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REHABILITATIVE CARE - INPATIENT AND HOME CARE

Pediatric Rehabilitation

Pediatric rehabilitation is a medical specialty that focuses on helping children under the age of 18 recover or adapt to congenital and childhood-onset disabilities. It can include physical, occupational and speech therapy depending on a child's physical and developmental needs. Many children can benefit from pediatric rehabilitation for a variety of medical and developmental conditions and may be referred by their pediatrician to a physical, occupational or speech therapist for evaluation and treatment of their condition.

"Rehabilitation is an important tool in assuring children properly recover from an injury," said Pediatrician Richard A. Baltisberger, M.D. "LMHS therapists work to decrease pain, improve movement, and prepare children to return to or gain skills needed for daily activities. They teach the young patients exercises designed to regain strength and range of motion, and also demonstrate safe practices to prevent future injuries."

Pediatric physical therapists focus on improving the ability to move safely and independently by improving gross motor skills, such as rolling, sitting, crawling and walking. They also can utilize techniques to improve strength, balance and coordination allowing children to run, jump, climb stairs, catch and throw balls. Children who undergo surgery for a sports injury use physical therapy to regain strength and mobility.

Splinting is a treatment that is provided to children who have a condition that causes a decreased range of movement in their arms, legs, hands or feet. Using

splints can help increase range of motion and mobility as well as improve muscle tone, posture and joint alignment. Infants who suffer from torticollis, a condition that occurs when the baby's neck becomes twisted, may need a neck brace to help correct the issue. Splints also can be used in children to hold their arm or leg in a stretched position to prevent contractures.

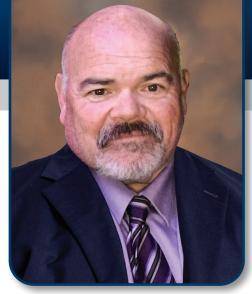
Occupational therapy (OT) helps children to develop motor, sensory and cognitive skills to promote independence in performing everyday tasks. OT can help children with a variety of conditions, such as sensory processing disorders, birth defects, traumatic injuries, learning problems, neurological disorders and autism. Occupational therapists employ techniques that assist with improving a child's fine motor skills, balance, coordination, and basic life skills, such as bathing, getting dressed and brushing teeth, as well as sensory issues.

Children who have difficulties with speech or language can receive treatment from a speech-language pathologist. A speech disorder refers to a problem with making sounds, such as saying words incorrectly, stuttering, or difficulty with the pitch or volume of the voice. Language disorders are issues with understanding or putting words together to communicate ideas. Children who have

problems with feeding disorders, such as chewing and swallowing, coughing, gagging and refusing foods, also can be treated with speech therapy.

Licking Memorial Hospital Rehabilitation Services provides sensory integration rooms for stimulating the senses and a pediatric gym with child-friendly equipment to aid in strengthening, stretching, promoting balance and coordination. There are three private sensory integration rooms with walls that are 12 inches thick, providing minimal distraction for the patient and optimizing the therapy session. The pediatric gym contains a mini jungle gym, a sensory swing and sensory board to assist children with various physical, occupational and speech therapies.

Parents who think their child may be delayed in physical or mental development should discuss their concerns with their pediatrician. All well-child visits should include specific questions about a child's age-appropriate development. A pediatrician can perform screenings and refer the child to a specialist for a more in-depth evaluation and recommend a treatment plan. It is important to take action early to ensure the best outcome for the child.



Dane Howard spent 34 years in law enforcement, including two terms as the Huron County Sheriff. During those years, he experienced a number of challenging situations, including being stabbed, shot at and witnessing the death of another person. However, Dane found his most difficult challenge yet was learning to walk again after reviving from a month-long coma. He credits the exceptional care he received from employees at Licking Memorial Hospital (LMH) for his recovery and his improved quality of life.

Dane's journey began in April 2019 when he was diagnosed with kidney cancer. He underwent surgery to remove a tumor, but the cancer had spread. By 2020, the prognosis was not encouraging. His oncologist suggested immunotherapy – a type of cancer treatment that helps the immune system fight cancer. The immune system assists the body in fighting infections and other diseases. It is made up of white blood cells and organs and tissues of the lymph system. Dane understood that with any treatment there could be adverse effects.

At first, Dane responded well to the therapy, but in October 2020, his organs began to shut down and he developed sepsis – an infection spread through the blood that can rapidly lead to tissue damage and death. Then, Dane went into a coma. His daughter, Serena, worked to have Dane transferred to LMH, where she is a respiratory therapist, so that he would be closer to his family. He was placed in the Medical/Surgical Unit on the LMH Fifth Floor. When Dane revived from the coma. he found he could not move his arms or legs. He was experiencing muscle atrophy - a decrease in muscle mass, often due to extended immobility.

Patient Story -Dane Howard

A Case Manager felt Dane was a good candidate for the Acute Inpatient Rehabilitation Unit at LMH. The goal of the program is to assist patients with disabilities caused by illnesses, surgeries or injuries to develop the skills necessary to live as independently as possible after leaving the Hospital. To qualify for the services, patients must be able to tolerate at least three hours of therapy, five days per week, and have the ability to achieve rehabilitation goals in a reasonable time period.

"I was not sure I was ready for three hours of therapy a day, but the Case Manager had worked so hard to write a multi-page brief to convince my insurance company that I needed the services to improve my quality of life," said Dane. "She was right. The entire experience was amazing, and I am able to go boating, fish and enjoy my grandchildren thanks to the amazing staff."

When Dane was transferred to the Rehabilitation Unit, he was very weak and worried that he would never walk again. The very first day, Certified Occupational Therapy Assistant Karen Richards and Physical Therapy Assistant Anthony Kochur began Dane's rehabilitation by encouraging him and assisting him to stand up. "I am a large person and it was unbelievably difficult to support me while I stood for the first time," said Dane, "I did not want to stay bedridden for the rest of my life, and I told Karen and Anthony, if they were willing to sacrifice their strength for me, then I would give them every bit of strength I had." Dane spent several weeks in the unit working with the physical, occupational and speech therapists.

"I learned early in my own career that the most satisfying way to complete a job or task is to do it with a positive attitude and to be pleasant to those around you," Dane shared. "That is what I found most comforting about the staff at LMH. They enjoy their jobs, and everyone, including the Environmental Services and Culinary Services staff members, treated me with kindness and care. I felt like I was a member of their family. I enjoyed talking with David W. Koontz, D.O., the physician who oversees the Rehabilitation Unit. He explained the treatment process and offered encouragement."

When Dane was released to return home, he regained his strength, was walking and able to care for himself. Once home, Dane followed the advice given by the therapists and continued his exercises.

Though Dane is not a Licking County resident, he was born at LMH. His father had been stationed at the Newark Air Force Base. His mother was from Kent, Ohio, and they moved there to take over the family farm when Dane was young. Dane met his wife, Peggy, while they were working for the same police department. The couple has been married for 35 years. Dane's sons, Seth and Jeremy, followed in their parents' footsteps. Seth serves as a Genoa Township Police Officer, and Jeremy is a Richland County Sheriff Deputy and a volunteer firefighter.

Dane spends as much time as he can with his eight grandchildren. During the time Dane was in a coma, Jeremy and his wife, Laura, welcomed their first child, while Seth and his wife, Shannon, gave birth to their fifth child. Serena and her husband, Zach, have two children. "We always have the grandchildren around, and I am so grateful to be able to play with them. I would not be here today if it had not been for the amazing staff at LMH," Dane emphasized. Despite the unfavorable side effects from his cancer treatments, Dane also is now cancer free.

Rehabilitative Care - Inpatient and Home Care - How do we compare?

At Licking Memorial Health Systems (LMHS), we take pride in the care we provide. To monitor the quality of that care, we track specific quality measures and compare to benchmark measures. Then, we publish the information so you can draw your own conclusions regarding your healthcare choices.

Patients who are undergoing rehabilitation are at increased risk for falls due to factors such as the expectation of increased independence, weakness, and possibly, pain medication. Falls can result in injuries and potentially delay a patient's rehabilitation. All Acute Inpatient Rehabilitation Unit (AIRU) patients receive daily assessments for their level of fall risk and are advised of precautionary measures.

| | LMH 2018 | LMH 2019 | LMH 2020 | LMH Goal |
|--|----------|----------|----------|----------|
| Unassisted patient falls in the AIRU that resulted in injury | 0 | 0 | 0 | 0 |

Upon admission to the ARU, patients receive a standardized assessment, scoring their ability to perform daily skills. The quality indicators (QI) are composed of measures to capture the improvement in an individual's function. The skills are reassessed before discharge. Note: In 2020, LMHS began tracking QI for overall improvement at discharge according to changes made in the reporting requirements from the Centers for Medicare & Medicaid Services.

| Average ARU patients' quality indicators showing improvement at discharge | LMH 2018 | LMH 2019 | LMH 2020 | National ⁽¹⁾ |
|---|----------|----------|----------|-------------------------|
| Overall improvement of self-care | N/A | N/A | 8.9% | 12% |
| Overall improvement of mobility | N/A | N/A | 24.4% | 31.3% |

The goal of the ARU is to help patients, who have experienced an illness or injury, improve their functional status and mobility so that they may return home rather than to a nursing care center.

| | LMH 2018 | LMH 2019 | LMH 2020 | National ⁽¹⁾ |
|--|----------|----------|----------|-------------------------|
| ARU patients discharged directly to home | 86.7% | 82.6% | 83.5% | 88% |

Inpatients' level of satisfaction with their healthcare experience is affected by many factors, such as achievement of therapy goals, staff communication skills, nurse response times, and facility cleanliness. To monitor the quality of care, the ARU at Licking Memorial Hospital (LMH) offers patients an opportunity to offer feedback through a post-discharge survey.

| | LMH 2018 | LMH 2019 | LMH 2020 | National ⁽²⁾ |
|---|----------------------------|---------------------------------|----------------------|-------------------------|
| Overall patient satisfaction with ARU experience | 83%* | 85% | 92% | 81% |
| *Only partial data is available for 2018 because L | MH survey methods were cha | nged to align with a nationally | adopted survey tool. | |

5. LMH Home Care provides skilled professional care to patients at home. Services are based on the individual's needs and include a wide range of support, such as therapy, nursing care, medication instruction, pain management, home management, financial needs assistance, emotional support, as well as others. LMH surveys Home Care patients regarding their level of satisfaction to evaluate how well their needs are being met.

| | LMH 2018 | LMH 2019 | LMH 2020 | National ⁽³⁾ |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Percent of Home Care patients rating LMH a 9 or 10 | 95.2% 96th percentile | 92.8% 84th percentile | 94.1% 86th percentile | 87.7% 50th percentile |

LMH Home Care patients often have some degree of physical deficit which can interfere with their ability to walk and quality of life. The Home Care staff provides physical therapy and other support to help patients improve their walking function.

| | LMH 2018 | LMH 2019 | LMH 2020 | LMH Goal |
|---|----------|----------|----------|----------|
| Home Care patients with improved walking function | 87% | 87% | 89% | 75% |

7.

Studies have shown that patients are more likely to take their medications properly in the correct dosage and at the correct intervals if they are informed about the importance and purpose of the drugs. LMH Home Care nurses provide medication education to patients and their caregivers.

| | LMH 2018 | LMH 2019 | LMH 2020 | LMH Goal |
|---|----------|----------|----------|----------|
| Home Care patients receiving medication education | 98% | 96% | 95% | 100% |

8.

Patients who have physical impairments due to illness, surgery or injury may not recognize fall hazards in their homes. Items such as throw rugs, stairs without railings, extension cords across floors and slippery bathtubs are particularly dangerous to recovering patients. The LMH Home Care staff offers a safety evaluation of the patient's home, as well as an assessment of the patient's own physical abilities in the home environment.

| | LMH 2018 | LMH 2019 | LMH 2020 | LMH Goal |
|--|----------|----------|----------|----------|
| Fall risk assessment completed for every Home Care patient | 100% | 100% | 100% | 100% |

Data Footnotes: (1) Uniform Data System for Medical Rehabilitation Report (2) Press Ganey Associates, "Inpatient Rehabilitation Facility Consumer Assessment of Healthcare Providers and Systems" (IRFCAHPS) survey results (3) Press Ganey Associates, "Home Health Care Consumer Assessment of Healthcare Providers and Systems" (HHCAHPS) survey results

Check out our Quality Report Cards online at LMHealth.org.

Safely Resuming Exercise after Injury or Surgery

It can be difficult and even frightening to restart an exercise routine after a surgical procedure or suffering an injury. Patients often want to know how soon they will be able to resume physical activity at their previous fitness level, which can be a difficult question to answer. It is important to work closely with a physician and rehabilitation team during treatment to increase the chances of returning to pre-injury fitness levels. Some helpful tips on how to ease into an exercise routine after injury or surgery include:

 Start slow. Begin at 50 percent of normal physical level and incrementally increase duration and exertion by 10 to 15 percent each week.

- Set realistic goals. Individuals who push themselves too hard and too soon can aggravate the injury and hinder their recovery.
- Consider cross-training. Performing a variety of activities that work different parts of the body can help a person maintain physical fitness while regaining strength to the injured area.
- Allow enough time for rest and recovery. Resting for one to two days after exercising gives muscles a chance to repair, heal and strengthen.
- Perform proper warm up and cool down routines. Stretching before and after exercise can reduce the risk of injury.
- Stay positive and be patient.
 Recovery is a gradual process, and it
 requires time to regain strength and
 speed. Finding a measurable way
 to track progress allows individuals
 to see their improvement and
 encourages them to continue their
 exercise routine.

It is important for individuals to be conscious of how their body reacts during physical activity. Feeling sharp pain or discomfort while exercising is a sign of too much stress on the body, and the activity should be stopped to avoid further injury. Eating well, drinking plenty of water and getting adequate sleep also are important components for physical and mental recuperation.



Please take a few minutes to read this month's report on **Rehabilitative Care - Inpatient** and **Home Care.** You will soon discover why Licking Memorial Health Systems is measurably different ... for your health!

The Quality Report Card is a publication of the LMHS Public Relations Department. Please contact the Public Relations Department at (220) 564-1572 to receive future mailings.

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