



# For Your Stroke Patients, the Post-Acute Setting Matters

## The American Heart Association/American Stroke Association (AHA/ASA) Recommends Inpatient Rehabilitation Over Nursing Homes for Stroke Rehab

- In their first-ever guidelines on adult stroke rehab, the AHA/ASA recommends intensive, multidisciplinary treatment
- Whenever possible, initial rehab should take place in an inpatient rehabilitation setting rather than a skilled nursing facility
- Ideally, rehabilitation services should be delivered by a multidisciplinary team of healthcare providers with training in neurology, rehabilitation nursing, occupational and physical therapy and speech/language therapy
- There is strong evidence that organized, interdisciplinary stroke care – such as that provided by an Inpatient Rehabilitation Facility (IRF) or Acute Rehabilitation Unit (ARU) – not only reduces mortality rates and the likelihood of institutional care and long-term disability, but also enhances recovery and increases independence in activities of daily living
- Rehabilitation should start as soon as the patient is ready and can tolerate it
- **All patients should undergo a formal assessment of rehabilitation needs before discharge**
- Stroke survivors who qualify for IRF/ARU services should receive this type of care in preference to Skilled Nursing Facility (SNF) - based care

For more information about these guidelines, please refer to the full guidelines at [Heart.org/StrokeRehabGuidelines](http://Heart.org/StrokeRehabGuidelines).

### Post-Acute Settings Comparison

HEALTH OUTCOMES OF STROKE PATIENTS		CLINICAL OUTCOMES OF STROKE PATIENTS	
	<b>IRF</b>	<b>SNF</b>	<b>Achieved a 90-day mRS ≤ 2</b>
Mortality Within 120 Days	6.2%	14.7%	<b>IRF 39.2%</b> vs. <b>SNF 7.1%</b>
Mortality/Custodial Nursing Home Care at 120 Days	12.4%	39.9%	60 out of 153 patients (39.2%) in the IRF vs. Only 2 out of 28 patients (7.1%) discharged to a SNF
Buntin M, Colla C, Partha D, Sood N, Escarce J. <i>Medicare Spending and Outcomes after Post-Acute Care for Stroke and Hip Fracture</i> . Med Care. 2010 Sep; 48(9): 776–784. doi: 10.1097/MLR.0b013e3181e359df		Belagaje SR, Zander K, Thackeray L, Gupta R. <i>Disposition to home or acute rehabilitation is associated with a favorable clinical outcome in the SENTIS trial</i> . J Neurointerv Surg. 2015 May;7(5):322-5. doi: 10.1136/neurintsurg-2014-011132. Epub 2014 Apr 7.	



# Advantages of IRF/ARU Proven Again

Study Finds the IRF/ARU Setting Can Help Stroke Patients Achieve Better Outcomes, Including Shorter Lengths of Stay



**Stroke patients show greater functional status improvement when recovering in an inpatient rehabilitation facility (IRF) and/or acute rehabilitation unit (ARU) as opposed to a skilled nursing facility (SNF) in a study published in the *Journal of the American Medical Association*.<sup>1</sup>**

The study, *Comparison of Functional Status Improvements Among Patients With Stroke Receiving Postacute Care in Inpatient Rehabilitation vs. Skilled Nursing Facilities*, had a sample group of 99,185 Medicare beneficiaries ages 66 and older who had suffered a stroke as denoted by the appropriate Medicare Severity Diagnosis Related Group codes.

These patients were discharged from 3,405 short-term acute care hospitals between January 1, 2013 and November 30, 2014. Of these patients, 66.6% were admitted to an IRF/ARU and 33.4% were admitted to a SNF. The results support the idea by many physicians and therapists – that appropriate patients can achieve better outcomes and shorter lengths of stay in the IRF/ARU setting.

Data for this study was analyzed between January 2017 and April 2019, and further found that in all models evaluated, the “changes in mobility and self-care scores for those discharged from IRFs were at least two-fold for those patients discharged from SNFs,” a striking finding given that more than 40% of Medicare beneficiaries are discharged from acute care hospitals to post-acute care each year.

1. *Comparison of Functional Status Improvements Among Patients With Stroke Receiving Postacute Care in Inpatient Rehabilitation vs. Skilled Nursing Facilities*, Ickpyo Hong, Ph.D., OTR; James S. Goodwin, M.D.; Timothy A. Reistetter, Ph.D., OTR; JAMA Network Open, December 4, 2019

## SOME KEY FINDINGS:



There were significantly larger improvements for mobility and self-care scores for those patients treated in an IRF/ARU vs. SNF with scores of 11.6 vs. 3.5 and 13.6 vs. 3.2, respectively.

The average length of stay for those stroke patients receiving post-acute care in the IRF/ARU:



**15.2 days at IRF/ARU**  
compared to  
**38.1 days at SNF**



IRFs/ARUs had a higher means score for mobility on admission and at discharge than the SNF – 55.8 vs. 44.4



Patients treated in the IRFs/ARUs had a lower mortality post-discharge – 17.5% – as compared to those treated in the SNFs – 30.5%

We are here to help you. Contact us for more information.

  
**SoutheastHEALTH**



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# Brain Injury Rehabilitation Program

## About Brain Injury

Every year around 1.7 million people suffer a traumatic brain injury and another 900,000 people suffer a non-traumatic brain injury. The loss of function following a brain injury can result in:

- Increased agitation or confusion
- Weakness
- Loss of movement or controlled movement
- Deficits in coordination and balance
- Numbness
- Pain or odd sensations
- Decreased concentration
- Poor safety awareness
- Difficulty with speech, swallowing, memory and decision making



## Rehab in the Acute Inpatient Rehabilitation Setting or Inpatient Rehabilitation Hospital Can Help

Our specialized inpatient rehabilitation program provides expert, compassionate care that can help each patient develop the skills needed to return home as independently as possible through personalized treatment plans. No two brain injuries are alike so we provide individualized, advanced brain injury rehabilitation through an interdisciplinary team of multiple medical and rehabilitation professionals focusing on:

- Physical therapy to work on sitting, balancing, walking and transfers
- Occupational therapy to work on dressing, feeding, bathing and other self-care skills
- Speech therapy to work on swallowing, diet recommendations, speech, memory and self-awareness

**Contact us for more information.**



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# Amputation Rehabilitation Program

Rehabilitation that begins as soon as medically possible following amputation can help patients regain lost abilities, prevent pain complications, improve wound healing and return home independently or with assistance from family members or other care providers.



## Levels of Service

The journey to regain function following an amputation can involve multiple phases of rehabilitation. Our rehabilitation program offers help along the way in the following settings:

- **Acute Rehabilitation Unit or Inpatient Rehabilitation Hospital:** Inpatient services for patients who need daily physician oversight and 24-hour rehabilitation-focused nursing care.
- **Pre-prosthetic Rehabilitation:** Focuses on strengthening the muscles necessary to support the prosthetic device and train patients about stump care.
- **Post-prosthetic Rehabilitation:** Helps patients with newly fitted prosthesis learn to use their new prosthesis successfully and learn how to incorporate it into their activities of daily living.

## Program Benefits

Our amputation rehabilitation program focuses on physical and occupational therapies to help patients regain their strength and mobility through:

- Improving overall mobility, health and independence

*Continued on back >>*



# Amputation Rehabilitation Program

- Restoring functions that can be restored or adapting to new levels of function
- Walking safely either independently, or with a temporary or permanent walking aid such as crutches or a walker, and how that need might change with or without use of a prosthesis
- Transferring to/from different surfaces
- Completing strength and range of motion exercises
- Balance and coordination improvement
- Using an artificial limb (prosthesis)
- Safely performing activities of daily living such as eating, dressing, grooming, bathing and homemaking
- Caring for the residual limb
- Assessing necessary environmental adaptations for work or home



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