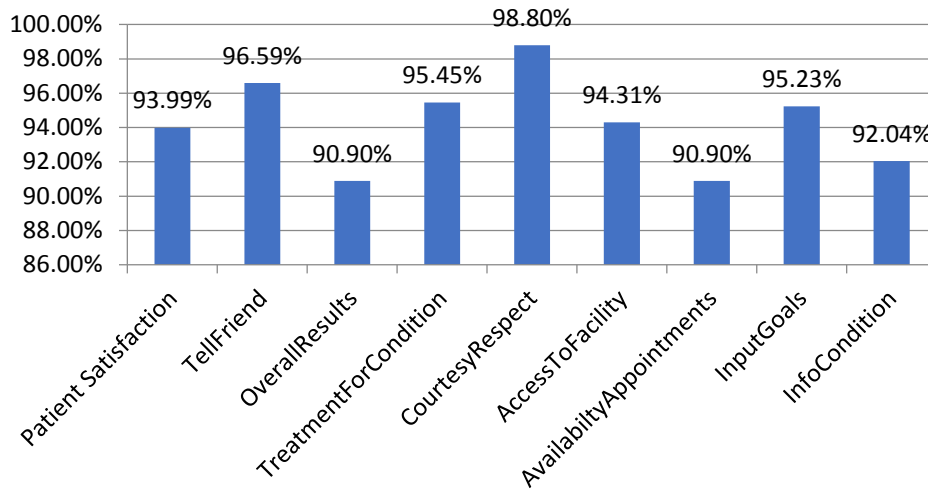
compared to FIM™ National Average N=200



Upon completion of our inpatient program over 87% of our patients are discharged back to the community; compared with only 77.6% of the nation. Our transfers to a higher level of care was 2.4% lower than the nation. Patient Satisfaction upon completion of our inpatient program averages 86% overall. Following discharge from inpatient services our patients continue to make an average of 20.1 points of improvement in function compared to 18.9 points for the national average.

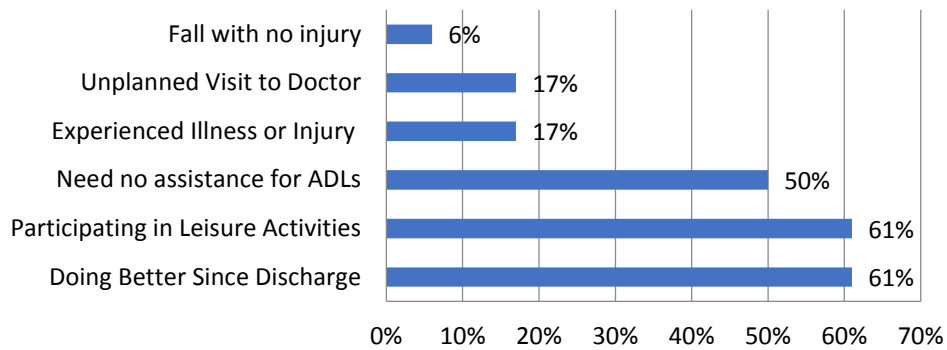
Stroke Patient Satisfaction

After completion of Outpatient Program per FOTO® N=22



Post Discharge Stroke Patient Outcomes

After Completion of Outpatient Program N=36



Analysis/Action Plan

Fiscal Year 2017 brought substantial change to the Orlando Health Rehabilitation Institute with the addition of adolescent patients to our inpatient rehabilitation beginning in March 2017. This fulfilled our goal to improve our Ease of Use and Community access to pediatric inpatient rehabilitation services within the Orlando area. Our average daily census (ADC) for FY17 was 33.01 compared to 31.85 the previous year. Although we did not meet our goal of an ADC of 40, we did increase by 1.16 patients. However, we reduced our length of stay for Stroke patients to 14.9 days; this is down from 16.1 in Fiscal Year 2016, exceeding our goal of 15.1 days!

In collaboration with the University of Central Florida (UCF), we enrolled our first physical therapist in the Neuro Residency Program beginning August 2017. The residency is divided into 3 months acute care, 5 months inpatient rehabilitation, and 4 months between outpatient neuro and pediatrics at Arnold Palmer Hospital. Additionally we submitted and received a \$15K education grant from the Paralyzed Veterans of America organization to host “Spinal Cord Injury Treatment through the Continuum” conference at Orlando Health. This was a collaborative event in October 2017 attended by 62 clinicians from the Central Florida region. Although outside our fiscal year, planning was completed in FY2017 but moved due to staff unavailability.

Additionally, we applied for and have been granted a \$53K grant from the Craig H. Nielsen Foundation to promote strength, wellness and foster independence in individuals with SCI. We will begin work with the Nielsen grant in FY2018. Lastly, we continued to drive growth and innovation by applying for research grants. One project to retrospectively look at predictive outcome measures for Spinal Cord patient’s within our program is being prepared for submission to the Institutional Review Board (IRB) in collaboration with UCF.

FY18 Inpatient Rehabilitation Action Plan:

Earn Physician Loyalty:

1. Continue to grow our adolescent services by 25% from FY17 by collaborating with Arnold Palmer Hospital Pediatric Orthopedics.
2. Improve referrals from Health Central and South Lake Hospitals by 25% from FY17.

Drive Growth and Innovation:

1. Utilize grant funding from the Craig Nielsen Foundation and partner with local gym to provide post discharge exercise and equipment for Spinal Cord Injury Patients
2. Improve our functional outcomes in our neuro patient population with the use of our newly purchased FES bike for upper and lower extremity stimulation.

Strengthen Economics:

1. Increase the Average Daily Census to 48 patients for FY18.
2. Eliminate unnecessary nursing overtime (goal <3%).

Become the Best Place to Work:

1. Obtain the Top 10% in Patient Satisfaction scores from Press Ganey.
2. Achieve favorable RN engagement scores as noted on 2018 NDNQI survey

Quality and Safety:

1. Improve bed alarm system by adding bed connectors that will allow for alarms to notify nursing staff on their ASCOM phones. Our goal is to reduce our fall rate by 33% from FY2017.

Our outpatient programs continued to monitor and work to improve patient access. Patients were scheduled within 72 hours of their appointment only 33% of the time at our OHHI office. Although this is well below our goal of 60% we reduced our average wait for new patient appointments by 4 business days. In order to continue to reduce inefficiencies we researched and developed a business plan for the purchase of a rehabilitation specific documentation system. Unfortunately this project is tabled due to a future system wide server upgrade. Our outpatient oncology program continues to grow increasing the percentage of overall patients treated; oncology patients now account for over 30% of our outpatient clients. Additional clinical space has not been established; instead we provided additional mentorship and education to already employed orthopedic therapists. This allowed for a 19.5% increase in total oncology patients treated in FY17.

In order to drive physician loyalty we developed relationships with Physician Associates and the Orlando Health Neurosurgical practice office to improve patient referrals. Education and marketing material was provided to these major partners in late summer of 2017. In addition we have partnered with Orlando Health Transition Services to present rehabilitation information to the post-acute Admissions Teams. This team includes post-acute facilities outside of Orlando Health. Lastly we met with HealthSouth to facilitate referrals post discharge for patients in need of continued therapy through outpatient services. The parking garage at Gore St. has been demolished and construction has begun. Patients continue to have difficulty with parking making ease of access. Valet parking is available, but slow, further reducing our patient satisfaction on access.

Overall patient wait for appointments at our Gore St. office continued to average 5.6 business days. Errors in data capture resulted in higher wait times reported. Future analysis will include data from time of insurance authorization to first appointment offered. Capture rate for referrals to Gore St. remained below target at 51.6%. Our post discharge patient surveys revealed that our single service neurological patients were falling and sustaining injuries (8 injuries reported). We identified the need for a post discharge program for gait and balance patients to begin next year.

In order to address our continued difficulties in patient access at both outpatient locations: with lower appointment availability and facility access patient satisfaction, poor capture rate of referrals at Gore St., continued longer wait times for appointments at both offices, we will be partnering with Orlando Health Patient Access Team for FY18.

Fiscal Year 2018 Outpatient Action Plan:

Ease of Use:

1. Initiate a direct Patient Financial Assistance line for rehab patients to contact for assistance in access to therapy services related to financial constraints.
2. Appointments will not be cancelled due to pending insurance authorization. Preventing delays in care and cancellation of appointments.

Drive Growth and Innovation:

1. Pursue a movement analysis program with use of Noraxon™ and market to local high school and sports clubs.
2. Develop and initiate a Sports Medicine Concussion program in collaboration with the Sports Medicine Orthopedic Physicians.

Quality and Safety:

1. Initiate a post discharge group exercise program to reduce falls with injury in neurological patients following discharge from formal therapy.