

Customer Satisfaction

Customer satisfaction is reviewed 48 - 72 hours post discharge and at three months post-discharge.

- At the discharge satisfaction survey, 97% of the customers surveyed said they would recommend our rehabilitation unit for any future services.
- 97% of customers surveyed at discharge gave overall rating of our rehabilitation unit as "good" or very good."
- At the three month follow-up survey, 91% of the customers surveyed said they had maintained or improved their functional status post discharge.
- 80.5% of the customers surveyed at the three-month follow-up survey said they were involved with activities in their community.

What do our patients say about us?

"Your whole team is just fantastic!"

"I'm very happy with my choice to come to CRMC."

"I want to compliment everyone who helped me for their great care."

"Everyone was sso nice, you could not help but get better."

"I was impressed with the nurses, therapists and the facility."

"All the staff were great!"



1125 Madison Jefferson City, Missouri 65102 573-632-5596

Mission

Capital Region Medical Center's mission is to improve the health and promote wellness of the people and communities we serve.

The mission of Capital Region Rehabilitation Center is:

To improve the functional independence of individuals with activity limitations.

The philosophy of Capital Region Rehabilitation Center is:

The purpose of the Inpatient Rehabilitation Unit at Capital Region Medical Center is to provide comprehensive rehabilitation services to individuals with a disabling disease or injury in order to maximize functional independence and enhance their quality of life. This goal is facilitated by the efforts of a team of professionals, specifically trained in rehabilitation.

We seek to educate the individual and their family/caregiver concerning the physical and emtional challenges encountered in order to achieve their maximum potential. Community resources are utilized to integrate services with State and Federal agencies in order to maximize the individual's re-entry into society.

Patient admissions, room assignments and patient/client services are provided without regard to race, age, creed, color, sex national origin, ethnicity, religion, sexual orientation, communi-cable disease or activity limitation.



2005 Program Evaluation Report

January 1, 2005 - December 31, 2005



It's your choice.

www.crmc.org

The Program Evaluation Report

The program evaluation report for Capital Region Medical Center's Inpatient Rehabilitation Unit has been prepared to illustrate outcomes achieved by the persons served for 2005. Our unit is accredited by JCAHO (Joint Commission on Accreditation of Healthcare Organizations).

The Patient Profile and Length of Stay Efficiency data in this Program Evaluation Report is taken from the Uniform Data System for Medical Rehabilitation (UDSMR), State University of New York at Buffalo.

UDSMR reports the outcomes of our program in terms of changes in a patient's ability to perform a number of activities or behaviors related to everyday living. This outcome data supports the benefit of acute rehabilitation services to aid in maximizing each individual's functional status. It supports our program objective of maximizing our patient's functional gains.

- Our program objectives are:
1. Maximizing the percent of patients discharged to the community.
 2. Maximizing patient's functional gain.
 3. Admitting and benefiting more severely disabled patients.
 4. Minimizing length of stay.

Patient Profiles

The primary diagnoses seen on the rehab unit are LE Fracture and Stroke.

Diagnostic Category	Admissions		Average Length of Stay Days		FIM Change Admission to Discharge		% Discharged to Community	
	CRMC	Nation	CRMC	Nation	CRMC	Nation	CRMC	Nation
LE Fracture	32%	12.5%	10.5	13.3	21.2	24.7	68.8	71.8
Stroke	26%	19.8%	15.5	17.2	24.2	23.5	66	69.1

* The Functional Improvement Measure (FIM) is a score that identifies the severity of disability an individual may have. The FIM change is the difference between the total Discharge and the Admission scores. The FIM change identifies the amount of Functional Gain the patient achieves while on the unit.

Functional improvement for stroke patients was **above** national average.

Length of Stay Efficiency

Stroke 1.89

LE Fracture 2.17

The length of stay efficiency rating indicates the amount of functional improvement during the rehabilitation program stay. The higher this measure, the more efficient the rehabilitation program is operating. (Length of stay efficiency is calculated by subtracting the patient's Discharge FIM from the Admission FIM and then dividing the functional gain by the length of stay in days.)

Programs were individually tailored to treat the following impairments:

- Amputation of lower extremity
- Amputation of non-lower extremity
- Brain injury
- Cardiac encephalopathy
- Guillain Barre Syndrome
- Hip Fracture
- Joint Replacements
- Major Multiple Trauma
- Neurological Disorders
- Orthopedic Trauma
- Pain
- Spinal Cord Injury
- Stroke

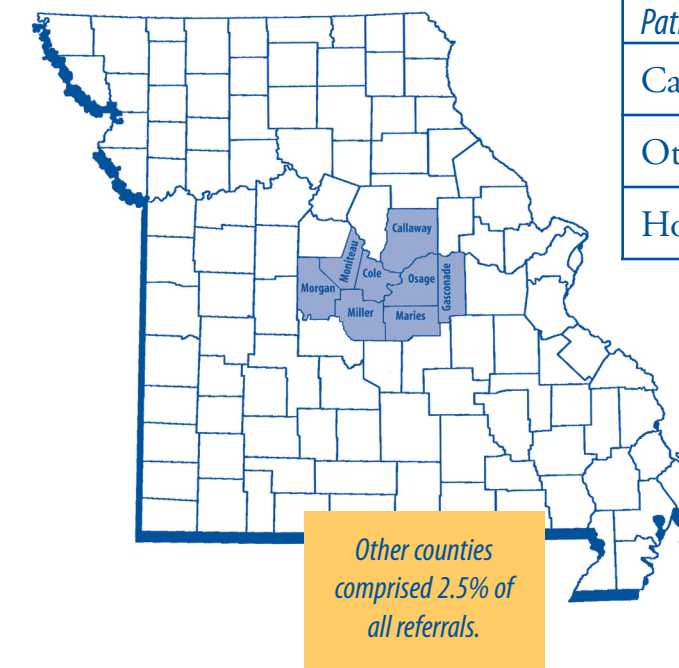
Medicare Admissions

Medicare requires a designated percentage of admissions to meet the following primary diagnoses:

1. Stroke
2. Brain Injury
3. Spinal Cord Injury
4. Hip Fracture
5. Major Multiple Trauma
6. Amputation
7. Congenital Deformity
8. Neurological Disorders
9. Active, polyarticular arthritis conditions meeting designated criteria
10. Systemic vasculitides with joint inflammation meeting designated criteria
11. Severe or advanced osteoarthritis meeting designated criteria
12. Knee or hip replacement meeting designated criteria (bilateral replacements, ≥ 85 years of age or BMI ≥ 50).
13. Burns

Source of Referrals

All primary and referring physicians receive a copy of their patients' plan of care, progress report and discharge summary. Patients are returned to their primary and/or referring physicians for following-up care.



Patients Admitted From:	
Capital Region Medical Center	56 %
Other Hospital/Facilities	42 %
Home with Physician Referral	2 %

