# All Facility Diagnoses 2024 Annual Outcomes Data

Diagnosis	Number of Those We Served	Average Length of Stay (Days)	Discharge Rate to Home or Community Setting	Discharge Rate to Skilled Nursing	Unplanned Transfers to Acute Care	Functional Improvement Gain
Cardiac	113	10	80.5%	9.7%	9.7%	86.14%
Multiple Trauma	69	10.1	85.5%	7.2%	7.2%	98.36%
Neurological	118	11.1	82.2%	4.2%	13.6%	83.84%
Brain Injury	347	10.6	78.4%	9.8%	11.5%	90.78%
Orthopedics	507	10.7	82.8%	9.7%	7.3%	86.08%
Spinal Cord Injury	75	14.4	78.7%	8%	13.3%	86.15%
Stroke	363	13.2	78.8%	9.4%	11.6%	90.03%
Amputation –  Lower Extremity	71	11.3	81.7%	4.2%	14.1%	95.08%
General Rehabilitation	362	10.4	80.1%	8%	11.9%	84.11%
All Diagnoses	2025	11.2	80.6%	8.7%	10.6%	90.06%
	Total Number of Patients Served	Average Age	% Male	% Female	Average Number of Treatment Hours/Day	Patient Satisfaction with Services
All Patients and All Diagneses 14561 N. Outer Forty Road	2025	72	46.7%	53.3%	6	90.3%

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Rehabilitation Hospital

## Comprehensive Rehab Outcomes

#### 2024 Annual Outcomes Data

DISCHARGE DESTINATION TO COMMUNITY (Greater is better)



AVERAGE LENGTH OF STAY (Lower is better)



FUNCTIONAL CHANGE IN SELF-CARE (Greater is better)



FUNCTIONAL CHANGE IN MOBILITY (Greater is better)



FUNCTIONAL EFFICIENCY (Greater is better)



Patients' progression for self-care and mobility are measured per day of their rehabilitation stay to gauge progress made within the efficiency of the program. By the time patients leave the rehab program (discharge), we expect functional efficiency to measure more than 4.70, greater than national averages.

Patients' functional activities for self-care are measured when they

their rehabilitation stay. By the

program (discharge), we expect

an increase in functional quality

measures of self-care of more

than 15 points, greater than national averages. Patients' functional activities for self-care and mobility are

measured when they arrive

(admission) and throughout their

patients leave the rehab program

in functional quality measures of

mobility of more than 35 points, greater than national averages.

(discharge), we expect an increase

rehabilitation stay. By the time

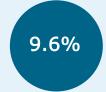
time patients leave the rehab

arrive (admission) and throughout

NUMBER OF PERSONS SERVED



RETURN TO ACUTE CARE (Lower is better)



AVERAGE NUMBER OF HOURS OF TREATMENT PER DAY



SATISFACTION OF THE PERSONS SERVED WITH THE SERVICES RENDERED



AVERAGE AGE OF PATIENT



Source: MedTel® and UDS 2024

Mercy Rehabilitation Hospital







## Spinal Cord Injury Outcomes

### 2024 Annual Outcomes Data

DISCHARGE DESTINATION TO COMMUNITY (Greater is better)



AVERAGE LENGTH OF STAY (Lower is

better)



FUNCTIONAL CHANGE IN SELF-CARE (Greater is better)



FUNCTIONAL CHANGE IN MOBILITY (Greater is better)



FUNCTIONAL EFFICIENCY (Greater is better)



than 15 points, greater than national averages.

Patients' functional activities for mobility are measured when they arrive (admission) and throughout their rehabilitation stay. By the time patients leave the rehab program (discharge), we expect an increase in functional quality measures of mobility of more than

35 points, greater than national

Patients' functional activities for self-care are measured when they

their rehabilitation stay. By the

program (discharge), we expect

an increase in functional quality

measures of self-care of more

time patients leave the rehab

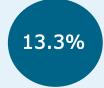
arrive (admission) and throughout

Patients' progression for self-care and mobility are measured per day of their rehabilitation stay to gauge progress made within the efficiency of the program. By the time patients leave the rehab program (discharge), we expect functional efficiency to measure more than 4.70, greater than national averages.

NUMBER OF PERSONS SERVED



RETURN TO ACUTE CARE (Lower is better)



AVERAGE NUMBER OF HOURS OF TREATMENT PER DAY



SATISFACTION OF THE PERSONS SERVED WITH THE SERVICES RENDERED



AVERAGE AGE OF PATIENT



Source: MedTel® and UDS 2024

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averages.





### **Amputation Outcomes**

#### 2024 Annual Outcomes Data

DISCHARGE DESTINATION TO COMMUNITY (Greater is better)



AVERAGE LENGTH OF STAY (Lower is better)



FUNCTIONAL CHANGE IN SELF-CARE (Greater is better)



Patients' functional activities for self- care are measured when they arrive (admission) and throughout their rehabilitation stay. By the time patients leave the rehab program (discharge), we expect an increase in functional quality measures of self-care of more than 15 points, greater than national averages.

FUNCTIONAL CHANGE IN MOBILITY (Greater is better)



Patients' functional activities for mobility are measured when they arrive (admission) and throughout their rehabilitation stay. By the time patients leave the rehab program (discharge), we expect an increase in functional quality measures of mobility of more than 35 points, greater than national averages.

FUNCTIONAL EFFICIENCY (Greater is better)

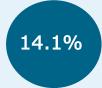


Patients' progression for self-care and mobility are measured per day of their rehabilitation stay to gauge progress made within the efficiency of the program. By the time patients leave the rehab program (discharge), we expect functional efficiency to measure more than 4.70, greater than national averages.





RETURN TO ACUTE CARE (Lower is better)



AVERAGE NUMBER OF HOURS OF TREATMENT PER DAY



SATISFACTION OF THE PERSONS SERVED WITH THE SERVICES RENDERED



AVERAGE AGE OF PATIENT

63.4

Source: MedTel® and UDS 2024

#### **Mercy Rehabilitation Hospital**







### **Brain Injury Outcomes**

#### 2024 Annual Outcomes Data

DISCHARGE DESTINATION TO COMMUNITY (Greater is better)



AVERAGE LENGTH OF STAY (Lower is better)



FUNCTIONAL CHANGE IN SELF-CARE (Greater is better)



Patients' functional activities for self- care are measured when they arrive (admission) and throughout their rehabilitation stay. By the time patients leave the rehab program (discharge), we expect an increase in functional quality measures of self-care of more than 15 points, greater than national averages.

FUNCTIONAL CHANGE IN MOBILITY (Greater is better)



Patients' functional activities for mobility are measured when they arrive (admission) and throughout their rehabilitation stay. By the time patients leave the rehab program (discharge), we expect an increase in functional quality measures of mobility of more than 35 points, greater than national averages.

FUNCTIONAL EFFICIENCY (Greater is better)



Patients' progression for self-care and mobility are measured per day of their rehabilitation stay to gauge progress made within the efficiency of the program. By the time patients leave the rehab program (discharge), we expect functional efficiency to measure more than 4.70, greater than national averages.

NUMBER OF PERSONS SERVED



RETURN TO ACUTE CARE (Lower is better)



AVERAGE NUMBER OF HOURS OF TREATMENT PER DAY



SATISFACTION OF THE PERSONS SERVED WITH THE SERVICES RENDERED



AVERAGE AGE OF PATIENT



Source: MedTel® and UDS 2024

Mercy Rehabilitation Hospital







### Stroke Outcomes

#### 2024 Annual Outcomes Data

DISCHARGE DESTINATION TO COMMUNITY (Greater is better)

78.8%

NUMBER OF PERSONS SERVED 363

AVERAGE LENGTH OF STAY (Lower is better) 13.2 days

FUNCTIONAL CHANGE IN SELF-CARE (Greater is better) 17.8

Patients' functional activities for self-care are measured when they arrive (admission) and throughout their rehabilitation stay. By the time patients leave the rehab program (discharge), we expect an increase in functional quality measures of self-care of more than 15 points, greater than national averages.....

FUNCTIONAL CHANGE IN MOBILITY (Greater is better) 39.7

Patients' functional activities for self-care and mobility are measured when they arrive (admission) and throughout their rehabilitation stay. By the time patients leave the rehab program (discharge), we expect an increase in functional quality measures of mobility of more than 35 points, greater than national averages.

FUNCTIONAL EFFICIENCY (Greater is better) 5.22

Patients' progression for self-care and mobility are measured per day of their rehabilitation stay to gauge progress made within the efficiency of the program. By the time patients leave the rehab program (discharge), we expect functional efficiency to measure more than 4.70, greater than national averages.

RETURN TO ACUTE CARE (Lower is better) 11.6%

AVERAGE NUMBER OF HOURS OF TREATMENT PER DAY



SATISFACTION
OF THE
PERSONS
SERVED WITH
THE SERVICES
RENDERED



AVERAGE AGE OF PATIENT

72

Source: MedTel® and UDS 2024

Mercy Rehabilitation Hospital





