

The Rehabilitation Center at Mercy Annual Outcomes Management Report FY09 (July 1, 2008- June 30, 2009)

The Rehabilitation Center at Mercy Health Center is a designated inpatient rehabilitation facility (IRF) comprised of 36 private rooms for patients who experience a disabling condition due to chronic disease, medical complexity, trauma or other significant conditions such as a stroke, spinal cord injury, brain injury, hip fracture and others. As a hospital based acute rehabilitation center, Mercy Rehab provides comprehensive integrated interdisciplinary therapy services and professional rehabilitation nursing care under the direction of a medical director, who is Board Certified in Physical Medicine and Rehabilitation. The Center functions within a shared leadership model whereby co-workers and leaders collaboratively guide the operations within a continuous quality improvement environment. An active Community Advisory Board oversees and participates in the planning of services and advocacy for persons served.

Vision- Mercy Health Center

Mercy Health Center in Oklahoma City is a part of the Sisters of Mercy, based in St. Louis, Missouri. As stated by our mission statement, Mercy Health Center is “rooted in the mission of Jesus and the healing ministry of the church, being faithful to Catherine McAuley’s service tradition.” Mercy Health Center serves as an advocate for “innovative health and social services to improve the health and quality of life of communities served, with particular concern for people who are economically poor.” A trademark to Mercy service is exceptional level of service and compassion, which makes a difference by touching the lives of those we serve.

The mission, entrenched and guided by tradition, advocates the five (5) core values of dignity, justice, excellence, stewardship, and respect for the dignity of each person.

- Dignity:*** We accept all people as created in the image of God.
Justice: We honor each person's rights and responsibilities in light of the common good.
Service: We respond with compassion to the needs of others.
Excellence: We strive to attain high standards of performance and proficiency.
Stewardship: We wisely use our talents and resources.

Vision- The Rehabilitation Center at Mercy

The Rehabilitation Center at Mercy serves to operationalize the vision as set forth by Mercy Health Center. The Rehabilitation Center primarily focuses on improving the quality of life for those persons who have experienced a significant loss of function as a result of trauma, a chronic disease process or some other catastrophic illness or injury. Within the inherent restrictions of their disability, Mercy Rehab has established as its goal “to assist the person with disabilities attain as much independence as possible and to safely return to the community or less intensive level of care.”

Consistent with the vision of Mercy Health Center and its commitment to serve those who are economically poor, Mercy Rehabilitation Center has the ability to provide care for patients who qualify for charity care according to the Health Center's policy. Bed availability is based on program census, staffing, resources and other program operations.

The Rehabilitation Center at Mercy Organizational Structure

During the past year, The Rehabilitation Center at Mercy has fully implemented a shared leadership model that utilizes a committee structure, comprised of both leadership and staff co-workers. The shared leadership structure provides an effective avenue for staff co-worker involvement and leadership in the direction and operation of the Rehabilitation Center. This model is consistent with the shared leadership model implemented in the patient care services (nursing) division to which the Rehabilitation Center organizationally reports.

Patient Demographics

During this timeframe there were 1, 910 patients referred to Mercy Rehab that resulted in 847 admissions and a 44.35% conversion rate. The average age for patients admitted was 69. Patients admitted to Mercy Rehab stayed an average of 13 days as compared to the national average of 13.3 days. Of all patients admitted to the Rehabilitation Center, sixty percent (58%) were female and forty percent (42%) were male.

Patient Outcomes

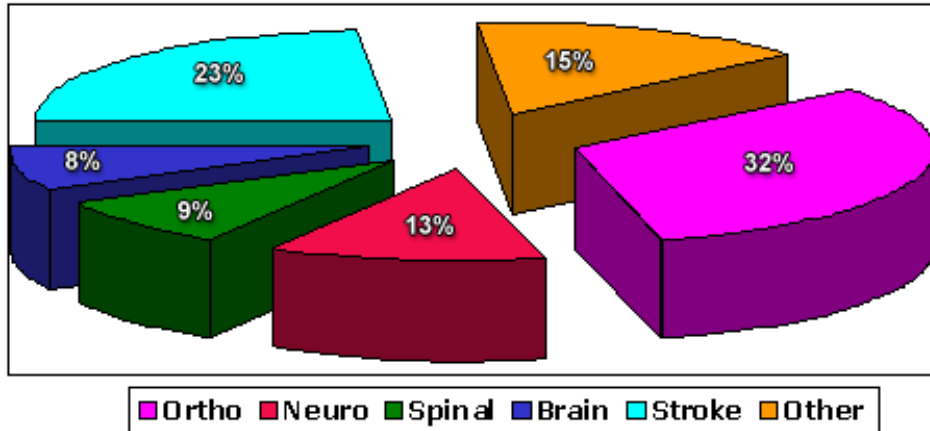
The Rehabilitation Center at Mercy utilizes the Uniform Data System for Medical Rehabilitation to determine patient outcomes. All co-workers (nurses/therapists) are trained and certified in the utilization and application of the Functional Independence Measures (FIM) assessment tool. Mercy Rehab is scheduled to complete its biannual FIM certification this year. Upon admission to Mercy Rehab, each patient is assessed by nursing and all designated therapy services, as ordered by the physician; minimally physical therapy and occupational therapy. With the support of social services, recreational therapy, neuropsychology services, pastoral care and other team members, FIM scores are completed for the eighteen (18) designated categories for each patient.

Diagnostic Mix

As part of the FY09 Strategic Plan, Mercy Rehabilitation has made concerted effort to address ongoing compliance with CMS's 60% rule addressing patients with qualifying rehabilitation diagnoses. This is an area which Mercy Rehab has traditionally exceeded the CMS standard. For FY09 qualifying diagnoses compliance for Medicare only patients was at 69.4% and at 71.8% for all patients.

As can be appreciated, Mercy Rehab has observed a significant change in both the diagnostic mix of patients served and in the acuity of these patients.

Mercy Rehabilitation Center

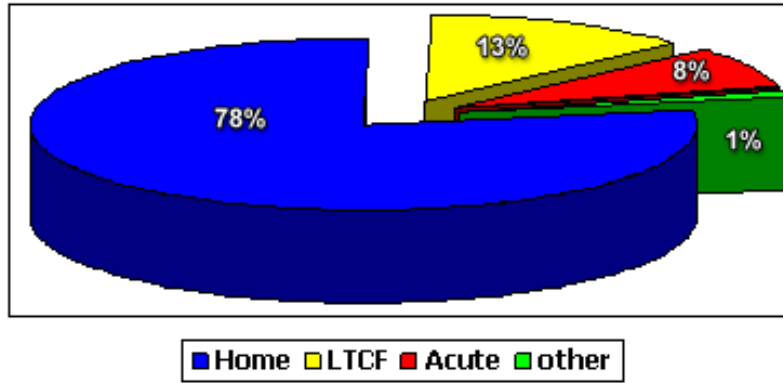


FY09 Patient Diagnostic Mix

Discharge Destination

For the FY09, 78% of our patients returned to their home in the community. This accomplishment is higher than the region and the nation. 13% of our patients went to skilled nursing facilities and 8% returned to acute care due to acute illness during their rehabilitation experience.

Mercy Rehabilitation Center FY09 Discharge Destination



Mercy Rehabilitation Center FY09 Report Card

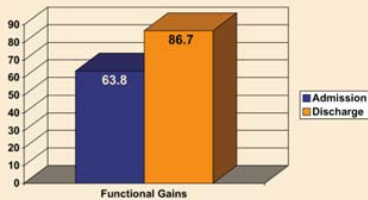
Performance at a glance

The Rehabilitation Center

at Mercy Health Center

Referrals/information: 405-752-3168
Toll free: 1-877-734-2275

How much progress do patients make in their functional gains such as mobility, self-care and cognition?



How long, on average, do people stay inpatient as compared to other units?

	Mercy	Region*	Nation
Length of Stay (Days)	13	13.1	13.3

Our patients receive a minimum of three hours of treatments per day, five days a week.

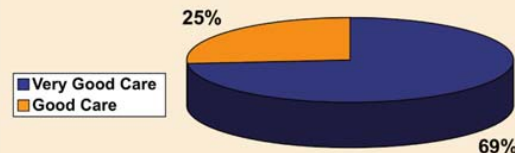
Types of Patients Served:

Stroke..... 24%	Ortho..... 33%
Brain Injury 8%	Pain..... 1%
Neuro..... 13%	Cardiac..... 4%
Spinal Injury 8%	Debility..... 6%
Amputation..... 1%	

How capable are our patients in returning to a community living situation as compared to other units?

DISCHARGE DISPOSITION	Mercy	Region*	Nation
Community – Home Setting	78%	75%	74%
Long Term Care Facility or Skilled	13%	13%	8%
Acute	8%	9%	10%

How satisfied are discharged patients with the overall quality of care they received while doing their intensive therapy? Press Ganey mean score that measures patient satisfaction: 90




Helping patients achieve their full potential for recovery

Patient care results for 2008/2009
*Region constitutes all acute care facilities in Texas, Louisiana, Oklahoma, Arkansas, New Mexico



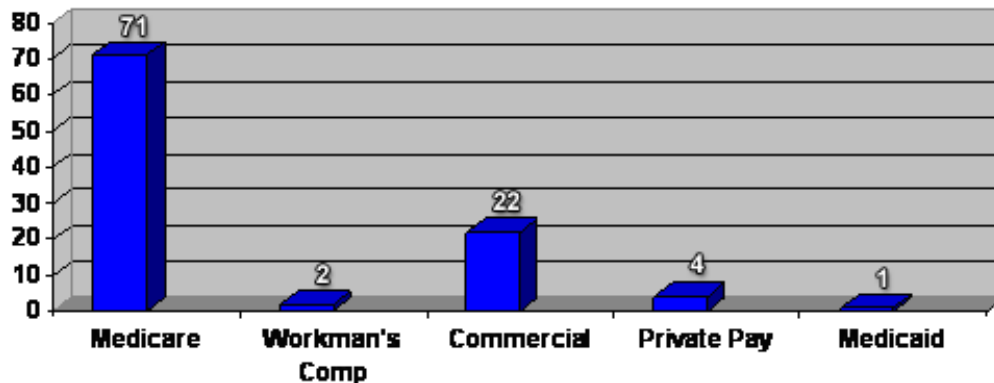
Patient Functional Outcomes

On admission, each patient is assessed with scores in eighteen (18) functional areas (FIMs). As seen on our report card for FY09 the admission FIM score was 63.8 with a discharge score of 86.7. This means that patients gained a FIM score of 22.9 at completion of their rehab experience. Our scores are lower than the region and the nation where the Region's Functional Gain is 26.1 and the Nation is 25.7. This has been an ongoing challenge for the Rehab Center. Our challenging areas are areas such as stairs. In our area we do not have a lot of stairs in our area. We have limited stairs to enter our homes, etc. The patients do not see the need to work on stairs as it is not necessary for them to return home. This lowers our Functional Gain. Our patients tend to be high functionally upon admission which causes a lesser Functional Gain. Our discharge Function is at 86.7 where the Region is at 87.4 and the Nation is at 87.8. Again, stairs is a challenge for our gains in our environment. Each month as a Rehab Center we look at these outcomes and discuss what we can do differently to be sure we are offering all we can to assist the patient to become as independent as possible upon discharge.

Payor Mix

Mercy Rehabilitation Center has a strong commitment to the Mercy mission of serving patients who are considered "economically poor" and have no ability to pay for their healthcare needs. Mercy Rehab serves patients with a wide variety of payor classes. Of interest, in comparison to the national data (see chart below), is the lack of any significant penetration of managed Medicare programs (as well as many managed Medicare plans have limited to no inpatient rehab benefits and traditionally use lower levels of care) and the significant increase in commercial payor mix which is directly related to the volume of Mercy Rehab's workers' compensation business. As part of Mercy's mission to serve the economically poor, during this year, The Rehabilitation Center at Mercy admitted twenty-eight (28) self-pay/charity care patients.

Mercy Rehabilitation Center FY09 Payor Mix



Accomplishments

The Rehab Center has made many accomplishments. The following are the accomplishments that has made a difference in patient care:

- Annual Patient Reunion – we have had our Third Annual Patient Reunion where we invited all of our patients from one Reunion to the next of each year. We have had well over 100 people in attendance at these reunions. It is here that the staff do their best to recognize the patients with their hair done, their make-up on and after having resumed their routines of life. The patients love to come in and show what they are able to do. There were many that entered the room and walked in while the room cheered them on as they entered, there were many that visited with other patients that they grew to know during their rehab experience. There were cheers of celebration, moments of rejoice, tears of gratitude and prayers of thanks!
- Bell of Celebration – we all love to receive recognition when we do something of great worth. In the Rehab Center, when a patient accomplishes something for the first time, we have him or her go to the Bell of Celebration and ring the bell. Whenever we as staff and patients hear the bell ring, we stop whatever it is we are doing and yell, scream and applaud. We often times have the patients ring the Bell of Celebration as they leave the Rehab Center for their last cheer!
- Hourly Rounding – every hours we visit our patients in their rooms and see that their needs are taken care of. We check on their pain and what can we do to help them with pain. We offer to assist the patient to the restroom, make sure that they have all they need within reach, such as the phone, something to drink, etc. In an hour we come back again to see how we can take care of our patients needs. What we have found is that our patients are more satisfied with their care. They feel that someone is interested in them and they know that if they need something thing and it is not emergent, someone will be by in an hour.
- Bedside Reporting – at the moment of shift change, our staff will go into the patient's room and the staff person leaving enters in with the staff starting the shift and together review the patient's care with the patient. This has been a great experience for the patient to feel like he or she is a part of his or her care and they are confident that the new staff member is familiar with their care and needs.
- Performance Day – the day before discharge, the patient has the opportunity to show the staff just what they have learned and how

independent he or she really is. Each patient will demonstrate their independence in areas such as walking, dressing, eating, toileting activities, getting in and out of bed and wheelchairs/chairs, cooking and for some how their memory and interactions with others has improved. We have had family members bring to the patient on Performance Day, flowers and gifts to celebrate this event. We even have had family members bring in a special outfit for the day.

- Patient Satisfaction – as we continue to work with the patient and help them regain as much independence as possible, we have seen our patient satisfaction improve. 69% of our patients tell us that we provide very good care and 25% tell us that we provide good care.
- Discharge Home – 78% of our patient return to what is home to them. This is higher than the region and the nation. It is through great programming that more of our patients do return to their homes. This discharge home is accomplished with an average length of stay of 13 days.

It is through our Rehab Team which include, our Rehab Physicians, Rehab Nursing staff, Physical Therapists, Occupational Therapists, Speech and Language Pathologists, Recreation Therapist, Social Workers, Pastoral Care, Neuropsychologists, Pharmacists, Dieticians and administrative staff, that we continue to see miracle happen every day, the tears of frustrations, we see the joy of accomplishment, we hear the Bell of Celebration and many that shout to the event and we see that the patient is taken care of Medically, Functionally, Spiritually and Emotionally to help make them as whole as we can and as independent as possible to return to their home. Dorothy from the Wizard of Oz was very wise...their really is no place like home!