

## Rehabilitation Report Card

Dear Healthcare Provider,

Covenant Living at the Shores is proud to partner with the leader in post-acute therapy services – HealthPRO® Heritage. This collaboration will continue to benefit your patients!

Covenant Living at the Shores is proud to report on the following:

- ✓ Offers local transportation to follow-up appointments during rehab stay
- ✓ Comprehensive Interdisciplinary Discharge Planning Team and comprehensive Home Assessments prior to discharge
- ✓ Exceptional clinical outcomes for patients by focusing on evidence based practice and patient-centered care
- ✓ Private rooms, new modalities, and state-of-the-art therapy equipment
- ✓ Dedicated skilled therapists with expertise in a variety of conditions, diagnoses, and treatments
- ✓ Therapy up to 7 days a week
- ✓ Proven results achieving great patient outcomes (please see reverse side to learn more about our impressive care)
- ✓ Therapy services offered to skilled short-term inpatients, through our on-site outpatient clinic, and to patients discharged to home via our home health continuum

We invite you to speak with our therapy team. We would like to know more about what is important to you and to the patients in your care. Your trust and support is important to us.

Connect with us! Our admissions and healthcare navigator team would love to answer your questions and provide additional information specific to your rehabilitation or post-acute needs.

Give us a call at **(206) 316-8042** or reach us via email at **AdmitCLShores@covliving.org**.



Covenant Living is a ministry of the Evangelical Covenant Church.

**CovLivingShores.org**

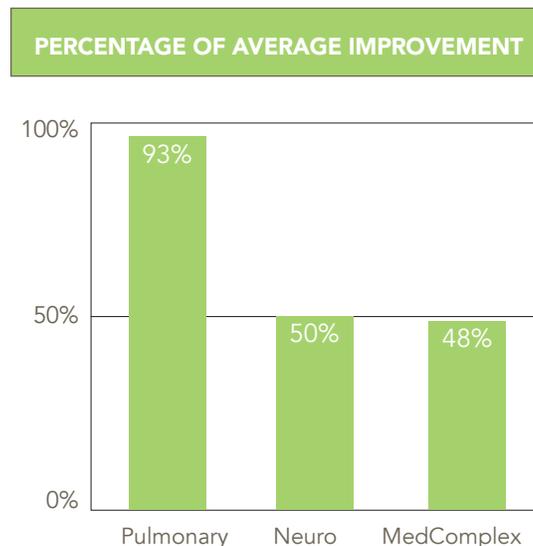
9150 Fortuna Dr. • Mercer Island, WA 98040



## Critical Outcomes

Among the top ten skilled nursing facilities to which local hospitals referred last year (2020), here is how Covenant Living at the Shores compares.

	COVENANT LIVING
<b>90-DAY RE-ADMISSION RATE</b>	<b>31%</b> Market: 30% State: 30%
<b>AVERAGE LENGTH OF STAY</b>	<b>25.5 Days</b>
<b>Percentage of short-stay residents who were re-hospitalized after a nursing home admission</b> <i>Lower percentages are better</i>	<b>15.3%</b> National: 20.8% State: 17.9%
<b>Percentage of short-stay residents who improved in their ability to move around on their own</b> <i>Higher percentages are better</i>	<b>72.1%</b> National: 68.0% State: 67.2%



## Program Spotlight

### Promoting Comprehensive Discharge Planning From Admission Through Discharge

Our collaborative and transdisciplinary approach to care ensures safe and effective transitions to the next level of care. Utilizing early discharge planning through a comprehensive home assessment and simulation of home environment; early and frequent patient/family involvement in the plan of care; along with self-management of the disease process; and what to do if a problem arises after discharge. We set patients up for success from day one. That's why we've partnered with the region's leader in post-acute therapy services—HealthPRO® Heritage—to implement our comprehensive, patient-driven discharge planning model: Safe Transitions.

