

The Madonna Minute

A briefing about the programs and innovations at Madonna Rehabilitation Hospital

November 2007

Madonna Rehabilitation Hospital's R.I.M.M. program honored with national 2007 Goldberg Innovation Award

With the goal of rehabilitation being functional independence and a patient population including many ventilator and tracheostomy dependent patients, an assessment tool was needed to specifically address respiratory "independence" and "burden of care."

The Goldberg Innovation Award recognizes an outstanding new improvement to long term hospital care delivery.

Madonna Rehabilitation Hospital respiratory therapists Nancy Nathenson, RRT, Jim Pelton, BA, CRT, and Ted Hill, RT, designed the tool to evaluate rehabilitation progress in patients with respiratory impairments.

The Respiratory Independence Measure of Madonna (R.I.M.M.) model is the first of its kind to objectively measure rehabilitation progress in patients with acute or chronic respiratory impairments.

Goldberg Award

On May 3, 2007, in Washington D.C., the National Association of Long Term Hospitals awarded the prestigious 2007 Goldberg Award to Paul Dongilli, Ph.D., FACHE, Executive Vice President and Chief Operations Officer, and Nancy Nathenson, RRT, Pulmonary



Nancy Nathenson (second from left) and Paul Dongilli (far right) accepted the 2007 Goldberg Innovation Award on behalf of Madonna Rehabilitation Hospital. Presenters from the National Association of Long Term Hospitals were Donald Goldberg (far left) and Nancy Crane.

Program Coordinator, for the Respiratory Independence Measure of Madonna (R.I.M.M.) program. The Goldberg Innovation Award recognizes an outstanding new improvement to long term hospital care delivery. The R.I.M.M. is a reproducible model that can be used in other respiratory programs across the country. The award is a tribute to Madonna's national leadership in respiratory rehabilitation, treatment and research.

R.I.M.M. Assessment Categories

There are six R.I.M.M. assessment categories that measure objective clinical findings:

- Mechanical Ventilation
- Airway Status
- Oxygenation
- Secretion Mobilization
- Work of Breathing
- Therapeutic Modalities

continued on reverse

R.I.M.M. Scoring

A patient's respiratory function is scored in each category on a scale from 1-7 with "1" representing the least level of independence and "7" representing total independence. Evaluation of these outcomes allows the hospital team to assess the effectiveness of treatment interventions, patient driven protocols and patient/family education for both ventilator and non-ventilator patients. Additionally, it provides an opportunity to make evidence-based program modifications and improvements.

Outcomes

The R.I.M.M. tool was developed to assist Madonna Rehabilitation Hospital in tracking outcomes for our respiratory populations, specifically the ventilator and tracheostomy patients. By developing a tool that measures more specific outcomes than just weaning, we are better able to assess the value of our programs.

LTACH Patients

July 1, 2006 - June 30, 2007

Ventilator

Weaned: 60%

Days to Wean: 14.8

Tracheostomy

Weaned: >50%

Days to Wean: 18.8

Not weaning a patient from a ventilator or tracheostomy tube is not a negative outcome if the patient is able to return to home, manage their chronic condition independently and return to their life's roles.

Now you can.



Heather Tice of Belton, Mo., suffered a spinal cord injury in a car accident. Her doctors thought she would always be ventilator dependent, but after four days at Madonna Rehabilitation Hospital, Heather successfully weaned from her ventilator.

PLEASE HELP . . .

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