



STRONGER Every Day

2009 ANNUAL REPORT
Mercy Center for Rehabilitative Medicine

 **Mercy**
Excellence.
Every Day in Every Way.™

 **Mercy**
MEDICAL CENTER
DES MOINES

A member of Mercy Health Network

1111 6th Ave. • Des Moines, IA 50314-2611



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 have undergone great change in the past year. We are fully settled at Mercy's central campus after moving last spring. Our new space allows us to continue our rehabilitation services to more patients in an environment designed for their optimal healing and comfort.

Patient volumes continue to tick upwards as do our patient satisfaction surveys. We are honored that our patients and families place their trust in our talented team of physicians and staff. Our patient surveys are a wonderful affirmation for our staff.

We look to the future of our program with optimism and excitement. While we have achieved a lot, we know we still have many more opportunities to grow our program and look forward to the year ahead.

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

On the Cover: Mercy Center for Rehabilitative Medicine was proud to sponsor the second annual Adapted Golf Clinic during the fall of 2009.

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.

Larry Gilliam

RECOVERING FROM A STROKE WITH THE HELP OF SPEECH THERAPY



It's been nearly eight months since Larry Gilliam suffered a life-threatening stroke. Today, thanks to a quick diagnosis and rigorous therapy, he is on the road to recovery. Before his stroke in April of 2009, Larry spent the days with his wife Mary enjoying their retirement which included hunting, fishing, their nine grandchildren – and his extensive Elvis collection.

On April 5, Mary was running errands and called home to see if Larry was hungry for lunch. Repeated calls to their home phone and Larry's cell phone went unanswered. When she arrived home, their dog Sadie met her at the door.

“I could tell something was wrong when I saw how Sadie was acting,” said Mary. Larry was in his recliner alert but confused. He did not know her and he was unable to speak or communicate.

At Mercy Medical Center, Larry was quickly diagnosed with a stroke, caused by a blockage in blood flow to part of his brain. As a result, he had limited physical abilities, trouble remembering family and friends and difficulty talking and communicating.

After 17 days in the hospital and several months of physical, occupational and speech therapy, Larry's physical condition has improved, he has regained most of his memory and his infectious smile.

Larry began speech therapy on April 30. One of the first tasks was exercises to help Larry to regain his memory. Therapists recommended Mary and her family put together a photo album to help Larry remember his family members and re-learn their names. Today, Larry turns the pages and names each family member on the page. Photos of Sadie, his truck, the family

home and one showcasing the Elvis collection are in the photo album as well.

“Family has been such an important part of Larry's recovery,” says Mary. “Our family has been there through his therapy to encourage him. Praise is an important part of the process.”

Speech therapy is an important part of stroke treatment that helps to diagnosis and treat a variety of speech, voice, and language disorders caused by a variety of disorders including stroke, hearing loss and brain injury among others. Importantly, speech therapists also support the families of patients on treatment techniques to use at home and on how to modify behavior that impedes communication.

Larry does homework each week which includes writing letters and words and records his work in a log to show his therapist at each visit.

“Larry's has made significant progress,” says speech therapist Lori Leach. “When we started therapy, we were relearning the days of the week and working to match pictures to words. We still review those basics but are building on those so Larry develops more comprehension and functionality.”

“Everyone at Mercy has been wonderful to us from beginning to end,” says Mary. Larry adds, “from the minute we walked in everyone was interested in my care.”

Speech therapy is the treatment of disorders that involve speaking, hearing, writing, reading, and other communication required for the activities of daily living. Speech therapists also teach people to swallow foods and liquids safely.

A speech therapist or speech pathologist works to:

- strengthen weakened oral muscles through exercises
- teach methods of basic communication
- teach a patient and family how to manage a communication or swallowing disorder

Pet Therapy Program

LIFTS SPIRITS ALL AROUND



Bring a dog into a hospital room and the smiles are instantaneous. Candy Henely and Susan Mikel have watched it happen hundreds of times in their work as volunteer pet therapists with Mercy Center for Rehabilitative Medicine.

“These dogs are making a real difference with patients,” Susan said, “and with nurses and other staff, too,” she added. “It’s heartwarming to see how most people react to the dogs and how the dogs respond.”

If Rickie and Annie could speak, they would no doubt agree. Rickie is Candy’s 9-year-old Jack Russell terrier, whom she describes as a real clown. Annie is Susan’s 8-year-old Jack Russell terrier, known for her intuitive nature and keen sense of smell. The canine pair works well together as do their owners, who visit MCRM about every other week as they are able. The team started this work in 2004 at Mercy Capitol and continue today in



MCRM’s beautiful new space on Mercy’s Central Campus.

“It’s really amazing that the dogs seem to understand what’s going on,” said Candy. “They can sense that they need to be gentle and quiet and they even seem to know when someone has limitations such as paralysis

in an arm or doesn’t have full control of their movements and things,” she pointed out.

Both Rickie and Annie are trained in competitive obedience, making the transition to therapy dog a little bit easier. Both are accredited by Therapy Dogs International (TDI), requiring specific individualized testing which can take over a year or more to complete. TDI also provides insurance and support as well as special tags, identifying each dog as an accredited therapy dog.

Susan readily admits that she probably gets as much, if not more, out of visiting the patients with Annie as the patients do. She likes seeing people smile and recognizes the impact that their visits have on their emotional health. Candy agrees and points out that these visits really help to center her and help her realize what’s really important in life.



A New Place to Call Home

On March 30, the Mercy Center for Rehabilitative Medicine moved to Mercy's central campus. The new unit is located on 4 North in the patient towers and includes 14 patient beds. The new unit has larger patient rooms to accommodate additional medical and therapy equipment as well as providing spacious areas for patients and their families. The central campus location also provides for convenient access to aquatic therapy located at the Mercy Wellness Center.



Mercy Center for Rehabilitative Medicine Awarded CARF Accreditation

During 2009, the Mercy Center for Rehabilitative Medicine (MCRM) received accreditation from CARF International (formerly known as the Commission on Accreditation of Rehabilitation Facilities) for its rehabilitation programs. The award is the third consecutive three-year accreditation CARF International has awarded to MCRM. In order to receive the three-year accreditation, MCRM voluntarily put itself through a rigorous peer review process and demonstrated the high quality of its programs and services to a team of surveyors during a site visit.

The Center is staffed by a dedicated team of nurses including four Certified Rehabilitation Registered Nurse (CCRN's) who provide advanced care for our patients.

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.



Statistics

MERCY CENTER FOR REHABILITATIVE MEDICINE (MCRM) FISCAL YEAR 2009

PATIENT STATISTICS

Admissions	277
Patient Days	3637
Average length of stay	13.12 days
Average occupancy rate	71%
Number of discharges	280
Average daily census	9.96

ADMITTING DIAGNOSIS	NUMBER OF PATIENTS	PERCENTAGE
Stroke	122	44%
Brain Injury	40	14%
Spinal Cord Injury	26	9%
Multiple Trauma	13	5%
Neurological	10	4%
Orthopaedic	26	9%
Amputee	14	5%
Debility	24	9%
Med Comp	2	1%
Pulmonary	1	.5%
Other	9	3%

REFERRAL SOURCES	NUMBER OF REFERRALS	PERCENTAGE
Mercy – Des Moines	404	80%
University of Iowa	70	14%
Methodist/Lutheran	4	1%
Other (home, SNF, other acute hospital)	28	6%

GENDER	MCRM	NATIONAL
Male	61%	44%
Female	39%	56%

AGE	MCRM	NATIONAL
0-44	11%	8%
45-64	38%	25%
65-74	24%	23%
75+	27%	44%

AVERAGE THERAPY (Number of hours/day)

Stroke	3.5-4
Spinal Cord Injury	3.0
Amputee	3.0
Brain Injury	4.0
Orthopaedic	3.0

PAYOR	MCRM	NATIONAL
Medicare	46%	62%
Commercial Insurance	15%	8%
Blue Cross	15%	7%
Medicaid	4%	4%
Other	21%	19%

Length of Stay Averages (Days)	MCRM	NATIONAL
DIAGNOSIS		
Left Stroke	15	17
Right Stroke	13	17
Brain Injury	14	15
Spinal Cord Injury	16	18
Amputee	11	13
Multiple Trauma	9	17
Debility	11	12

Functional Independent Measurement (FIM) (FIM gain from admission to discharge)	MCRM	NATIONAL
DIAGNOSIS		
Left Stroke	23	24
Right Stroke	23	26
Brain Injury	23	27
Spinal Cord Injury	23	25
Amputee	16	22
Multiple Trauma	28	32

Discharge Disposition	TOTAL NUMBER	MCRM	NATIONAL
LOCATION			
Community/Home	183	65.4%	76%
Acute Care	25	8.9%	11%
Long Term Care	60	21.4%	7%
Rehab	7	2.5%	0%
Other		1.8%	6%