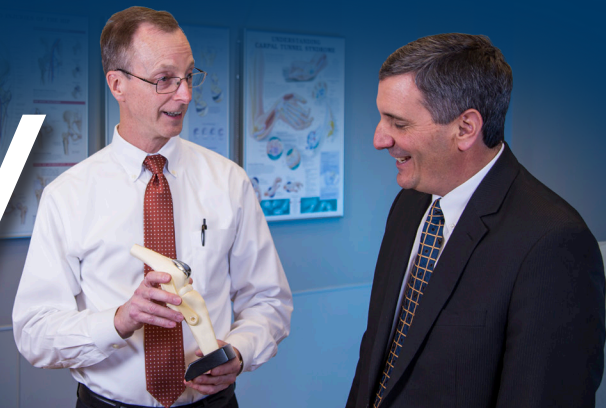


# Licking Memorial Health Systems Quality Report Card

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REHABILITATIVE CARE – INPATIENT AND HOME CARE



## Hip and Knee Replacement at LMH

Licking Memorial Health Systems (LMHS) recently received Advanced Hip and Knee Replacement Certification from Det Norske Veritas (DNV). DNV is a Norwegian company that provides services related to quality management, risk assessment, and sustainability. The certification affirms LMHS' excellence in orthopedic surgery within the scope of hip and knee arthroplasty and related procedures inclusive of initial diagnostic services, surgical services, and therapies related to hip and knee replacement care.

The DNV Advanced Hip and Knee Replacement Certification shows that LMHS has the resources and commitment to provide the best possible care for hip and knee replacement patients. The requirements for certification are informed by the ERAS® Society Orthopaedic guidelines, the guidelines of the American Academy of Orthopaedic Surgeons, and relevant requirements of the CMS Conditions of Participation for Hospitals.

Total joint replacement is a surgical procedure in which parts of an arthritic or damaged joint are removed and replaced with a metal, plastic, or ceramic prosthesis. The prosthesis is designed to replicate the movement of a normal, healthy joint. Hip and knee replacements are the most performed joint replacements. The procedure is meant to eliminate pain and improve movement for those who suffer from damage to the cartilage that lines the ends of bones due to conditions such as arthritis or a fracture.

The hip is a ball and socket joint. The rounded top of the femur, also called the thighbone, fits into the cuplike socket of the pelvis. The ball rotates in the socket to permit the leg to move up, down, forward, backward, and sideways. Elastic tissue called cartilage covers the ends of the thighbone and pelvis and serves as a cushion, which allows the ball to glide easily inside the socket.

The knee is a complex hinge joint comprised of three bones: the thighbone, the tibia, or shinbone, and the patella, or kneecap. When a person bends or straightens their knee, the end of the thighbone rolls against the end of the shinbone with the kneecap gliding in front. Cartilage lines the knee and acts as a cushion between the thigh and shinbone allowing the bones in the joint to move without causing pain.

The most common cause of joint pain is arthritis. Arthritis occurs when the cartilage cushion wears out and the bones in the hip or knee joint rub together, causing damage and resulting in pain and reduced motion. Disease and injury can also cause joint pain, stiffness, and swelling. Treatments such as medication, exercise, weight loss, and physical therapy may help to relieve joint pain; however, a physician may recommend joint replacement surgery for an individual if the pain is interfering with their daily activities and quality of life.

Individuals who choose to undergo hip or knee replacement surgery at Licking Memorial Hospital (LMH) are required

to attend a free, pre-operative class that assists patients in preparing for surgery and recovery. The two-hour class includes information about the joint replacement procedure, as well as pre-admission testing, what to expect during the Hospital stay, exercises to perform before and after surgery, and preparing the patient's home for a safe return.

Following surgery, early movement is important to help offset the effects of anesthesia, prevent blood clots, and promote healing. Activity and exercise will help build strength and flexibility to support the new joint. The average Hospital stay after a joint replacement surgery is one to three days. During this time, physical and occupational therapists will assist the patient in learning how to use and protect their new joint. Before leaving the Hospital, patients must be able to get in and out of bed by themselves, walk with crutches or a walker on a level surface, and perform their exercise program. Knee replacement patients must be able to bend and straighten their knee.

Upon discharge, patients will be sent home with detailed care instructions from their surgeon, as well as a list of daily exercises to perform to improve strength and mobility. Patients will continue to receive outpatient physical and occupational therapy either at home or an outpatient facility, such as Licking Memorial Rehabilitation Services.

Hip and Knee Replacement at LMH (continued on back page)



## Patient Story – Robert “Bob” McGaughy

Robert “Bob” McGaughy was raised in Newark and has dedicated himself to improving the quality of life in the community by spending many hours working and volunteering with numerous organizations including Licking Memorial Health Systems (LMHS). Though he retired as the Vice President of Human Resources after 25 years with the organization, Bob continues to serve LMHS and is now the Chair of the Development Council. He has also served as a Board Member for Licking Memorial Hospital (LMH), The Ohio State University at Newark, the Newark Granville Symphony Orchestra, Par Excellence School, Campus View Village, Newark Rotary, the Newark Rotary Club Foundation, The Salvation Army, and the Licking/Knox Goodwill.

Dealing with continuous pain in his knees, and with a desire to continue his volunteer work, Bob visited Orthopedic Surgeon Kevin M. Ouweleen, M.D., of Licking Memorial Orthopedic Surgery to discuss treatment options. Dr. Ouweleen agreed that Bob would benefit from knee replacement surgery for both knees and scheduled the first procedure in October 2023. After surgery, Bob was admitted to the Acute Inpatient Rehabilitation Unit (ARU) at Licking Memorial Hospital (LMH), a specialized care center for patients who require medical care while receiving therapy to recover from an accident, injury, illness, or surgery.

Patients in the ARU receive individualized care based on physical need and

functionality. Admission is dependent on many factors, including medical necessity, commit to at least three hours of therapy, five days per week, the ability to achieve rehabilitation goals in a reasonable time period, and the likelihood that the patient will be able to return home after being discharged from the Unit.

“I truly felt the ARU at LMH was the right fit for me to successfully recuperate after my knee replacement surgery,” Bob shared. “Being sent straight home after surgery would not have had the same effect on my recovery. The schedule is very regimented, and they create a very controlled environment. Visitors were not permitted on the floor until after 3:00 p.m. The schedule was beneficial because I knew I had no other choice but to perform the exercises and activities provided by the therapists. I do not believe I would have been as disciplined at home. It was also a blessing for my wife because it would have been difficult for her to assist me in getting up to do the needed exercises. She also enjoyed the responsibility of not having to care for me.”

After having his second knee replacement surgery in January, Bob again returned to the ARU. “The staff in the ARU are outstanding. David W. Koontz, D.O., the Director of the Unit, is extremely motivating and runs a tight ship. He told me if I could not tolerate the three hours of therapy, that I would not be allowed to stay. The therapists and assistants were demanding yet patient. They encouraged me to push myself in a positive, professional way that made me feel as though I could accomplish the goals they set for me. I was up and walking within hours of the procedure. During my therapy sessions they assisted with everything I would need to return

home, even the little things you might not consider such as putting on shoes. They became friends to me.”

After nine days in the ARU, Bob was discharged and returned home, and continued therapy at The Gib Reese Center for Physical Rehabilitation, LMHS’ physical rehabilitation facility, located at 1717 West Main Street in Newark. Again, he felt a close bond with his physical therapist, Michael Pyle, and physical therapy assistant Tory Worstell, who assisted in continuing the strength exercises. Bob met the goals set for him and has since been released from therapy.

“Overall it was a great experience. My only regret is that I did not have the replacement surgery sooner,” Bob said. “The rehabilitation process was an integral part of my recovery and do not believe I would have healed as well or as quickly if I had been sent home. I tell my friends that we have the best healthcare services available right here in our own community, and that they should take advantage of all that is available to them. Dr. Ouweleen is an excellent surgeon and the technology, equipment, and care is of the highest quality.”

Since his recovery, Bob has returned to his volunteer work and remains active with the Rotary Club and the Development Council. He was able to assist with the Golf Gala this year. During his stay at LMH, a friend of Bob’s visited and offered Bob the opportunity to take communion. Bob enjoyed the visit and felt moved to become a Eucharistic minister himself. He now visits friends and members of the Catholic church who would like to partake in communion while in the Hospital.

# 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.** 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 (ARU) patients receive daily assessments for their level of fall risk and are advised of precautionary measures.

	LMH 2021	LMH 2022	LMH 2023	LMH Goal
Unassisted patient falls in the ARU that resulted in injury	0	0	0	0

- 2.** Upon admission to the ARU, patients receive a standardized assessment scoring their ability to perform daily activities, such as walking, dressing, and personal hygiene. The quality indicators (QI) are composed of measures to capture the improvement in an individual's function. The skills are reassessed before discharge.

	LMH 2021	LMH 2022	LMH 2023	National <sup>(1)</sup>
Overall rate of improvement in self-care ability	11.3%	12.6%	15.1%	13.9%
Overall rate of improvement in self-mobility	23.9%	24.7%	26.5%	36%

- 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 2021	LMH 2022	LMH 2023	National <sup>(1)</sup>
ARU patients discharged directly to home	82.6%	87%	82.2%	88.7%

- 4.** 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. A score of 4 or 5 is considered ideal.

	LMH 2021	LMH 2022	LMH 2023	LMH Goal
Overall patient satisfaction with ARU experience	97.6%	93.9%	92.9%	90%

- 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 on a scale of 0 to 10, to evaluate how well their needs are being met. A score of 9 or 10 is considered ideal.

	LMH 2021	LMH 2022	LMH 2023	LMH Goal
Percent of Home Care patients rating LMH a 9 or 10	90.8%	95.1%	92.9%	90%

- 6.** 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 2021	LMH 2022	LMH 2023	LMH Goal
Home Care patients with improved walking function	96%	98%	86%	75%



**7.** 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 2021	LMH 2022	LMH 2023	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

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Hip and Knee Replacement at LMH (continued from front)

Physical therapists will focus on building strength, balance, and range of motion. Occupational therapists will assist with skills needed to perform daily tasks, such as bathing or dressing.

The recovery process for total joint replacement surgery can take up to one year; however, most patients are doing well after two to three months. It is important that patients carefully follow their surgeon’s instructions, attend all physical therapy sessions, and perform the recommended exercises at home. Maintaining a healthy weight, attending follow-up appointments with the surgeon, and staying active will help patients achieve long-term success.

# Preparing for Joint Replacement Surgery

Choosing to have a total hip or knee replacement is an important decision that can help a person move toward regaining mobility and reducing pain. Individuals should consult with their physician and an orthopedic surgeon to determine if replacement surgery is the right option for them. The following are indications that an individual may need a hip or knee replacement:

- Severe pain that impacts daily activity and sleep
- Difficulty walking, climbing stairs, or rising from a seated position
- Pain does not improve with medications, physical therapy, or other non-surgical options
- An X-ray shows significant joint damage, such as bone-on-bone contact
- The joint problem has a substantial impact on a person’s quality of life

Proper preparation can impact a patient’s surgical outcome and recovery time. The following tips can assist individuals with optimizing their physical and mental well-being before, during, and after surgery.

- Perform appropriate exercises to strengthen the muscles around the hip or knee
- Consider weight loss if overweight
- Quit smoking
- Arrange living space in the home to create easy pathways and ensure frequently used items are within easy reach
- Stock up on supplies, such as extra ice packs and easy-to-prepare meals
- Wear clothing that is easy to put on and take off
- Arrange for a friend or loved one to stay at the home and help with daily tasks after surgery



Visit us at **LMHealth.org**.

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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