

1. Services are provided by an interdisciplinary team with knowledge and clinical skills to deal with the profound impact of disability and handicaps resulting from stroke upon individuals, their families, and significant others. The team includes Physicians, nurses, physical therapists, occupational therapists, recreational therapists, speech language pathologists, neuropsychologist, physiatrists, dietitians, social workers, wound care specialists, respiratory therapists, and other ancillary services and physicians as needed for the patient's needs.
2. **Patient Population:** Adult ages 18-65 and Geriatric ages 65 and up. Information is provided at the level of the client's comprehension. Information is provided at the level of the client's comprehension and educational level. Services provided are based on the biological, cultural and psychosocial needs of the patient as identified on assessment. The scope and intensity of the program is individualized and progresses according to the patient's needs.
3. Medical and ancillary services including diagnostic testing, laboratory services, and pharmacy services are available on-site 24 hours a day 7 days a week.
4. Candidates for Stroke Specialty inpatient rehabilitation include patients with recent strokes resulting from thrombi, intracerebral hemorrhage, intraparenchymal hemorrhage, subarachnoid hemorrhage or emboli. Patients admitted are those that would benefit from an inpatient rehabilitation stay and meet admission criteria.
5. Goals are set by the team and reviewed in conference at least weekly to assure continuity of care and appropriateness of services. Frequent communication between team members outside of team conference helps assure continuity of care and best progress and intervention for barriers.
6. Each patient takes part in at least three hours of therapy daily, defined as 5 out of 7 days per week. In individual cases the participation may be 15 hours in 7 days with physician and/or team recommendation.
7. The hospital will promote the availability of quality health care by continued affiliation with institutions dedicated to the education of health care practitioners and research activities in the management and delivery of services.
8. **Hours of Operation:** The unit is open for patient care 24/7. Rehab nursing is provided 24 hours a day, 7 days a week.
9. **Payor Sources:** All forms of funding sources include Medicare, Private pay, Commercial Insurance, Workers Comp, DDSN, Self-pay and unfunded patients who meet admission criteria are also admitted.
10. Patients admitted to the unit must have a practical discharge plan. At discharge, services for continued follow-up for the patient are arranged and include home health services, outpatient services, skilled nursing facilities, assisted living facilities, boarding homes, and acute

rehabilitation facilities. Specifically, patients can be referred to the CARF accredited Outpatient Roper Rehabilitation Stroke Specialty program to coordinate after-care services and to meet outpatient needs.

11. During the patient's stay on the unit, support services are established for those patients and families that agree to the service. Those services include, but are not limited to, peer visits, support groups, outside counseling and neuropsychology appointments.
12. Referral sources include hospitals, home health, insurance companies, physicians, family members, and other sources.
13. Fees are established annually through the budget process approved by the Board of Directors and distributed as a charge master to management and directors at Roper Rehabilitation Hospital.
12. The Roper Rehabilitation Stroke Specialty Program is part of the Roper St. Francis Stroke System Program, coordinating care of the stroke patient from home to the Emergency Room, through acute care and rehabilitation, to transition to post-hospital care. This collaboration provides opportunities to interface with other healthcare providers throughout the system, provides access to resources and education, and facilitates interaction with the outside community.
13. In 2024 the major characteristics of stroke patients seen were:
 - a. 177 patients were cared for in our stroke program.
 - b. Average age of 72.7
 - c. Male/Female ratio: 79 male/98 female
 - d. Discharge to home 80.2%.
 - e. Average length of stay 15.1 days.
 - f. 87% of patients rated overall quality of care as excellent to very good.
 - g. Change in mobility score at discharge was 32.8.
 - h. Change in selfcare score at discharge was 14.1.
 - i. Unplanned transfer to an acute hospital was 6.2%.
 - j. Patients received an average of over 3 hours of therapy 5 days a week.