

Fast Facts: Stroke Program

Madonna Rehabilitation Hospital is accredited as a Stroke Specialty Program for inpatients and outpatients by the Commission on Accreditation of Rehabilitation Facilities (CARF).



A Madonna Miracle — Stephanie Wever



Stephanie Wever was used to health challenges. She was born with a hole in her heart that required several surgeries and at 12, doctors replaced part of her aorta with a mechanical heart valve. Stephanie always found a way to overcome every setback, including three small strokes before she was 18. However, while working in customer service at a store one evening in 2005, Stephanie fell to ground, suffering a massive stroke. Stephanie knew something was wrong and asked a co-worker to phone her fiancé, Derek. When Derek arrived, he immediately drove her to the nearest emergency room in Omaha, Neb. Less than a week later, Stephanie arrived at Madonna.

Her left side was completely weak and she didn't have the strength to sit up. Slowly she regained balance and worked on her speech. Her therapy teams incorporated her wedding planning into her sessions. Her positive attitude and strong family support helped her to remain determined and motivated throughout her rehabilitation. On May 18, 2007, Stephanie accomplished her main goal—to walk down the aisle at her wedding and clearly say, "I do."

The Program

Madonna's Stroke Program was the first in this region to receive CARF specialty accreditation as a Stroke Specialty Program for both inpatients and outpatients, and is the only one accredited for Stroke Pediatric Family Centered. This means that Madonna meets higher standards relating to staff competency and programmatic components, and patient family education and advocacy.

Who We Served

Long Term Acute Care Hospital (LTACH)

Madonna served 32 individuals with stroke on LTACH during the fiscal year ending June 30, 2008. These individuals were served on LTACH due to the complexity of their medical needs and/or inability to tolerate three hours of therapy. Outcomes for patients served on LTACH with CVA include:

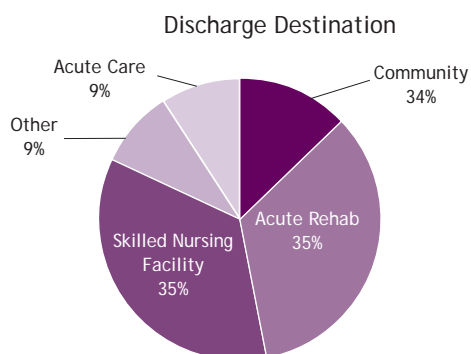
- 34% of the patients with stroke served on LTACH gained the medical stability and stamina necessary to participate in an intense rehabilitation program so were transferred to AR after a 23 day stay on LTACH.
- Patients with stroke on LTACH received an average of 2 hours per day of therapy, with intense medical services such as rehabilitation nursing and respiratory therapy

Sub-Acute Rehabilitation (SAR)

Madonna served 9 individuals with stroke as part of their continuum of care. 100 percent of these patients were discharged to community settings after an average length of stay of 15 days. While on SAR, these patients received an average of 1 hour of therapy per day.

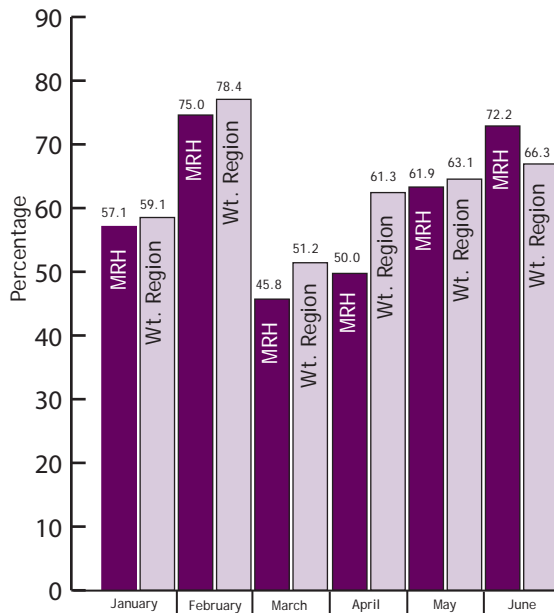
Acute Rehabilitation Unit (ARU)

Madonna served 228 individuals with stroke on ARU during the fiscal year ending June 30, 2008. Although the average age of persons with stroke served was 70, Madonna did serve 3 children, as well as several young adults with stroke.



(continued on reverse)

Stroke Discharge to Community



- As the graph shows, MRH stroke program made excellent gains in the percentage of patients discharged to community settings, ending with scores that were above the regional benchmarks. This trend has continued to improve into the first quarter of FY09.
- 10% of patients with stroke served on AR were discharged to acute care.
- Stroke patients on AR made excellent functional gains, as measured by 18 points on the FIM* scale, which is consistent with regional and national benchmarks.
- Across all levels of care, 62.5% of MRH stroke patients rated their program overall as “Excellent” and 90% rated as either “Excellent” or “Good.”
- Across all levels of care, 93.2% of those who responded to a survey stated they had maintained gains 3 months post-discharge.

Outpatient

270 outpatients with stroke were served either in the Rehabilitation Day Program (RDP, a day hospital) or as traditional outpatient, including our Stroke follow-up clinic, specialty assessments such as spasticity clinic, or for single service treatment. Of these, 44% were seen as a continuation of their program after inpatient rehabilitation at MRH.

Outcomes

Stroke outpatient program outcomes include:

- RDP stroke patients made excellent functional gains as measured by 19.1 gain on the FIM+FAM* scale, discharging at 178/210 or 5.9 average score which is nearly “Modified Independent” (6).
- Stroke patients served in traditional outpatient therapies also made significant functional improvement, discharging at an average score of 38/42 on a modified FIM+FAM* scale, or 6.4, “Modified Independent” level.
- Outpatients with stroke attended therapy, on average, 15 days.
- 83% of outpatients with stroke rated their program overall as “Excellent” and 100% rated as either “Excellent” or “Good”.
- 83% of outpatients with stroke “Strongly Agreed” and 100% either “Strongly Agreed” or “Agreed” they would recommend MRH to family or friends.

*FIM+FAM, FIM (*Functional Independence Measurement*) is a 7-point tool used by rehabilitation hospitals throughout the nation to assess a patient’s function in 18 areas including self-care, bowel and bladder function, transfers, locomotion, communication and cognition. FAM (*Functional Assessment Measurement*) uses the same 7-point scale for 12 additional functional items that address higher level functioning such as Car Transfers, Community Integration and Employability.

The data on this form is taken from the fiscal year July 1, 2007-June 30, 2008.