Rehabilitation Institute *of* Chicago

2013 Community Health Needs Assessment

RIC 2013 Community Health Needs Assessment

Executive Summary

Effective 2010, the Patient Protection and Affordable Care Act[1] (the "Affordable Care Act") requires hospitals such as the Rehabilitation Institute of Chicago ("RIC") to conduct a Community Health Needs Assessment ("CHNA" or "Assessment") every three years. In addition, each hospital is to develop an Implementation Strategy ("Strategy") to meet the significant community health needs identified through the CHNA. The "CHNA [must] take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health."[2]

RIC developed and conducted its CHNA in 2012-2013, taking into account input from persons who represent the broad interests of the community served by RIC. RIC conducted a written survey, hosted a focus group of community representatives, and interviewed additional community representatives in order to identify the rehabilitation needs of the community. RIC found significant health needs in the areas of Rehabilitation Health, Research, Access to Information, Education and Training, and Support Programs. In addition to conducting a CHNA, RIC prepared an Implementation Strategy, as required by the Affordable Care Act, to identify the programs and resources RIC will employ to address the significant health needs identified in the CHNA.

[1] Public Law 111148 (124 Stat. 119 (2010)).
[2] I.R.S./Treasury Notice 2011-52, 2011-30 I.R.B. 60 at 3, 9, *available at* http://www.irs.gov/pub/irs-drop/n-11-52.pdf (hereinafter "Joint Notice").

I. About the Rehabilitation Institute of Chicago

In 1951, Dr. Paul Magnuson, a renowned orthopedic surgeon devoted to the ongoing care and recovery of patients suffering from injuries and disabilities, raised funds to start a one-of-kind hospital to focus on such patients. Dr. Magnuson purchased a vacant printing building on East Ohio Street in Chicago, and a new organization was formally incorporated as the not for profit Rehabilitation Institute of Chicago. In the spring of 1953, the building was converted into a small rehabilitation hospital and began serving a limited number of outpatients. In 1958, the building was renovated, enabling the hospital to serve inpatients. In 1964, RIC began training Northwestern University medical students. In 1965, Dr. Henry Betts was hired as Medical Director and was charged with assembling an expert clinical team. In 1967, RIC entered into an academic affiliation with Northwestern University, establishing a residency program and soon thereafter appointed its first chief scientist. In 1974, RIC moved to a new, 20-story facility at its current location.

Today, RIC, an Illinois not for profit corporation, operates a research-based health care system specializing in providing comprehensive rehabilitation services to the physically disabled through an array of diagnostic and therapeutic services. Its mission is rooted in its dedication to providing the highest quality patient care and outcomes through integrated research, scientific discovery, and education. As part of this system of care, RIC currently operates a 182-bed hospital and provides a wide scope of outpatient services from its primary location at 345 E. Superior Street in Chicago, Illinois as well as over forty (40) additional locations through wholly-owned or other alliance structures with other hospital systems throughout Illinois, Indiana, and Michigan. Over the years, RIC has earned an international reputation for excellence in patient care, medical research, and professional training. In 2012, for the twenty-second year in a row, RIC was ranked by U.S. News & World Report as the leading rehabilitation hospital in the United States. In fact, RIC is the only hospital in the country of any kind that has earned this ranking for twenty-two consecutive years. RIC serves patients from around the globe; more than 50,000 patients from all fifty states and nearly forty-five countries received care from RIC during the past year.

RIC is also the Northwestern Feinberg School of Medicine's Department of Physical Medicine and Rehabilitation physiatry residency program, which is one of the largest programs of its kind in the country. RIC also has six federally designated research programs, including designations as the nation's only Stroke Rehabilitation Research & Training Center; as a National Center for Medical Rehabilitation Research; the Midwest Regional Spinal Cord Injury Care System; as a Rehabilitation Engineering Research Center dedicated to stroke research; as the nation's only Outcomes Rehabilitation Research & Training Center; and as a

Rehabilitation Engineering Research Center for technologies for children with orthopedic disabilities.

Figure 1 represents RIC's sites of care in the Illinois and northwestern Indiana areas, including its wholly-owned and alliance care sites.

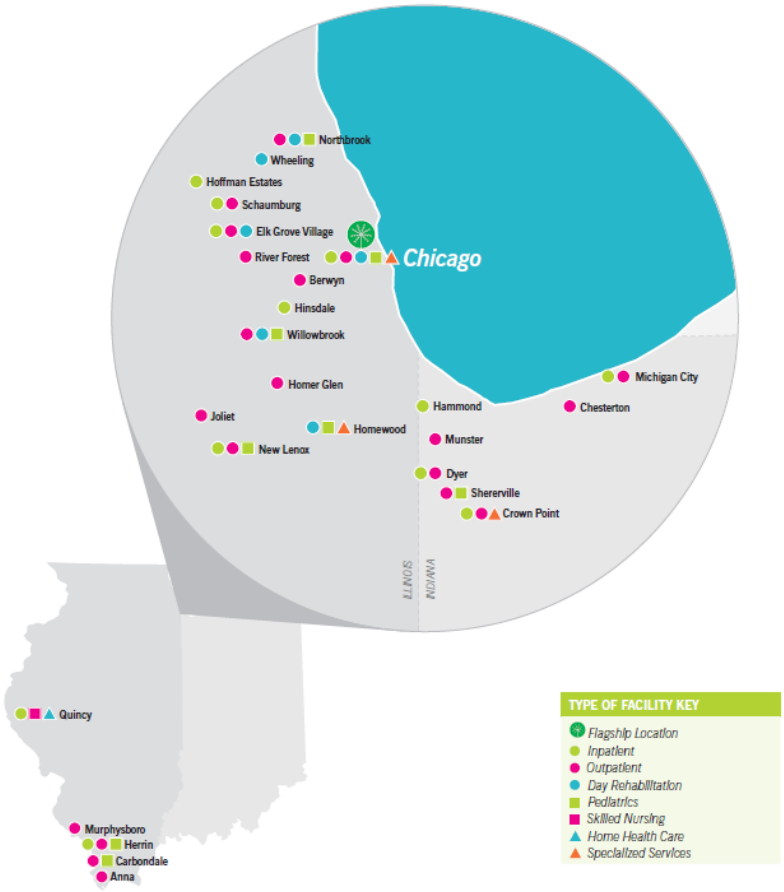

Figure 1. RIC Sites of Care

II. The Community that RIC Serves

In conducting its Assessment, a hospital facility may take into account the relevant facts and circumstances in defining the community it serves, including the geographic area served by the hospital facility, target populations served (for example, children, women, or the aged), and principal functions (for example, focus on a particular specialty area or targeted disease).[3] However, a hospital facility may not define its community in a way that excludes medically underserved, low-income, or minority populations who are part of its patient populations, live in geographic areas in which its patient populations reside (unless

[3] Joint Notice at 14.

they are not part of the hospital facility's target populations or affected by its principal functions), or otherwise should be included based on the method used by the hospital facility to define its community.[4] For purposes of this Assessment, RIC's community is focused on its primary role as a rehabilitation hospital as well as by the local geographic area it serves.

RIC's Role as a Rehabilitation Hospital. RIC's focus on Advancing Human Ability™ includes serving an array of patients with rehabilitation needs, including patients with amputations and other limb deficiencies, neuro-musculoskeletal injuries, brain injuries, spinal cord injuries, pediatric rehabilitation, stroke rehabilitation, and cancer rehabilitation, both from an adult and pediatric perspective. RIC treats patients to improve and eliminate the effects of injury, disease, and debilitating health conditions. Nationally, the number of patients who can benefit from rehabilitation is significant. Thanks to advances in research, new treatments, and early detection, survival rates of conditions in large patient populations such as stroke or cancer are steadily increasing. More people than ever before live through cancer – 11 million survivors in the United States alone, according to the American Cancer Society. Of the more than 795,000 people in the United States who have a stroke, more than 665,000 survive.[5]

Increased survival rates in populations suffering from conditions such as stroke and cancer bring new challenges and opportunities to the field of rehabilitation. For many cancer survivors, including those undergoing treatment, the aggressive, life-saving interventions may take a harsh toll on the human body. So while the fight against cancer is being won, patients may experience debilitating fatigue, pain, joint stiffness, weakness, emotional strain and limited mobility. Other problems may include swallowing difficulty, poor nutrition, skin breakdown, bowel and bladder dysfunction, and lymphedema, which are of key rehabilitation focus. Of all stroke patients, only one-third return to work. Of the two-thirds of stroke survivors who have had strokes and who do not return to work, many face long-term medical issues and other complications.

The Case Mix Index ("CMI") provides one measure to objectively determine a patient's medical complexity. Namely, a higher number indicates more complexity. "A hospital's CMI represents the average diagnosis-related group (DRG) relative weight for that hospital. It is calculated by summing the DRG weights for all Medicare discharges and

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[4] *Id.*

[5] *Stroke Facts*, CTRS FOR DISEASE CONTROL & PREVENTION, http://www.cdc.gov/stroke/facts.htm (last visited June 10, 2013).

dividing by the number of discharges."[6] Figure 2 compares RIC's CMI in the areas of stroke, brain injury, spinal cord injury, orthopedic, neurological, and medical rehabilitation to comparative values for the region and the nation.

As shown in Figure 2, RIC's CMI in each area of care is higher, often substantially so, than the regional or national CMI.

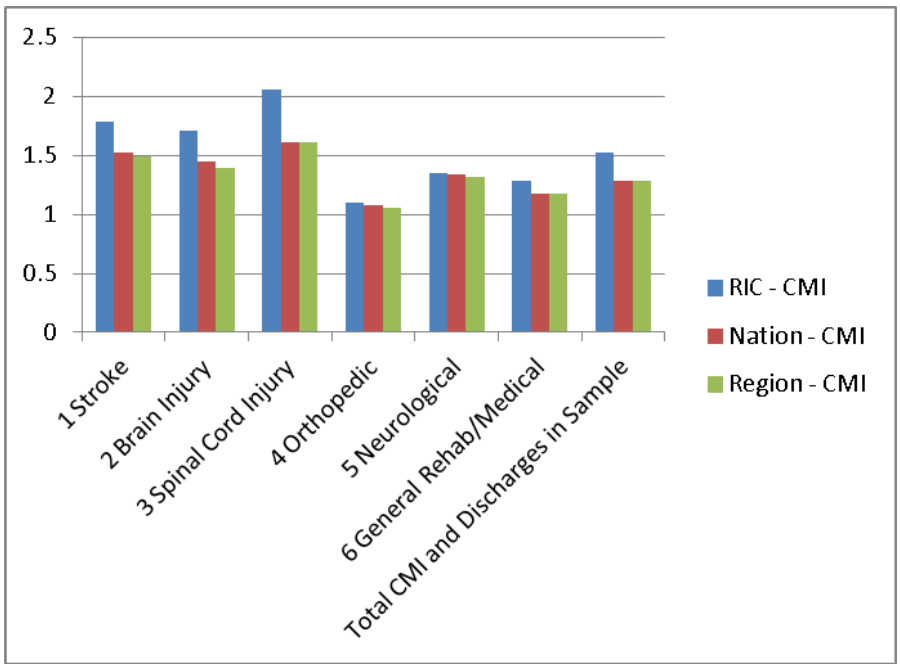

Figure 2. CMI Values for RIC, the Region, and the Nation

Nationally, older adults make up the largest percentage of users of rehabilitation services. Table 1 indicates the ethnicity of Medicare fee-for-service ("FFS") patients admitted to an inpatient rehabilitation facility (IRF) in 2010.

White	African-American	Hispanic	Other
81%	10%	5%	4%

Table 1. Medicare FFS IRF Patients, by Ethnicity[7]

RIC's Role in the Relevant Geographical Area. Within the Chicago Metropolitan Statistical Area (MSA), RIC serves a population of approximately 9.5 million people.[8] RIC

[6] *FY 2011 Final Rule Data Files*, CTRS. FOR MEDICARE & MEDICAID SERVS., , *available at* http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY-2011-IPPS-Final-Rule-Home-Page-Items/CMS1237932.html (last visited June 10, 2013).
[7] MEDICARE PAYMENT ADVISORY COMM'N (MEDPAC), REPORT TO THE CONGRESS: MEDICARE PAYMENT POLICY 236 (2012), *available at* http://www.medpac.gov/chapters/Mar12_Ch09.pdf.

serves this regional geographic location as well as a national and international population; due to RIC's expertise, many patients travel long distances for care. The Illinois counties surrounding Chicago are the home of most individuals living in the Chicago MSA, with 8.6 million people living in Cook, DeKalb, DuPage, Kane, Kankakee, Lake, McHenry, and Will counties. This area is home to a diverse population, as shown by the data in Table 1. In calendar year 2012, 20,785 patients were discharged from IRFs located in these eight Illinois counties.

Race/Ethnicity	Total	Totals as Percent
White Non-Hispanic	4,534,145	53%
Black Non-Hispanic	1,475,582	17%
Hispanic	1,901,076	22%
Asian & Pacific Is. Non-Hispanic	540,555	6%
All Others	143,754	2%

Table 1. Population of Cook, DeKalb, DuPage, Kane, Kankakee, Lake, McHenry, and Will Counties in 2012, by Ethnicity

Overall, RIC's determination of its community of care for this Assessment took into account these functional, geographical, and demographic considerations.

III. Process and Methods Used to Conduct the CHNA Assessment

A hospital facility's report of the CHNA should describe the process and methods used to conduct the CHNA. Namely, the CHNA should: (1) describe the data and other information used in the assessment, as well as the methods of collecting and analyzing this data and information, and (2) identify any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA.[9] The report should also describe information gaps that impact the hospital organization's ability to assess the health needs of the community served by the hospital facility.[10]

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[8] U.S. CENSUS BUREAU, ANNUAL ESTIMATES OF THE POPULATION OF METROPOLITAN AND MICROPOLITAN STATISTICAL AREAS: APRIL 1, 2010 TO JULY 1, 2012, *available at* http://www.census.gov/popest/data/metro/totals/2012/tables/CBSA-EST2012-01.csv. The Chicago MSA consists of the Chicago-Aurora-Joliet, IL Metropolitan Division, made up of the counties Cook, DeKalb, DuPage, Grundy, Kane, Kendall, McHenry, and Will; the Gary, IN Metropolitan Division, made up of the counties Jasper, Lake (IN), Newton, and Porter; and the Lake County-Kenosha County, IL-WI Metropolitan Division, made up of the counties Lake (IL) and Kenosha. *See* U.S. CENSUS BUREAU, ECONOMIC CENSUS:CHICAGO-NAPERVILLE-JOLIET, IL-IN-WI METRO AREA (2007) *available at* http://www.census.gov/econ/census/snapshots_center/chicago.html.

[9] Joint Notice at 9-10.

[10] *Id.* at 10.

In preparing this Assessment, RIC conducted a standard assessment survey of patients and their caregivers. This standard assessment survey was administered to a randomly selected sample of day rehabilitation, outpatients, and inpatients across seven RIC sites of care, representing the communities of Chicago and the Chicagoland suburbs. Day rehabilitation and outpatients were invited to complete a consumer-friendly Likert scale paper survey while waiting for their appointment or upon leaving the clinic or site. Inpatients and outpatients at the RIC flagship hospital in Chicago, Illinois were also invited to complete the survey at the time of their treatment. RIC received 496 completed surveys, although additional completed surveys would have further informed RIC's ability to assess the health needs of the community. A copy of the survey is included at Appendix A.

RIC also conducted interviews and a focus group with leaders of the health community. In April 2013, RIC personnel conducted telephone interviews with a Clinical Associate Professor of Law at Northwestern Law School and the Founder and Chairman of the Board of the Gridiron Alliance. RIC also and hosted a focus group as part of its effort developing the Assessment. Focus group participants included persons with special knowledge or expertise in public health, represented federal, state or local health departments, or agencies with current data or other information relevant to the health needs of the community. Participants also included leaders, representatives, or members of medically underserved, low-income, and minority populations and populations with chronic disease needs. Invites were extended to include representatives from Independent Living Centers, Mayor's Office for People with Disabilities, Chamber of Commerce, Public Schools, Community Park Districts / Fitness Programs, Faith-based Programs, International Exchange Programs, University Disability Services, Transportation Services, Housing, Legal Services, and Disability Advocacy Associations.

Twenty people and/or agencies were invited with a 70% response rate of participation (N=14). The external focus group was held at RIC and lasted over two hours. Group discussion focused on rehabilitation health needs of people with physical disabilities, access to information and care, research and clinical trials, education and training, and support programs. Qualitative data was tabulated and analyzed by examining common themes and triangulating data with quantitative results from the paper survey. Comments from focus group members who were unable to attend, or comments from other participants in the community, may have further informed RIC's ability to assess the health needs of the community. A copy of the Focus Group presentation is included at Appendix B.

IV. Consulting with Persons who Represent the Broad Interests of the Served Community

RIC intentionally sought input from a wide variety of stakeholders who serve and represent the interests of medically underserved, low-income, and minority populations in the community. Organizations and individuals that attended the focus group or were interviewed have a special knowledge and expertise in public health and/or serve and represent medically underserved, low-income, and minority patient populations. Table 3 lists the individuals and organizations that RIC consulted with in preparing its Assessment. A detailed description of the organizations invited by RIC to participate in its Assessment Focus Group is included at Appendix C.

Agency or Organization
Government Agencies
City of Chicago: Mayor's Office for People with Disabilities
Illinois Department of Human Services
Non-Government Organizations
Access Living
Brain Injury Association of Illinois
Chicagoland Chamber of Commerce (Workforce Development)
Extended Home Living Services
Great Lakes ADA Center
MobilityWorks
Gridiron Alliance NFP
Professor of Law, Northwestern Law School
National Parkinson Foundation
World Chicago
Zion Lutheran Church

Table 3. Consulted Individuals and Organizations

V. Analytical Methods Applied to Identify Community Health Needs

RIC analyzed the information obtained through the collected surveys, focus group, and interviews in order to identify the significant community health needs.

Four hundred ninety-six surveys (496) were completed. Respondents represented 15% inpatients, 49% day rehabilitation patients, and 35% outpatients. The sample was relatively evenly distributed between males (49%) and females (51%) with a stratified mix of age groups; 17% pediatric (under 18, in which case a guardian completed the survey), 12%

young adult (18-30 years old), 35% adult (30-60 years old) and 19% seniors (61-70). Respondents indicated primary insurance coverage as 45% Private, 38% Medicare, 15% Medicaid, and 1% none. Condition groups for both adult (18-70+, N=390) and pediatrics (under 18, N=78) represented all major impairment groups seen at RIC.

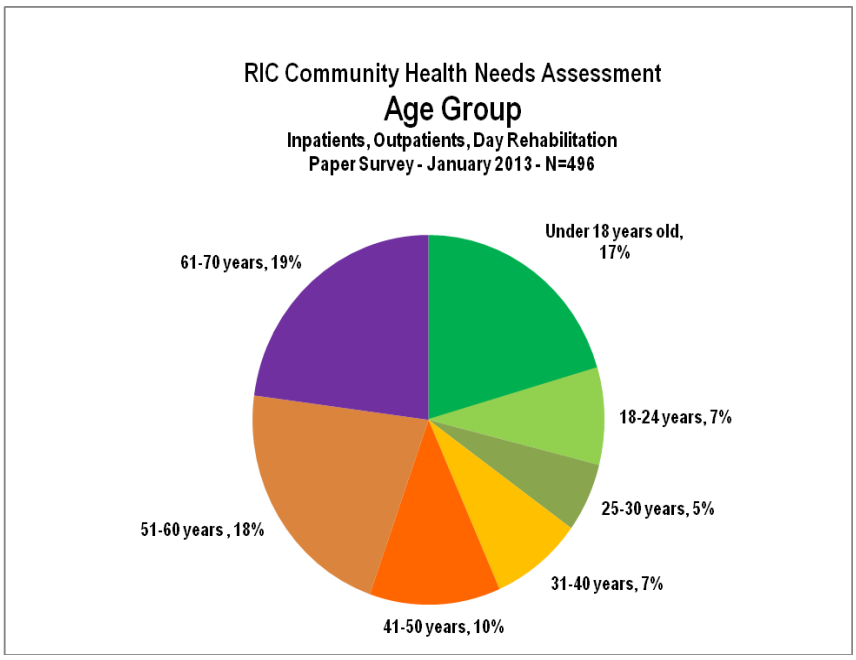

Figure 3. Age Distribution of Survey Participants

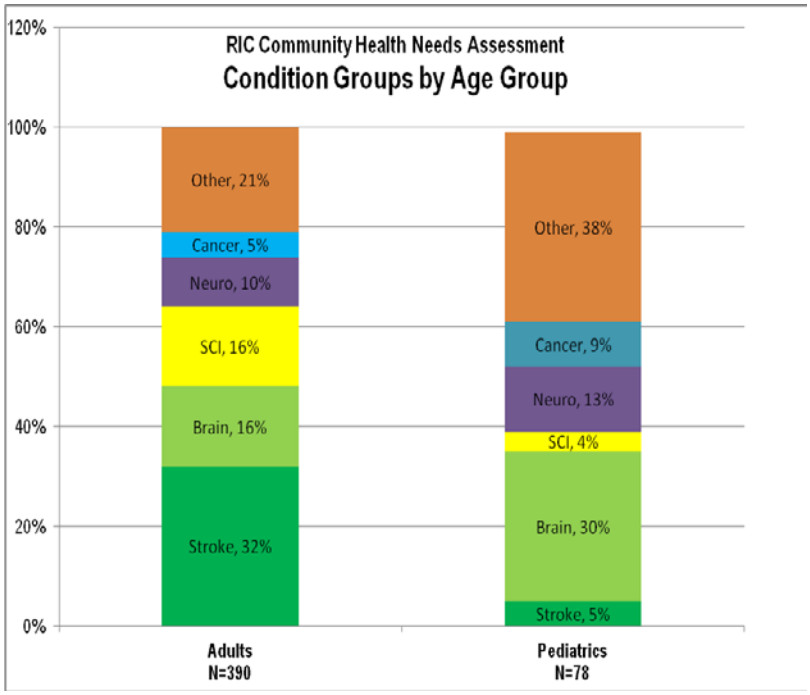

Figure 4. Condition Groups, by Age Group, of Survey Participants

Patients who were surveyed indicated that they had one or more of the following conditions: a brain-related injury, spinal cord injury, stroke, neuro-musculoskeletal disease, cancer, or were in a pediatric population. The survey also asked patients to provide need responses, indicating whether health organizations in the community, particularly RIC, met the patient's rehabilitation needs for each condition.

Patient need responses collected from the survey indicate that patients believe their rehabilitation health needs are being met. For those patients who indicated they had one or more conditions, Figure 5 shows the number of patients whose need response indicated that health organizations in the community, particularly RIC, met their rehabilitation health need for that condition. With few exceptions, patients who did not believe their rehabilitation health needs were being met chose not to provide any further explanation.[11]

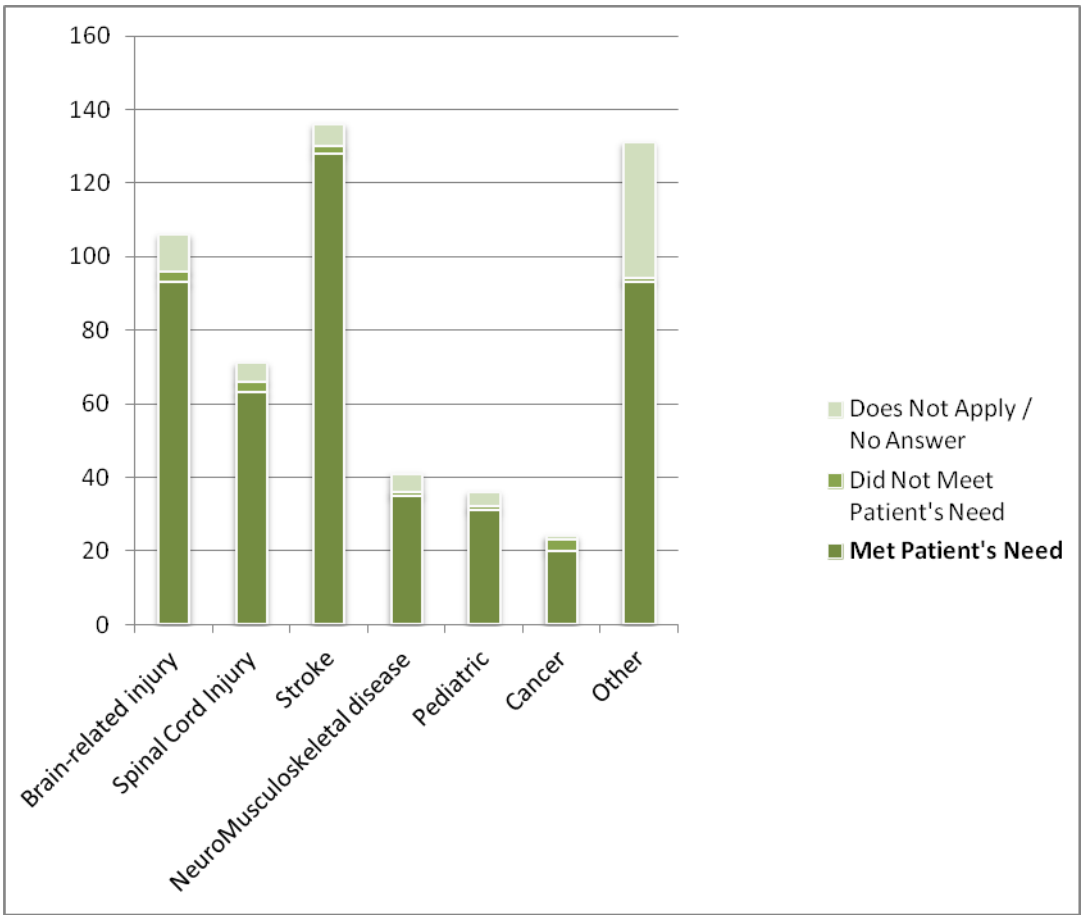

Figure 5. Need Responses of Patients With One or More Conditions

[11] Note that the number of responses presented in this section may not match the number of patients surveyed, as some patients identified as having more than one condition.

Survey results were also analyzed to compare patient need responses against patient insurance type. For those patients who indicated they had one or more conditions, Figure 6 compares patient need responses to patient insurance type.

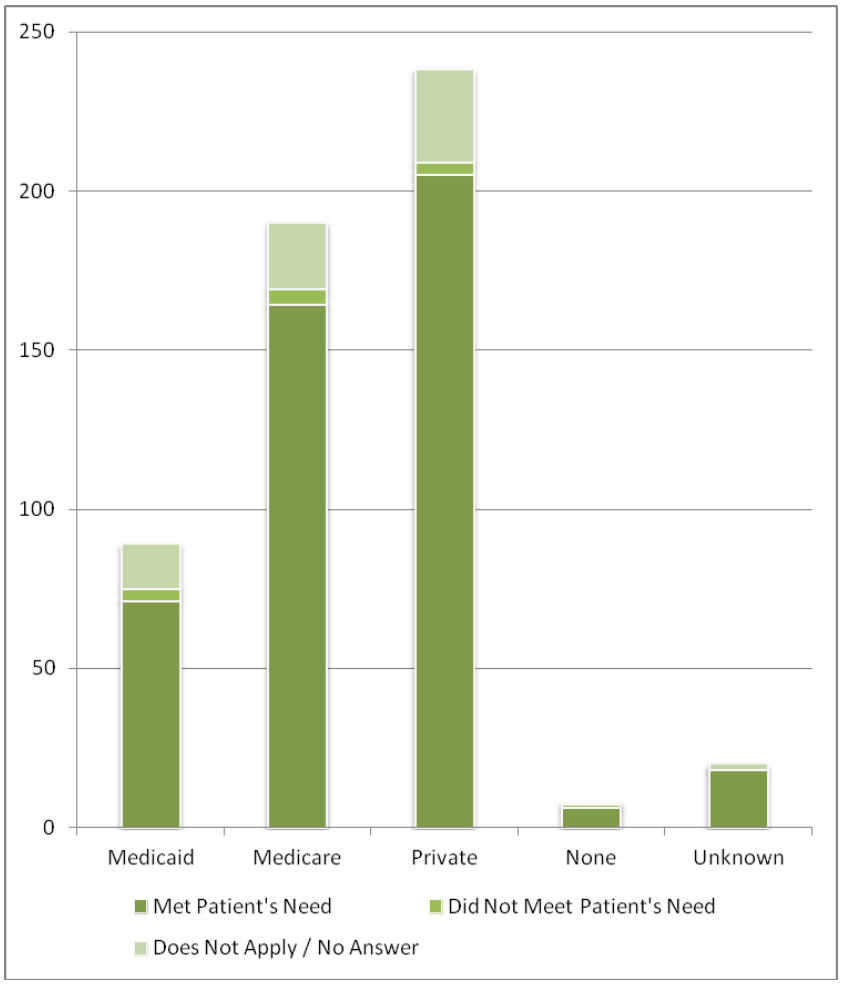

Figure 6. Need Responses of Patients With One or More Conditions, by Insurance Type

The results shown in Figures 5 and 6 indicate that across conditions and insurance types, survey participants believed the health organizations in the community, particularly RIC, met their needs in areas where their condition required care.

Survey results were further analyzed to compare patient conditions against patient insurance type. For those patients who indicated they had one or more conditions, Figure 7 compares patient conditions to patient insurance type.

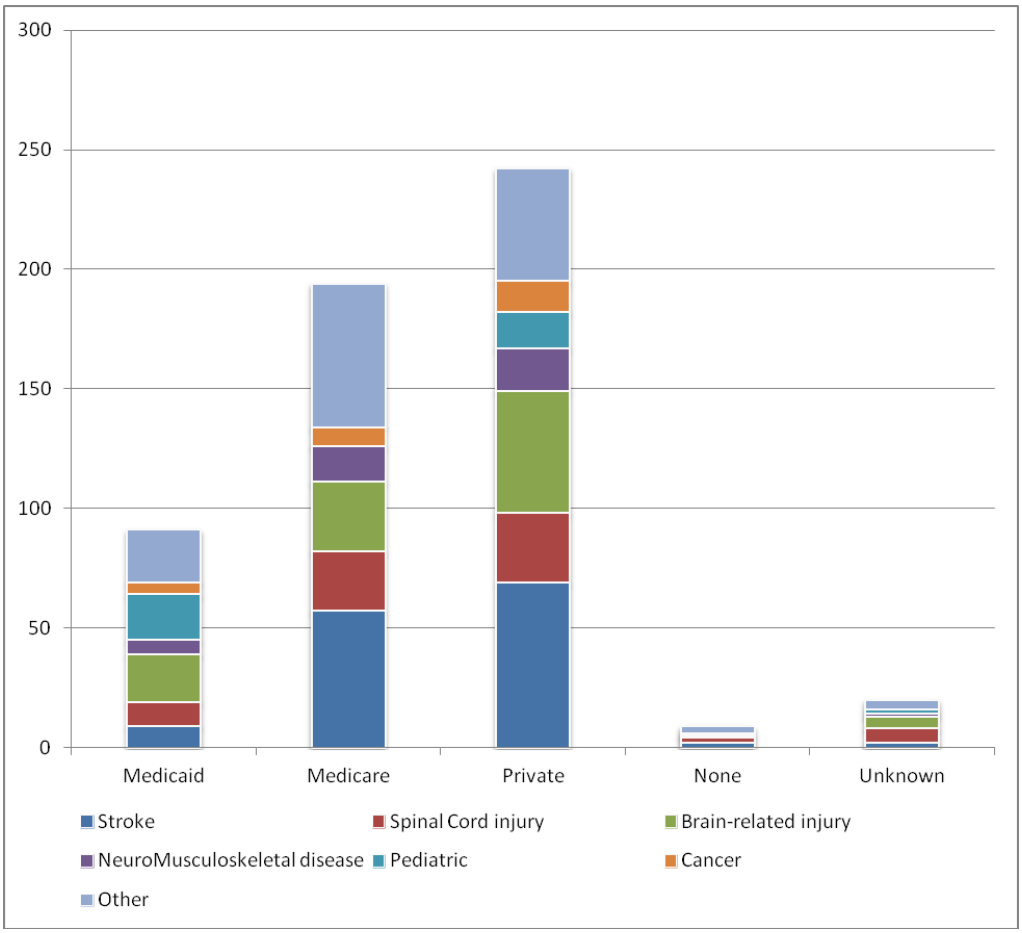

Figure 7. Insurance Type, by Condition

Focus group participants were asked to consider the significant rehabilitation health needs of their respective communities. Discussion focused on a broad array of condition groups, including stroke, spinal cord injury, brain injury (traumatic and non-traumatic), neuro-musculoskeletal (Parkinson's disease, multiple sclerosis, joint replacements, sports injuries, arthritis, amputation, chronic pain), pediatric (congenital conditions, such as cerebral palsy, spina bifida and acquired conditions, such as traumatic brain injury, spinal cord injury, stroke, and amputation), and cancer.

Comments from interviews and the focus group were recorded. Qualitative data from these sources were tabulated and analyzed by examining common themes and triangulating data with quantitative results from the paper survey.

VI. Prioritized Description of Identified Community Health Needs

A CHNA should identify significant health needs and prioritize, and otherwise assess, the significant health needs identified. A hospital facility may determine whether a health need is significant based on all of the facts and circumstances present in the community it serves. In prioritizing significant health needs, a hospital facility may use as criteria the burden, scope, severity, or urgency of the health need; the estimated feasibility and effectiveness of possible interventions; the health disparities associated with the need; or the importance the community places on addressing the need. However, this list is not exclusive and a hospital facility may use any criteria it deems appropriate.[12]

RIC reviewed comments from the focus group, its interviews, and the results from its survey to identify the following significant community health needs in the areas of Rehabilitation Health, Research, Improved Access to Information, Education and Training, and Support Programs. RIC prioritized the significant health needs on the basis of the health disparities associated with the injuries and other medical conditions treated at RIC, as well as the importance the community places on addressing the need.

A. Rehabilitation Health

RIC's Assessment identified the areas of stroke, spinal cord injury, brain injury, neuro-musculoskeletal conditions, pediatric care, and cancer as continuing significant health needs.

B. Research

RIC's Assessment identified the continued need for rehabilitation research into new and more promising treatments to improve and eliminate the effects of injury, disease, and debilitating health conditions in the community RIC serves.

Results from both the survey and the focus group indicate that most people in the community are not aware of the diversity of research projects and how to participate as a member of a research study. As shown in Figure 8 on the following page, over 60% of the survey respondents were unaware of opportunities to participate in health research studies, partake in a research registry, or information regarding participation in clinical trials.

[12] *See generally* Prop. Treas. Reg. § 1.501(r)(4)-(r)(6), 78 Fed. Reg. 20529 (Apr. 5, 2013), *available at* http://www.gpo.gov/fdsys/pkg/FR-2013-04-05/pdf/2013-07959.pdf (hereinafter, "Proposed Regulations").

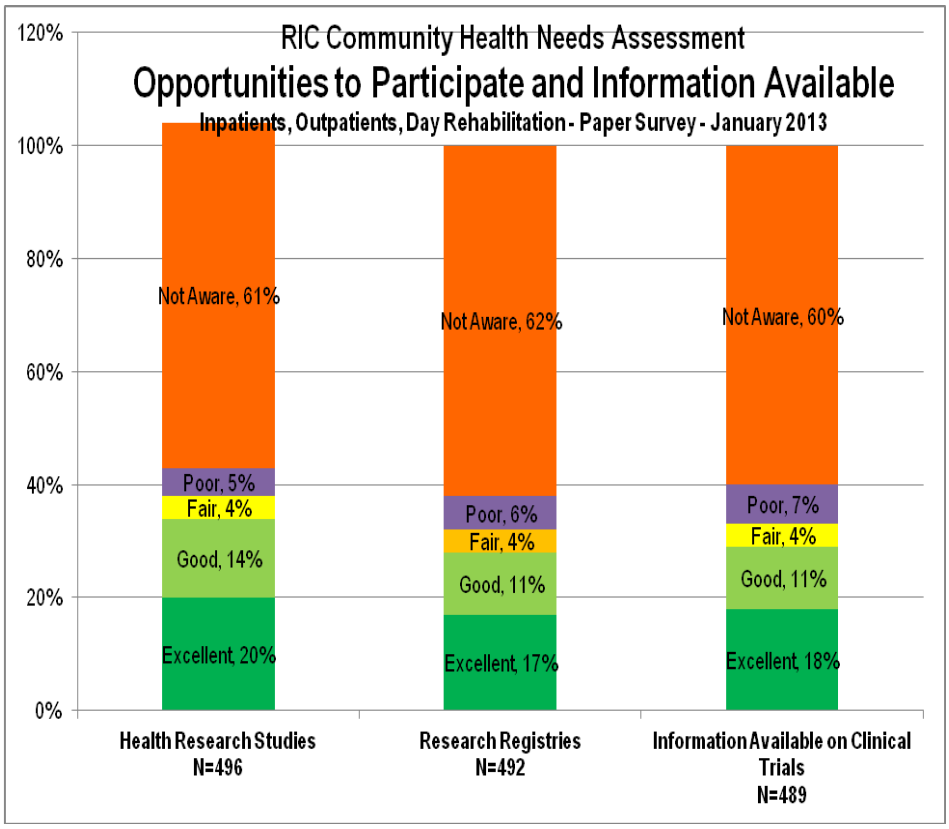

Figure 8. Knowledge of Research Opportunities

Key stakeholders represented in the focus group further reiterated the need for broader and better communication to increase community awareness related to access and participation in research and clinical trials. The following comments are representative of statements made during the focus group regarding the need for improved knowledge regarding research opportunities.

Awareness of research opportunities. Participants identified a need to make the community more aware of existing research opportunities. Sample comments included:

- *"Participants are not aware of existing programs and the end results of research and how results impact them."*
- *"Most patients / families are not aware of research / clinical trials. They need telemarketing to their home regarding research and resources."*
- *"It's often hard to reach participants. Many patients are not aware of research and understand how to participate."*
- *"Many people are never called to participate in a study. Communication that keeps people apprised of outcomes that have occurred from the research registry can help*

them stay engaged and willing to participate. Need some recognition that they are still there. Person needs to be acknowledged after they took time to register."

Understanding of research opportunities. Participants identified a need to make the community more aware of the nature of existing opportunities and the benefits they offer. Sample comments included:

- *"There are a lot of misconceptions about research and how it is conducted. What's in it for me?"*
- *"Need to define "research" for subjects. Help them better understand why the research is being conducted and how results will be used."*
- *"The type of research, for example, the questionnaire, focus group, and time commitment, gets in the way. The complexity of information can overwhelm a participant especially if they have cognitive difficulties. Also, methods don't always cross culturally - which can scare people away."*
- *"Need to break down research information so it's readable and simple for participants to understand."*
- *"There is a lack of knowledge for research subjects as well as the researchers themselves who need to better understand the population they are reaching out to and how to engage them to participate."*
- *"It can be hard to incentivize participation (need monetary reward) - need a bit more than just transportation reimbursement."*

Focus group discussion on research registries coincided with paper survey results indicating the community is unfamiliar with research registries, and has not been provided with sufficient information about how to get involved. In addition, focus group participants raised instances of missed opportunities to help people register and become active contributors to discovering ways to enhance treatment, care, and quality of life. Focus group participants expressed the following thoughts regarding the community's awareness of research registries:

- *"The community is not aware of research registries. The term 'registry' is not something people are familiar with."*
- *"Patients and families are not aware of registries and understand the purpose and impact. Typically, registries are not talked about or explained by anyone caring for the patient."*

- *"The point at which patients are introduced to the research registry is important. In early stages of recovery they may be overwhelmed with information and not fully understand. Need a method to introduce and reintroduce."*
- *"Keeping registrants interested in the registry is key. Need a system for reaching out to people and communicating to them."*

C. Improved Access to Information About Existing Resources

The Assessment identified a continued need for access to information about existing resources and services for the community. As indicated by the survey results at Figure 9, patient knowledge of sources of information is low, even among patients receiving care at RIC. However, most patients who are aware of the LIFE Center utilize it and applaud the resources it provides.

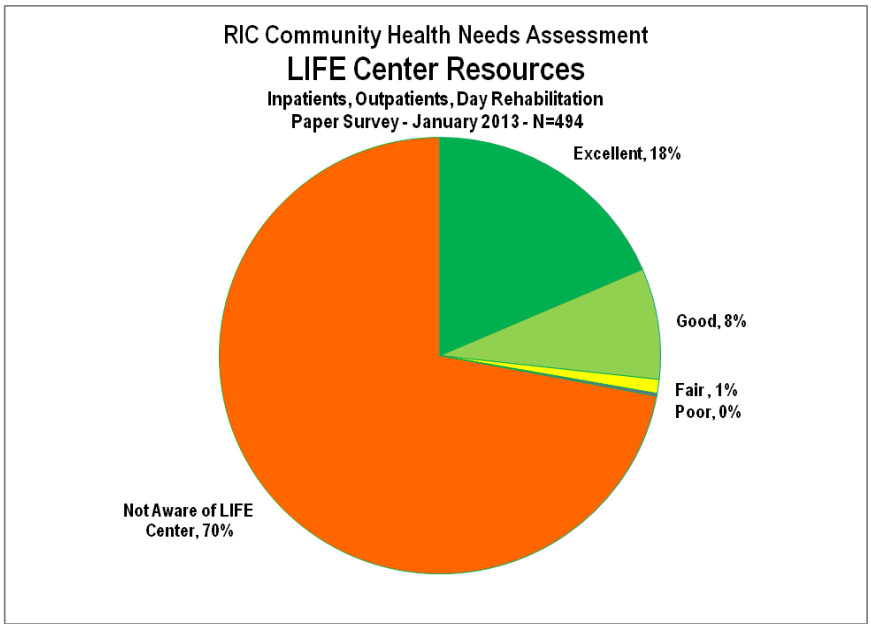

Figure 9. Awareness of LIFE Center Resources

Focus group participants identified a need for information about existing sites of care in the Chicagoland area, in addition to other existing services and resources. Focus group participants were asked about their experience in using consumer / family resource centers and how well the resource centers met the needs of their communities. Feedback indicated a need for greater outreach and communication about resource centers to people with disabilities, consolidation of information to improve efficiency, user-friendly navigation of Internet sites, particularly for people with cognitive impairments, and access to people to assist in locating information. The following comments are representative of statements

made during the focus group regarding the need for improved access to information regarding existing resources:

Information about additional rehabilitation facilities. Some focus group participants were not aware of other rehabilitation facilities in the community, including RIC outpatient and day rehabilitation facilities beyond RIC's Flagship Hospital. Sample comments included:

- *"Need satellite rehabilitation facilities in the community. If they already exist, patients/families don't know about them."*

Awareness of a comprehensive set of resources. Focus group participants indicated a desire for a comprehensive set of existing resources that would be simple for patients and their families to use. Sample comments included:

- *"Make resources more available - extend services to the community for greater access - People are not aware of available resources and need guidance on how to obtain."*
- *"Need access to an 'A-list' of all resources available that are current, accurate, and available in one spot."*
- *"Too much information (complex) - many of the centers have abundant resources and it can be daunting to shift through."*
- *"Most Internet sites are too busy, with too much information. Difficult to identify and navigate and often do not have access features to support persons with cognitive concerns."*
- *"It's difficult for people living with disabilities to get resource information. I have explored non-profit groups and they have good information, but it's difficult to find in one place and not as comprehensive as it could be."*
- *"Practical fact sheets - need simple, easy to read information on key topics and conditions."*
- *"Many centers have lost personal contact or trained workers to target searches. Too many are relying heavily on the Internet. Often send people to search on their own resulting in not getting what they need."*
- *"Need relevant, available, and understandable information with a human touch."*

Clinical communication of existing resources. Participants indicated that physicians, nurses, and other clinical care providers can assist patients and their families in becoming more aware of resources that patients will use after discharge from care and beyond. Sample comments included:

- *"In the bewilderment of adjustment, patients are too overwhelmed to understand Resource Centers. Need good orientations involving family and future caregivers."*
- *"Nurses often could have pointed to resource center, but did not. This was a missed opportunity."*
- *"There's too much reliance on physicians for information and services. Many patients rely solely on what is provided by their doctor and miss opportunities to access available resources."*

D. Education and Training

The Assessment identified a continued need for training of medical personnel, patients, and their families about the needs of individuals with disabilities.

Education and Training for Healthcare Providers. Participants discussed the need for education and training of healthcare providers to facilitate long-term goal setting and care. Sample comments included:

- *"People with disabilities need better access to primary care physicians knowledgeable about physical disabilities and community resources."*
- *"Need contacts trained at the community health centers to make sure the right care is taking place."*
- *"More community based cognitive rehabilitation programs are needed as well as training of staff to better understand changes in cognition secondary to TBI, Stroke, for example."*
- *"Need to treat the condition plus the aging of people with disabilities. Train medical personal to focus on whole person, not just the disability, so other issues related to aging can be addressed and treated."*
- *"Rehabilitation providers need training in resources. They are the first point of contact and people rely on them to recommend and point them to sources of help."*

Education and Training for Patients and their Families. Participants also discussed the need for education of patients and their families in order to increase their ability to participate in care. Sample comments included:

- *"Need to develop better communication overall with how to interface with health providers. Most people do not have the knowledge or communication skills to be an active problem solver."*

- *"Persons with disabilities need more skill development in understanding what is involved to transition to work as well as employer education regarding policies and processes for accommodation for both physical and cognitive disabilities."*

E. Support Programs

The Assessment identified a continuing need for support programs. In particular, focus group participants discussed the need for transition programs for adolescent patients and fitness programs that were designed to accommodate the needs of people with physical disabilities.

Transition programs for adolescent patients. The Assessment identified a continued need for transition programs for adolescent rehabilitation patients and their families. Focus group participants noted that adolescents and their parents or guardians need assistance managing the transition to resources that become available as the adolescent becomes an adult. The following comments are representative of statements made during the focus group:

- *"Information for parents with children with disabilities is needed to help them create a "circle of support." Parents need additional tools for youth with disabilities to transition to adult services. Children / teens with disabilities need programs to help them develop problem solving and self sufficiency with their own health care."*
- *"Peer support for children is lacking. There are few role models available for pediatric population. Need support groups for both children and parents."*
- *"Access to peer support system - once in the community, peer support becomes very important in terms of community integration."*

Accessible fitness programs. The Assessment identified a continued need for accessible and integrated fitness programs, with staff trained to accommodate the needs of people with physical disabilities. Focus group participants discussed the need for ongoing health and fitness at the end of therapy, and raised concerns regarding the accessibility of community fitness centers and mainstream fitness clubs for persons with physical disabilities. Participants also raised concerns that mainstream fitness facilities do not provide a welcoming environment to persons with physical disabilities. The focus group provided comments such as the following:

- *"Ongoing programs. - When therapy ends there are limited resources in the community to support ongoing health and fitness. Mainstream fitness clubs are not set up to accommodate persons with physical disabilities."*
- *"Community fitness centers are often not accessible or have accessible equipment."*
- *"Obesity is an ongoing issue for many people with disabilities. Limited access to fitness programs is one aspect, though understanding of nutrition with ways to integrate good nutrition and fitness are also lacking."*
- *"Staff in the community (fitness personnel) are not trained in working with / providing service to persons with disabilities. Most environments are not welcoming and staff has difficulty responding to personal needs."*

VII. Existing Resources

A CHNA must describe "the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA."[13] "The description of resources available to address health needs [is limited] to those [needs] known or identified in the course of conducting the CHNA."[14]

There are 1,161 IRFs in the United States.[15] RIC is approved for 242 inpatient beds by the Illinois Health Facilities Planning Board's approval of RIC's Certificate of Need on February 5, 2013 and has developed additional capacity as the need for the specialized expertise of RIC is required. Appendix D lists the IRFs in the Chicagoland and northwest Indiana region. Services at these sites of care may differ programmatically from those offered by RIC.

In addition to RIC's Flagship Hospital, RIC operates multiple sites of care in the community for individuals who require outpatient or day rehabilitation treatment. A full list of RIC sites is included at Appendix E.

VIII. Implementation Strategy

RIC's Implementation Strategy sets forth RIC's plans for each significant community health need identified in its 2013 Assessment. The Implementation Strategy further describes how RIC plans to meet each need, identifies the programs and resources that RIC

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[13] Joint Notice, at 11.
[14] Proposed Regulations at 20532.
[15] *FY 2010 SSI Data/Rations for IRFs*, CTRS FOR MEDICARE & MEDICAID SERVS. *available at* http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/Downloads/SSIratio-10.zip.

plans to commit to meeting the need, describes the anticipated impact of its programs and resources on the need, and, where appropriate, describes planned collaboration with related organizations in meeting the need.

The CHNA is available on RIC's website at http://www.ric.org/resources/community. RIC's CHNA and corresponding Implementation Strategy were reviewed and approved by RIC's Board of Directors prior to publication of the CHNA on RIC's website.

RIC wishes to thank all the community participants who assisted RIC in preparing its 2013 Assessment.

Appendix A
RIC Assessment – Survey

Rehabilitation Institute of Chicago

Community Health Needs Assessment Survey _____ Site

The Rehabilitation Institute of Chicago (RIC) is committed to promoting the ongoing health and wellness of its patient populations. In order to ensure that RIC programs meet the health needs and interests of the community, we appreciate your time in completing a short survey. The survey is designed to help us better understand and identify gaps in patient and community services for persons with physical disabilities. All responses are confidential and anonymous.

I. Background Information

Please complete or check the appropriate box for each question below.

	Person with a Disability	Family/Friend	Parent of Minor Patient	Healthcare Provider
Survey completed by:				

	City, State	Zip Code	Country
Where does patient live?			

	Male	Female
Patient's gender:		

	Under 18	18-24	25-30	31-40	41-50	51-60	61-70	Over 70
Patient's age group:								

	Medicare	Medicaid	Private	None
What type of insurance does patient currently have?				

II. Rehabilitation Condition

What is the patient's disabling condition? Check all that apply.

Condition	✓
Brain-related injury	
Spinal Cord Injury	
Stroke	
NeuroMusculoskeletal disease	
Pediatric	
Cancer	
Other	
Does not apply to me	

Rehabilitation Institute of Chicago

III. Health Care Services

For each program listed below, please check the box that best describes your response.

Did health organizations in the community, particularly RIC, meet the patient's needs in each of the following areas? If not, please explain why.	Yes	No	Does Not Apply to Patient	Comments
Brain-Related Injury rehabilitation programs				
Spinal Cord Injury rehabilitation programs				
Stroke rehabilitation programs				
NeuroMusculoskeletal rehabilitation programs				
Pediatric rehabilitation programs				
Cancer rehabilitation programs				
Other (please indicate your condition)				

IV. Coordination of Care and Access to Information

	Yes	No
Did patient utilize the services at RIC's Life Center?		

	Excellent	Good	Fair	Poor	N/A
If patient utilized the services at RIC's LifeCenter, please rate the resources available.					

	Comments
Are there any additional resources RIC should consider including at the Life Center?	

Rehabilitation Institute of Chicago

V. Research and Clinical Trials

For each area listed below, please check the box that best describe the patient's response.

	Excellent	Good	Fair	Poor	N/A
Opportunity to participate in health research studies					
Opportunity to be part of a research registry					
Information available to participate in clinical trials or research studies					

VI. Rehabilitation Technology

For each area listed below, please check the box that best describe the patient's response.

	Excellent	Good	Fair	Poor	N/A
Access to assistive technology services					
Access to seating and positioning services					

VII. Other

We welcome any recommendations or suggestions on how RIC can continue to meet the health needs of the community.

Your Comments

RIC thanks you for filling out our survey.
We appreciate your time and assistance!

Appendix B
RIC Assessment – Focus Group Presentation

FOCUS GROUP - COMMUNITY HEALTH NEEDS ASSESSMENT

Kristine Cichowski
Director, LIFE Center

INTRODUCTION

About RIC | Today's Purpose | RIC's Community | Stakeholders

ABOUT RIC

- Founded in 1954
- Dedicated to excellence in providing the highest quality patient care, research, and education.
- More than 50,000 patients annually
- RIC System includes 50 sites of care
  - Flagship Hospital, 345 E. Superior, Chicago
    - 182 inpatient beds
    - Outpatient services
- Six federal research designations
- Ranked #1 Rehabilitation Hospital since 1991

COMMUNITY HEALTH NEEDS ASSESSMENT

- Patient Protection and Affordable Health Care Act
  - 503 (c3) hospital organizations
  - Assessment conducted once every 3 years
  - Ensures an ongoing opportunity to:
    - review the health care needs that exist in their communities
    - include input from persons who represent the broad interests of the community served by the hospital
- Written assessment is made publicly available
  - Focus group agencies will be identified and their comments will be included
  - Comments will not be attributed to specific focus group members

Participants will respect confidentiality

REHABILITATION COMMUNITY SERVED BY RIC

- Physical Rehabilitation Focus
- Chicago Region
- National Patient Population

FOCUS GROUP STAKEHOLDERS

- Persons with special knowledge of or expertise in public health
- Governmental health or other departments or agencies
- Leaders, representatives, or members of medically underserved, low-income, and minority populations
- Leaders, representatives, or members of populations with chronic disease needs

AREAS OF DISCUSSION

- Rehabilitation Health Needs
- Access to Information & Care
- Research and Clinical Trials
- Rehabilitation Technology

REHABILITATION HEALTH NEEDS

Background | Your Assessment

AREAS OF REHABILITATION

- Brain Injury rehabilitation
  - Traumatic and non-traumatic
- Spinal Cord Injury rehabilitation
- Stroke rehabilitation
- Neuro-musculoskeletal rehabilitation
  - Parkinson's Disease, Multiple Sclerosis, Joint Replacements, Arthritis, Amputation, Chronic Pain
- Pediatric rehabilitation
  - Congential conditions, i.e. Cerebral Palsy, Spina Bifida
  - Acquire conditions, i.e. TBI, SCI, Stroke, Amputation
- Cancer rehabilitation

DISCUSSION

- Based on your agency's experience with these health conditions, what do you find to be the most pressing rehabilitation health needs of these groups?

Brain	SCI	Stroke	Neuro-Muscular	Peds	Cancer	Other

- How well do health organizations in the community meet these needs?

ACCESS TO INFORMATION & CARE

Background | Your Assessment | RIC LIFE Center

BACKGROUND

Consumer Resource Centers / Websites

- LIFE Center – specific to people with physical disabilities, peer-reviewed, multimedia:
  - Books, videos, magazines, journals
  - Patient and family education handouts
  - Links to community resources
    - International, national, regional, and local community resources
    - Government programs, condition-specific organizations

http://lifecenter.ric.org

DISCUSSION

- What has been your experience in using consumer / family resource centers?
- Based on your experience how well do resource centers meet the rehabilitation needs of the community?
- Are there any additional resources RIC should consider including in the LIFE Center?

BREAK

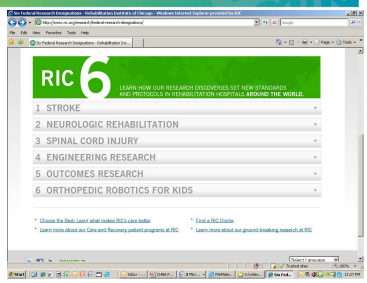
10 minute restroom break

RESEARCH AND CLINICAL TRIALS

Background | Your Assessment

BACKGROUND

- RIC has 6 federally designated Research Areas
  - Assessments
  - Interventions
  - Technology
  - Outcomes
- Research Registries
  - Listing of potential research subjects



DISCUSSION - RESEARCH

Based on your knowledge and work with your communities,

- Are they aware of research studies available to them?
- Do they have the opportunity to participate in research studies?
  - Barriers?

DISCUSSION – RESEARCH REGISTRIES

Based on your knowledge and work with your communities,

- Are they aware of research registries?
- Do they have opportunities to participate in research registries?
  - Barriers?

REHABILITATION TECHNOLOGY

Background | Your Assessment

DISCUSSION – ASSISTIVE TECHNOLOGY

Based on your knowledge and work with your communities,

- Are they aware of assistive technology available to them?
- Do they have the opportunity to use assistive technology services?

- Barriers?

DISCUSSION – SEATING & POSITIONING

- Are they aware of seating and positioning services?
- Do they have opportunities to use seating and positioning services?

- Barriers?

OTHER RECOMMENDATIONS OR SUGGESTIONS

- Do you have any other recommendations or suggestions regarding the rehabilitation health needs of your community?

CONCLUSION

Closing Remarks | RIC Materials | Thank You!

Appendix C
Consulted Organization Descriptions

The following organizations were invited to participate in the focus group RIC conducted as part of its Assessment. The descriptions below were provided by each organization.

Organization	Organization Descriptions
Access Living	Established in 1980, Access Living is a change agent committed to fostering an inclusive society that enables Chicagoans with disabilities to live fully-engaged and self-directed lives. Nationally recognized as a leading force in the disability advocacy community, Access Living challenges stereotypes, protects civil rights, and champions social reform. Their staff and volunteers combine knowledge and personal experience to deliver programs and services that equip people with disabilities to advocate for themselves. Access Living is at the forefront of the disability rights movement, removing barriers so people with disabilities can live the future they envision.
Brain Injury Association of Illinois	The Brain Injury Association of Illinois (BIA of IL) is a not-for-profit, statewide membership organization comprised of people with brain injuries, family members, friends, and professionals. BIA of IL is part of a network of brain injury associations across the United States, and is a subsidiary of the national Brain Injury Association, Inc. (BIA) which was founded in 1980. The BIA of IL is the only organization in Illinois serving individuals with TBI, their families and professionals who treat them and is dedicated to providing information, advocacy, and support.
Disability Works	Disability Works, a department of the Chicagoland Chamber of Commerce, increases employment opportunities for people with disabilities throughout Illinois. Employers, people with disabilities, and disability/employment service providers are strategically linked: Employers can understand the business benefits of hiring qualified people with disabilities and gain access to a large pool of productive and diverse employees.
Division of Rehab Services - Illinois	The Illinois Department of Human Services' Division of Rehabilitation Services is the state's lead agency serving individuals with disabilities. DRS works in partnership with people with disabilities and their families to assist them in making informed choices to achieve full community participation through employment, education, and independent living

	opportunities.
Extended Home Living	Since 1991, EHLS has served as a leading home modification vendor. They provide free in-home assessment and itemized proposal of changes for people with physical disabilities. Products and services include: grab bars, customized ramps, wheelchair lifts, stair lifts, bath & kitchen modifications, roll-in-showers, modified door openings, room additions, and new accessible homes. In addition, the company helps customers find funding sources for necessary home enhancements.
Great Lakes ADA Center	The Great Lakes ADA Center provides information, materials, technical assistance, and training on the Americans with Disabilities Act of 1990 (ADA). Topics addressed include the non-discrimination requirements in employment and the obligations of state and local governments and businesses to ensure that programs, services and activities are readily accessible to and useable by people with disabilities. This includes access to the information technology used by these entities including but not limited to websites, software, and kiosks. The Great Lakes ADA Center is a program of the Department of Disability and Human Development under the College of Applied Health Sciences at the University of Illinois at Chicago. The Great Lakes ADA Center's service area is designated as Region 5 and is one of ten regional centers funded by the National Institute on Disability and Rehabilitation Research (NIDRR), a division of the U.S. Department of Education. The six states which comprise Region 5 are: Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin. With the support of the Great Lakes ADA Center, statewide Steering Committees participate in, enhance, and utilize local resources, trainings, technical assistance, and conferences, to support voluntary compliance with the ADA.
Gridiron Alliance	The mission of the Gridiron Alliance is twofold: 1) Provide essential outreach to high school student athletes catastrophically injured in school sports, and 2) Prevent future injuries to all student athletes by making school sports as safe as they can be. To accomplish this mission, the Alliance will provide outreach and prevention initiatives. The Gridiron Alliance recognizes that school sports-related injuries have and will occur. The impact of catastrophic injuries on the young athletes and their families can be emotionally, physically, and financially devastating. Through outreach and educational programs, the Gridiron Alliance helps injured athletes and their families adjust to and meet the extraordinary

	challenges they face in the weeks, months, and years after the onset of the injury. The Gridiron Alliance has enlisted as leaders and mentors athletes who became paralyzed as a result of high school football injuries. The Alliance maintains strong relationships with the NFL and other professional and paraprofessional outreach programs.
Mobility Works	Mobility Works is a nation-wide adapted vehicle dealer that offers a wide selection of quality new and used handicap vans designed to accommodate individual needs. Mobility consultants explain the different styles of ramps and minivans available to individuals with disabilities and also work with a Driver Rehabilitation expert to ensure appropriate adaptations. Services also include non-accessible trade-ins.
Mayor's Office for People with Disabilities	The Mayor's Office for People with Disabilities (MOPD) works to meet the diverse needs of the more than 600,000 individuals with disabilities who live and work in Chicago. MOPD's goal is to make Chicago the most accessible city in the nation. MOPD serves five major groups: people with disabilities, City departments and agencies, other government agencies, disability-related agencies, and organizations and the private sector.
Professor, Northwestern University School of Law	Clinical Associate Professor of Law at Northwestern University's School of Law; faculty advisor to the law school's Disability Law Society.
Parkinson's Disease Association of Illinois	The Parkinson Association of Illinois (PAIL) is the Illinois chapter of the National Parkinson Foundation, Inc. (NPF). PAIL was established in 2006 by a group of concerned and compassionate individuals: people who have been living with Parkinson disease for many years, newly-diagnosed patients, young onset patients, friends and family members of people with Parkinson, and professionals in the medical community.

World Chicago	World Chicago, a 501(c) non-profit organization, provides the local community with a unique opportunity to build business relationships and lasting friendships with visitors from around the world. The organization helps enable a better understanding of all cultures, and helps to promote Chicago as a vibrant center for commerce, culture, and tourism. World Chicago helps Chicago's Citizen Diplomats become internationally active to enhance the city's and country's image by hosting visitors, emerging leaders and professional counterparts from around the globe. World Chicago hosts events, programs, and meetings for over 1000 international delegates each year. Education initiatives bring many of these delegates into Chicago classrooms providing local students with unique international exchanges and experiences that provide interesting and meaningful mentoring, internship, and volunteer opportunities. World Chicago is a non-profit organization that achieves these goals through federal government and private programs and individual donations. Based in Chicago for over half-a-century, starting in 1952 as the Hospitality Center of Greater Chicago, and for the last 60 years as the International Visitors Center of Chicago, World Chicago strives to be the vital player in Chicago's global community.
Zion Evangelical Church	The Pastor of this church was a Senior Ethics Scholar at the Rehabilitation Institute of Chicago and was the Director of Chaplaincy at RIC for over 20 years. He received a certificate in Disability Ethics from RIC and the University of Illinois, Chicago (UIC). He currently hosts various community fitness / education programs for people with disabilities at the Zion church in Deerfield, Illinois.

Appendix D

Chicagoland and Northwest Indiana Inpatient Rehabilitation Facilities

Chicagoland Hospital	City	County	Licensed Rehabilitation Beds
Adventist Hinsdale Hospital	Hinsdale	DuPage	15
Advocate Christ Medical Center	Oak Lawn	Cook	37
Advocate Illinois Masonic MC	Chicago	Cook	22
Advocate Lutheran General Hosp	Park Ridge	Cook	45
Alexian Brothers Medical Center	Elk Grove Village	Cook	66
Centegra Northern Illinois Medical Ctr	McHenry	McHenry	15
Evanston Hospital	Evanston	Cook	22
Holy Cross Hospital	Chicago	Cook	34
Ingalls Memorial Hospital	Harvey	Cook	53
Louis A Weiss Memorial Hospital	Chicago	Cook	26
Loyola University Med Center	Maywood	Cook	32
Marianjoy Rehabilitation Hospital	Wheaton	DuPage	108
Mercy Hospital & Medical Center	Chicago	Cook	24
Oak Forest Hosp of Cook County	Oak Forest	Cook	0
Provena Saint Joseph Hospital	Elgin	Kane	40
Provena Saint Joseph Medical Center	Joliet	Will	32
Rehabilitation Institute of Chicago	Chicago	Cook	182
Resurrection Medical Center	Chicago	Cook	65
Riverside Medical Center	Kankakee	Kankakee	25
Rush Oak Park Hospital	Oak Park	Cook	36
Rush University Medical Center	Chicago	Cook	59
Rush-Copley Medical Center	Aurora	Kane	18
Saint Joseph Hospital	Chicago	Cook	23
Saint Mary of Nazareth Hosp Ctr	Chicago	Cook	15
Schwab Rehabilitation Hospital	Chicago	Cook	81
Silver Cross Hospital	Joliet	Will	17
St James Hospital & Health Center	Chicago Heights	Cook	30
Swedish Covenant Hospital	Chicago	Cook	25
University of IL MC at Chicago	Chicago	Cook	18
Van Matre Rehabilitation Hospital	Rockford	Winnebago	50
Vista Medical Center West	Waukegan	Lake	25
Westlake Hospital	Melrose Park	Cook	40

Source: Illinois Hospital Association, based on licensed beds per Illinois Department of Public Health; April 2013. The chart includes IRFs in the Cook, Dekalb, Dupage, Kane, Kankakee, Lake, McHenry, and Will counties.

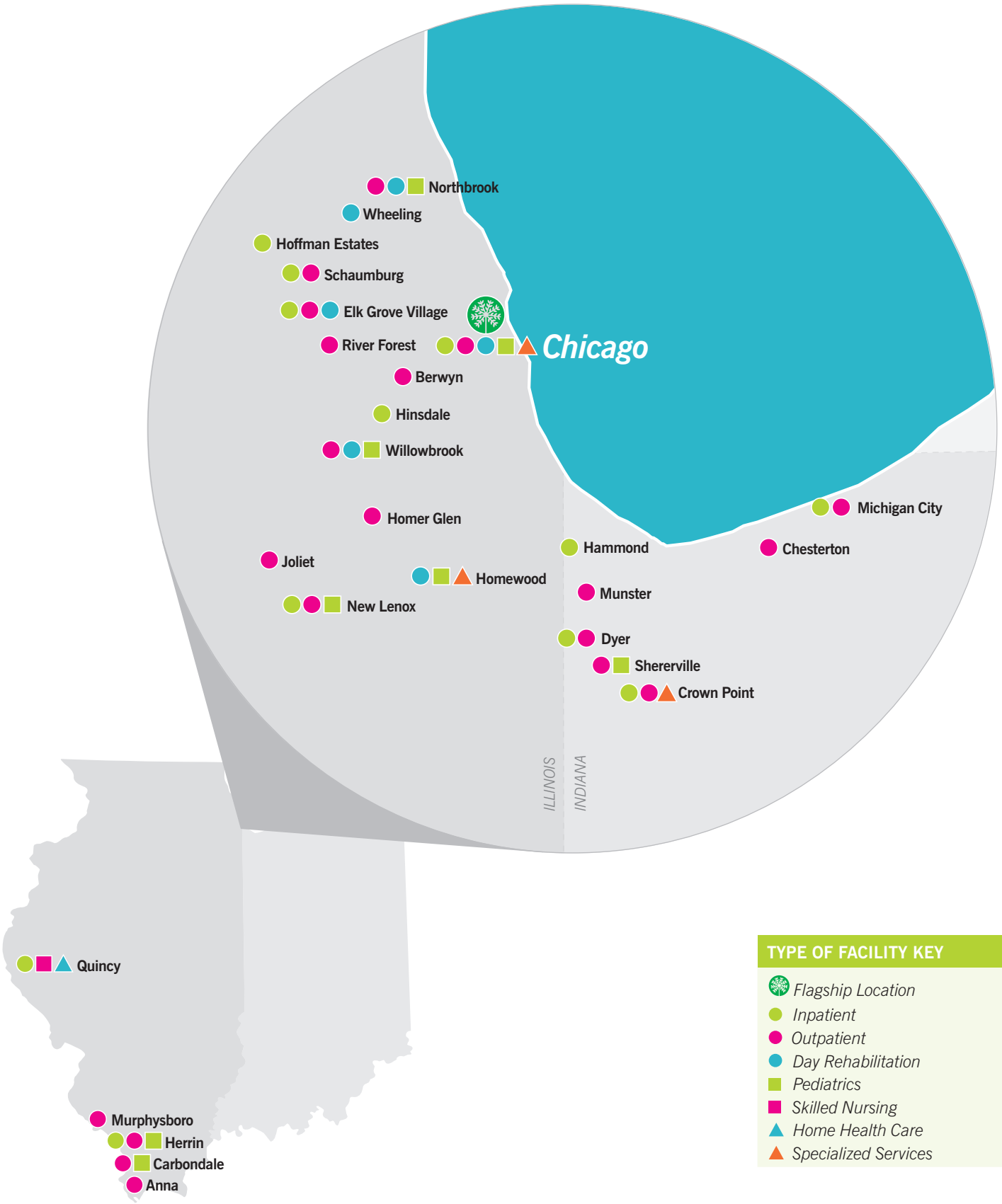
Northwest Indiana Hospital	City	County	Licensed Rehabilitation Beds
Community Hospital of Munster	Munster	Lake, IN	40
Methodist Hospitals - Northlake	Gary	Lake, IN	15
Methodist Hospitals - Southlake	Merrilville	Lake, IN	11
St. Anthony Medical Center	Crown Point	Lake, IN	20
St. Catherine Hospital	East Chicago	Lake, IN	18
St. Margaret Mercy North Campus	Hammond	Lake, IN	18
St. Margaret Mercy South Campus	Dyer	Lake, IN	12
St. Mary Medical Center - Hobart	Hobart	Lake, IN	20
Porter Memorial Hospital- Portage Campus	Portage	Porter, IN	11

Source: Indiana Hospital Association and Indiana Department of Public Health; based on licensed beds per CMS; as of February 2009.

Appendix E
RIC Sites of Care

ALL LOCATIONS

RIC
Rehabilitation Institute *of* Chicago



TYPE OF FACILITY KEY

- *Flagship Location*
- *Inpatient*
- *Outpatient*
- *Day Rehabilitation*
- *Pediatrics*
- *Skilled Nursing*
- *Home Health Care*
- *Specialized Services*

ALL RIC LOCATIONS BY CITY

FLAGSHIP LOCATION

Rehabilitation Institute of Chicago (RIC)
345 East Superior Street, Chicago, IL
312-238-1000

Donnelly Ethics Program, LIFE Center, Motion Analysis Center, Prosthetics and Orthotics Center, Pulmonary Rehabilitation, Technology Center, Rehabilitation Engineering

Outpatient Therapy (Allied Health)

Pediatric Outpatient Therapy

ILLINOIS

Anna / RIC at Rehab Unlimited
515 East Vienna Street, Suite I, Anna, IL
618-833-1506

Carbondale / RIC at Rehab Unlimited (a service of Memorial Hospital of Carbondale)
305 West Jackson Street, Suite LL01, Carbondale, IL
618-549-0721 ext. 65741

Chicago / RIC at Advocate Illinois Masonic Outpatient Services
4600 North Ravenswood Avenue, Chicago, IL
773-989-3900

Chicago / RIC at Advocate Illinois Masonic Medical Center and Outpatient Services
836 West Wellington Avenue, Chicago, IL
773-296-7450

Chicago / RIC Center for Pain Management
980 North Michigan Avenue, Suite 800, Chicago, IL
312-238-7800

Chicago / RIC DayRehabCenter® at Ravenswood in affiliation with Advocate Illinois Masonic
1945 West Wilson Avenue, Suite 100, Chicago, IL
773-290-6616

Chicago / RIC DayRehabCenter® at River North
307 West Grand Avenue, Chicago, IL
312-238-6850

Chicago / RIC Health & Fitness Center (Mezzanine Level) and RIC Vocational Rehabilitation Center
541 North Fairbanks, Chicago, IL 312-238-6800

Chicago / RIC Spine and Sports Rehabilitation Center
1030 North Clark Street, Suite 500, Chicago, IL
312-238-7767

Elk Grove Village / Alexian Rehabilitation Hospital (RIC Outpatient/DayRehab®, Inpatient and Outpatient RIC Physician Practice)
935 Beisner Road, Elk Grove Village, IL
847-640-5600

Herrin / Fit For Work, RIC at Herrin Hospital
100 South Park Avenue, Herrin, IL
618-942-3088

Herrin / RIC at Herrin Hospital and Rehab Unlimited (Acute Rehabilitation Center)
201 South 14th Street, Herrin, IL
618-942-2171 ext. 35433

Herrin / RIC Physiatry Clinic in affiliation with Southern Illinois Healthcare
317 South 14th Street, Suite 3, Herrin, IL
618-351-4980

Hinsdale / RIC at RML Specialty Hospital
5601 South County Line Road, Hinsdale, IL
630-286-4246

Hoffman Estates / RIC at St. Alexius Medical Center
1555 Barrington Road, Hoffman Estates, IL
847-956-5422

Homer Glen / RIC at Silver Cross Health Center
12701 West 143rd Street, Homer Glen, IL
815-300-6288

Homewood / RIC Prosthetics and Orthotics Center and DayRehabCenter®
1055 West 175th Street, Suite 101, Homewood, IL
708-957-8326

Joliet / RIC at Silver Cross Hospital
1051 Essington Road, Joliet, IL 815-744-4559

Murphysboro / RIC at Rehab Unlimited, St. Joseph Memorial Hospital
6 East Shawnee Drive, Murphysboro, IL
618-684-8018

New Lenox / RIC at Silver Cross Hospital
1890 Silver Cross Boulevard, New Lenox, IL
815-300-7110

New Lenox / RIC at Silver Cross Professional Building
250 East Maple Street, New Lenox, IL
815-463-6123

Northbrook / RIC DayRehabCenter® and Outpatient Center, Northshore
755 Skokie Boulevard, Suite 175, Northbrook, IL
847-272-7426

Northbrook / RIC Outpatient Center, Northshore (annex)
900 Skokie Boulevard, Northbrook, IL
847-272-7426

Quincy / RIC at Blessing Hospital
1005 Broadway Street, Quincy, IL 217-223-8400

Quincy / RIC at Blessing Hospital (Home Health Rehabilitation Services)
Broadway at 14th Street, Quincy, IL
217-223-8400

River Forest / RIC Spine and Sports Rehabilitation Center
420 Thatcher Avenue, River Forest, IL
708-427-3650

Schaumburg / RIC at Alexian Medical Mall Outpatient Services and RIC at RML Specialty Hospital
347 West Golf Road, Schaumburg, IL
847-490-6928

Wheeling / RIC DayRehabCenter®
5150 Capitol Drive, Wheeling, IL 847-215-9977

Willowbrook / RIC DayRehabCenter® and Outpatient Center
6705 South Kingery Highway, Willowbrook, IL
630-388-6700

INDIANA

Chesterton / RIC at Franciscan OMNI Health & Fitness
810 Michael Drive, Chesterton, IN
219-395-2013

Crown Point / RIC at Franciscan Alliance, Cherry Creek Physical Therapy
7310 West Lincoln Highway, Crown Point, IN
219-322-4673

Crown Point / RIC at Franciscan Point
12800 Mississippi Parkway, Crown Point, IN
219-681-6700

Crown Point / RIC at Franciscan St. Anthony Health
1201 South Main Street, Crown Point, IN
219-757-6031

Dyer / RIC at Franciscan St. Margaret Mercy Health
24 Joliet Street, Dyer, IN 219-865-2141

Hammond / RIC at Franciscan St. Margaret Mercy Health
5454 Hohman Avenue, Hammond, IN
800-886-5437

Michigan City / RIC at Franciscan St. Anthony Health
301 West Homer Street, Michigan City, IN
219-877-1613

Michigan City / RIC at Franciscan St. Anthony, Coolspring Health Center
1225 East Coolspring Avenue, Michigan City, IN
219-861-8121

Michigan City / RIC at Franciscan St. Anthony, Woodland Health Center
8865 West 400 North, Michigan City, IN
219-872-2923

Munster / RIC at Franciscan Hammond Clinic Physical Therapy
9800 Valparaiso Drive, Munster, IN
219-934-9800

Schererville / RIC at Franciscan St. Margaret Mercy Health, OMNI Health & Fitness
221 US Route 41, Schererville, IN
219-322-1600

TYPE OF FACILITY KEY

- *Flagship Location*
- *Inpatient*
- *Outpatient*
- *Day Rehabilitation*
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- *Home Health Care*
- *Specialized Services*