

CROR Outcomes

Inside

Dr. Michael Wolf

investigates the impact of low health literacy on patient outcomes. Turn to *Page 3* for more information.

Johnnie Berry

Reflects on nearly two decades at the Center for Rehabilitation Outcomes Research (CROR). More information is on *Page 7*.

Post-Acute Rehabilitation

According to an Institute of Medicine report, physical rehabilitation is becoming an increasingly significant specialty. See *Page 4* for more information.

Technical Assistance

is available to rehabilitation stakeholders. Details on *Page 6*.

Welcome to CROR Outcomes: Summer 2007 Edition

This issue of CROR Outcomes highlights projects focused on health literacy, defined as the way patients process, understand and act on health information. It is coming to be recognized as a critical determinant of overall patient outcomes, especially as we discover that large numbers of the population lack these necessary skills. Our Rehabilitation Research and Training Center, which is funded by the National Institute on Disability

and Rehabilitation Research, draws upon this body of work to understand how patients and caregivers choose a facility for rehabilitation care. Dr. Anne Deutsch leads a project that seeks to understand how consumers utilize quality indicators and what format will make this information the most user friendly.

One of CROR's collaborators on this project is Dr. Michael Wolf,

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Translating Quality Indicators to Enhance Consumer Choices

Choosing a good facility for rehabilitation care can be a daunting task, especially given the short amount of time people are typically given to make such decisions. To help people make more educated choices, several sources, including the Center for Medicare and Medicaid Services (CMS) and rehabilitation providers, disseminate performance data in the form of quality indicators. These indicators, such as "the percentage of patients with pressure sores," aim to inform consumers about how a facility performs in various arenas of patient care.

"The ultimate goal of our project is to present quality data in a much better format so that it is clearer to patients how the data should be interpreted when choosing a facility."

Dr. Anne Deutsch, Clinical Research Scientist

Despite the availability of these performance data, obstacles such as limited health literacy, ambiguous language and distrust of the healthcare system may impede peoples' ability to use existing information when selecting a rehabilitation facility.

"There is a lot of quality information out there, but it's unclear how effective it is at getting the message to the people who really need it," said Dr. Anne Deutsch, clinical research scientist at the Center for Rehabilitation Outcomes Research (CROR) at the Rehabilitation Institute of Chicago (RIC).

Deutsch is the principal investigator of a CROR study, funded by the

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Dr. Magasi: Post-Doctoral Fellow Prepares for Career in Disability Research

Dr. Susan Magasi, a post-doctoral fellow in Northwestern University's Institute for Healthcare Research and research associate at the Center for Rehabilitation Outcomes Research (CROR) at the Rehabilitation Institute of Chicago (RIC), has always been drawn to research. "I've never been satisfied with knowing what happens. I've also got to understand why." After completing a bachelor of science in biology and chemistry at the University of New Brunswick, Magasi says she "knew lab sciences weren't for me. I needed more human connection. I wanted to do work that directly benefits people."

Magasi decided to pursue a bachelor of science in occupational therapy, which she completed at McGill University in Montreal. "Even after I finished my degree, I still had more questions than answers. I knew that I'd do research eventually but I wanted to be sure the questions that I was asking were

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The Center for Rehabilitation Outcomes Research (CROR) conducts studies measuring how medical rehabilitation and health policies impact people with disabilities. The Center also examines methods to increase effectiveness and efficiency of the rehabilitation process. CROR is a part of the Rehabilitation Institute of Chicago – ranked #1 Rehabilitation Hospital for 17 Consecutive years by U.S. News & World Report.



Rehabilitation Institute of Chicago

#1 Rehabilitation Hospital in America

Health Literacy Critical to Patient Outcomes

A patient's health care and medical outcomes are, to a great extent, dependent on his or her ability to effectively communicate with healthcare providers, read and understand medical information, and decide when to seek preventive and emergency care.

Health literacy – the way patients process, understand and act on health information – is quickly becoming understood as a critical determinant of overall patient outcomes, especially as it becomes clear that large numbers of the population lack those necessary skills, said Dr. Michael Wolf, an assistant professor of medicine at Northwestern University's Feinberg School of Medicine and the director of the Health Literacy and Learning Program.

including good oral communication skills, some degree of mathematical understanding, and the ability to follow a regular care regimen and seek help if necessary.

The Encyclopedia of Public Health 2006 contains a chapter on health literacy, which was written by Wolf and two physicians. The authors suggest there are multiple determinants of health literacy. Among those factors are culture and society, education level, and the complexity of the health care system. "Literacy is one of the strongest socioeconomic status indicators, and there have been several studies that show education is linked to health outcomes," Wolf said. "People over 65 are also more likely to have low literacy levels, which will affect their ability to make informed healthcare

nearly half of patients misinterpreted the labels, and patients with low literacy skills were considerably more likely to misunderstand label instructions such as "Take two pills twice daily." This is worrisome, Wolf said, because medication errors can lead to adverse health events, and even death.

In many cases, physicians miss a valuable opportunity to adequately counsel patients on their medications, and several studies have shown that pharmacists often fail to give adequate guidance, said Wolf. Once patients bring their medications home, they can either rely on the drug information stapled to the bag, which is often written at a high school reading level or higher, or they can try to follow the often confusing instructions on the bottle.

The effects of lower health literacy levels are substantial. Patients with lower literacy skills have poor knowledge of disease, are less likely to use preventive healthcare services, are more likely to be hospitalized or diagnosed at a later stage of disease, and are more likely to report limitations in daily living. This has a huge impact on patient outcomes.

"Patients who have lower literacy levels are negatively impacted because it affects how they navigate the system, get accurate information and act on it," explained Wolf. "Vaccinations, cancer screenings, managing chronic disease, and following discharge instructions after leaving a medical facility – the question is, can patients engage in those behaviors when they need to?"

Understanding health literacy

While a patient's ability to read and comprehend written text is a vital component of health literacy, that's only part of the entire equation, said Wolf. In addition to general literacy, patients need to possess a full range of cognitive skill sets

decisions."

In addition, Wolf pointed out, even patients who have moderate literacy levels could face significant problems when encountering ambiguous and unfamiliar medical terminology. Patients use the same sets of skills in non-health settings like grocery shopping, he explained, but medical jargon, embarrassment, and other barriers can complicate patients' ability to understand and respond appropriately.

For instance, in a recent study in *The Annals of Internal Medicine*, a team of researchers, including Wolf, interviewed 395 patients in three states to better understand patients' ability to comprehend and follow the instructions on prescription drug bottles. The researchers found that

Effects on outcomes

The effects of lower health literacy levels are substantial. According to Wolf, patients with lower literacy skills have poor knowledge of disease, are less likely to use preventive healthcare services, are more likely to be hospitalized or diagnosed at a later stage of disease, and are more likely to report limitations in daily living.

"This has a huge impact on eventual outcomes," said Wolf. "In one study, we followed patients for seven years and found that health literacy is also associated with greater mortality risks."

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Health Literacy

(Continued From Page Two)

In the health literacy chapter from *The Encyclopedia of Public Health*, Dr. Wolf explained the subject by breaking it down into three basic functions: (1) obtaining health information and services; (2) processing and understanding health information; and (3) making appropriate health decisions. Patients with low health literacy levels are more likely to have problems performing each of the three functions.

For instance, Dr. Wolf's research has found lower literate adults are more likely to use their physician as their only source of medical information – a problematic choice given the complex terms often used by clinicians. Lower literate individuals are also less likely to successfully perform complicated tasks related to chronic disease management such as adhering to dietary restrictions and a daily regimen of multiple medications.

Finally, patients with low levels of health literacy are more likely to delay seeking care, said Wolf. For example, a lower literate person who experienced chest pain might not interpret the pain as a sign of a potential heart attack.

New interventions aimed at mitigating these outcomes can include improving patient literacy, as well as simplifying and clarifying the healthcare system. According to Wolf, the most effective strategies will likely incorporate both approaches.

"Improving health literacy is a terribly difficult intervention, and it's practically easier to address the problem through system changes like making information more user friendly," he said. "However, we also want to make practical training available so people are engaged and better able to solve problems as actively involved patients."

Dr. Michael Wolf: Collaborating Researcher Tackles Health Literacy



Dr. Michael Wolf first became interested in the impact of patients' health literacy while working on his doctoral dissertation. It was a critical moment in his career, says Wolf, who is an assistant professor of medicine at Northwestern University's Feinberg School of Medicine and the director of the Health Literacy and Learning Program.

"As I started to research health literacy as it related to early detection of HIV infection, I realized there was a real communication problem and patients were not being told nearly enough about their disease," Wolf said.

Wolf grew up in Midland, Michigan and after completing bachelor's degrees in psychology and English at Valparaiso University, he went on to a master of social work program with a medical concentration at Loyola University. It was during his doctoral studies in social welfare and policy at The University of Illinois that Wolf says he began to think seriously about inherent limitations in health literacy and their effects on patients' outcomes.

After completing his PhD in 2000, Wolf says he was drawn to a post-doctoral fellowship in health services and policy research at Northwestern University because it presented an opportunity to delve further into issues related to the dynamics of patient/physician communication, and because it offered the chance to work with other health literacy researchers including Dr. Charles Bennett. Bennett is a Professor of Medicine at the Northwestern University Feinberg School of Medicine, Division of Hematology/Oncology.

"During my postdoctoral fellowship, my initial focus was health literacy and HIV medication adherence," Wolf explained. "I directed a project and as we investigated, I began to realize that health literacy was more intriguing beyond HIV."

Wolf also completed a master's degree in public health during his fellowship, and subsequently began to explore literacy in larger contexts. Health literacy, for instance, can affect a patient's likelihood of seeking preventive care, and result in misunderstandings of prescription drug labels.

"Reading a pill bottle and accurately dispensing medication throughout the day is a seemingly simple core task but it can be very difficult for people with low literacy," Wolf said. "We've also found that even people with higher literacy rates often make errors related to medication labels. It's a problem for people in general."

Through his doctoral work with HIV, Wolf was able to relate to the area of disability research. During his fellowship, Wolf began collaborating on research projects being conducted at the Center for Rehabilitation Outcomes Research (CROR) including the Rehabilitation Research and Training Center's R4 project, a study aimed at providing consumers with healthcare quality information in formats that are most helpful and usable to them. Within the study, Wolf helped develop consumer directed information about the quality of rehabilitation facilities, and has stayed on as a consultant.

In 2006, Wolf was appointed director of the Health Literacy and Learning Program at the Center for Health Care Studies, Northwestern University, where he says he will continue exploring topics such as cognitive function and how it relates to patients' health literacy, as well as potential interventions that may improve patient outcomes.

Research Nurses Help RIC Achieve Magnet Status

At the Rehabilitation Institute of Chicago (RIC), nurses not only play a key role in patient care, they are also critical to our research efforts. Drs. Linda Ehrlich-Jones and Anne Deutsch are clinical research scientists at CROR. In addition to being registered nurses, both hold doctoral degrees.

Nurses' dedication to research is part of the reason why RIC was the first freestanding rehabilitation hospital in the country to receive the prestigious Magnet Award for excellence in nursing services by the American Nurses Credentialing Center (ANCC), which is the largest and most prominent nursing credentialing organization in the United States. "Nurse researchers are working to involve staff nurses in the research process," Ehrlich-Jones

said. "In addition, the Nursing Practice Council is using evidence-based practice to guide revisions to RIC's clinical nursing procedures."

According to ANCC, a Magnet recognized facility provides nursing excellence through quality patient care and innovations in professional nursing practice. Only 4.45% of all health care organizations in the United States have achieved ANCC Magnet Recognition® status.

RIC's Magnet recognition, which requires annual reviews, is valid for four years. Dr. Ehrlich-Jones and other nurses at RIC are currently assisting with the production of RIC's 2007 interim report and preparing for re-application in 2009.

Dr. Susan Magasi (Continued From Page One)



Photo: Dr. Magasi with her daughter, Duska.

important not only to me, but to clinical practice and to the lives of people with disabilities.” To gain real world experience and insights, Dr. Magasi headed south to work in a

Magasi used qualitative and ethnographic methods to delve deeply into the lived experiences of women with disabilities who were facing major life transitions, such as moving out of nursing homes, to develop a conceptual model of the community integration process for people with disabilities.

In January 2006, Magasi began a post-doctoral fellowship through Northwestern University’s Institute for Healthcare Studies and RIC’s Center for Rehabilitation Outcomes Research. “I didn’t want to be constrained by my experience in a particular methodological paradigm so I sought out opportunities to enhance my quantitative research skills by working with leaders in rehabilitation outcomes research.” The opportunity to work with

Rehabilitation Research] to develop a study examining the outcomes of the peer visitation/mentoring program from the perspective of multiple stakeholders.” Magasi also took advantage of what she calls “RIC’s wealth of opportunities for professional and intellectual development” by participating in the Donnelley Disability Ethics Program – a year-long curriculum for disability ethics scholars.

“My fellowship experience has enabled me to strengthen my skills and refine my interests so that I can confidently assume the role of independent researcher. I could not have asked for a better experience.”

Dr. Magasi’s fellowship is scheduled to conclude in December 2007. She can be reached at <smagasi@ric.org>.

“My fellowship experience has enabled me to strengthen my skills and refine my interests so that I can confidently assume the role of independent researcher. I could not have asked for a better experience.”

neurological rehabilitation center just outside New Orleans.

After four years of clinical practice in Louisiana, Magasi says she was intrigued by two main questions: “What happens to people when they leave rehab? And why do some people never return to community living?” Magasi decided to pursue graduate school at the University of Illinois at Chicago to try to answer these questions. She earned a master’s degree in occupational therapy in 2002. Three years later, she completed a Ph.D. in disability studies. According to Magasi, disability studies with its emphasis on sociopolitical factors like economics and service delivery “challenged me to think beyond my biomedical and natural science background. It provided me with a framework for understanding rehabilitation and community participation outcomes from an entirely different perspective.”

leaders in the fields of disabled women’s health, such as Dr. Kristi Kirschner, medical director of RIC’s Women with Disabilities Center, and rehabilitation outcomes research, like Dr. Allen Heinemann, CROR’s director, was a major draw for Magasi. “Not only do I get to collaborate with leaders at RIC, my mentors have also opened up opportunities to collaborate with leading rehabilitation researchers across the country.”

Dr. Magasi credits her fellowship at RIC, the top-rated rehabilitation hospital in the United States for the past 17 years, as affording her the opportunity to build on RIC’s strong infrastructure of research and programs to develop her own research and scholarly interests. “I have been able to take advantage of RIC’s involvement in the Midwest Regional Spinal Cord Injury Care System grant [funded by the National Institute on Disability and

Rehabilitation: An Increasingly Significant Specialty

Rehabilitation medicine and research is emerging as an increasingly significant specialty as the war in Iraq and an aging population create an increased need for post-acute care rehabilitation services. According to an Institute of Medicine report, entitled “The Future of Disability in America,” more than 28 million people will have some form of life-altering disability by the year 2030 – double the estimates for today’s older population.

It is expected that rehabilitation hospitals like RIC will play an increasingly crucial role in improving health and quality of life for people with disabilities as the American population ages and sustain more physical health impairments and more U.S. service men and women return from war with traumatic injuries requiring quality rehabilitation care.

RIC was the nation’s first freestanding rehabilitation hospital, founded in 1954 on the belief that

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Translating Quality Indicators (Continued From Page One)

National Institute on Disability and Rehabilitation Research (NIDRR), which is attempting to shed light on how people understand quality information, and how it can be properly disseminated to consumers in the most user friendly manner possible.

Details of the study

The study, “Translating Quality Indicators to Enhance Consumers’ Post-Acute Care Choices,” is one of four projects in CROR’s Rehabilitation Research and Training Center on Measuring Outcomes and Effectiveness. During several phases of the project – which began in December 2004 and will end in March 2008 – researchers will examine how consumers and caregivers choose post-acute rehabilitation facilities and, based on that information, will refine existing quality indicators so they are easier to comprehend.

During the first phase, researchers conducted semi-structured interviews with 30 patients and caregivers, and asked them how they chose their rehabilitation facility and whether or not they were aware of available quality information.

“I had no experience and no idea what resources were available to me... doctors didn’t have time for my questions... I wasn’t sure how they determined what level of skilled care my husband needed... I felt like there needed to be a handbook to help people like me get through something like this...”

Joyce Siragusa, Administrative Coordinator

“We also provided the patients and caregivers with some examples of quality indicators, and asked them to define, in their own words, what the indicators meant and how they would be related to quality,” Deutsch said.

What the researchers found during this phase of the study, she explained, is that even when consumers understood the meaning of an indicator, they still sometimes had difficulty understanding how it was related to a provider’s level of quality and performance. For example, when presented with an indicator that measured a facility’s average motor functional status at discharge, most consumers and caregivers could generally define “motor functional status.” However, some respondents had trouble relating the concept to a post-acute care facility’s overall quality.

In another instance, one patient said she would be inclined to choose a provider that scored high on an indicator that measured the percentage of patients with moderate to severe pain, because that would indicate the facility was doing a good job of asking patients about pain. The Medicare Nursing Home Compare web site indicates that in general, a lower percentage on this measure is better.

“There’s enough literature on health literacy problems that we can assume there is a large subset of the population that has trouble understanding health information,” said Dr. Elizabeth Durkin, a research assistant professor at Northwestern University and a co-investigator on the study. “The assumption is that once the information is out there, people will use it. The reality is a lot of people don’t know where to find it and have difficulty comprehending it if they do find it.”

The research team is currently working on the second phase of the study, during which they conduct cognitive interviews and provide consumers and caregivers with more in-depth information including definitions of important terms and descriptions of how the indicators are related to quality. Afterwards,

they present participants with fictitious data and ask them to pick the better quality rehabilitation facility.

For instance, the researchers give consumers a table that shows 10 percent of patients at General Hospital report moderate to severe pain, along with information about state and national averages for that quality indicator. Participants are then asked if General Hospital is doing better than other facilities, explained Deutsch. Based on the information collected from these interviews, the researchers will attempt to improve how quality indicator information is presented. The study will then examine if these changes result in better comprehension.

Hard to navigate

Choosing the best rehabilitation setting for her husband proved very difficult for Joyce Siragusa, CROR’s administrative coordinator. After Joyce’s husband fell and broke his foot, his condition worsened rapidly, she said. Doctors gave Siragusa only 72 hours to select a post-acute care facility for her husband. With little explanation or input from her husband’s physicians and no previous exposure to sources of quality data, Siragusa was understandably overwhelmed.

“I had no experience and no idea what resources were available to me, and the doctors didn’t have time for my questions,” Siragusa explained. “I wasn’t sure how they determined what level of skilled care my husband needed and who made those judgments. I felt like there needed to be a handbook to help people like me get through something like this.”

Although her husband’s physicians pressured her to choose an affiliated rehabilitation facility located far from Siragusa’s home, she finally chose one that was nearby – a decision she said she would not have had the courage to make if she wasn’t employed at CROR, where she could use department staff as a resource.

“Because of where I work, I realized that I had the power to choose a place that was convenient for me and would let me be active in my husband’s care” she said. “The doctor wasn’t happy with me, but I wasn’t about to surrender that responsibility.”

The experiences of Siragusa, whose husband passed away in March, are not unusual, and many people are forced to make tough choices about post-acute rehabilitation care without adequate information.

“The ultimate goal of our project is to present quality data in a much better format so that it is clearer to patients how the data should be interpreted when choosing a facility,” said Deutsch.

Rehabilitation: Increasingly Significant

(Continued from Page Four)

the same great care that aided World War II veterans could help private citizens with disabilities return home to community and family and achieve their best life possible. Today, RIC has come full circle and is extending its world-class clinical expertise to traumatically injured service men and women as well as translating innovative research to the bedside through the development of medical advancements that will benefit those with disabilities – including injured soldiers returning from war.

The Rehabilitation Institute of Chicago (RIC), has been ranked the “#1 rehabilitation hospital in America” for the 17th consecutive year based on a survey of board-certified physiatrists as reported in the July 25th “Best Hospitals” issue of U.S. News & World Report. No other hospital, in any specialty, has been ranked #1 for more than ten consecutive years.

Welcome (Continued From Page One)

an assistant professor of medicine at Northwestern University's Feinberg School of Medicine and the director of the Health Literacy and Learning Program. He is profiled in this newsletter.

Two of our staff members are profiled in this issue as well. Dr. Susan Magasi is a post-doctoral fellow in Northwestern University's Institute for Healthcare Research and a research associate at CROR. She is completing her second year of a fellowship focused on several collaborative projects.

Johnnie Berry has served as CROR's administrative coordinator for more than 15 years. She helps assure payroll is processed faithfully and staff are compliant with federal effort reporting regulations.

Finally, I am happy to provide an update on our Rehabilitation Research and Training Center-sponsored State-of-the-Science Symposium on post acute rehabilitation, which was held February 12 and 13. "Setting a Research Agenda and Developing an Evidence Base for Practice and Public Policy" was the symposium theme. Manuscripts commissioned for the Symposium are completing peer-review and will be published later this year in the Archives of Physical Medicine and Rehabilitation.

If you did not attend, video highlights of the symposium and a press conference can be viewed at: <http://www.amrpa.org/2007symposiumpressconference.asp>

*Allen W. Heinemann, PhD
Director, CROR*

Comments?

Your opinions are important to us. If you have information you would like to share with our readers, a suggestion regarding our research or the CROR Outcomes newsletter, please email your comments to <kstagg@ric.org>. We reserve the right to edit published letters to the editor for brevity.

Technical Assistance: Outcome Measurement Consultations Available

The Rehabilitation Research and Training Center (RRTC) on Measuring Rehabilitation Outcomes and Effectiveness regularly provides technical assistance regarding rehabilitation research and outcomes measurement. Our consultation services and on-line materials are provided to help consumers, providers, and payers access the scientific information generated by CROR researchers, as well as other rehabilitation researchers worldwide.

We make our *pro bono* services available to a wide variety of rehabilitation stakeholders (e.g., researchers, clinicians, graduate students, and people with disabilities) all of whom have different needs and backgrounds. Professional organizations with questions about outcome measurement and program evaluation; individual researchers who are seeking information about measurement, instrumentation, and evaluation resources; consumer organizations that seek to inform their constituents about post-acute care services; and other rehabilitation stakeholders who need assistance to more effectively evaluate and use the information derived from rehabilitation research are encouraged to contact us (312.238.2802) for a free consultation. Consultation services are accessible by TTD/Voice or email upon request.

Archives of Conferences and Seminars Available Online

In addition to providing technical assistance, one of the many other goals of the Rehabilitation Research and Training Center (RRTC) on Measurement is to provide hands-on and in-service training to rehabilitation professionals to enable them to engage more effectively in rehabilitation research and provide rehabilitation care.

An archive of a CROR seminar on "Planning, Conducting, and Funding Rehabilitation Research" is available online. Registration fees are currently being waived for our readers. To register, visit <http://www.ricacademy.com/displayresource.aspx?resourceid=94485> Use "researchconf" for the coupon code.

The seminar consists of five presentations: (1) Research Utilizing Single Subject Designs: Evidence-Based Decisions for Evidence Based Practice; (2) Budget Development: Planning for Staffing, Equipment, Supplies and Indirect Costs; (3) Patients as Subjects: Ethical Issues in Informed Consent; (4) Funding Sources and Application Requirements; and (5) Developing Researchable Questions.

In addition, video highlights of the "State of the Science Symposium on Post-Acute Rehabilitation" are available online at: <http://www.amrpa.org/2007symposiumpressconference.asp>.

The goal of the two-day symposium was to develop an agenda for research that will support an evidence base for post-acute care rehabilitation, including issues related to measurement and research design, access to post-acute care rehabilitation services, organization of rehabilitation services, and outcomes attained for beneficiaries of Medicare and other insurers.

Several other conferences, seminars, workshops that seek to help inform stakeholders of advances in rehabilitation measurement and outcomes research will be held in 2008.

Johnnie Berry: Reflecting on Nearly Two Decades at RIC



For the last 18 years, Johnnie Berry has worked as an administrative coordinator at the Rehabilitation Institute of Chicago (RIC). Over the years, Berry has taken the same route to work from her home in Hyde Park. Although her daily northbound commute has stayed the same, Berry has seen some dramatic changes appear in the Chicago skyline, including the addition of Millennium Park, and she has also watched as the Center for Rehabilitation Outcomes Research (CROR) has grown and evolved.

In fact, Berry has been with CROR through moves to three different locations – playing a critical part in organizing files that were in a state of disarray after each relocation – and she has seen the number of CROR staff members more than double in her nearly two decades with RIC. Still, despite all of the changes, Berry said, the focus of the organization has consistently stayed the same: conducting studies to measure how medical rehabilitation and changes in health policies impact people with disabilities.

According to Dr. Allen Heinemann, CROR's director, Berry's attentive and thorough management of payroll – her primary responsibility – has played an integral role in making sure the department runs smoothly. In addition, her painstaking attention to detail also allows researchers to direct their energy toward their work without worrying about payroll issues.

"Johnnie's dedication is unsurpassed," Heinemann said. "She helps assure our payroll is completed accurately and in a timely manner. Her attention to this key administrative responsibility allows research staff to focus on funded projects," he adds.

Managing CROR's payroll is no easy task. In recent years, new federal mandates require institutions to certify the amount of time and effort each employee spends on government-funded research projects. CROR currently has more than 20 cost centers – not including several pending projects – to which payroll is charged. Berry must keep track of all of them. That has proved to be quite a significant change given that Berry only had to deal with one or two cost centers when she first joined CROR, and the government had yet to issue stringent payroll accounting requirements.

In addition, Heinemann said, Berry also acts as the quality control person for payroll, ensuring that the time cards are correct despite employee forgetfulness or machine glitches. If there are any errors in the system, Berry must manually correct each one. There are a lot more changes to be made to payroll now, said Berry, especially given the time and effort reporting requirements and the switch from paper-based timecards to the electronic system that is used today.

Berry grew up on a farm in the western region of Kentucky, but made the move from her rural community to Chicago as a young woman. After arriving in the city, she took an administrative position at a small optical company in the downtown Loop area, where she worked for six years.

The next step in Berry's career was a position as a research secretary at the University of Chicago. The new position was a great fit for her, Berry says, and she spent the next 25 years at the university – the latter 17 years of which were spent as the general administrator in the pathology department.

Then, in 1989, Berry took a job as an administrative coordinator at RIC, performing tasks related to payroll, filing and general organization. A couple years later, she transferred from RIC's administrative department to CROR. According to researchers at CROR, Berry's high level of expertise at her position plays a critical role in day-to-day operations, and her years of experience enable her to do some impressive administrative detective work.

"We can count on her to locate information from files that were created more than 10 years ago, despite 3 moves," Heinemann said. "She is an invaluable part of our team."

After a long career spanning nearly 50 years, Berry is in no rush to retire and says it would be difficult to leave behind her co-workers and a job she enjoys so much. However, she acknowledges that she entertains thoughts about retirement every now and then. Berry says she is not much of a traveler, but looks forward to gardening, spending time with her son and her cat, Roberta, and taking it easy.

"When I retire, I think I will miss working here a lot, but it will be nice to relax," Berry said. "It will also be very nice to wake up on a cold and snowy Chicago morning, look out the window, and realize I don't have to go to work."

"We hope that won't be for many more years," quipped Heinemann.

Publication Highlights

Manuscripts

1. Chan RC, **Bode RK**. Analysis of patient and proxy ratings on the dysexecutive questionnaire: An application of Rasch analysis. *J Neurol Neurosurg Psychiatry*. 2007 Jul 17.
2. Vungkhanching M, **Heinemann AW**, Langley MJ, Ridgely M, Kramer KM. Feasibility of a skills-based substance abuse prevention program following traumatic brain injury. *J Head Trauma Rehabil*. 2007 May-Jun;22(3):167-76.
3. Kay ED, **Deutsch A**, Wuermser LA. Predicting walking at discharge from inpatient rehabilitation after a traumatic spinal cord injury. *Arch Phys Med Rehabil*. 2007 Jun;88(6):745-50.
4. Plonczynski DJ, **Ehrlich-Jones L**, Robertson JF, et al. Ensuring a knowledgeable and committed gerontological nursing workforce. *Nurse Educ Today*. 2007 Feb;27(2):113-21.

Book Chapters

1. **Ehrlich-Jones LS**. (2008). Management of the patient with rheumatic disorders. In SC Smeltzer, BB Bare, JL Henkle, & KH Cheever (Eds.), *Brunner & Suddarth's textbook of medical-surgical nursing* (11th ed.) (pp. 1886-1923). Philadelphia: Lippincott Williams & Wilkins.
5. Shah PK, **Heinemann AW**, Manheim LM. The effect of Medicare's Prospective Payment System on patient satisfaction: an illustration with four rehabilitation hospitals. *Am J Phys Med Rehabil*. 2007 Mar;86(3):169-75.
6. **Mallinson T**. Why measurement matters when measuring patient vision outcomes. *Optom Vis Sci*. 2007. Aug;84(8):675-682.



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Summer 2007 Issue...

CROOR Outcomes is the quarterly newsletter of the Center for Rehabilitation Outcomes Research (CROOR) at the Rehabilitation Institute of Chicago (RIC). Each quarter, we share updates on exciting new projects and highlight unique contributions made by faculty members and collaborating researchers. Look inside for more information.

Studying Health Literacy...

Researchers at CROOR are studying the impact of health literacy on patient outcomes. One possible solution to dealing with low levels of literacy is to make consumer information more user friendly. Dr. Anne Deusch, who is leading a study on "Translating Quality Indicators to Enhance Consumer Choices," hopes to do just that...
Related articles appear on Inside Cover as well as Pages 2 and 3.

Post-Doctoral Fellowship at CROOR...

As she prepares to embark up a new career as a disability researcher, Dr. Susan Magasi discusses her experiences as a post-doctoral fellow at CROOR and Northwestern University's Institute for Healthcare Studies – an experience that has given her the opportunity to collaborate with leading rehabilitation researchers across the country...
More on Inside Cover.

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