

**MetroHealth Medical Center**  
**RESEARCH DAY 2023**  
**Abstract Submission Form**

**Poster Title:** IRF to SNF: Referral Patterns of a Single Academic SCI Rehabilitation Center

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**Location of Laboratory:** MetroHealth Medical Center

**Category:** Physical Medicine and Rehabilitation

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**Background:** Patients with spinal cord injury (SCI) discharged from inpatient rehabilitation (IRF) to skilled nursing (SNF) facilities experience worse outcomes compared with homegoing counterparts. Patients, families, and clinicians lack sufficient information for SNF selection. Literature suggests higher quality SNFs have superior outcomes, but patient and facility characteristics mitigate this relationship. Examining local market dynamics may improve downstream outcomes.

**Objective:** Explore SNF referral patterns and outcomes of an academic SCI rehabilitation center

**Design:** Retrospective chart review

**Methods:** Between 2016-2022, 175 consecutive SCI patients discharged from IRF to SNF were reviewed. Demographic factors, insurance provider, functional scores, wound, and ventilator status were assessed for correlation with Center for Medicare and Medicaid Services (CMS) star ratings, distance from patient's home to SNF, and follow up encounters within 90 days.

**Results:** Out of 90 facilities, only two accepted more than 4 patients and distance from home to SNF was usually within 10 miles (70%). Gender, race, payer, and ventilator/wound status poorly correlated with star rating, with highest correlations being female gender ( $r=0.17$ ) and Medicare payer ( $r=0.18$ ). Star rating was not correlated with increased ED visits. Age ( $r=-0.14$ ) and Medicare payer ( $r=-0.14$ ) were weakly negatively correlated with distance from home to SNF.

**Conclusions:** Patient demographic and clinical factors examined were not significantly predictive of star ratings. These results may demonstrate that patients and families weigh location very highly. More education regarding objective data about SNFs may help to make informed decisions, but clinically meaningful differences in quality-of-care dependent on star rating have yet to be seen.