

# Community Health Needs Assessment

2015-2016



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Rehabilitation Hospitals



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MADONNA REHABILITATION SYSTEMS**

**COMMUNITY HEALTH NEEDS ASSESSMENT 2015-2016**

**INTRODUCTION**

Madonna Rehabilitation Hospital (MRH) is a Catholic hospital that provides physical medicine and rehabilitation services to children and adults throughout the nation. Madonna rehabilitates those who have sustained injuries or disabling conditions so they can fully participate in life, leads research to improve outcomes, and prevents physical disabilities and promotes wellness through community programs.

Madonna's vision is to provide its community of patients and families with the very best opportunity to rebuild their lives and return to their life roles.

Madonna, as an organization, operates three hospitals in two geographic locations. MRH in Lincoln consists of two hospitals:

- Madonna Rehabilitation Hospital-Lincoln (MRH-Lincoln)
- Madonna Rehabilitation Specialty Hospital-Lincoln (MRSH-Lincoln)

MRH-Lincoln is a comprehensive acute rehabilitation hospital that serves children and adults in both an inpatient and outpatient setting. MRSH-Lincoln is a long term acute care hospital (LTCH). In addition, Madonna is the sole corporate member of Madonna Rehabilitation Systems (MRS) d.b.a. Madonna Rehabilitation Specialty Hospital-Omaha (MRSH-Omaha). MRSH-Omaha is a LTCH located in the Omaha metro area.

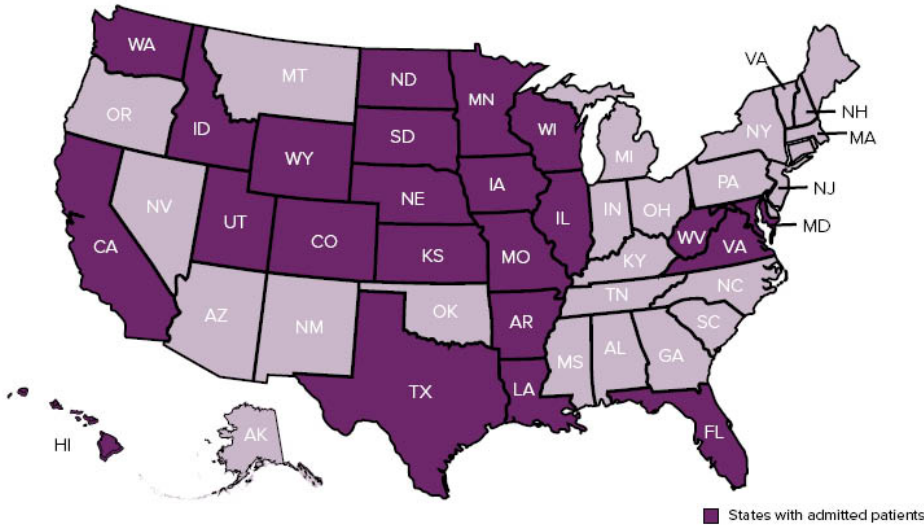
A joint Community Health Needs Assessment was prepared and submitted by MRH and MRS.

**DESCRIPTION OF COMMUNITY SERVED BY MADONNA**

Madonna is one of the nation's largest specialized rehabilitation hospitals. Madonna treats children and adults with complex disabilities due to traumatic brain injury, spinal cord injury, stroke, neurological disorders, burns, pulmonary disease, and other disabling conditions. This is Madonna's "community" — the people who require inpatient post-acute physical rehabilitation to reduce or eliminate impairments, activity limitations, and participation restrictions. Unlike acute care hospitals, Madonna does not define "community served" as a geographic area, but rather by the priority population that requires these highly specialized services. This population includes people of all ages, gender, income level, and race from throughout the country.

**Referral Market and National Admissions**

In FY 2015, Madonna served patients from 23 U.S. states.



FY 2015 National Admissions

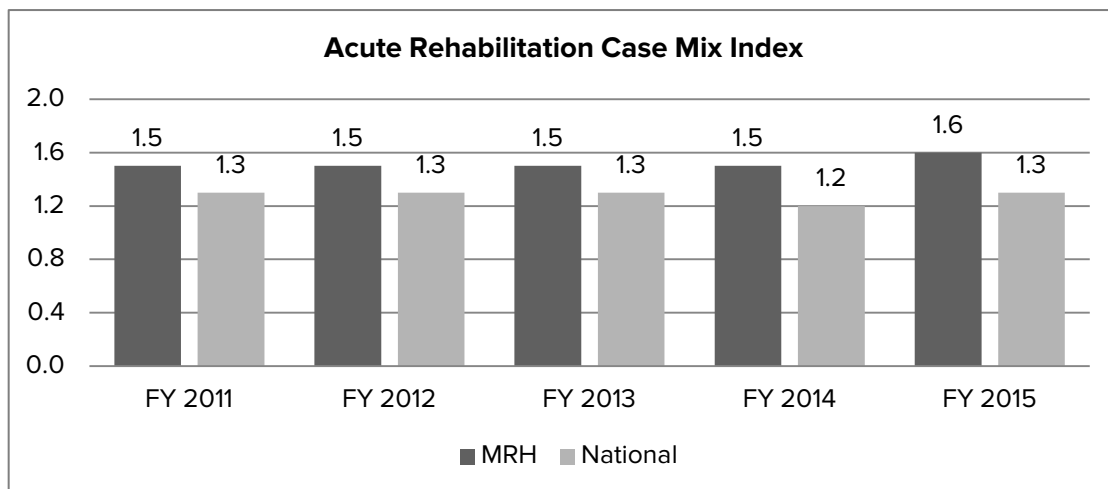
**FY 2015 Referral Market Results for Madonna**

- 6,689 total patients were served
- 132 hospitals and healthcare facilities referred patients
- 609 physicians referred patients

**MRH-LINCOLN**

**Adult Acute Rehabilitation**

Case Mix Index (CMI) is a measure of patient severity. In FY 2015, MRH-Lincoln treated persons with a CMI of 1.61, compared to the national benchmark of 1.3, which placed Madonna in the top 1 percent nationally.

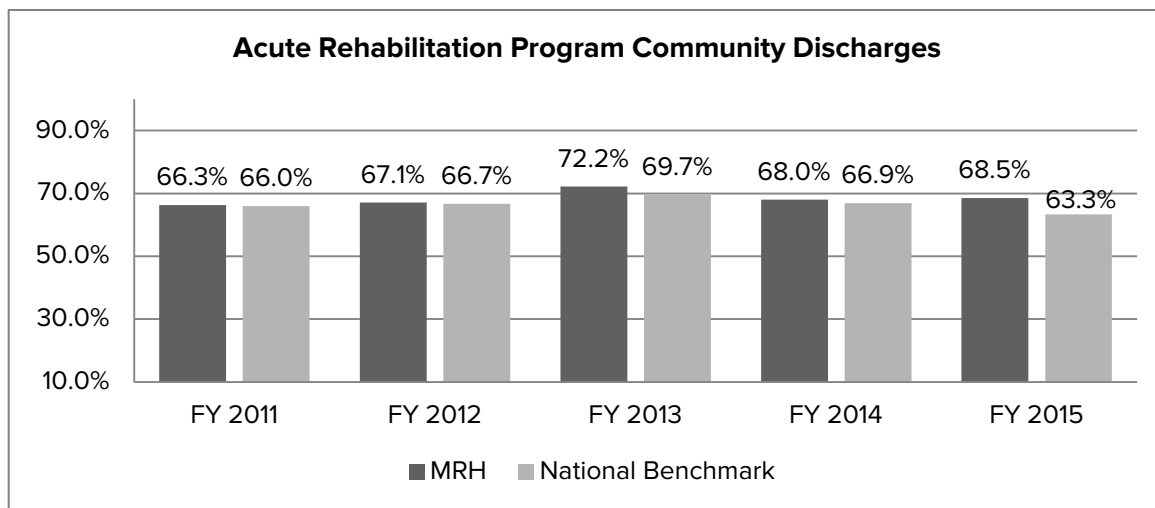


FY 2015 Acute Rehabilitation Case Mix Index

Patient mix comparisons also demonstrate that Madonna’s Acute Rehabilitation level of care treats a more complex population than the national norm. In FY 2015, 81 percent of those served at MRH-Lincoln were neurologically impaired with diagnoses such as stroke, brain injury, and spinal cord injury compared to the 49 percent reported nationally.

**Adult Acute Rehabilitation Clinical Outcomes**

MRH-Lincoln discharged 69 percent of its patients to a non-institutionalized setting, superior to the industry benchmark of 63 percent. The **Brain Injury Program** discharged 70 percent of its patients to community settings, surpassing the 62 percent benchmark obtained from eRehabData<sup>1</sup>. The **Stroke Program** discharged 65 percent of its patients to community settings, exceeding the 61 percent benchmark.



FY 2015 Acute Rehabilitation Hospital Community Discharge

According to eRehabData, outcomes were extraordinary in spite of the fact that Madonna’s patients were in the top 1 percent in the nation for severity in FY2015. Two hundred thirteen individuals, a majority of whom had brain injury; stroke; or spinal cord injury, were contacted by telephone survey six months to one year after discharge from MRH-Lincoln. One hundred percent of those contacted were still living in a community setting. Overall, 95.5 percent of those contacted reported making improvements or maintaining gains across six functional domains. Ninety-two percent reported seeing their primary care physician within the last six months and 99.5 percent reported being actively involved in some form of ongoing exercise or wellness program. These percentages of people returning to their life roles are significantly higher than national trends for this population.

<sup>1</sup> eRehabData is an internet based data application offered through The American Medical Rehabilitation Providers Association (AMRPA). It delivers real-time financial and clinical outcomes and benchmarks for inpatient rehabilitation facilities. [www.erehabdata.com](http://www.erehabdata.com)

## **Pediatric Acute Rehabilitation**

Madonna is the only free-standing rehabilitation hospital in the region to house a separate, secured pediatric rehabilitation hospital with specialized pediatric clinical staff including a physiatrist, rehabilitation nurses, therapists, and a rehabilitation psychologist.

The Alexis Verzal Children's Rehabilitation Hospital (AVCRH) serves adolescents and children with a variety of diagnoses, including those with mild to severe brain injury, spinal cord injury, stroke, cardio-pulmonary conditions, neurological conditions, and those with developmental disabilities. AVCRH is:

- The only hospital with a CARF International<sup>2</sup> accredited Stroke Pediatric Specialty Program.
- One of three hospitals nationally accredited in Pediatric Specialty Rehabilitation and Spinal Cord System of Care.
- One of seven hospitals nationally accredited in Pediatric Specialty Rehabilitation and Brain Injury.
- One of 28 hospitals nationally accredited in Pediatric Specialty Programs.

As one of the few rehabilitation hospitals with an accredited pediatric program, Madonna attracts referrals from throughout the region. AVRCH served 104 children and adolescents during FY 2015. Seventy-eight percent had a neurological condition such as brain injury, spinal cord injury, or stroke.

## **AVRCH Clinical Outcomes**

The children and adolescents achieved excellent outcomes in terms of discharge to community, functional gains, patient satisfaction, and maintenance of gains.

- 86 percent discharged to community settings.
- Children and adolescents stayed an average of 38 days and made functional gains (FIM) of 35.9. Children under the age of 7 were scored using the WeeFIM tool, making a 15.6-point gain. The FIM and WeeFIM scores track and measure gains from admission to discharge in such areas as communication, feeding, ambulation, dressing, toileting, etc.
- 100 percent of those responding to a survey reported maintaining gains three months after discharge.

## **MRSH-LINCOLN**

Unlike most LTCHs, Madonna chooses to apply a rehabilitation approach to care for patients served. MRSH-Lincoln is accredited by CARF International as a Comprehensive Integrated Inpatient Rehabilitation Hospital. In addition, in FY 2015 MRSH-Lincoln earned three-year accreditation, the highest accreditation possible, in Brain Injury Specialty Program, Spinal Cord System of Care, and Stroke Specialty Program. Many patients are able to discharge directly home, while others gain the strength, medical stability, and activity tolerance necessary for transfer to acute rehabilitation. The patient

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<sup>2</sup> CARF International is the premium accreditation body for rehabilitation hospitals.  
Madonna Rehabilitation Hospital©

population often requires mechanical ventilation and/or tracheostomy management and weaning, respiratory therapy treatments, medication management, and complex medical services, such as in-room hemodialysis and complex wound or burn cares. An intensive rehabilitation program for complex stroke patients was implemented at MRSB-Lincoln FY2015 in order to meet the needs of this patient group.

### **MRSB-Lincoln Clinical Outcomes**

According to the latest Medicare data, MRSB-Lincoln is in the top 1.2 percent of the United States for preventing re-hospitalizations to acute care after discharge. Madonna's interdisciplinary approach to patient care and exceptional discharge planning contributed to this positive outcome.

Of the discharged patients surveyed, 90 percent maintained the gains they made at MRSB-Lincoln at three months post-discharge.

### **MRSB-OMAHA**

Located on the fourth floor of Nebraska Medicine-Bellevue in the Omaha metro area, MRSB-Omaha admitted its first patient on April 1, 2014. This 32-bed LTCH provides critically and chronically ill patients access to Madonna's unique rehabilitation-focused programs. MRSB-Omaha is accredited by The Joint Commission and in FY2015 earned its LTCH certification through The Centers for Medicare and Medicaid Services (CMS).

In accordance with the 2012 CHNA implementation plan the opening of MRSB-Omaha within Nebraska Medicine – Bellevue was the first in Madonna's two-phase expansion plan. The Omaha Campus, a 110 bed post acute care facility, is currently under construction with an opening date of October 2016. At that time, the 32 certified LTCH beds will move from the Nebraska Medicine – Bellevue location to the new facility.

## **2015 COMMUNITY HEALTH NEEDS ASSESSMENT**

### **Process & Methodology**

#### **Progress of 2012 CHNA Implementation Strategy**

The first step in conducting the 2015 community health needs assessment was reviewing the progress made to the previously conducted CHNA and Implementation Plan.

#### **Priority #1: Omaha Inpatient Post Acute Hospital Services**

**Progress:** In response to community need Madonna established MRSB–Omaha, a 32-bed LTCH April 1, 2014 on the fourth floor of Nebraska Medicine - Bellevue as the first phase in its two-phase hospital plan.

Madonna's Omaha campus, scheduled to open in October 2016, will house a new comprehensive acute rehabilitation hospital (MRH–Omaha), a multi-disciplinary comprehensive outpatient therapy clinic (TherapyPlus-Omaha), and a

Research Institute for Rehabilitation Science and Engineering. The Omaha campus will also serve as a new location for MRSH-Omaha.

**Impact:** With the expansion into Omaha, Madonna was able to meet the complex needs of 171 persons as of June 30, 2015. As a result of the care received, 71 percent discharged to community settings or an acute rehabilitation hospital.

**Priority #2:** Nebraska physiatry residency program

**Progress:** The establishment of a physical medicine and rehabilitation (PM&R) graduate medical education residency training program by the University of Nebraska Medical Center (UNMC) is underway; the first in the State's history. A formal academic affiliation agreement between Madonna Rehabilitation Hospital and UNMC and its clinical partner, Nebraska Medicine, was executed in September 2014 and the PM&R Program Founding Chair hired in December 2015.

**Impact:** The PM&R residency program will train specialists to fill a critical gap in the health care continuum that currently exists in the Midwest.

**Priority #3:** Advancements in affordable technology

**Progress:** International distribution of Madonna's Intelligently Controlled Assistive Rehabilitation Elliptical (ICARE) by Sports Art continues with devices now in use in North America, South America, and Australia. The team at Madonna's Research Institute for Rehabilitation Science and Engineering are working to create a pediatric version of the ICARE. A prototype device has been created and is currently in the testing phase. The emerging technology is expected to provide an affordable therapeutic training option to improve walking and fitness of children in rehabilitation environments, schools, and homes.

**Impact:** In large part due to the affordability, the continued distribution of the award winning ICARE has enabled and increased number of individuals with physical disabilities and chronic conditions to improve their walking and fitness. Children will soon be able to rehabilitate in the same manner with the development of a pediatric ICARE.

**Assessment of Health Needs**

Madonna uses multiple avenues to collect data regarding the needs of its community. The evaluation of community health needs is an ongoing process that is integrated into Madonna's strategic planning process and annual goal setting.

For several years, patients and caregivers have asked about the possibility of having a Madonna Rehabilitation Hospital in Omaha to better serve not only patients from the

Omaha metro area, but from Iowa, Kansas, Missouri and South Dakota, as well. Current rehabilitation services in the region include:

Iowa	115 LTCH beds	195 AR beds
Kansas	114 LTCH beds	507 AR beds
Missouri	388 LTCH beds	295 AR beds
Nebraska <sup>3</sup>	74 LTCH beds	159 AR beds
South Dakota	24 LTCH beds	94 AR beds

In 2012 Madonna contracted with HDR Architecture to conduct an independent needs assessment for rehabilitation in the Omaha, Nebraska service area. The comprehensive study included data from numerous resources, including:

- Data from Madonna's internal records from July 1, 2008 to June 30, 2011
- Data from the Nebraska Hospital Association detailing acute inpatient discharges for the same period
- Data from the internal records of Methodist Hospital detailing its acute inpatient discharges for the calendar year ended December 31, 2010
- Data from the internal records of The Nebraska Medical Center detailing its acute inpatient discharges for the fiscal year ended June 30, 2011
- Population data and estimates for 2011 through 2021 from Claritas
- Market activity estimates for acute inpatient discharges for 2011-2021 from Thomson-Reuters
- Market activity estimates for acute inpatient discharges for 2011-2021 from Advisory Board
- Market activity estimates for acute inpatient discharges for 2011 - 2021 from SG2
- RTI International report "Examining Post Acute Care Relationships in an Integrated Hospital System" dated February 2009

According to the HDR study, Omaha is underserved in physical medicine and rehabilitation. In fact, Omaha hospitals discharge a higher percentage of their acute patients to nursing homes than Lincoln hospitals. In some cases, nursing homes are taking the place of rehabilitation hospitals. At Madonna's Lincoln facility, 55 percent of patients come from Lancaster County. Of the other 45 percent, a little over one-third came from the Omaha market.

According to research conducted by the University of Nebraska Medical Center, most physicians begin practice within 50-100 miles of where they complete their residency training. Nebraska has 41 physiatrists certified by the American Board of Physical Medicine and Rehabilitation but does not have a PM&R academic department or training program. The nearest programs are located in Kansas City, MO or Denver, CO. This results in difficulty recruiting and retaining physiatrists in Nebraska.

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<sup>3</sup> Numbers do not include beds within Madonna Rehabilitation Hospital



On a continuous basis hospital leadership holds various meetings, lunch and learns, and focus groups with persons who represent the broad interest of the community. These community representatives include government officials on the local, state, and federal levels; public health leadership; payor representatives; regional healthcare facility management; and key stakeholders of the organization. A list of community organizations engaged during the CHNA process is located in Appendix A.

Additionally, Madonna managers and clinicians are encouraged to pursue leadership positions in their areas of expertise. Each year, Madonna staff members are elected and/or appointed to boards, special task forces, and other leadership positions within community organizations. In these positions, Madonna staff receive direct input from colleagues in affiliated organizations and patients within the community served including those representing the medically underserved, low income, and minority populations. A list of Madonna staff and the organizations they are affiliated with are located in Appendix B.

Data was also collected through publications from organizations and government agencies at the local, state, regional, and national levels. Outcome indicator sources such as eRehabData and Program for Evaluating Payment Patterns Electronic Report (PEPPER)<sup>4</sup> were also utilized. These sources were used to collect data on post acute care trends, impairments (brain injury, spinal cord injury, stroke, etc), public health education, insurance regulations, government mandates, socio-economic characteristics, and biological factors.

In addition health needs data came directly from Madonna's patients which include satisfaction and follow up surveys that occur during and up to a year post discharge. Finally, a Needs Assessment questionnaire was distributed to key persons within the organization who represent the broad interest of Madonna's community. The questionnaires were then collected and analyzed to determine trends.

Madonna also welcomed written comments on the organization's most recently conducted CHNA and Implementation Strategy to aid in addressing community health needs.

### **Health Needs Identified**

- There lies a critical gap in the healthcare continuum. In FY2015, Madonna was unable to provide acute rehabilitation services to 96 individuals due to lack of available beds.
- There is a need for the highest quality, comprehensive, post-acute care solution for the most complex trauma patients being discharged from hospitals in the Midwest.

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<sup>4</sup> PEPPER is a comparative data report that provides hospital-specific Medicare data statistics for discharges vulnerable to improper payments. PEPPER can support a hospital or facility's compliance efforts by identifying where it is an outlier for these risk areas. [www.cms.gov](http://www.cms.gov)

- There is a local need in Omaha for greater access for patients who have received care at the state's only two Level I trauma centers, which are located in Omaha.
- As the population ages, they are at risk for falls; stroke; and cardiac and respiratory conditions which could result in traumatic and life altering impairments.
- Rehabilitative research and advancements in technology are imperative to improving outcomes as the role of technology is revolutionizing rehabilitation.
- Common assessment tools are crucial for PAC growth and comprehensive patient care with the best possible outcomes.
- Rehabilitation patients are demonstrating more complex and severe impairments
- The aging population will lead to greater needs for high quality rehabilitative services for stroke and other conditions associated with aging.<sup>5</sup>
- Within the next 10 years, nearly half of the total U.S. population will have at least one chronic medical condition.<sup>6</sup>
- Every 13 seconds, someone in the United States suffers a traumatic brain injury.<sup>7</sup>
- Stroke is the leading cause of serious, long-term disability in the United States with recent reports indicating an increased incidence of stroke in young adults.<sup>8</sup>
- Recently, the incidence of Emergency Department visits for brain injury (BI) has increased by 56 percent while death rates have declined. Advances in trauma care have resulted in a greater percentage of severely injured individuals surviving their injuries.<sup>9</sup>
- The average age at which spinal cord injuries (SCI) are occurring is increasing. Patients with spinal cord injuries have life-long impairment requiring specialized rehabilitation, assistive technology and home and vehicle modifications found only in dedicated rehabilitation hospitals.<sup>10</sup>
- Providers must integrate care across post acute care (PAC) settings and prevent hospital readmissions.<sup>11</sup>
- More stringent LTCH patient-level criteria<sup>12</sup> will result in LTCH higher patient acuity as the LTCH focus continues to shift towards serving chronically-critically ill/injured patients with complex medical needs.

<sup>5</sup> Stephen Bagg, MD; Alicia Paris Pombo, MD; Wilma Hopman, MA; Effect of Age on Functional Outcomes After Stroke Rehabilitation; AMERICAN HEART ASSOCIATION AMERICAN STROKE ASSOCIATION; <http://stroke.ahajournals.org/content/33/1/179.full> Accessed 02/16/2016

<sup>6</sup> "The Growing Crisis of Chronic Disease in the United States"; Partnership to Fight Chronic Disease [http://www.fightchronicdisease.org/sites/default/files/docs/GrowingCrisisofChronicDiseaseintheUSfactsheet\\_81009.pdf](http://www.fightchronicdisease.org/sites/default/files/docs/GrowingCrisisofChronicDiseaseintheUSfactsheet_81009.pdf) Accessed 03/10/2016

<sup>7</sup> The Brain Injury Association of America

<sup>8</sup> *Stroke Facts*, CTRS FOR DISEASE CONTROL & PREVENTION <http://www.cdc.gov/stroke/facts.htm> 03/10/2016

<sup>9</sup> Traumatic Brain Injury in the United States: Epidemiology & Rehabilitation, CTRS FOR DISEASE CONTROL & PREVENTION [http://www.cdc.gov/traumaticbraininjury/pdf/tbi\\_report\\_to\\_congress\\_epi\\_and\\_rehab-a.pdf](http://www.cdc.gov/traumaticbraininjury/pdf/tbi_report_to_congress_epi_and_rehab-a.pdf)

<sup>10</sup> Spinal Cord Injury Facts and Figures at a Glance NATIONAL SPINAL CORD INJURY STATISTICAL CENTER <https://www.ncisc.uab.edu/Public/Facts%202015.pdf> Accessed 03/11/2016

<sup>11</sup> The Patient Protection and Affordable Care Act. Public Law 111-148 03/23/2010

<sup>12</sup> MediPac Report to Congress: Medicare Payment Policy – Long-term Care Hospital Services 2015 [http://www.medpac.gov/documents/reports/chapter-11-long-term-care-hospital-services-\(march-2015-report\).pdf?sfvrsn=0](http://www.medpac.gov/documents/reports/chapter-11-long-term-care-hospital-services-(march-2015-report).pdf?sfvrsn=0)

## **Potentially Available Resources to Address Health Needs**

In regards to offering post acute care there are 1,161 inpatient rehabilitation facilities (IRFs)<sup>13</sup> and 408 long term acute care hospitals (LTCHs)<sup>14</sup> in the United States. As an organization, Madonna is approved and licensed for 224 inpatient beds by the State of Nebraska (MRH-Lincoln - 96; MRSH-Lincoln – 96; MRSH-Omaha – 32). There are currently 52 IRFs and 16 LTCHs in the seven states surrounding Madonna. Services at these facilities differ programmatically from those offered by Madonna.

Madonna currently subsidizes several programs to meet the needs of the medically underserved. These programs are not covered by a payor source or not covered adequately by a payor source but have been identified as critical in the recovery process in building and sustaining independence.

### Adaptive Sports and Recreation

There are very limited opportunities for people with disabilities to participate in community-based recreation and sports, particularly on a competitive basis. Madonna's Adaptive Sports & Recreation Program offers a variety of sports and several levels of competition to help children and adults with disabilities participate more fully in life. In 2015, 977 individuals were served by Madonna's Adaptive Sports and Recreation Program. Eighty two percent were community members with disabilities.

### Community Medical Transportation

Because people with disabilities and the elderly have increased health care needs, isolation from providers can have a profound impact on the quality of their life, health and safety. Medical transportation barriers can lead to rescheduled or missed appointments which delays care, including missed or delayed medication. The consequences of inaccessibility of medical transportation can lead to poorer management of chronic health care conditions and ultimately, poorer outcomes. Madonna's community medical transportation program allows individuals to get the timely medical care they need, decreasing the amount of emergent situations which often result in emergency room trips and increased costs.

### Research Institute for Rehabilitation Science and Engineering

The Institute for Rehabilitation Science and Engineering conducts research to improve rehabilitation outcomes so each person can participate fully in life. The research leads to development of new technologies and treatments for people living with physical disabilities and chronic conditions.

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<sup>13</sup> MediPac Report to Congress: Medicare Payment Policy – Inpatient Rehabilitation Facility Services 2015  
[http://www.medpac.gov/documents/reports/chapter-10-inpatient-rehabilitation-facility-services-\(march-2015-report\).pdf?sfvrsn=0](http://www.medpac.gov/documents/reports/chapter-10-inpatient-rehabilitation-facility-services-(march-2015-report).pdf?sfvrsn=0)

<sup>14</sup> MediPac Report to Congress: Medicare Payment Policy – Long-term Care Hospital Services 2015  
[http://www.medpac.gov/documents/reports/chapter-11-long-term-care-hospital-services-\(march-2015-report\).pdf?sfvrsn=0](http://www.medpac.gov/documents/reports/chapter-11-long-term-care-hospital-services-(march-2015-report).pdf?sfvrsn=0)

### Therapeutic Learning Center

The transition back to everyday activities is not always easy after an injury. Madonna recognizes this need as a critical part of the recovery process. Madonna's Kit Scott Therapeutic Learning Center (TLC) is the only on-site, classroom-based hospital program of its kind in the region. The TLC helps student patients maintain and, if necessary, re-learn academic work; learn new study skills and coping strategies; and work with parents and schools to provide the necessary services and support to make a student's transition back to school as successful as possible. TLC services are offered at no cost to patients. Because it is educational in nature, medical insurance does not cover the cost of patient sessions in TLC and education funds are not available because the services are provided in a medical setting.

### Young People's Assisted Living

This program is unlike any other in the United States. It is the only program of its kind which allows a person who is ventilator dependent, or otherwise device dependent, to direct their own care.

Woods House is located on the campus of Madonna Rehabilitation Hospital and consists of eight living units and a common area. In this setting, each tenant plans his or her own daily routine and care which includes decisions about when to get up, schedules for medications and laundry, and activity planning.

In addition to the myriad of programs offered, Madonna also participates in community outreach and education on a continual basis. During the needs review process it was evident that community outreach and prevention and treatment education regarding the afflictions of Madonna's community is an everyday need. Madonna staff make hundreds of educational presentations on various rehabilitation and health topics throughout the year. A list of educational presentations given in fiscal year 2015 is available in Appendix C. In addition, there is a plethora of educational literature available at the facility and on Madonna's website, [www.madonna.org](http://www.madonna.org).

### **Needs Review Process**

After data is collected through the means identified, the information is reviewed during the hospital's annual strategic planning process and shared with the Board of Directors at the annual retreat. Identified needs are also reviewed throughout the year in regularly scheduled leadership and other team meetings.

Needs that can be addressed through equipment purchases are identified and prioritized in the Hospital's annual budgeting process.

Programming needs are reviewed and included, as warranted, in the Hospital's annual corporate goals. Progress on these identified needs is reviewed every quarter.

### **Prioritization of Health Needs**

Health needs significant to Madonna's community was discerned through the 2015 community health needs assessment process and building upon the impact of the previously conducted CHNA.

Prioritization criteria was based upon urgency, feasibility, government regulations, the importance the community places on addressing the need, and Madonna's philosophy and approach to rehabilitation. Madonna's goal is to return the patient to their highest level of independence possible through specialized programs and state-of-the-art research and technology so that they can resume their life roles.

The following needs were prioritized by Madonna and represent the Implementation Strategy:

- 1) Expand Post Acute Care Services to Omaha
- 2) Enhance Rehabilitative Research and Technology
- 3) Be a primary clinical facility partner with UNMC as UNMC establishes a physical medicine and rehabilitation (PM&R) graduate medical education residency training program.

### **IMPLEMENTATION STRATEGY**

Madonna's Implementation Strategy sets forth the plan to address each prioritized community health need indicated in its 2015 assessment.

### **CONCLUSION**

Madonna's CHNA and corresponding Implementation Strategy were reviewed and approved by the Boards of Directors of Madonna Rehabilitation Hospital and Madonna Rehabilitation Systems prior to publication of the CHNA on Madonna's website.

The CHNA is available on Madonna's website at [www.madonna.org](http://www.madonna.org). A copy of Madonna's CHNA is also available at no charge in hard copy format upon request.

## APPENDIX A

### Community Organizations

#### Professional Organizations

American Burn Association  
American College of Healthcare Executives  
American Heart Association  
American Medical Response  
American Physical Therapy Association  
American Society of Clinical Pathology  
American Rehabilitation Providers Association  
Amputee Coalition of America  
Assistive Technology Partnership  
Association of Rehabilitation Nurses  
Bryan College of Health Sciences  
CIMRO of Nebraska  
Clinical Laboratory Management Association  
Geriatric Nurse Leadership Academy  
Great Plains Quality Care Collaborative  
Health Connect Advisory board  
International Pediatric Rehabilitation Collaborative  
Iowa Self Insured Association  
Lincoln Stroke Partnership  
National Association of Long Term Care Hospitals  
Nebraska Academy of Nutrition and Dietetics  
Nebraska Association for Healthcare, Quality,  
Risk & Safety  
Nebraska Health Network  
Nebraska Healthcare Association  
Nebraska Hospital Association  
Nebraska Infant Mental Health Association  
Nebraska Nurses Association  
Nebraska Occupational Therapy Association  
Nebraska Physical therapy Association  
Nebraska Physical Therapy Association  
Nebraska Psychological Association  
Nebraska Self Insured Association  
Nebraska State Society for Respiratory Care  
Nebraska Stroke Advisory Council  
Nebraska Vocational Rehabilitation  
Omaha Mayor's Commission for Citizens  
with Disabilities

Statewide Trauma Board

#### Workers Compensation Payors

Amtrust  
Auto Owners  
Berkley Agribusiness  
Berkley Risk  
Boadspire  
C N A Insurance  
CMI/Walmart  
Columbia Insurance  
CompSource Mutual Insurance  
Continental Western  
Creative Risk Solutions  
EMC  
First Comp  
Gallagher Bassett  
Great West Casualty  
GWC  
Kansas Builders Insurance Group  
Liberty Mutual  
MEM  
Nationwide  
RAS  
RTW  
Sedgwick CMS  
Sedgwick-One Call  
Sentry Insurance  
SFM  
Travelers  
United Fire and Casualty  
United Heartland  
Werner Enterprises  
Zurich

#### Healthcare Facilities

Avera McKennan Hospital – Sioux Falls, SD  
Boone County Health Center - Albion NE  
Brodstone Memorial - Superior, NE

Brooks Rehabilitation Hospital - Jacksonville, FL  
Bryan Health East - Lincoln NE  
Bryan Health West - Lincoln NE  
Butler County Hospital - David City, NE  
Carolinas Rehabilitation - Charlotte, NC  
Centerpoint Medical Center – Independence, MO  
CHI Health Bergan Mercy - Omaha, NE  
CHI Health Creighton University- Omaha, NE  
CHI Health Good Samaritan - Kearney, NE  
CHI Health Immanuel - Omaha, NE  
CHI Health Lakeside - Omaha, NE  
CHI Health Mercy Hospital - Council Bluffs, IA  
CHI Health St. Alexius Health – Bismarck, ND  
CHI Health St. Elizabeth, Lincoln NE  
CHI Health St. Francis - Grand Island, NE  
Children’s Mercy Hospital - Kansas City  
Children's Hospital & Medical Center - Omaha, NE  
Clarinda Regional Health Center - Clarinda, IA  
Columbus Community Hospital -Columbus, NE  
Community Hospital - McCook, NE  
Cozad Community Hospital – Cozad, NE  
Essentia Health – Fargo, ND  
Faith Regional Health Services - Norfolk, NE  
Fremont Area Medical Center – Fremont, NE  
Gateway Manor - Lincoln, NE  
Great Plains Regional Medical Center - North  
Platte, NE  
Heartland Spine – Overland Park Kansas  
Henderson Healthcare – Henderson, NE  
Hennipen County Medical Center - St. Paul, MN  
Hospital for Special Care - Hartford, CT  
Iowa Lutheran – Des Moines, IA  
Iowa Methodist Medical Center - Des Moines, IA  
JFK Johnson Rehabilitation Hospital - Edison, NJ  
Johnson County Hospital - Tecumseh, NE  
Kindred Hospital – Kansas City, MO  
Kindred Hospital Northland – Kansas City, MO  
Marianjoy Rehabilitation Hospital - Wheaton, IL  
Mary Free Bed Rehabilitation - Grand Rapids, MI  
Mary Lanning Memorial Hospital - Hastings, NE  
Mayo Clinic – Rochester, MN  
Memorial Healthcare - Seward, NE  
Mercy Hospital – Springfield, MO  
Menorah Medical Center – Overland Park, KS

Mercy Medical Center – Des Moines, IA  
Mercy Medical Center - Sioux City, IA  
Methodist Health Systems - Omaha, NE  
Mosaic Life Care – St. Joseph, MO  
National Rehabilitation Hospital - Washington, DC  
Nebraska Heart Hospital - Lincoln, NE  
Nebraska Medicine – Omaha, NE  
North Kansas City Hospital – North Kansas  
City, MO  
Ogallala Community Hospital - Ogallala, NE  
Overland Park Regional Medical Center –  
Overland Park, KS  
Phelps Memorial Health Center – Holdrege, NE  
Rapid City Regional – Rapid City, SD  
Regional West Medical Center - Scottsbluff, NE  
Regions Hospital – St. Paul, MN  
Research Medical Center – Kansas City, MO  
Rochester Health and Rehabilitation –  
Rochester, MN  
Salina Regional Medical Center - Salina, KS  
Sanford Medical Center – Bismarck, ND  
Sanford Medical Center – Sioux Falls, SD  
Select Specialty – Kansas City, MO  
Select Specialty – Sioux Falls, SD  
Select Specialty – Topeka, KS  
Select Specialty – Wichita, KS  
Siskin Hospital for Physical Rehabilitation -  
Chattanooga, TN  
Spaulding Rehabilitation Hospital –  
Charlestown, MA  
St. Anthony Central – Denver, CO  
St. Francis Health Center – Topeka, KS  
St. Joseph Medical Center – Kansas City, MO  
St. Luke’s Hospital of Kansas City - Kansas  
City, MO  
St. Luke's South Hospital - Overland Park, KS  
St. Luke's Regional Medical Center - Sioux City, IA  
St. Mary’s Hospital – Grand Junction, CO  
Stormont-Vail Healthcare - Topeka, KS  
Tabitha Healthcare Services - Lincoln, NE  
Thayer County Memorial Hospital - Hebron, NE  
The Nebraska Neurosurgery Group LLC –  
Omaha NE  
TIRR Memorial Hermann - Houston, TX

Tri County Area Hospital – Lexington, NE  
Truman Medical Center - Kansas City, KS  
University of Iowa Hospital – Iowa City, IA  
University of Kansas Medical Center –  
Kansas City, KS  
University Nebraska Medical Center - Omaha NE  
Valley County Health System – Ord, NE  
Via Christi Hospital St. Francis – Wichita, KS  
Washington County Hospital – Washington, KS  
Wesley Medical Center - Wichita, KS  
York General Hospital – York, NE

### **Government Agencies**

City of Lincoln  
City of Omaha  
Douglas County Health Department  
Lincoln-Lancaster County Health Department  
Nebraska Department of Health & Human Services  
- Acute Care Facilities  
Nebraska Department of Health & Human Services  
- Division of Medicaid & Long Term Care  
Nebraska Department of Health & Human Services  
- Licensure & Health Data  
Nebraska Department of Roads  
Nebraska National Guard  
Office of Congressman Adrian Smith  
Office of Congressman Brad Ashford  
Office of Congressman Jeff Fortenberry  
Office of Senator Ben Sasse  
Office of Senator Deb Fischer  
Sarpy/Cass county Department of Health  
& Wellness  
State of Nebraska

### **Commercial Payors**

Aetna  
Blue Cross Blue Shield – Nebraska  
Cigna

Regional Provider Network  
United Healthcare  
Vizient

### **Other Organizations**

Adicep Corporations  
Ameritas Life Insurance Corp  
Bryan Health Connect  
Cousins Etc.  
Firespring  
First National Bank  
Harding & Schultz PC, LLO  
HBE Becker Meyer Love, LLP  
Heartland Strategy Group  
KNG Health  
Leadership Lincoln  
Lincoln Chamber of Commerce  
Lincoln Partnership for Economic Development  
Lincoln Public Schools  
Matheson Linweld  
Merrill Lynch  
National Catholic Conference  
Nebraska Athletic Performance Laboratory  
Nebraska Global  
Notre Dame Housing Inc  
Omaha Chamber of Commerce  
Omaha Media Group  
Rembolt Ludtke, LLP  
Sampson Construction  
Smith Hayes Financial Services  
Snyder Industries  
Southeast Community College  
Sports Art  
Union College  
University of Nebraska - Lincoln  
Wells Fargo  
World's Foremost Bank



## APPENDIX B

### Madonna Employee Organization Affiliations

- **Paul Dongilli Jr.**, PhD, FACHE, President and CEO, serves on the Board of Directors of the National Association of Long Term Hospitals (NALTH) and Chair of the Education Committee. He is a board certified fellow of the American College of Healthcare Executives (ACHE) and serves on the state of Nebraska's Department of Health and Human Services State Trauma Advisory Board and participates on the Designation and Rehabilitation Committees.
- **Judith M. Burnfield**, PhD, PT, Director, Institute for Rehabilitation Science and Engineering, also directs the Nebraska Athletic Performance Laboratory. Burnfield serves on the technical advisory board for Adicep Corporation. She maintains adjunct faculty appointments in the Department of Biological Systems Engineering at UNL, the Department of Mechanical Engineering at UNL, the School of Pharmacy and Health Professions at Creighton University, the Division of Physical Therapy Education at the University of Nebraska Medical Center, the Department of Physical Therapy at the University of South Dakota, and the Division of Biokinesiology and Physical Therapy at the University of Southern California. Burnfield received the 2014 Innovation Award from Madonna Rehabilitation Hospital and was issued one patent with collaborators for technology integrated into the Madonna ICARE by Sports Art.
- **Melody Gagner**, RN, BSN, NHA, Long Term Care Nursing Home Administrator, is a board member of the Geriatric Nurse Leadership Academy and the Health Connect Advisory Board at CHI Health - St. Elizabeth. She also participates in the Continuing Care Network with Catholic Health Initiatives (CHI) and was part of the 2013 Nebraska Nursing Facility Association INTERACT Collaborative through the Nebraska Health Care Association (NHCA) to reduce return to acute care. Gagner serves on the Medicaid Rate Committee, Workforce Task Force, and is Chairperson of the Standards Committee for NHCA. She was selected by NHCA to participate in the Key Member Program. This is a legislative advocacy program in which key facilities amongst each legislative district communicate specific issue(s) to the Association. Gagner also participates on the Great Plains Quality Care Collaborative (QPQCC) through CIMRO of Nebraska, which focused on improving quality of care in Long Term Care facilities.
- **John C. Glenn**, Vice President of Development, serves on the Omaha Mayor's Commission for Citizens with Disabilities, and was on the board of directors of Notre Dame Housing Inc. in Omaha, Nebraska.
- **Lynn Hallowell-Gottsleben**, PT, DPT, Vice President Community Services, is a member of the American College of Healthcare Executives (ACHE), the AMRPA Outpatient and Therapies Committee, the Nebraska Physical Therapy Association Practice Management and Reimbursement Committee and the advisory board for the physical therapist assistant program at Southeast Community College.

- **Christopher Lee**, MSPT, FACHE, Vice President Rehabilitation, is a board certified fellow of the American College of Healthcare Executives (ACHE). He is a member of the American Medical Rehabilitation Providers Association (AMRPA) and serves on the association's Legislative and Regulatory committee and Data committee. Lee also participates in training the next generation of healthcare professionals, regularly serving as a guest speaker on healthcare management at the University of Nebraska Medical Center (UNMC).
- **Susan Klanecky**, RN, BSN, CCM, CRRN, Vice President of Patient Care, serves as a member of the Medical Necessity Review Committee and Education Committee of the National Association of Long Term Care Hospitals (NALTH), and as a member of the American College of Healthcare Executives (ACHE) and the Association of Rehabilitation Nurses.
- **Lori Terryberry-Spohr**, PhD., ABPP, CBIST, Director of Rehabilitation Programs, serves as vice-chair for the Nebraska Brain Injury Advisory Council and is a member of Nebraska Concussion Coalition, Lincoln Public Schools Medical Advisory Committee, Nebraska Brain Injury Association Conference Planning Committee and Nebraska Brain Injury Association Children and Youth Task Force.
- **Linda Sullivan**, Vice President Referral Relations, is an executive officer on the American Heart Association's Go Red for Women board and a member of Nebraska and Iowa Self-Insured Associations.
- **Sara Bills**, PT, DPT, GCS, serves as secretary for the Eastern District Nebraska Physical Therapy Association. Bills also served on the Membership Advisory Committee for the American Burn Association.
- **Nicole C. Brown**, MOT, OTR/L, serves as a NOTA Board Member.
- **Cali Carlson**, PT, DPT, serves on the Rehab Task Force within the Nebraska Stroke Advisory Council.
- **Saundra Carney**, RN, BSN, CRRN, serves as co-chair for Programs for District III with the Nebraska Nurses Association.
- **Michelle Claycomb**, PT, MSPT, CCS, serves as Co-Chairperson of the Education Committee for the Nebraska Physical Therapy Association.
- **Patty Eschliman**, MHA, MLS (ASCP)<sup>CM</sup>DLM<sup>CM</sup>, serves as president for the Clinical Laboratory Management Association (CLMA), chair for the Executive Committee CLMA and chair for the Board of Directors CLMA. Eschliman is a member of Finance Audit and Administration Committee. She serves as a member on the board of governors and on the board of certification for the American Society of Clinical Pathology (BOC-ASCP), as well as a member of the BOC-ASCP Executive Committee, a member of the BOC-ASCP Exam Oversight Committee, a board liaison for the BOC-ASCP Diplomate in Laboratory Management (DLM) Certification Exam and a member of the BOC-ASCP Credentials Maintenance Committee. Eschliman is a member of the Medical Laboratory Technician Advisory Board for Southeast Community College.
- **Amy Goldman**, PT, DPT, serves as chair and member for the Nebraska Stroke Advisory Council Rehabilitation Task Force. Goldman is a member of the Nebraska Stroke Advisory Council Steering Committee and the Lincoln Stroke Partnership.

- **Rick Haith**, OP Recreation Therapist, serves as Vice President of the Midwestern Wheelchair Basketball Conference.
- **Amber Herrington**, PT, Amputation Program Leader, is certified as an amputee peer-volunteer trainer by the Amputee Coalition of America (ACA).
- **Sonya Irons**, PT, DPT, CCS, Inpatient and Research Physical Therapist, serves on the Briar Cliff Physical Therapy School Advisory Council (Sioux City, IA), the UNMC Clinical Education Advisory Council, the Board of Directors for the Nebraska Foundation for PT, the Practice and Service Awards Committee for Clinical Practice, APTA and as a Manuscript Reviewer for the Cardiopulmonary PT Journal, APTA.
- **Gina Kohel**, RN/BSN ACBIS, serves as president of the Bryan College of Health Sciences Alumni Advisory Board.
- **Heather Knight**, PT, DPT, NCS, serves as the nominating committee chair for the Nebraska Physical Therapy Association.
- **Kristin Luethke**, CTRS, Child passenger safety technician, serves as co-leader for the child passenger safety task force for Lincoln/Lancaster County.
- **Jennifer Luhn**, RD, LMNT, serves as the State Policy Representative for the Nebraska Academy of Nutrition and Dietetics and Legislative Chair for the Nebraska Academy of Nutrition and Dietetics--Lincoln District.
- **Brooke Murtaugh**, OTD, OTR/L, CBIS, serves as the District 2 membership chair for Nebraska Occupational Therapy Association and the conference committee co-chair for Nebraska Occupational Therapy Association.
- **Teresa Raven**, RN, serves on the NNA Board of Directors, District 3.
- **Paula Ray**, PsyD Neuropsychologist, serves as a Nebraska Infant Mental Health Association Board member.
- **Roger Riss**, PsyD Neuropsychologist, serves as a member of the Ethics Committee of the Nebraska Psychological Association.
- **Joe Rush**, RRT, RRT-NPS, serves as a Southeast Community College Respiratory Therapy Advisory Board member. Rush also serves as Lincoln Area Director for Nebraska State Society for Respiratory Care (NSRC) from May 2014-May 2016.
- **Cathy Smith**, RN, BSN, CRRN, serves as NNA President, District 3, NNA Board of Directors State Level and NNA Co-Chair of Membership in the Governance and Financial Committee.
- **Dan Stamm**, PT, DPT, serves on the Membership Committee of the APTA Pediatric section.
- **Melissa Starr**, PT, DPT, CCS, serves as secretary of the Eastern District Nebraska Physical Therapy Association.
- **Jeff Stec**, MS, CCC-SLP, Pediatric Program Manager, serves on the Steering Committee for the International Pediatric Rehabilitation Collaborative (IPRC). The IPRC is an organization of approximately 300 pediatric rehabilitation facilities, which includes AVCRH. Stec also represents AVCRH in planning the Omaha Children's Hospital and Medical Center co-sponsorship of the annual Pediatric Trauma Conference throughout FY 2015.
- **Linda Storz**, OTR/L, CDRS, serves as a member of the Board of Occupational Therapy Practice in the State of Nebraska.

- **Lindsay Tuxhorn**, OTD, OTR/L, serves as vice president of District 2 for Nebraska Occupational Therapy Association and was a member of the Conference Planning Committee for NOTA.

## APPENDIX C

### STAFF PRESENTATIONS

- **Judith Burnfield**, PhD, PT, made the following presentations:
  - Overview of NAPL and Madonna research and development activities including ICARE. DOD Joint Biomechanical Modeling and Simulation Workshop, Arlington, Virginia.
  - Health and Wellness. Neuroconsortium, University of Southern California, Los Angeles, California.
  - Influence of Rocker and Crank Arm Lengths on Intelligently Controlled Assistive Rehabilitation Elliptical (ICARE) Couple Trajectories. Biomedical Engineering Career Conference (MBECC), Detroit, Michigan.
  - Development and Implementation of the ICARE for Use in Rehabilitation and Fitness. *TIRR Memorial Hermann Rehabilitation and Research Center*. Presented May 11, 2015.
  - Health and Wellness. *Neuroconsortium, University of Southern California*. Presented December 2, 2014.
  - Observational Gait Analysis: How Knowledge of the Fundamentals Can Enhance Patient Outcomes. *Clinical Doctorate in Physical Therapy Program, University of South Dakota*. Vermillion, South Dakota. Presented November 2014
  - University of South Dakota in Vermillion, South Dakota. “Observational Gait Analysis: How Knowledge of the Fundamentals Can Enhance Patient Outcomes.” Burnfield also presented at the 58<sup>th</sup> Annual Meeting of the Human Factors and Ergonomics Society in Chicago, Illinois.
- **Thad Buster**, MS, p made the following presentations:
  - Biomedical Engineering Career Conference (MBECC) in Detroit, Michigan. “Influence of Rocker and Crank Arm Lengths on Intelligently Controlled Assistive Rehabilitation Elliptical (ICARE) Couple Trajectories.”
  - Exercise to Improve Function and Fitness of Individuals with Parkinson’s Disease. *Lincoln Parkinson’s Disease Support Group*. Presented October 26, 2014.
- **Michelle Claycomb**, PT, MSPT, presented on safe patient handling at Children’s Hospital, Omaha, Nebraska, May 20, 2015.
- **Sarah Economides**, PT, DPT, PCS, presented at the ASHA Conference in Orlando, Florida. “The Inter-Thoracic Connection: SLP Collaboration with PT and RT to Improve Breathing Mechanics.”
- **Patty Eschliman**, MHA, ML (ASCP) DLM, DLM (ASCP), made the following presentations:
  - International American Society of Clinical Pathology (ASCP) annual conference: “Utilize CLMA's Body of Knowledge for Medical Laboratory Management to Achieve ASCP’s Diplomat in Laboratory Management Certification” in Tampa, Florida. Eschliman also presented at the Clinical Laboratory Management Association International Meeting in Orlando, Florida.

- Siouxland Chapter, CLMA in Sioux Falls, South Dakota. “Experience Economy,” and “Crucial Conversations: How to get your message across when the stakes are high.” She also presented at the Clinical Lab Collaborative Meeting in Rochester, Minnesota. “ASCP’s DML Certification: Is it right for you and how do you prepare?”
- **Susan Fager**, PhD, CCC-SLP, made the following presentations:
  - Assistive Technology Industry Association “Integrating Speech Recognition into AAC Technology”, and “AT Outcomes: Industry Perspectives on Data Collection” in Orlando, Florida.
  - Integrating Speech Recognition into AAC Technology. *Assistive Technology Industry Association*, Orlando, Florida. Presented January 29, 2015.
  - AT Outcomes: Industry Perspectives on Data Collection. *Assistive Technology Industry Association*, Orlando, Florida. Presented January 29, 2015.
  - Intervention for Persons with Minimal Movement. *South Dakota Speech-Language Hearing Association’s Annual Convention*, Sioux Falls, South Dakota. Presented October 10, 2014.
  - South Dakota Speech-Language Hearing Association’s Annual Convention in Sioux Falls, South Dakota. “Intervention for Persons with Minimal Movement.”
- **Terasa Farlin**, RN, CRRN, presented at Long Term and Post Acute Care (LTPAC) and Health IT (HIT) Summit in Baltimore, Maryland. “Transdisciplinary Approach for Clinical Documentation = EMR Success.”
- **Kristi Felix**, BA, RN, CRRN, CIC, made the following presentations:
  - National APIC Educational Conference in Nashville, Tennessee. “Using CUSP to Prevent CAUTI: Key Lessons Learned from a Large National Clinical Project.”
  - Oklahoma Hospital Association in Oklahoma City, Oklahoma. “On the CUSP: Stop CAUTIC Learning Session.” She also presented at the National APIC Educational Conference in Nashville, Tennessee. “Using CUSP to Prevent CAUTI: Key Lessons Learned from a Large National Clinical Project.”
- **Amy Goldman** PT, DPT and **Judith Burnfield**, PhD, PT, Stroke Rehabilitation: Is it Time to Expand the Stroke Recovery Window? *Nebraska Stroke Symposium*, Lincoln, Nebraska. Presented April 10, 2015.
- **Jeffrey Stec**, MS, CCC-SLP, presented in Sioux Falls, South Dakota. “Neuroplasticity vs. Development in Pediatric Rehabilitation Population” and “Rehabilitation of Pediatric Patient with Head Trauma.”
- **Sandy Stutzman**, RN, and **Michelle Claycomb**, PT, CCS, presented at the Northeast Safe Patient Handling and Movement (AASPHM): “Madonna Story” in Concord, New Hampshire.
- **Lori Terryberry-Spohr**, PhD, ABPP, made the following presentations:
  - “Return to Work following a TBI” in Des Moines, Iowa; Cedar Rapids Iowa; and Sioux Falls, South Dakota.
  - “Concussion & Mild TBI” and “Trauma Grand Rounds” at the Trauma Conference in Topeka, Kansas.
  - “Brain Injury – Neuroplasticity/Concussion and Mild TBI Brain Injury Rehab” in Kansas City, Kansas.
  - “MRH Rehabilitation” in Sioux Falls, South Dakota.

- **Diane Ulmer**, OTR/L, presented at the Salina Trauma Conference in Salina, Kansas. “Transport of the Medically Complex Patient.”
- **Carrie Windhorst**, MS, CCC-SLP, presented at the American Speech Language Association National Conference in Chicago, Illinois. “Patients for Dysphasia Management Early Intervention with Vent & Trach.”

<b>Setting</b>	<b>Madonna Staff Member</b>	<b>Area of Clinical Expertise</b>
Creighton University	Sonya Irons, PT, DPT, CCS	Cardiopulmonary Lecture and Lab
	Doug Tvrdy, PT, DPT, CSCS, OCS	Orthopedics
	Michelle Wiggins, OTD, OTR/L, CBIS	Assistive Tech with Pediatrics
	Cheryl Wagoner, MS, CCC-SLP	Dysphasia and Passy-Muir Valve
	Amy Potter, MS, CCC-SLP	TBI and Aphasia
	Melissa Starr, PT	Cardiopulmonary Lecture and Lab
Southeast Community College	Lisa Andersen, OTR/L	Driver Rehabilitation
	Joyce Jaixen, PT, GCS, C/NDT	Pediatric Labs
	Sarah Economides, PT, DPT, PCS	Pediatric Lecture and Labs
University of South Dakota	Sonya Irons, PT, DPT, CCS	Cardiopulmonary Lecture and Lab
	Judith Burnfield, PhD, PT	Observation Gait Analysis
University of Nebraska-Lincoln and University of Nebraska Medical Center	Mark Hakel, PhD, CCC-SLP	Dysphasia course in the graduate curriculum
	Teresa Springer, CCC-SLP	Dysphasia course in the graduate curriculum
	Marilyn Dongilli, PT	NDT
	Marilyn Dongilli, PT	Documentation for the medical record
	Amy Goldman, PT, DPT	Stroke
	Cali Carlson, PT, NCS	Neuro
	Jody Luzum, LPN	Safe Patient Handling Movement
Cheryl Wagoner, CCC-SLP, BCS-S	Speech and Language Therapy	