

Adventist Rehabilitation Hospital of Maryland is proud that since November of 2009 we are the only acute rehabilitation hospital to be **CARF** accredited (Commission of Accreditation of Rehabilitation Facilities) for all the CARF specialty programs – Amputation, Brain Injury, Spinal Cord and Stroke in a five state area – DC, DE, MD, VA and WV (more details on page 4).

At Adventist Rehab we continually monitor our outcomes to help patients reach their highest level of independence and return to the community. Our motto is *“There’s no place like home”* – we want to help you return to your life. The information provided here gives you an overview of who we are and key results that show how we consistently improve our outcomes.

Customer Satisfaction Results

At Adventist Rehab, we strive to give the best customer service experience possible for our patients and their loved ones. We know that our patients and their families come to us uncertain and often scared about what the future can bring. We focus on each patient individually and care for the whole person, emotions and all, throughout the rehabilitative process. Press Ganey administers our customer satisfaction surveys and we continuously analyze our scores to improve our outcomes. Although many factors can be of importance in our patient satisfaction survey, the primary fields we focus on are: overall satisfaction, likelihood to recommend, staff prepared patient to function in the community and staff addressed emotional needs. These fields help guide us toward the best environment of care as we continue to exemplify a culture of safety in our facilities.

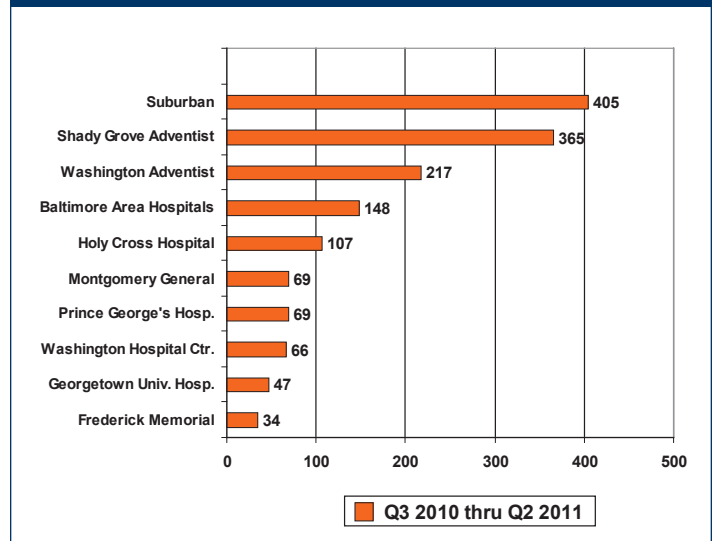
Overall Patient Experience Outcomes

JULY 2010 – JUNE 2011	Q3	Q4	Q1	Q2
Standard Overall	83.8	83.9	82.0	86.1
Likelihood to recommend	84.1	86.3	84.2	89.3
Staff prepared me to function in community	81.1	75.3	77.7	81.9
Staff addressed emotional needs	76.9	76.6	76.4	84.8
# of Respondents	N=89	N=93	N=95	N=105

Outcome Data Overview

Acute rehabilitation hospitals throughout the country enter data into a national database as a means to report outcomes and as a way to evaluate and improve overall results. Our goal at Adventist Rehab is to obtain the highest level of independence possible for each patient that we serve. Our motto is *“There’s no place like home.”* Our team of rehabilitation professionals strives to meet each patient’s unique needs. This team will work with each patient on functional activities commonly performed by individuals throughout the day, such as walking, eating, dressing and grooming. We want to get you back to the community as quickly and safely as possible. Here are our outcomes for all patients discharged July 1, 2010 thru – June 30, 2011.

Admits by Referring Hospital (TOP 10)



Admits by Referring Hospital Q3 2010 vs. Q2 2011

Above is a summary of our **top referring hospitals**. As you can see we work with all the main acute care hospitals in the area. We have strong relationships with area hospitals to make sure that individuals who live in our area are given access to Adventist Rehab for the best on-site physician directed care that includes highly specialized staff of registered nurses and rehabilitation therapist.

Beyond the Top 10 hospitals listed above, admits to Adventist Rehab come from virtually every hospital in the area. We also admit patients from out-of-town and internationally. Patients can be admitted from other settings as well, such as a skilled nursing facility or home. Every patient is assessed by a clinical liaison to make sure we are the best setting at the best time for each individual patient. We believe everyone deserves a chance at rehab - our assessment process allows us to be prepared and advise the patient and family on options.

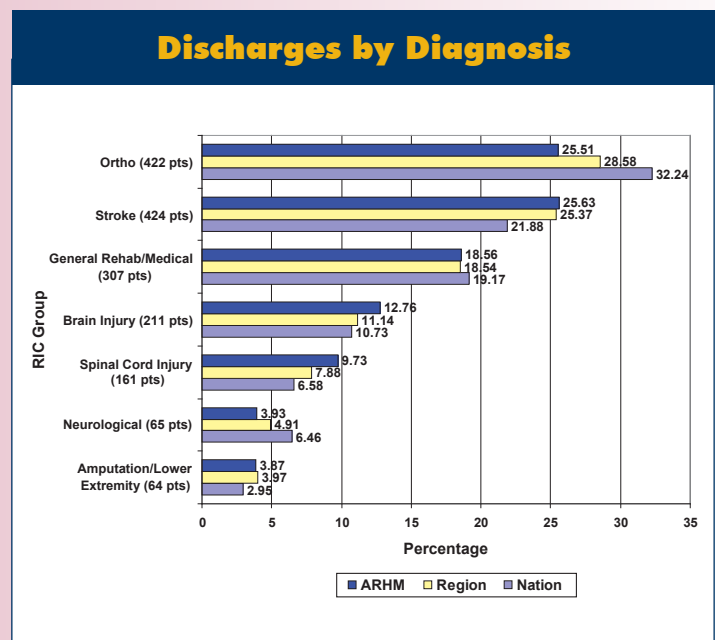
Outcomes of All Categories Combined

JULY 2010 – JUNE 2011	Q3	Q4	Q1	Q2
Total Discharged Patients	426	407	408	413
Discharge to Acute Care	11.97	10.57	11.27	10.90
Discharge to SNF	14.79	8.35	9.07	9.44
Average Length of Stay	12.56	13.41	13.09	12.98
CMI * (Case Mix Index)	1.3073	1.2466	1.2972	1.2273

Discharges by Diagnostic Groups for Q3 2010 thru Q2 2011 Compared to Nation and Region

Centers for Medicare and Medicaid Services (CMS) breaks down the diagnostic categories for patients that utilize acute rehabilitation services into 21 rehab impairment categories called RIC's. Here is a summary of our volumes for 2010 thru 2011 thus far. The 21 RIC's are paired down into RIC Groups. All acute rehab hospitals submit their data to CMS, thus we can compare ourselves to others nationwide as well as from the regional area which includes DE, MD, VA, DC, NC, SC, WV, GA, FL.

Our volumes are comparable to the nation and region. We are proud to boast a much higher percentage of brain injury than both the nation and region - this speaks to a strong awareness of the success with our Brain Injury Program. Our Spinal Cord Injury volumes and our Stroke volumes are also higher than the nation and region.



Stroke Program Q3 2010 thru Q2 2011

(CARF Certified Specialty Program as of 2008)

JULY 2010 – JUNE 2011	Q3	Q4	Q1	Q2
Total Patients	117	86	105	114
Discharge to Sub Acute	20.51	10.47	17.14	13.16
Discharge to Acute	11.11	13.95	15.24	17.54
Avg. Length of Stay	15.56	14.16	15.60	15.99

Stroke Program

Our interdisciplinary rehabilitation team works closely with recovering stroke patients throughout an intensive course of integrated therapy and medical management. The objective is to restore movement, improve speech, teach self care and home care skills and improve cognitive and memory functions. Stroke patients and their families have access to all of the experienced and specially trained professionals and advanced therapeutic procedures to maximize the individual's recovery. Educational support groups add an important element of assistance and encouragement for patients and their families during their stay and even after the patient's discharge back to the community. Often, patients continue their therapy regimen on an outpatient basis after discharge.

Brain Injury Program

Patients in our Brain Injury Program receive intensive, integrated rehabilitation designed to maximize their recovery. Communication between team members and expertise in brain injury rehabilitation are the foundation of our services for individuals with brain injury. At the heart of our program is the **Holding Community**, where the healing process and re-entry into the community-at-large is emphasized. The structure of the **Holding Community** encourages creative techniques that maximize the individual's potential to participate in his/her rehabilitative therapies and to be safe in the outside community. The goal of our specially trained staff is to encourage multiple and varied therapeutic interactions to maximize the brain's healing process.

Brain Injury Program Q3 2010 thru Q2 2011

(CARF Certified Specialty Program as of 2010)

JULY 2010 – JUNE 2011	Q3	Q4	Q1	Q2
Total Patients	48	61	54	47
Discharge to Sub Acute	12.50	8.20	5.56	14.89
Discharge to Acute	10.42	14.75	14.81	6.38
Avg. Length of Stay	11.75	16.41	14.26	14.21

Spinal Cord Injury Program

The spinal cord system of care is available to all those with spinal cord injury and can be accessed at any point within the continuum from acute injury through lifetime follow up. The comprehensive interdisciplinary team focuses on the individual holistic needs of each person they serve. The inpatient program focuses on remobilization and maximizing independence through therapeutic training. We also focus on the education of the patient served as well as the patient's support system. Our professionals are available for follow up, offering annual reevaluation and support groups services. In addition, we offer a variety of specialty services, such as our wheelchair clinic, spasticity clinic, brace clinic and edema management program. We make important links with community medical providers to help facilitate access to the local healthcare community.

Spinal Cord Injury Program Q3 2010 thru Q2 2011

(CARF Certified Specialty Program as of 2010)

JULY 2010 – JUNE 2011	Q3	Q4	Q1	Q2
Total Patients	36	43	47	35
Discharge to Sub Acute	25.00	11.63	8.51	8.57
Discharge to Acute	8.33	9.30	10.64	11.43
Avg. Length of Stay	15.78	19.93	16.34	14.54

Neuro Program

JULY 2010 – JUNE 2011	Q3	Q4	Q1	Q2
Total Patients	19	15	13	18
Discharge to Sub Acute	15.79	6.67	15.38	16.67
Discharge to Acute	15.79	6.67	15.38	0.00
Avg. Length of Stay	13.47	13.40	16.08	16.00

Amputee Program

Our interdisciplinary team helps post-amputee patients to adjust physically and psychologically after the loss of a limb and resume active and productive lives. When ready, our patients are prescribed prosthetic devices that are both functional and comfortable to wear. Individuals may be treated as inpatients or outpatients, depending on their individual needs and team recommendations. Patients work to improve strength, coordination, and endurance and also learn proper wound care and use of the prosthetic. The "TEAM APPROACH" is available for all amputees living in the community and can be accessed at anytime through our lifetime follow-up program. We have a monthly support group and multiple clinics available each month in Rockville and Silver Spring to meet with the team.

Amputee Program Q3 2010 thru Q2 2011

(CARF Certified Specialty Program as of 2008)

JULY 2010 – JUNE 2011	Q3	Q4	Q1	Q2
Total Patients	12	15	17	20
Discharge to Sub Acute	16.67	6.67	5.88	0.00
Discharge to Acute	16.67	20.00	11.76	15.00
Avg. Length of Stay	14.58	12.87	13.12	14.30

Because neurological injuries and conditions affect each patient differently, an individual plan is developed to achieve specific goals. Beyond neurological conditions like Parkinson's, Multiple Sclerosis and Guillian-Barre syndrome, we handle an array of neurological disorders such as balance, dysphagia, myopathy, just to name a few. Our interdisciplinary team works together to improve the quality of life through improved mobility, cognitive function, or other physical or psychological processes that have been affected by changes in the nervous system.

General Rehab Program

Our General Rehabilitation Program includes three overall diagnostic areas of focus - cardiac, orthopedic, and medically complex or multi-traumatic. Each program is specifically tailored to the individual patient's need and consists of excellence in rehabilitation and nursing care under the direction of a rehabilitation physician with the support of a number of clinical staff. Here are examples of the type of diagnoses these programs serve, not necessarily an all-inclusive lists. The Cardiac Program serves patients with heart conditions, post cardiac surgery and a weakened endurance level. The Orthopedic Program serves patients admitted for hip fractures, bilateral or single replacements or other orthopedic conditions. In addition, the Medically Complex/Multi-trauma Program is for patients admitted with oncological conditions, pain and respiratory conditions.

General Rehab Program: Cardiac, Ortho, Medically Complex Q3 2010 thru Q2 2011

	ORTHO				MEDICALLY COMPLEX				CARDIAC			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Total Patients	126	129	122	109	77	73	67	90	30	30	22	45
Discharge to Sub Acute	11.90	6.20	6.56	8.26	4.49	8.22	2.99	2.22	3.33	0.00	0.00	2.22
Discharge to Acute	9.52	6.98	4.92	4.59	18.18	10.96	13.43	14.44	10.0	10.00	22.73	13.33
Avg. Length of Stay	11.24	11.01	11.04	11.77	8.33	10.42	9.57	8.78	7.2	7.90	8.82	8.67

Meet Our Physicians

Rehabilitation Physicians treat a wide range of problems from sore shoulders to spinal cord injuries. Their goal is to decrease pain and enhance performance without surgery. Rehabilitation physicians take the time needed to accurately pinpoint the source of an ailment. They then design a treatment plan that can be carried out by the patients themselves or with the help of the rehabilitation physician's medical team. This medical team might include other physicians and health professionals, such as neurologists, orthopedic surgeons, and physical therapists. By providing an appropriate treatment plan, rehabilitation physicians help patients stay as active as possible at any age. Their broad medical expertise allows them to treat disabling conditions throughout a person's lifetime.



Matthew Brown, DO, Physiatrist

- Specializes in treatment of stroke patients and has strong interest in back pain management
- Member of the American Academy of Physical Medicine and Rehabilitation
- Member of the Association of Academic Physiatrists
- Member of the Physiatrist Association of Spine, Sports and Occupational Rehabilitation



Inder Chawla, MD, Physiatrist

- Medical Director for Adventist Rehabilitation Hospital at Takoma Park and Medical Director of Rehabilitation Medicine at Sibley Memorial Hospital
- Specializes in Neuromusculoskeletal pain management
- Member of the American Academy of Electrodiagnosis and Electromyography (AAEE)
- Member of the American Academy of Pain Management



Jayarathne Kottage, MD, Physiatrist

- Specializes in rehabilitation of persons with acquired brain injuries
- Leads Adventist Rehab's Brain Injury Program
- Strong focus on concussion and cognitive rehabilitation
- Recipient of the Rehabilitation Institute of Michigan All-Star Award for "Outstanding Commitment to Customer Service in 2003 and 2004"
- Completed fellowship in traumatic brain injury medicine in 2003



Abha Lokande, MD, Physiatrist

- Adventist Rehab welcomes our newest physiatrist, Dr. Abha Lokhande. Dr. Lokhande comes to us from Georgetown University Hospital and specializes in acute and outpatient rehabilitation for spinal cord injuries, traumatic brain injuries, stroke, and amputees. She is also trained in musculoskeletal rehabilitation, musculoskeletal pain management, orthotics and prosthetics management.



Terrence Sheehan, MD, Physiatrist

- Chief Medical Officer (CMO) of Adventist Rehab Hospital
- Board certified in Spinal Cord Injury
- Member of the Spinal Cord Consortium
- Medical Director of the Amputee Coalition of America (ACA)
- Recipient of the 2008 Rocky Stone Award from the Archdiocese of Washington's Advisory Committee on Ministry to Persons with Disabilities

At Adventist Rehab, we also have over 175 physicians on staff with a variety of specialties to cover the medical needs of our patients. The Washingtonian Magazine honored 36 of these physicians as their picks for the DC Metro region's "Top Doctors of 2010."

The following is a brief listing of our accreditations, awards, and further recognition received for rehabilitation medicine excellence.

Accreditations

Joint Commission



Joint Commission evaluates the quality and safety of care for more than 15,000 health care organizations. To maintain and earn accreditation, we have an extensive on-site review by a team of Joint Commission health care professionals, at least once every three years. The purpose of the review is to evaluate our performance in areas that affect patient care. We are proud to announce that in 2010, Adventist Rehab completed a very successful survey and was again accredited by Joint Commission for another three years.

Commission on Accreditation of Rehabilitation Facilities (CARF)



CARF-accredited programs and services have demonstrated that they substantially meet internationally recognized standards. CARF accreditation means that patient can be confident that we have made a commitment to continually enhance the quality of our services and programs and our focus on the satisfaction of the persons served. **We are now the only acute rehabilitation hospital to be CARF accredited in all four of their specialty programs (amputee, brain injury, spinal cord injury, and stroke) in a five-state region that includes Maryland, Washington DC, Virginia, West Virginia and Delaware.**

Mission

We demonstrate God's care by improving the health of people and communities through a ministry of physical, mental and spiritual healing.

Awards and Expertise

- We have over 40 clinical experts on staff with specialty certifications such as neurological, lymphedema and hand therapy.
- As of 2011, we now have over 25 Certified Brain Injury Specialists (CBIS)
- As of 2011, we now have over 20 Certified Rehabilitation Registered Nurses (CRRN)
- 1st place Patient Safety Award from the Maryland Patient Safety Center

General Disclaimer

Adventist Rehabilitation Hospital of Maryland does not discriminate on the basis of race, color, national origin, creed, marital status, sex, disability, age, gender identity or sexual orientation in its programs or activities. We care for patients 18 years of age or older, and under specific circumstances, emancipated minors.