



STRONGER Every Day

2008 ANNUAL REPORT
Mercy Center for Rehabilitative Medicine



Excellence.
Every Day in Every Way.™



It is an amazing and challenging time for health care in America. As a country, we continue to make great strides in improving technology and, here at home, we take pride in providing superior care for our patients and their families during these somewhat uncertain times.

At Mercy Center for Rehabilitative Medicine, we are excited about the future as we plan to move our services back to Mercy's central campus this spring. We look forward to working in a newly-designed space, allowing us to provide our intensive rehabilitation services to more patients than ever before.

Patient surveys indicate that we are doing many things right at Mercy Center for Rehabilitative Medicine. In fact, in most categories, we score at 95 percent or greater. This is a wonderful tribute to our dedicated and caring staff.

With a new year of challenges and opportunities ahead of us, we look forward to providing the best possible care to those individuals who need and deserve our services the most.

Kurt Smith, DO | Medical Director
Mercy Center for Rehabilitative Medicine

Working Together

TO MAKE YOU STRONGER EVERY DAY

MISSION AND PHILOSOPHY

The mission of the Mercy Center for Rehabilitative Medicine is to maximize each individual's potential to live independently at home and in the community through the promotion of health, healing and wellness.

The Mercy Center for Rehabilitative Medicine facility and staff embrace a holistic treatment philosophy with the newest technology, offering innovative programming and support for you and your family. Treating the body, mind and spirit is the mission of our staff.

Our program is accredited by the Joint Commission and by the Commission on the Accreditation for Rehabilitation Facilities (CARF) for Comprehensive Integrated Inpatient Rehabilitation.

"Every day you make progress. Every step may be fruitful. Yet there will stretch out before you an ever-lengthening, ever-ascending, ever-improving path. You know you will never get to the end of the journey. But this, so far from discouraging, only adds to the joy and glory of the climb."

– Sir Winston Churchill (1874-1965)

Services and facilities in the Center are specifically tailored to meet the needs of the following types of patients:

- Stroke
- Brain injury
- Amputation
- Multiple trauma
- Fractured hip, pelvis, femur
- Bilateral knee replacement
- Spinal cord injuries

Other non-rehabilitation diagnoses are considered on a case-by-case basis including those patients who are recovering from acute respiratory failure, cardiac failure or cancer.

The Joint Commission has recognized Mercy as the only Primary Stroke Center in central Iowa and awarded the Gold Seal of Approval™ for healthcare quality and safety.

Support Group Information

SPINAL CORD SUPPORT GROUP

This group provides opportunities for support and education for families and individuals with spinal cord injuries. We are affiliated with the Spinal Cord Injury Association of Iowa, a not-for-profit organization that provides support, mentorship, networking and events for people with spinal cord injuries. Our support group covers many topics and we welcome your suggestions. Volunteers are always needed. Please call (515) 643-0450 for times and for more information.

STROKE AND ADJUSTMENT TO DISABILITY GROUP

This group provides education on stroke, its causes, prevention and adjusting to disability caused by stroke and other disabilities. Two stroke survivors participate as volunteers and provide insight and support to the individuals attending. We welcome anyone interested in volunteering. Please call (515) 643-0450 for times and for more information.



APHASIA SUPPORT GROUP

The Aphasia Support Group provides ongoing education, training and support for individuals with aphasia and their families or caregivers. This group meets weekly – please call (515) 643-0450 for times and for more information.

Joe Wanzek

RECOVERING FROM SPINAL INJURY



No one knows better than Joe Wanzek how life can change in an instant. One minute, he's up on a ladder working on the ice-damaged trees in his back yard. The next moment, he's on the ground, having fallen about 15 feet off of the ladder.

Joe's next 30 days or so were spent in the Intensive Care Unit at Mercy Medical Center after undergoing spinal surgery, coma, a torn artery and a broken collar bone.

Once he was well enough to transfer, Joe was sent to Mercy Center for Rehabilitative Medicine at Mercy Capitol to continue his recovery. With his son's wedding just a couple short months away, Joe was determined to be well enough to attend the festivities in Ohio.

"The staff really helped with that," Joe said. "They thought I should try my hardest to meet my goal of attending my son's wedding. It was a tall order, but still very possible if I worked hard. Over the next couple of months, they kept me focused on my goal and encouraged me to stick with it, even when I sometimes didn't feel like I could do it," he added.

Joe made it to the wedding. And since then, he has set and exceeded many other goals in his life and recovery. "The staff at Mercy were great. They knew just how far to push and what to do next in order to keep moving forward," Joe recalls. "They were always so encouraging and taught me a lot about how to transition into my new situation."

Joe has since returned to work full-time and gets around quite well in his wheelchair with the aid of a specially-equipped van. He and his wife, Joan, even take short trips to visit their son, now a physician in the Omaha area. "I'm so thankful for the staff at Mercy. They helped me in ways I never would have anticipated. They helped me get my life back and, for that, I'll always be grateful."

Jessica Thorne

RECOVERING FROM STROKE



It's not often we hear of someone as young as Jessica Thorne having a stroke. She was 31 at the time, with a 3-year-old daughter and 12-year-old son to take care of.

Initially, Jessica thought she'd had a seizure and felt weakness on the right side of her body. It was night time, and she decided to go to sleep and see how she felt in the morning. By 7 a.m., Jessica could no longer talk and was having difficulty moving.

Jessica didn't want to frighten her daughter, who was sleeping in the same room, so she crawled and pulled her way out of the bedroom and got her mom's attention in the other room. Soon, Jessica was on her way to Broadlawns Medical Center, where she stayed for about nine days.

Upon her release, Jessica still couldn't speak and was having problems with movement, so she went to outpatient rehabilitation through Broadlawns. Not satisfied with the progress she was making, her doctors decided to send her to Mercy Center for Rehabilitative Medicine for an inpatient stay filled with intensive rehabilitation. "They were awesome at Mercy," Jessica said. "They treated me wonderfully and I'm so grateful. I don't know what I would have done without their help . . . really."

The intensive schedule of physical and speech therapy proved to be just what Jessica needed to jumpstart her recovery. After almost two weeks, she was released and continues today with outpatient speech therapy at Mercy's Riverside Rehab. "I have no complaints at all. I am alive and I have two beautiful children," Jessica states. "And I'm doing a lot better; it's great."

Just a few months after her stroke, Jessica is now engaged and looks forward to getting married sometime in the next couple of years. She's also grateful for the support of her mother and father who helped her with the children and provided her with tremendous moral support throughout this process. "I'm one of the lucky ones," Jessica points out. "I've had so many great people around to help me through this, so I can't really complain about anything," she added. "I truly am lucky."

Getting Back into the Swing WITH ADAPTED GOLF CLINIC



Mercy Center for Rehabilitative Medicine (MCRM) held its first annual Adapted Golf Clinic at Briarwood Golf Course in Ankeny on May 17, 2008. With the help of some adapted equipment and a unique accessible golf cart, people who had sustained an injury or disabling condition learned that they CAN enjoy golf again!

The accessible golf cart is able to go on any course and not cause damage on the green. The specialized golf clubs are adapted for a person at a wheelchair level to use, and there are even tools to help pick up your ball if you are not able to reach the ground.

“It was great to see participants pick up a club and swing it, sometimes missing, but mostly smiling and having a great time,” said Joyce Ellens, recreation therapist and coordinator of the event.



As a result of this experience, a grant proposal was written and accepted through the United States Golf

Association to purchase adapted golf equipment and funds to help purchase an accessible cart. In the near future, we can offer more clinics during the golf season to help people get back into the “swing” of things after their illness or injury.

Thank you to the Spinal Cord Injury Association for the use of the adapted equipment, the Des Moines University Physical Therapy students for their volunteer hours, KCCI-TV and WOI-TV, and Briarwood Golf Course for the use of their facility. For further information or questions, please contact Joyce Ellens, Recreation Therapy, (515) 643-0469.

Wii-hab

AT MERCY CENTER FOR REHABILITATIVE MEDICINE

Q. WHAT IN THE WORLD IS A “Wii?”

A. It's a relatively new video gaming system from Nintendo.

Q. WHAT IN THE WORLD IS “Wii-HAB?”

A. It's a slang term for the use of the Wii as a therapeutic tool in traditional rehabilitation units.

Nintendo's gaming system, called the Wii, has proven to benefit patients in the rehabilitation setting as it mimics the actual movements of the person who is playing. For example, if you are playing a tennis game on the Wii,

you would take the remote and swing it in just the same way as you would swing a tennis racquet in a real game. The Wii responds to your movements and registers that into the game. You then receive instant feedback on the screen about what movements worked and what didn't to help you in the outcome of the game.



MCRM has a Wii on our unit and the therapists utilize it as a unique addition to the traditional therapy which patients receive throughout the week. The patients participate with their therapist and work on specific



goals such as eye-hand coordination, standing balance, upper extremity strengthening, cognitive and social skills. The nice thing about the Wii is that the participant does not need any computer or gaming experience before they play. It's very user-friendly for all ages and abilities.

The Wii is not meant to replace the traditional therapy offered. Instead, it's used to motivate and enhance the experience of the patient. "It's much easier to engage a patient into doing therapy when it's fun," said Joyce Ellens, recreation therapist. The Wii can benefit many patients who are recovering from stroke, head injury or spinal cord injury simply by doing an activity that can improve their functioning, while at the same time laughing with their peers, relieving stress and learning new skills.

Statistics

MERCY CENTER FOR REHABILITATIVE MEDICINE (MCRM) FISCAL YEAR 2008

PATIENT STATISTICS

Admissions	268
Patient Days	3606
Average length of stay	13 days
Average occupancy rate	62%
Number of discharges	268
Average daily census	9.86

ADMITTING DIAGNOSIS	NUMBER OF PATIENTS	PERCENTAGE
Stroke	109	41%
Brain Injury	47	18%
Spinal Cord Injury	18	7%
Multiple Trauma	17	6%
Neurological	13	5%
Orthopaedic	13	5%
Amputee	22	8%
Debility	12	4%
Med Comp	8	3%
Pulmonary	2	1%
Other	9	3%

REFERRAL SOURCES	NUMBER OF REFERRALS	PERCENTAGE
Mercy – Des Moines	353	82%
University of Iowa	53	12%
Methodist/Lutheran	7	2%
Other (home, SNF, other acute hospital)	19	4%

GENDER	MCRM	NATIONAL
Male	62%	44%
Female	38%	56%

AGE	MCRM	NATIONAL
0-44	16%	8%
45-64	43%	25%
65-74	18%	23%
75+	23%	44%

PAYOR	MCRM	NATIONAL
Medicare	46%	63%
Commercial Insurance	16%	9%
Blue Cross	16%	7%
Medicaid	4%	3%
Other	18%	16%

Length of Stay Averages (Days)

DIAGNOSIS	MCRM	NATIONAL
Left Stroke	17	17
Right Stroke	14	17
Brain Injury	12	16
Spinal Cord Injury	15	18
Amputee	11	14
Multiple Trauma	13	18
Debility	13	13

Functional Independent Measurement (FIM) (FIM gain from admission to discharge)

DIAGNOSIS	MCRM	NATIONAL
Left Stroke	23	24
Right Stroke	22	25
Brain Injury	25	27
Spinal Cord Injury	18	24
Amputee	15	21
Multiple Trauma	27	32

Discharge Disposition

LOCATION	TOTAL NUMBER	MCRM	NATIONAL
Community/Home	166	62%	77%
Acute Care	30	11%	9%
Long Term Care	55	21%	7%
Rehab	17	6%	5%



Mercy
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DES MOINES

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