



Licking Memorial Health Systems

1320 West Main Street
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Please take a few minutes to read this month's report on **Patient Safety**.

You'll soon discover why Licking Memorial Hospital is measurably different ... for your health!

Visit us at www.LMHealth.org.

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Quality Report Card

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Health Tips – Removing Hazards for Patients at Home

Patients who are recuperating from a major surgery, illness or injury are at increased risk for falls or other accidents at home. Here are some tips to make the home safer for patients who are returning from the hospital:

Outside the home

- Remove any ice or wet leaves from sidewalks.
- Install handrails and non-skid treads on the front steps.

Inside the home

- Keep walkways free of clutter and extension cords.
- Remove throw rugs or secure them with non-skid backing.
- Place night lights in hallways.
- Securely place white or yellow tape on stair edges.
- Store medications in a safe place in their original containers.
- Prepare a medication chart with dosage amounts and times.
- Keep a phone within easy reach.

Kitchen

- Place commonly used items at waist level.
- Wipe up spills on floors immediately.

Bedroom

- Consider purchasing a bedside toilet.
- Consider purchasing a hospital bed with side rails.

Bathroom

- Set water temperature to 120 degrees Fahrenheit or less.
- Place grab bars beside toilet and in shower.
- Install a raised toilet seat.
- Place non-skid adhesive strips in bathtub and shower.

Patient Safety – 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 them to benchmark measures. Then, we publish them so you can draw your own conclusions regarding your healthcare choices.

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

1 The Institute of Medicine published a report in 2000 that highlighted the stunning effects of medication errors. The report set forth a national agenda for reducing errors and improving patient safety by designing a safer health system. Although the medication error rate at Licking Memorial Hospital (LMH) is significantly better than the national benchmark, we make continuous efforts to improve the process. LMH dispensed 851,183 doses of medication in 2012.

	LMH 2010	LMH 2011	LMH 2012	National ⁽¹⁾
Medication errors	0.014%	0.013%	0.011%	0.310%

2 Protecting patients from hospital-acquired infections is a primary patient safety goal. LMH has an ongoing program to prevent and treat infections in patients. Per the Centers for Disease Control and Prevention (CDC) recommendations, LMH tracks high-risk patients, including those with an increased risk of infection due to the presence of an invasive device, such as a ventilator, catheter or central venous line. The following data reflects how many infections occurred during 1,000 patient days compared to the national benchmarks.

	LMH 2010	LMH 2011	LMH 2012	National ⁽²⁾
Pneumonia infection rate of ICU patients on ventilators	1.3	1.5	0.0	1.2
Urinary tract infection rate for ICU patients with urinary catheters	0.0	0.9	0.8	1.3
Bloodstream infection rate for ICU patients with central venous catheters	1.5	0.0	0.0	1.1

3 LMH conducts a comprehensive assessment to determine if a patient is at risk for a fall at admission and during the Hospital stay. Personal alarms and bed sensors help alert staff to a potential fall.

	LMH 2010	LMH 2011	LMH 2012	Goal
Inpatient falls	0.21	0.30	0.24	less than 0.30

4 Coumadin is a blood thinner (anticoagulant) used to help prevent and treat blood clots. The most common side effect of Coumadin is bleeding in any tissue or organ. It is important for patients to have their blood tested regularly. The blood test, called prothrombin time (PT) and International Normalized Ratio (INR), helps the physician determine how fast the blood is clotting and whether the dosage of Coumadin should change. The testing is very important and must be accomplished at recommended periodic intervals in order to keep the PT/INR result in the best and safest range for the medical condition. Licking Memorial Health Professionals (LMHP) has adopted this recommendation as a safety measure.

	LMHP 2010	LMHP 2011	LMHP 2012	Goal
LMHP patients on Coumadin with PT/INR in last two months	96%	95%	93%	greater than 90%

5 Metformin (trade name Glucophage) is a medication that is used in the treatment of diabetes mellitus and polycystic ovarian disease. It is an effective medication for treatment of both of these unrelated disease processes, but must be used cautiously in patients with compromised renal (kidney) function. It is recommended to monitor renal function prior to initiation of therapy and at least annually thereafter. Licking Memorial Health Professionals (LMHP) has adopted this recommendation as a safety measure.

	LMHP 2010	LMHP 2011	LMHP 2012	Goal
LMHP patients on Metformin with creatinine within last year	91%	95%	95%	greater than 90%

6 Venous thromboembolism (VTE) is a serious condition that results when a blood clot forms within a vein. These clots can travel to the lungs and cause serious harm or even death. In fact, VTE is the most preventable cause of death and accounts for more annual deaths than those from breast cancer, AIDS, and traffic accidents combined. VTE is 100 times more common in hospitalized patients compared with the community at large. Without prophylaxis, up to 20 percent of high-risk surgical patients develop DVT and up to 26 percent of all medical patients are affected. High-risk groups include: up to 34 percent of heart attack patients and up to 40 percent of patients with heart failure. Cancer and stroke patients are particularly at risk with VTE complicating as many as 75 percent of these hospitalizations. Often, patients will have no symptoms when a clot has formed. By using preventive measures, such as blood thinners or mechanical devices, the risk for developing a clot can be significantly reduced. Due to the great risk of blood clots for patients, LMH has adopted a prevention protocol that applies to nearly all patients admitted to the Hospital to reduce their risk.

	LMH 2010	LMH 2011	LMH 2012	National ⁽³⁾
Medical patients receiving VTE prophylaxis by end of Hospital day 2	89%	94%	94%	86%

7 LMHS recognizes the importance of keeping our staff healthy and lessening the likelihood that they will infect our patients with influenza while under their care. The Health Systems is committed to providing and encouraging free, easily accessible flu vaccines to all employees.

	LMHS 2010	LMHS 2011	LMHS 2012	LMHS Goal	National ⁽⁴⁾
LMHS employees receiving the seasonal influenza vaccine	85%	86%	84%	greater than 80%	72%

Data Footnotes: (1) *To Err Is Human – Building a Safer Health System*, National Academy Press, Washington D.C., 2000. (2) *CDC National Healthcare Safety Network pooled median (ICU only) from January 2006 through December 2007, issued November 2008.* (3) *Comparative data from the Midas Comparative Database.* (4) *Centers for Disease Control and Prevention (CDC), Interim Results: Seasonal Influenza Vaccination Coverage Among Health-Care Personnel, MMWR April 2, 2010 / 59(12): 357-362.*

Patient Story – Carol Marston

At first, Carol Marston accepted minor knee pain as a consequence of aging. However, the pain increased so much over several years that it prevented her from enjoying many of her favorite parts of life. She could no longer take daily walks with her husband, Gene, or attend her grandchildren’s sporting events, and she found that situation to be unacceptable.

“It was to the point that I felt I had no quality of life,” Carol remembered. “I thought about the pain all the time. I could not get comfortable in bed. It was too painful to walk from the car to the school gymnasium to go to a basketball game. I was taking over-the-counter pain relievers, but they were not helping. I had to do something.”

In 2009, Carol visited Edward Westerheide, M.D., of Orthopaedic Specialists and Sports Medicine, and his X-rays confirmed what she had been feeling. “He showed me that there was no cartilage padding left between the bones. With every step, the bones were rubbing together,” she said. Carol decided to have total knee replacement surgery, starting with the left knee since it was much more painful than the right knee.

Before her surgery date at Licking Memorial Hospital (LMH), Dr. Westerheide referred Carol to LMH Home Care services. Physical Therapist Rob Wells visited her Utica home to identify possible hazards and make suggestions that would ease her recuperation after surgery. Carol recalled, “My kitchen was already spacious enough that I would be able to move around with a walker. In the bathroom, Rob recommended that we place an elevated seat on the toilet, handrails next to the toilet,



Gene and Carol Marston

and a chair in the shower. He explained that my bedroom should be close to the bathroom, so Gene and I moved to one of the guest rooms. Rob also noticed that I would need handrails on the steps that led to the garage out of the kitchen. His assessment of all the special accommodations that I would need allowed us to borrow everything from family members while there was still time before the surgery. The only things we had to buy were two recliners for the living room so that I could elevate my leg while sitting.”

Carol’s rehabilitation began while she was still in the Hospital. An inpatient physical therapist showed her the proper technique to get out of bed and some preliminary exercises. Carol also began using a continuous passive motion machine (CPM) to gently flex and extend her new artificial knee joint.

Just a couple of days after Carol left the Hospital, Rob returned to her home to continue the rehabilitation process there. “It was great to have him come to my house,” Carol said. “I would not have wanted to get out of bed, get dressed and ride to Columbus, or even to Newark, while my leg was still hurting.”

Rob gave Carol an individualized exercise program titled, “Routines for Carol Marston, created by Robert Wells,” with exercises he chose for her. Carol’s daily one-hour rehabilitation sessions began with leg exercises while lying flat on her bed. Next, Rob showed her exercises to perform while sitting in her recliner and standing by the kitchen counter. “They were difficult

Patient Story – Carol Marston (continued on next page)

Patient Story – Carol Marston (continued from previous page)

at first,” Carol said. “But Rob was careful to ensure that I did not overdo it. He gradually increased the number and intensity of each technique as my leg grew stronger. I warmed up with exercises before he arrived, and continued after he left. The Hospital arranged for me to have a CPM machine to use at home. I also used an exercise bike and porch glider frequently. Exercise means everything. I think that I had a speedy recovery because I really worked at it. Dr. Westerheide was amazed by my progress after just six weeks.”

Even though the left knee replacement was very successful, Carol put off having the right knee surgery. “I am not used to being laid up,” she said. “It changes things for a while.” However, the right knee eventually became so painful that Carol once again found that she was missing cherished events. In January 2013, she scheduled a second knee replacement surgery with Dr. Westerheide at LMH.

“This time, I knew what to expect, and I began to prepare,” she said. “Even though my right knee hurt, I started walking and doing the leg exercises, because I wanted to build up my strength.”

When Carol was referred to LMH Home Care services for the second knee replacement surgery, she asked for Rob to be her physical therapist again. She said, “We had become friends. He was so encouraging and always answered all my questions in terms that I could understand. I felt very comfortable with him.”

In addition to the physical therapist visits, LMH Home Care also provided Carol with twice-a-week visits by Judy Schmitt, R.N., B.S.N., who is a case manager. Carol recalled, “Judy monitored my overall health at each visit in the first weeks after the surgery by taking my temperature and blood pressure. She was interested in how I was feeling, and she looked over the chart we kept in the kitchen to ensure that I was taking my medications properly. She gave me some tips, such as massaging the incision area lightly with two fingers to help the skin heal and reduce scarring.” Judy also monitored Carol's incision to ensure that it was healing properly and drew blood for lab tests to monitor her medications.

Several months after the second knee replacement, Carol's knee had healed so well that the 6-inch scar was barely noticeable. “Both knees have a faint white line over the knee cap. The best part is that I have no pain whatsoever in my knees now. The only thing that I notice is that I am not able to squat down low to the ground anymore. When I need to crouch down for gardening or housework, I use a small stool that I keep nearby,” she said.

With two pain-free knees, Carol has been able to resume the activities that define her quality of life. She can drive, take long walks with Gene, and walk up and down stairs. She recently attended a granddaughter's basketball game at Utica High School, smiling and cheering from the top row of the bleachers where she purposely sat just to prove that she could make the climb.

LMH Home Care Brings Services to Patients

Licking Memorial Hospital (LMH) provides a wide range of services to patients who need short-term medical care after a surgery, illness or injury, but cannot travel to visit their healthcare professionals. Through LMH Home Care, these patients can receive skilled nursing care and rehabilitative therapy at home, rather than staying at a nursing home facility.



LMH Home Care can provide a wide range of medical services to patients who are recovering at home from a surgery, illness or injury.

The LMH Home Care staff includes many disciplines. According to the patient's unique needs, care or assistance may be provided by:

- Registered nurses
- Licensed practical nurses
- Home health aides
- Physical therapists
- Occupational therapists
- Speech language pathologist
- Medical social worker
- Support staff

All staff members at LMH Home Care are employees of the Hospital and have received a thorough background and credentialing check. In addition, home health aides are required to complete 80 hours of initial training and an additional 12 hours of annual in-service education. Home Care nurses provide supervision for the home health aides to ensure the patient's needs are being properly met. LMH Home Care is Medicare/Medicaid certified and accredited by The Joint Commission.

“LMH Home Care services are ideal for patients who no longer require a hospital-level of care, yet they are not able to care for themselves while they continue to recuperate. A physician's referral is required, stating that the patient needs skilled nursing care or therapy,” explained Debbie Young, Vice President Patient Care Services, adding, “LMH has provided Home Care services for more than 20 years, and we are one of the few organizations that offer speech therapy as part of the program.”

After receiving a physician's referral, the LMH Home Care representative contacts the patient to arrange the first visit. Together, LMH Home Care, the patient and the referring physician develop a care plan to address the patient's special needs.

Home Care services that are available through LMH include, but are not limited to:

- IV therapy and nutrition
- Wound management
- Medication instruction
- Pain management
- Home exercise therapy
- Speech and swallowing therapy
- Home management instruction
- Personal care assistance
- Social, emotional and economic assistance

LMH Home Care services are available 24 hours a day, seven days a week. Direct billing for services is provided to Medicare, Medicaid, private insurance or other payer sources. For more information, please call (740) 348-1860.