

Community Health Needs Assessment Executive Report - May 5, 2013



Madonna Rehabilitation Hospital is one of the nation's largest specialized rehabilitation hospitals. We treat children and adults with complex and severe diagnoses for traumatic brain injury, spinal cord injury, stroke, neurological disorders, burns, pulmonary disease and other disabling conditions. This is our "community" — the people who require inpatient post-acute physical rehabilitation to reduce or eliminate impairments, activity limitations and participation restrictions. Unlike acute care hospitals, we do not define our community served as a geographic area, but rather by the population that requires these highly specialized services.



COMMUNITY HEALTH NEEDS ASSESSMENT – EXECUTIVE REPORT

March 5, 2013

Prepared by: Madonna Community Health Needs Assessment Committee

Chair: Victor Witkowicz

Members: Christopher Lee, Brent Curry, Jacob Wawrzynkiewicz, Jennifer Warren, Mike Munro, Natalie Padilla-Gillet and Molly Nance

Madonna Rehabilitation Hospital is one of the nation's largest specialized rehabilitation hospitals. We treat children and adults with complex and severe diagnoses for traumatic brain injury, spinal cord injury, stroke, neurological disorders, burns, pulmonary disease and other disabling conditions. This is our "community" – the people who require inpatient post-acute physical rehabilitation to reduce or eliminate impairments, activity limitations and participation restrictions. Unlike acute care hospitals, we do not define our community served as a geographic area, but rather by the population that requires these highly specialized services.

National Reach

In FY 2012, Madonna served patients from 32 U.S. states and one U.S. territory:



FY 2012 National Admissions

- *108 hospitals and healthcare facilities referred patients.*
- *547 physicians referred patients*
- *5,709 patients were served*

MADONNA'S COMMUNITY

The average Madonna patient required 125 percent of the resources required by the average patient in other rehabilitation facilities. Patient mix comparisons also demonstrate that Madonna's Acute Rehabilitation level of care treats a more complex population than the national norm. In FY 2012, 76 percent of those served in Acute Rehabilitation were neurologically impaired with diagnoses such as stroke, brain injury and spinal cord injury. This is a 17 percent increase over three years and markedly higher than the 46 percent reported nationally.

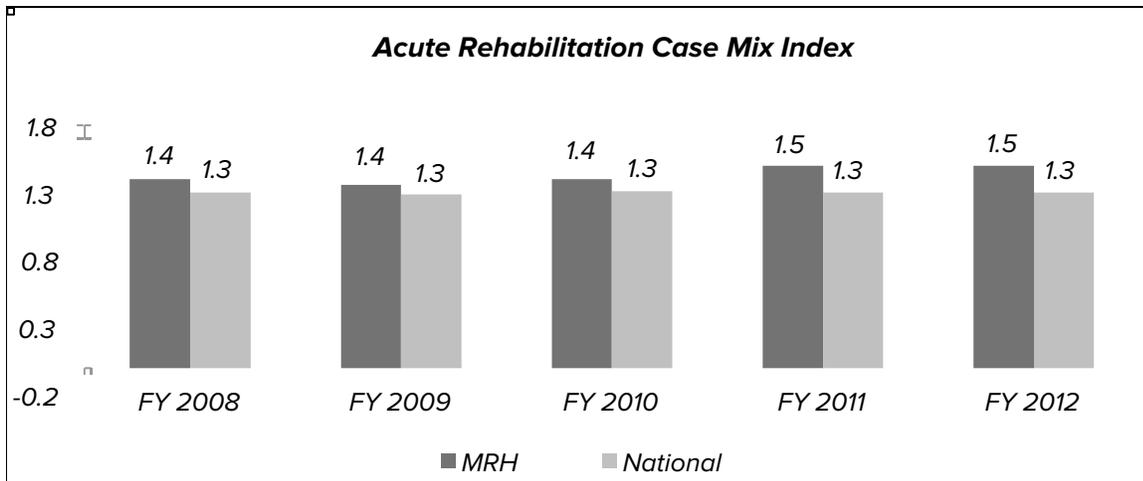


Fig. 24: FY 2012 Acute Rehabilitation Case Mix Index

Madonna's community demographics consist of the population that requires specialized rehabilitation care. This population includes people of all ages, genders, income level and race from throughout the country.

Long Term Outcomes

Two hundred thirty-four individuals, a majority of whom had brain injury, stroke or spinal cord injury, were contacted by telephone survey completed six months to two years after discharge from Madonna's acute rehabilitation unit. Fifty-six were children or adolescents. Ninety-eight percent of those contacted were still living in a community setting. Fifteen percent reported a re-hospitalization, which is significantly less than the 22 percent to 34 percent cited in the literature. Most of them were re-hospitalized for reasons unrelated to their rehabilitation stay. Overall, 96 percent of those contacted reported making improvements or maintaining gains across six functional domains. Ninety-two percent reported seeing their primary care physician within the last six months and more than half (53.5 percent) were actively participating in some form of ongoing exercise or wellness program. These percentages of people returning to their life roles are significantly higher than those cited in the literature for this population.

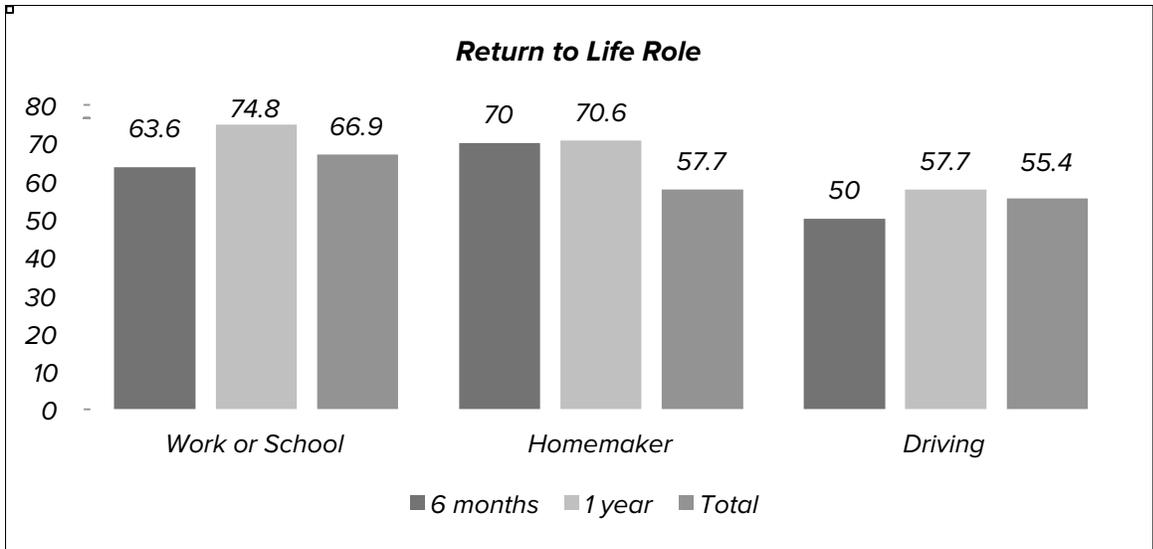


Fig. 32: FY 2012 Return to Life Roles

The Acute Rehabilitation Program discharged 67 percent of its patients to a non-institutionalized setting; this is consistent with or better than industry benchmarks. The **Brain Injury Program** discharged 67.50 percent of its patients to community settings, surpassing the 65.07 percent benchmark. The **Spinal Cord Program** discharged 65.96 percent of its patients to community settings, exceeding the 65.07 percent benchmark. The **Stroke Program** discharged 64.82 percent of its patients to community settings, exceeding the 63.58 percent benchmark.

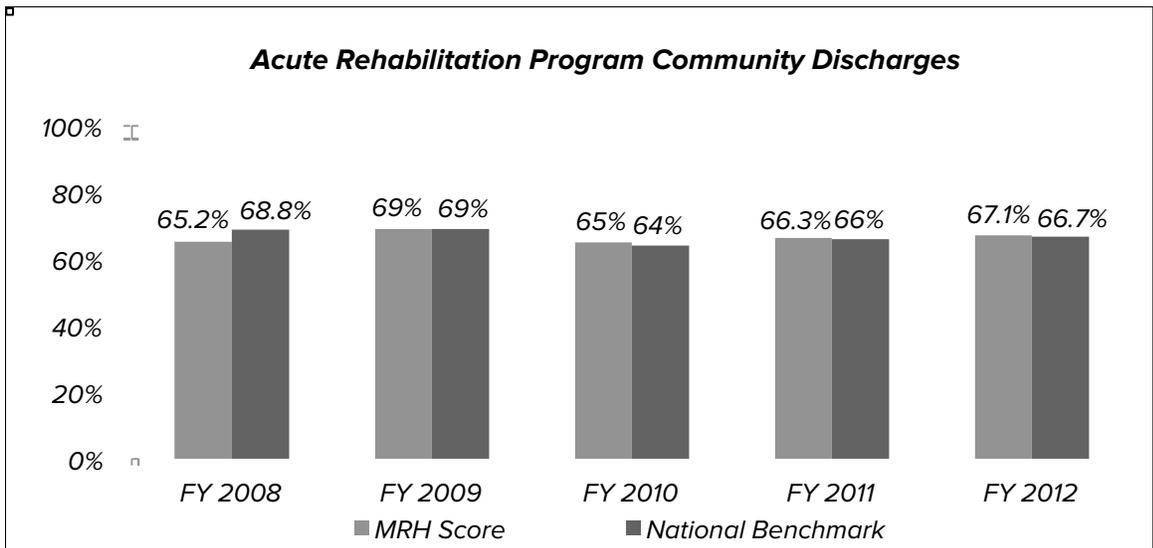


Fig. 23: FY 2012 Acute Rehabilitation Program Community Discharge

COMMUNITY NEEDS ASSESSMENT

Madonna uses multiple avenues to collect data regarding the needs of our community, including patient satisfaction surveys; meeting minutes from local, state, regional and national organizations; capital campaign requests and other data resources. It is an ongoing process that is integrated into our strategic planning and annual goal setting. A Needs Assessment questionnaire was distributed, collected and analyzed in FY 2013. The results were discussed at Strategic Planning Committee meetings during the planning phase for FY 2014.

Hospital leadership regularly reviews and discusses community needs during weekly Administrative Team meetings. Many of these needs are addressed through capital item requests and programming updates and/or additions.

Additionally, community needs are brought forth and discussed in numerous organizational meetings at all levels. Madonna managers and clinicians are encouraged to pursue leadership positions in their areas of expertise. Each year, Madonna staff members are elected and/or appointed to boards, special task forces and other leadership positions. In these positions, Madonna staff get direct input from colleagues in affiliated organizations and patients within the community served.

Leadership Notes:

Marsha Lommel, MA, MBA, FACHE, president and CEO, currently serves as the chair, and also served as treasurer, on the Board of Directors of the American Medical Rehabilitation Providers Association (AMRPA). She also chaired the AMRPA Continuing Care Hospital Committee.

Paul Dongilli, Jr., PhD, FACHE, Executive Vice President and COO, served as president on the Board of Directors of the National Association of Long Term Hospitals (NALTH) and Chair of the Education Committee. He serves on the state of Nebraska's Department of Health and Human Services State Trauma Advisory Board and participates on the Designation and Rehabilitation Committees.

Victor Witkowicz, CPA (Inactive Registrant), Senior Vice President and Chief Financial Officer, served as Chairperson on the Nebraska Hospital Association (NHA) Board of Directors.

Paul Nathenson, RN, ND, Vice President Long Term Care, Community Services, and Integrative Health, was a member of the Board of Directors for the Commission on Accreditation of Rehabilitation Facilities (CARF) and served on the Nominations and Board Development Committee, was the Southeast District President for the Nebraska Health Care Association (NHCA) and was appointed to the Medicaid Rate Committee. Nathenson was also a board member for the Nebraska Health Care Association (NHCA).

Susan Klanecky, RN, BSN, CCM, CRRN, Vice President Patient Care and CNO, served as a member of the Medical Necessity Review Committee and Education Committee of the National Association of Long Term Hospitals (NALTH), and as a member of the American College of Healthcare Executives (ACHE).

Christopher Lee, PT, MSPT, Vice President Rehabilitation, was a member of the American College of Healthcare Executives (ACHE), was the co-chair of the American Medical Rehabilitation Providers Association (AMRPA) Medical Necessity Committee, served on AMRPA's Legislative and Regulatory committee, and on the AMRPA Data committee. He also was involved in training the next generation of healthcare professionals, regularly serving as a guest speaker on healthcare management at the University of Nebraska Medical Center (UNMC).

Linda Sullivan, Vice President Referral Relations, was an executive officer on the American Heart Association's Go Red for Women board and a member of the American College of Healthcare Executives (ACHE), State Chamber of Commerce, Nebraska and Iowa Self Insured and Nebraskans for Work Comp Equity and Fairness Group (NWEFG).

Karen Divito, MSHA, Director of Rehab Programs, served as a medical rehabilitation program surveyor for CARF, the Commission on Accreditation of Rehabilitation Facilities. She represented the Alexis Verzal Children's Rehabilitation Hospital on the Children's Hospital Trauma Conference Planning Committee and Madonna Rehabilitation Hospital as a member of the Sunrise Kiwanis Club.

Judith M. Burnfield, PhD, PT, Director, Institute for Rehabilitation Science and Engineering, served on Nominating Committee for the Neurology Section of the American Physical Therapy Association, the technical advisory board for Adicep Corporation and on the board of directors for the Nebraska Foundation for Physical Therapy. She was appointed to serve a two-year term on the Rehabilitation and Recovery Committee of the STROKE Council of the American Heart Association. She also maintained adjunct faculty appointments in the Department of Biological Systems Engineering at UNL, the Department of Mechanical Engineering at UNL, the School of Pharmacy and Health Professions at Creighton University, the Division of Physical Therapy Education at the University of Nebraska Medical Center, the Department of Physical Therapy at the University of South Dakota, and the Division of Biokinesiology and Physical Therapy at the University of Southern California.

Lynn Hallowell-Gottsleben, PT, DPT, Director, Outpatient Services, served as a member of the AMRPA Outpatient and Therapies Committee, the Nebraska Physical Therapy Association Practice Management and Reimbursement Committee and on the advisory board for the physical therapist assistant program at Southeast Community College.

Kelli Anderson RN, CRRN, CHPN, served as the President for District 3 Nebraska Nurses Association.

Cali Carlson, PT, DPT served on the Nebraska Stroke Advisory Council Rehabilitation Task Force.

Patty Eschliman, MLS (ASCP) CM served on the Board of Directors of the Clinical Laboratory Management Association. She was selected to lead the ThinkLab taskforce to plan for the international ThinkLab meeting in Atlanta, May 2012. She was elected to a two-year term on the International Clinical Laboratory Management Association Board of Directors and served as a member of the International American Society for Clinical Pathologists Board of Governors, Board of Certification and participated on the Exam Oversight Committee. She served on the Southeast Community College Medical Laboratory Technician Advisory Board and served as Board member for the Lancaster Society of Clinical Laboratory Scientists.

Amy Goldman, PT, DPT, served on the Lincoln Stroke Partnership committee and as co-chair for the Nebraska Stroke Advisory Council Rehabilitation Task Force.

Sonya Irons, PT, DPT, CCS, served on the American Physical Therapy Association as a committee member on the Special Interest Group of the Education Section and the Research Section of the Cardiopulmonary Section. She was a manuscript reviewer for the Cardiopulmonary Physical Therapy Journal.

Kristin Luethke, CTRS, served as co-chair of the Child Passenger Safety Task Force, served as a member of the Safe Kids Coalition for Lincoln/Lancaster County and is an instructor for the Transporting Children with Special Healthcare Needs program.

Nancy Nathenson, RRT, served as Vice President Elect for the Nebraska State Board of Respiratory Care.

Annie A. Ocampo, BSN, RN CWOCN, DAPWCA, served as the Content Validator for the National Wound Ostomy Continence Nurses Society White Paper for Indwelling Catheter Securement Document. She was appointed by Mayor Beutler to the Board of Directors for Partnership for a Healthy Lincoln. She was recognized for her participation on this project and re-appointed to serve as a Board Member for the Multicultural Advisory Committee (MAC).

Linda Ohnoutka, CTRS, served on the board of the Nebraska Amputee Golf Association.

Jim Pelton, BA, LRCP, served on the Southeast Community College Advisory Board for the Respiratory Care Program.

Joe Rush, BS, RRT-NPS, served as Vice President for the Nebraska State Board of Respiratory Care and served on the Southeast Community College Advisory Board for the Respiratory Care Program.

Linda Storz, OTR/L, CDRS, served on the Board of Occupational Therapy Practice for the Nebraska State Board of Health.

Heith Wilkinson, MSE ACSM – HFS, served as the Nebraska state representative for the Medical Fitness Association.

Lori Terryberry-Spohr, PhD, ABPP, served on the Commission for the Accreditation of Rehabilitation Facilities (CARF) Internal Brain Injury Standards Committee and participated in the Big Ten Concussion Study Research Group. She served on the Nebraska Brain Injury Advisory Council, the Nebraska Veterans Brain Injury Task Force, the Safe Kids Lincoln and Lancaster County Sports Safety Task Force, the Lincoln Public Schools Medical Advisory Council.

Occupational Therapy representation in the Nebraska Occupational Therapy Association included:

- Lindsay Tuxhorn OTD/OTR/L, served as the District I Vice President, as well as the co-chair of the 2012 NOTA conference Planning Committee.*
- Brooke Murtaugh, OTD, OTR/L served as co-chair of the NOTA conference planning committee.*
- Nicole Brown, OTR/L, served on the conference Planning Committee.*

Physical Therapy representation in Nebraska Physical Therapy Association included:

- Sara Bills, MS CCC-SLP Secretary/Treasurer of the Eastern District,*
- Lisa Butler, PT, Co-Chairperson of the Education Committee*
- Michelle Claycomb, PT, Co-Chairperson of the Education Committee*
- Sarah Koebernick, PT, Education Committee*
- Melissa Starr, PT, Secretary/Treasurer of the Eastern District*
- John Long, PT, DPT, served as a member of the Legislative Committee.*

External Assessment

For several years, patients and caregivers have asked about the possibility of having a Madonna Rehabilitation Hospital in Omaha to serve not only patients from the Metro Omaha area, but from Iowa, Minnesota and South Dakota, as well. Current rehabilitation services in the region include:

<i>Iowa</i>	<i>83 LTACH beds</i>	<i>240 AR beds</i>
<i>Kansas</i>	<i>55 LTACH beds</i>	<i>407 AR beds</i>
<i>Missouri</i>	<i>484 LTACH beds</i>	<i>342 AR beds</i>
<i>Nebraska (not including Madonna)</i>	<i>53 LTACH beds</i>	<i>142 AR beds</i>
<i>South Dakota</i>	<i>28 LTACH beds</i>	<i>102 AR beds</i>

Madonna contracted with HDR Architecture to do an independent needs assessment for rehabilitation in the Omaha, Neb., area. The comprehensive study included data from numerous resources, including:

- Data from Madonna's internal records from July 1, 2008 to June 30, 2011.*
- Data from the Nebraska Hospital Association detailing acute inpatient discharges for the same period.*
- Data from the internal records of Methodist Hospital detailing its acute inpatient discharges for the calendar year ended Dec. 31, 2010.*
- Data from the internal records of The Nebraska Medical Center detailing its acute inpatient discharges for the fiscal year ended June 30, 2011.*
- Population data and estimates for 2011 through 2021 from Claritas.*
- Market activity estimates for acute inpatient discharges for 2011-2021 from Thomson-Reuters.*
- Market activity estimates for acute inpatient discharges for 2011-2021 from Advisory Board.*
- Market activity estimates for acute inpatient discharges for 2011 - 2021 from SG@.*
- RTI International report "Examining Post Acute Care Relationships in an Integrated Hospital System" dated Feb. 2009.*

According to the HDR study, Omaha is underserved in physical rehabilitation. In fact, Omaha hospitals discharge a higher percentage of their acute patients to nursing homes

than Lincoln hospitals do. In some cases, nursing homes are taking the place of rehabilitation hospitals. At Madonna's Lincoln facility, 55 percent of patients come from Lancaster County. Of the other 45 percent, a little over one-third came from the Omaha market.

The proposed Madonna Omaha project is not another acute care hospital for Omaha. It is a solution for high quality post-acute care upon discharge that has the endorsement of both the University of Nebraska Medical Center leadership, as well as the Methodist Health System leadership.

To support Omaha's goal of becoming a regional referral center for the most sophisticated and innovative healthcare, the city needs a state-of-the-art post acute care facility with a national reputation and a research center. Madonna provides the expertise, comprehensive programming and research to support this need.

NEEDS REVIEW PROCESS

After data is collected through the means identified, the information is reviewed during the hospital's annual strategic planning process and shared with the Board of Directors at the annual retreat.

Identified needs are also reviewed throughout the year in weekly leadership meetings and other team meetings.

Needs that can be addressed through equipment purchases are identified and prioritized in the Hospital's annual budgeting process.

Programming needs are reviewed and included, as warranted, in the Hospital's annual Corporate Goals. Progress on these identified needs is reviewed every quarter.

IDENTIFIED AND PRIORITIZED NEEDS

Madonna's focus on technology, neuroplastic principles and integration of our rehabilitation approach with the World Health Organization principles have enabled those Madonna serves to resume exciting independent lives and participate in their life roles. Pursuing a new Madonna Rehabilitation Hospital in Omaha is just one of several identified needs the hospital has prioritized to address, as listed below.

Improvements and Technology

Innovative program improvements continued in FY 2012. Madonna's focus on technology, neuroplastic principles and integration of our rehabilitation approach with the World Health Organization principles have enabled those Madonna serves to resume exciting independent lives and participate in their life roles.

Seating and Positioning

Kate Collins, PT, DPT, ATP, joined Madonna as a seating specialist. She has several years of experience in seating and positioning and was certified by the Rehabilitation Engineering Society of North American (RESNA) as an assistive technology practitioner since 2010. Madonna continued to expand its specialty seating services from an IP and OP perspective, completing complex and individualized seating assessments for a dynamic mix of patient types. Along with the rehabilitation technician, Kate monitors and tracks a large fleet of as many as 150 specialty manual and power wheelchairs.

FES Bike

The hospital purchased a second functional electrical stimulation (FES) bike in the last year, allowing for an ongoing focus on mass repetition and neuroplastic recovery following injury or insult. Throughout each quarter of the year, the number of patients able to benefit from the use of the FES bike increased, culminating in more than 230 OP sessions and over 60 IP sessions during the last quarter of the year.

ICARE

Several Madonna therapists used the ICARE, developed by the Institute for Rehabilitation Science and Engineering, to help their patients accelerate gait and cardiovascular improvement. Use of the ICARE facilitates motor relearning, cognitive rehabilitation, neuroplasticity and stamina related to the complexities of gait training.

First Hope Initiative

The Institute continued development of the First Hope Initiative, a technology package designed to increase the functional independence, quality of life, and outcomes of patients with severe disabilities from stroke, brain injury and spinal cord injury. The effort unites expertise of all members of the Institute to radically advance care that individuals receive beginning with their very first days in rehabilitation. The goal is to develop affordable technologies that will allow patients to have complete control of their environment (e.g., lights, windows, bed) from day one of rehabilitation, to allow opportunities for therapeutically engaging activities beyond scheduled therapy, and ultimately to provide affordable options to smooth the patients' transition home. A model patient room was constructed and novel technology packages were developed to enable individuals to control the room through gesture and speech. Madonna collaborated with Nebraska Global to develop cutting-edge computer-based therapeutic exercise programs.

Rehabilitation Engineering

The Rehabilitation Engineering Program focuses on the following three principles:

- *Ensuring that patients have early and ongoing access to appropriate assistive technology across all levels of care.*
- *Creating innovative ways to provide mass repetition of physical and cognitive activities, capitalizing on the brain's ability to rewire itself (neuroplasticity)*
- *Re-engineering existing technology or designing new affordable devices that solve the everyday challenges faced by those served.*

During FY 2012, the Rehab Engineering Program: enabled patient access to assistive technology immediately upon admission, expanded Assistive Technology Assessments and coordination of AT related services; and integrated iPad technology and many software programs into AT solutions for communication, computer access and cognitive practice.

Cognitive Rehabilitation

Neuroplasticity explores the brain's ability to form alternate neural pathways following neurological injury. This concept is typically associated with motor or physical tasks, such as walking. Madonna staff have applied this theory to cognitive and language activities, creating opportunities for mass repetition.

The Cognitive Rehabilitation Program staff at Madonna began several new initiatives designed to contribute to the existing field of knowledge and incorporate these theories into daily patient care. Research studies and treatment approaches using Transcranial Direct Current Stimulation to treat language disorders, muscle control and cognition are under way.

Work Re-Entry

As Madonna serves younger individuals who have survived a catastrophic injury or illness, it is critical that their rehabilitation program address return to work. Madonna's new Work Re-Entry Program developed and implemented several innovative work assessment tools to achieve this goal. Examples include a button factory, where a person fills orders, takes inventory, completes invoices, and answers the telephone; and a doll chair construction project, requiring the individual to piece together a doll chair using a diagram and multiple pieces of PVC piping. These activities help clinicians assess the physical or cognitive skills needing improvement for the person's successful return to his/her job.

Adaptive Sports and Recreation

Madonna's Adaptive Sports and Recreation Program experienced 78 percent growth in volumes during FY 2012, serving 775 individuals including 180 patients and 595 community members with disabilities. Madonna offered weekly open recreational activities, including golf, tennis, basketball, fishing, bowling and billiards. The hospital collaborated with community partners, such as Woods Tennis Center, Parkway Lanes (bowling), and Lincoln Parks and Recreation to produce the activities. Five Adaptive Sports Workshops were offered during FY 2012, including two Beginner Power Soccer Workshops, Wheelchair Football, Fencing, and Gentle Stretch and Tone. ProActive hosted power soccer and wheelchair football workshops. The Power Soccer Series was co-sponsored by Total Respiratory Care. Madonna sponsored two competitive sports teams for adults with physical disabilities -- the Madonna Magic Wheelchair Basketball team and the Madonna Match Points Wheelchair Tennis team.

- *New technology to improve patient swallowing*
- *A variety of FES devices to improve patient mobility in all extremities*
- *New technology to help patients control their environment and conduct therapeutic exercises from their hospital bed.*
- *Additional adaptive sports and rec activities and teams to meet growing demand*
- *New programs to address identified needs for pain reduction and cognitive improvement*
- *Improved electronic medical record system to improve quality, safety and efficiency.*
- *Additional wheelchairs to accommodate an increasing number of patients with obesity.*
- *Patient room and hospital remodeling to enhance patient experience, comfort and improve care coordination and efficiency.*
- *Redesigned website to improve ease-of-use and help prospective patients, health care partners, researchers and others get the information they need to make decisions.*

Employee Safety

Madonna has always focused on employee and patient safety to exceed regional and national benchmarks. OSHA-reportable injuries in FY 2012 decreased to 6.3, well below the 2010 national benchmark of 8.3. Madonna's overall OSHA injury rate has been below the national rate every year for the past five years. The FY 2012 rate was the lowest recorded in 12 years.

<i>OSHA Benchmark Employee Safety</i>	<i>FY 2008</i>	<i>FY 2009</i>	<i>FY 2010</i>	<i>FY 2011</i>	<i>FY 2012</i>
<i>Madonna's OSHA Rate</i>	<i>8.36</i>	<i>8.34</i>	<i>7.2</i>	<i>7.6</i>	<i>6.03</i>
<i>National Rate</i>	<i>9.8</i>	<i>8.8</i>	<i>8.4</i>	<i>8.9</i>	<i>8.3</i>

Fig. 19: FY 2012 OSHA Benchmark Employee Safety

Four initiatives -- culture of safety, safe patient movement, elimination of needle sticks and prevention of employee slips and falls -- made a significant difference.

The keys to FY 2012 successes were related to tying root causes to improvements in organizational structures, collaborative goal-setting, improved organizational communication and accountability, and stressing the Safety Champion program. Madonna leaders' commitment to establishing a culture of safety set the foundation for these positive outcomes. Patient movement injuries accounted for more than 80 percent of employee injuries in the past. In 2012 patient movement-related injuries have decreased to less than 35 percent of total injuries.

Patient Safety and Quality

As part of Health Care Reform, the Affordable Care Act requires hospitals to submit data on specific quality measures to the Center for Medicare and Medicaid Services (CMS) beginning October 1, 2012. For Madonna, these measures are:

- Catheter-Associated Urinary Tract Infections (CAUTI)*
- Central Line Cather-Associated Blood Stream Infections (CLABSI)*
- New or Worsening Pressure Ulcers*

Collaboration between clinicians and Madonna electronic health record experts resulted in substantial progress toward conformance to the reporting requirements.

Staff implemented bar coding for administration of medication in Feb. 2012 and this effort promoted a reduction of medication administration errors. The catheter associated urinary tract (CAUTI) protocol implemented throughout the hospital (LTACH and ARU) in FY 2011 effectively maintained a low prevalence of total UTIs, decreasing from 36 percent in February 2010 to 4 percent in April 2012. Finally, process changes designed

to protect central lines resulted in no central line-associated blood stream infections since implementation in April.

<i>Patient Safety</i>	<i>Goal</i>	<i>FY 2008</i>	<i>FY 2009</i>	<i>FY 2010</i>	<i>FY 2011</i>	<i>FY 2012</i>	<i>Goal Met or Exceeded</i>
<i>Medication Error Rate (# of errors/doses dispensed) x 100</i>	<i>< .05</i>	<i>0.04</i>	<i>0.04</i>	<i>0.04</i>	<i>0.04</i>	<i>0.03</i>	<i>Exceeded</i>
<i>Patient Fall Rate (#patient falls/# patient days) x 1000</i>	<i>< 6.5</i>	<i>4.4</i>	<i>4.3</i>	<i>3.8</i>	<i>4.9</i>	<i>3.9</i>	<i>Exceeded</i>
<i>Hospital-acquired infection rate (# of infections/# patient days) x 1000</i>	<i>< 5.0</i>	<i>4.0</i>	<i>3.9</i>	<i>4.8</i>	<i>3.9</i>	<i>3.86</i>	<i>Exceeded</i>

Fig. 20: FY 2012 Patient Safety

Pediatric Rehabilitation

Madonna is the only free-standing rehabilitation hospital in the region to house a separate, secured pediatric rehabilitation unit with specialized pediatric clinical staff, including a physiatrist, rehabilitation nurses, therapists and a rehabilitation psychologist.

AVCRH earned a three-year accreditation from CARF as a Pediatric Specialty Program, meeting or exceeding international standards for pediatric, brain injury, spinal cord injury and stroke rehabilitation. The survey cited many strengths of the program.

With the goal of integrated and coordinated pediatric care, both Madonna and Children’s Hospital in Omaha have committed to active collaboration. Quarterly Rehabilitation Rounds between these organizations were implemented so that front line therapists, case managers, and physicians could discuss patient outcomes and create learning opportunities. In addition, AVCRH co-sponsored the Fifth Annual Children’s Trauma Conference with Children’s Hospital and Medical Center

A “Parent’s Night” activity was started. This activity is a parent-lead support group held twice per month on AVCRH. Michelle Grieser, mother of former AVCRH patient and GOAL Award recipient Olivia, leads the group, providing opportunities for socialization, sharing, and coordinates educational topics and presenters as the group desires.

Madonna admitted 102 children and adolescents during FY 2012. Of those admitted, 86.3 percent were referred by hospitals outside Lincoln including 20 individuals from out of state. Like the Acute Rehabilitation program, a large percentage of those served in AVCRH had neurological impairment.

Sixty-six percent of the children and adolescents served experienced brain injury. Of these, two-thirds had a traumatic event and the other third had a non-traumatic condition of the brain such as an anoxic injury, tumor or infection. Children and adolescents with spinal cord injury, orthopedic injuries, cardio-pulmonary conditions and other congenital and/or neurological conditions also were served. AVCRH served children/adolescents who were just a few months old to 18 years old.

The children and adolescents achieved excellent outcomes in terms of discharge to community, functional gains, patient satisfaction and maintenance of gains.

- 88.3 percent discharged to community settings.*
- 5.3 percent discharged to acute care, most for planned procedures. Of these, the majority returned to AVCRH to finish their rehabilitation program and were discharged home.*
- Children and adolescents stayed an average of 35.5 days and made functional gains (FIM) of 46.7, exceeding the goal of 30.*
- 100 percent of those responding to a survey reported maintaining gains three months after discharge.*

To improve access to outpatient pediatric rehabilitation, Madonna has recently relocated the outpatient therapy gym and offices to the area next to the inpatient Alexis Verzal Children's Rehabilitation Hospital. The new outpatient area offers a comfortable waiting room, a large therapy gym and additional therapeutic technology and toys.

Other examples of identified needs that Madonna prioritized include:

- New technology to improve patient swallowing*
- New programs to address identified needs for pain reduction and cognitive improvement*
- Improved electronic medical record system to improve quality, safety and efficiency.*
- Additional wheelchairs to accommodate an increasing number of patients with obesity.*
- Patient room and hospital remodeling to enhance patient experience, comfort and improve care coordination and efficiency.*
- Redesigned website to improve ease-of-use and help prospective patients, health care partners, researchers and others get the information they need to make decisions.*

VOLUNTEER AND FINANCIAL SUPPORT

Madonna's mission and values are evident every day in the hospital's daily activities and in the ways the organization gives back to our patients, families and the local area. In FY 2012, the hospital provided:

- *2,772 pounds of food items and personal care products and \$2,100 were donated to the Food Bank of Lincoln in FY 2012.*
- *\$10,000 in medical supplies were provided to Cross Ministries, a non-profit Christian organization that supplies missionaries around the globe.*
- *Donations of used but usable furniture, valued at \$2,100, were made to St. John's Catholic Church.*
- *During FY 2012, 119 employees donated blood units at an onsite bloodmobile; this donation helped an estimated 420 people.*
- *Both the hospital and ProActive Medical Fitness Center provided meeting/activity space valued at \$219,713 to community organizations, health support groups and self-help groups for 1,904 meetings in FY 2012. Both sites were also used as official polling locations.*
- *Loose change collected at Madonna's Commons Café registers ("Your Change Can Make a Change" campaign) in FY 2012 totaled \$460 for Catholic Social Services.*
- *Madonna's Matt Talbot Kitchen Team served more than 1,200 meals in FY 2012. In addition to shopping and cooking, the team also served and cleaned up after the monthly meals. All food costs were borne by the team.*
- *In recognition of Respiratory Therapy Week, the respiratory therapists held a bake sale raising \$450 for the American Lung Association to be used locally for Camp SuperKids for children with asthma.*
- *ProActive held the third annual Pedalpalooza, a three-hour cycling class, raising more than \$2,000 for the Livestrong Foundation toward the fight against cancer.*
- *Linen services donated \$8,000 worth of bed linens and towels to Southwest Lutheran Church to make blankets and bandages for local and overseas charities and Cornhusker Place substance abuse treatment center.*
- *In FY 2012 the Adaptive Sports and Recreation Program served 775 individuals, 78 percent more than the number served in FY2011.*

- *Madonna's Linen Services department organized the "Operation Santa Toy Drive" collecting 331 toys for the Center for People in Need. In addition, Madonna employees donated Christmas gifts to the long-term care residents and patients and families of the Alexis Verzal Children's Rehabilitation Hospital. The total value of all gifts was \$5,200.*
- *A benefit drive to assist United Way of Lincoln and Lancaster County raised more than \$35,000 in property and cash donations. Madonna also made a monetary donation of \$5,000 to the Brain Injury Association of Nebraska.*
- *Madonna ProActive donated several temporary memberships valued at \$3,700 to local organizations, such as the Breast Cancer Research Association, Capitol City Kiwanis and Clinic with a Heart. Madonna ProActive also offered financial assistance to 16 people totaling \$6,299*
- *Madonna donated flu vaccine valued at \$1,800 to several organizations: The Center for People in Need, Friendship Home and a number of health departments located in western Nebraska used the donated vaccine to inoculate a total of 190 people.*
- *Madonna employees organized a bake sale and sold casual day stickers benefiting the ALS Association, culminating in a total cash contribution of \$700.*

Charity Care

Services provided to patients unable to pay for health care totaled \$669,541 in FY 2012. Madonna provides two avenues for patients to qualify for free or reduced cost services: charity care based on patient income level, and St. Benedict funds set aside by the Madonna Foundation to assist patients and families in crisis.

Unpaid Cost of Public Programs

Madonna absorbed \$2,027,053 in losses due to shortfalls between patient care costs and amounts paid by Medicaid in the hospital, TherapyPlus and St. Jane de Chantal.

Subsidized Health Services

Madonna absorbed \$2,234,571 in losses due to shortfalls between patient care costs and the amounts paid by Medicare for subacute and outpatient services.

Educational Presentations

In FY 2012, 32 Madonna employees made 76 educational presentations on various rehabilitation and health topics to more than 4,400 people. Local presentations accounted for 47 of the 76 total presentations, while 29 presentations were made regionally and nationally.

Community Volunteers Give to Madonna

During FY 2012, volunteer resources recorded 401 volunteers serving 19,898 hours, worth \$425,021. Serving in 58 different positions, volunteers provided extra attention to patients, residents and visitors while expanding the work of Madonna staff.

INFORMATION GAPS

Despite our best efforts to interact and communicate with our community, there are some barriers to information that prevent us from getting a complete picture of all needs. We don't have a way to identify individuals who need rehabilitation, but are not being referred to specialized rehabilitation. For example, according to the Brain Injury Association of America, only one third of patients with traumatic brain injury get the rehabilitation they need following acute care.

The nation's healthcare system doesn't coordinate national databases to ensure comprehensive, efficient, effective healthcare with measureable outcomes. We support innovative programs, such as bundling and the Continuing Care Hospital model to start to address these gaps.

CONCLUSION

Madonna Rehabilitation Hospital is a Catholic hospital that provides physical medicine and rehabilitation services to children and adults throughout the nation. We rehabilitate those who have sustained injuries or disabling conditions so they can fully participate in life. We lead research to improve outcomes. And we prevent physical disabilities and promote wellness through community programs.

We believe every patient is an individual with a unique history to share, and special interests, personal relationships and spiritual connections from which to draw strength. We believe the mind, body and spirit must heal together, and they must help heal each other. Critically, we believe the most important element of recovery is hope.

Our vision is to provide our community of patients and families with the very best opportunity to rebuild their lives and return to their roles as mothers and fathers, co-workers and students, sons and daughters and the many activities that enrich their lives.