

Quality Report Card



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REHABILITATIVE CARE – INPATIENT AND HOME CARE

LMH's Acute Inpatient Rehabilitation Focuses on Living Skills

The Acute Inpatient Rehabilitation Unit at Licking Memorial Hospital (LMH), located on the sixth floor, is a specialized care center for patients who require medical care while receiving therapy to recover from an illness, accident or injury. Admission criteria are set by the Centers of Medicare and Medicaid Services and are dependent on many factors, including medical necessity and the likelihood that the patient will be able to return home after being discharged from the Unit. The staff, directed by a physician, includes specially trained nurses, social workers, dietitians, and physical, occupational, and speech therapists, who focus on living skills to prepare the patients to care for themselves.

The goal of the unit is to assist patients in regaining their independence after an illness or injury. Currently, nearly 90 percent of the patients sent to the Acute Inpatient Rehabilitation Unit are discharged to their own homes. An individualized treatment plan and program is developed for each patient based on a thorough evaluation by each team member at the time of admission. Family members and care givers are included in the planning process. The patient receives a minimum of three hours of skilled therapy services at least five days per week.

Each staff member utilizes a specific discipline to assist the patient in obtaining the strength and flexibility to perform everyday tasks. For example, physical

therapists work with an individual on targeted areas of the body such as the legs to strengthen the muscles to help them stand. Then, occupational therapists focus on a specific task, such as opening a door or using a tooth or hair brush while standing. In addition, speech and language therapists assist the patient with cognitive understanding of speech, but also will work on the muscles in the neck and throat to ensure proper swallowing and muscle function. The dietitians on the Unit determine what foods are needed to provide the proper nutrition to fuel the activities and encourage healing. The entire team is in constant communication about the progress and works closely together to meet the goals set for each individual patient.

To qualify for Acute Inpatient Rehabilitation services at LMH, 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. Patients may be referred to Acute Inpatient Rehabilitation by their physicians, social workers, family members, insurance representatives, case managers or themselves.



Patient Story – Marilyn Sundin



Marilyn Sundin has a long history of receiving health care at Licking Memorial Hospital (LMH). Her first experience was in 1960 with the birth of her third child. She received physical therapy for severe sciatic pain eight years later, followed by one of three surgeries performed at LMH, including a rotator cuff repair by Kevin Ouweleen, M.D., of Licking Memorial Orthopedic Surgery, in 2016.

As she neared the end of her 38-year career as the academic administrative assistant for the Denison University Theatre Department, Marilyn noticed that her right leg was getting shorter. The condition caused increased discomfort in her surgically-replaced right knee, especially when navigating the stairway of the Theatre Arts Building at Denison. "When I finally retired in October 2017, I knew it was time to take action toward my healing," said Marilyn. "The following March, I was back in Dr. Ouweleen's office for an X-ray that revealed I was indeed a candidate for surgery. Then on April 2, I received a new hip."

After initially believing that only a short Hospital stay would be required following hip replacement surgery, Marilyn soon realized she was mistaken. She consulted with her son, Lee, and daughter-in-law, Renne' – who has been her medical advocate for years – and decided she would not be ready to return to the two-family home that they share. "All of us began to entertain doubts about what would be involved in my recuperation and rehabilitation and we realized that outside interim assistance would be needed," Marilyn explained.

While recovering, Marilyn became acquainted with Judy Thorp, Inpatient Rehabilitation nurse, who had been working on the LMH Fifth Floor temporarily, instead of her regular position on the Acute Inpatient Rehabilitation Unit. "She spoke so highly of the Unit – the

more I heard about it, the more hopeful I became that my insurance would approve the treatment and there would be space available," Marilyn said. Her hopes were confirmed and she was transported to the LMH Sixth Floor to begin her rehabilitation three days after surgery.

Partnered with a walker, Marilyn underwent physical and occupational therapy for three hours each day. Casually referring to herself as a "hipster," Marilyn's therapy emphasized keeping the new joint moving while it was healing and building leg strength. "The cycling, leg exercises and walking all became more of a challenge than an obstacle," she shared. "The stair unit became a place to show off my new skills, and getting in and out of the car transfer simulator was a breeze." Preparing food and folding laundry proved as beneficial for her shoulder as for her new ability to stand for extended periods. "Everyone on the floor is very reassuring and supportive, readily sharing their pride in your progress," Marilyn commented. "I cannot begin to count the ways in which they all prepared me to go home. I used my walker until my one-month visit to Dr. Ouweleen and then it was retired to the attic. I faithfully continued my leg exercises and everyone's efforts on my behalf paid off two months after surgery," she beamed. "I did not even notice that I had a new hip. What I did notice was that both legs were the same length and that I walked without a limp and without pain."

Before her discharge, staff evaluated her living situation to ensure Marilyn's safety upon her return home. They met with her family and made them aware of her capabilities, difficulties and possible home hazards. Taking special note of her stairways, she practiced climbing steps using the correct leading leg, based on the orientation of the railing. "My family was so impressed with the staff on the Unit and my positive and successful rehabilitation experience. Both the physical and occupational therapists really made you feel as though you have done them a favor, instead of the other way around," she commented.

Marilyn's graduation certificate from the Unit has an honored place on her

refrigerator. "I am so grateful to the kind souls who toil long hours to make life better for the lucky patients who pass through the Unit," she said. Marilyn describes the staff as professional and efficient, yet very natural, personable and caring. "They believe in you and make sure you can complete a task, even when you do not think you can," she shared. "Initially, I did not think I could raise my leg off the bed once, let alone ten times, but they prepared me for the next step and when necessary, reacted with a swift response."

Marilyn treasures the time she spent on the Unit and appreciates the thoughtful send-off, complete with fruit basket and parting hugs. She continued her therapy at the outpatient facility for a few more weeks and says, "I believe I will dance again, if only in my living room, thanks to the staff who cared for me."

She firmly believes that her therapy made her strong enough to handle the emergency, life-saving surgery she required in late summer, a few short months after returning home from her hip replacement. "The nine days of recuperation from this procedure was different than that of my hip replacement, but upon discharge, I was once again pronounced healing well and in remarkably good condition for someone my age," she noted. "On all accounts, I truly have been taken care of beautifully at this Hospital."

In her retirement, Marilyn is active with community theatre productions and is currently in rehearsal for an upcoming performance at the OSU-Newark Black Box Theatre. She also is a charter member of The Licking County Players. She received a Master of Fine Arts in Theatre from The Ohio State University in 1979.

The Acute Rehabilitation Unit opened on the LMH Sixth Floor in 2012. The department is staffed by a dedicated team composed of a medical director, nurses, physical therapists, occupational therapists, speech therapists, social workers, psychologists and other Hospital personnel.

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.

- 1.** 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 Acute Inpatient Rehabilitation Unit (ARU) at Licking Memorial Hospital (LMH) offers patients an opportunity to offer feedback through a post-discharge survey.

	LMH 2015	LMH 2016	LMH 2017	LMH Goal
Overall patient satisfaction with ARU experience	97%	97%	94%	98%

- 2.** 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 ARU patients receive daily assessments for their level of fall risk and are advised of precautionary measures.

	LMH 2015	LMH 2016	LMH 2017	LMH Goal
Unassisted patient falls in the ARU that resulted in injury	0	1	0	0

- 3.** Painful bedsores (also known as pressure sores) can occur when the skin is damaged by prolonged pressure to one area of the body and can be difficult to heal and even lead to infection. ARU patients receive daily skin assessments and participate in therapy at least three hours each day, which increases mobility and reduces the risk of bedsores.

	LMH 2015	LMH 2016	LMH 2017	National ⁽¹⁾
ARU patients who developed new or worsened stage 2, 3 or 4 pressure sores during their stay	0.5%	0.0%	0.7%	0.6%

- 4.** Upon admission to the ARU, patients receive a standardized Functional Independence Measure (FIM) assessment, scoring their ability to perform daily skills. The FIM is composed of 18 measures to capture the improvement in an individual's function. The FIM skills are reassessed before discharge. A few of the key FIM skills are listed below. Higher percentages are more favorable.

	LMH 2015	LMH 2016	LMH 2017	National ⁽²⁾
Average amount of ARU patients' functional improvement at discharge				
Overall	26.5%	26.8%	24.1%	29.1%
Locomotion (walking or using wheelchair)	2.87%	2.9%	2.40%	2.70%
Bathing	1.74%	1.7%	1.60%	1.80%
Eating	1.15%	1.01%	0.70%	1.10%

- 5.** 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 a nursing care center.

	LMH 2015	LMH 2016	LMH 2017	National ⁽¹⁾
ARU patients discharged directly to home	81%	78%	85%	87%

- 6.** 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 2015	LMH 2016	LMH 2017	National ⁽³⁾
Percent of Home Care patients rating LMH a 9 or 10	92.9%	94.7%	90.1%	50th percentile

- 7.** 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. In 2015, LMH began tracking patients' improvement to evaluate the effectiveness of the program.

	LMH 2015	LMH 2016	LMH 2017	LMH Goal
Home Care patients with improved walking function	79%	80%	85%	75%

8. 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. The nurses and therapists also perform medication reconciliation to check for possible adverse interactions or out-of-date drugs.

	LMH 2015	LMH 2016	LMH 2017	LMH Goal
Home Care patients receiving medication education	100%	98%	100%	100%
Home Care patients receiving medication reconciliation	87%	97%	99%	90%

9. 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 2015	LMH 2016	LMH 2017	LMH Goal
Fall risk assessment completed for every Home Care patient	100%	99%	100%	100%

10. Pain is commonly associated with acute injury and illness. LMH Home Care implements pain interventions to facilitate the patient’s healing and recovery. Pain intervention methods may include medication, exercise, behavioral strategies and other modalities.

	LMH 2015	LMH 2016	LMH 2017	LMH Goal
Pain interventions implemented	100%	100%	100%	100%

Data Footnotes: (1) CASPER Report IRF Facility-Level Quality Measure Report (2) Rehab Metrics Report (3) Press Ganey Associates, “Home Health Care Consumer Assessment of Healthcare Providers and Systems” (HCAHPS) survey results

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Health Tips – Diet and Physical Therapy

Physical therapists treat patients using a holistic approach that takes into account the impact of exercise on the whole person. The diet can have a significant impact on exercise. It can influence the risk of chronic disorders such as type II diabetes, hypertension and cardiovascular disease. Being aware of the role of dietary factors in patient outcomes enhances recovery.

During recovery from a musculoskeletal injury, nutritional needs are similar to those required during muscle growth. When injured or after surgery, people burn up to 50 percent more calories per day. The metabolism essentially spikes in order to aid the healing process. Therefore, limiting calories will prolong the rehabilitative process and also will decrease protein reserves, which inhibits the body’s ability to repair an injury.

Incorporating the following nutritional suggestions will aid in the recovery process:

Protein: The body breaks down and uses more protein, and the essential amino acids in protein, to maintain and repair muscles. Whey protein, commonly used in workout shakes, contains essential amino acids necessary in preventing muscle tissue breakdown, but lean protein can come from a variety of sources, including meat, beans, nut butters and more.

Carbohydrates: After intense exercise, glycerin reserves will need to be replenished. Foods such as rice, potatoes and whole-wheat breads can provide energy.

Omega-3 fats: These essential fats are vital for heart and joint health, but also can aid in suppressing inflammation. Omega-3 fats can be found in seeds such as chia, hemp, walnuts and flax, or from fish oil in salmon, sardines, or herring.

Fluids and electrolytes: After training or competition, the body typically experiences a fluid deficit. To replenish the body, drink water and eat foods containing sodium or drink sport drinks that contain electrolytes. Coconut water also is high in electrolytes and therefore good for rehydrating after exercise.



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Please take a few minutes to read this month’s report on **Rehabilitative Care – Inpatient and Home Care**. You’ll 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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