

Quality Report Card



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REHABILITATIVE CARE – INPATIENT AND HOME CARE

LMH's Acute Inpatient Rehabilitation Provides Customized Care

The Acute Inpatient Rehabilitation Unit (ARU) at Licking Memorial Hospital (LMH) is a specialized care center for patients who require medical care while receiving therapy to recover from an illness, accident or injury. The ARU provides a minimum of three hours of skilled therapy services at least five days per week. The ARU team includes specially trained nurses, social workers, dietitians, and physical, occupational, and speech therapists, directed by a physician.

David W. Koontz, D.O., Medical Director of LMH's ARU, explained that patients in the Unit benefit from being immersed in the rehabilitative environment. "Having acute rehabilitation in an inpatient setting provides immediate access to all the diagnostic and therapeutic resources needed to optimize patients' recovery," he said. "We can continue their treatment and rehabilitation without interruption, and this translates into shorter inpatient and rehabilitation stays."

After a patient receives a referral to the Unit, Dr. Koontz reviews the patient's medical records to determine whether the ARU program is appropriate for that patient. Admission criteria 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.

An individualized treatment plan and program is developed for each patient based on a thorough evaluation by each ARU team member at the time of admission. The team's goals are to help the patient obtain the highest possible level of mobility and to achieve a level of self-care that allows the patient to return to home at discharge. ARU patients are encouraged to wear comfortable street clothing that allows them to move easily.

Dr. Koontz said, "Patients often say that they were very pleased with the great progress they made in the ARU that allowed them to return home sooner. Many report that they feel they received special treatment because their care was highly individualized according to their needs and preferences. They also greatly appreciate the continuity of care that is made possible by having the same therapy, nursing and medical staff every day on the Unit."

Family members are welcome to share meals with their loved ones on the ARU or to visit during the day. Family members also are included in the rehabilitation process so that they can receive appropriate training to ensure the patient's safe transition to home. For more information regarding LMH's ARU, please call (220) 564-4603.

Health Tips – 10 Tips to Prevent Falls at Home

Patients who are elderly or recently had a serious illness or hospitalization are at increased risk for falls. These patients often face challenges such as weakness, impaired coordination and balance, and medication side effects that may contribute to falls. The following tips will help to avoid fall hazards at home:

1. Install handrails on both sides of stairs.
2. Install lighting on all stairways and place light switches at the top and bottom of stairs.
3. Remove all obstacles from stairways and walkways, including furniture and storage boxes.
4. Use night lights for walkways to the bathroom and kitchen.
5. Ensure all carpeting is tacked firmly. Eliminate all throw rugs.
6. Install grab bars on bathroom walls and use non-skid mats or appliqués in the tub or shower.
7. Wear sturdy shoes with non-skid soles.
8. Keep outdoor steps and walkways in good repair.
9. Spread sand on outdoor walkways and stairs in icy conditions.
10. Allow plenty of time to complete tasks in order to avoid the need to hurry.

Patient Story – Terry Fout



Newark resident Terry Fout believes that it is important to face each day with a positive attitude. Throughout the past year, he has faced challenges that could have dampened his optimistic outlook. However, bolstered by the compassionate and skilled care he received in the Acute Inpatient Rehabilitation Unit (ARU) at Licking Memorial Hospital (LMH), Terry found the courage and determination to emerge triumphant after a serious accident.

On November 30, 2015, Terry was driving alone in Dublin, Ohio, when he lost control of his car. In agonizing pain, he was transported to Riverside Methodist Hospital, which was nearby in Columbus. The emergency physicians determined that Terry had suffered a severe compression fracture of his L1 vertebra, located just above his waistline. He underwent a four-hour surgery the next day to remove the broken vertebra, implant a titanium spinal cage in its place, and fuse two vertebrae to the spinal cage.

“At that point, there were a lot of unanswered questions about my recovery,” Terry recalled. “I knew it was a miracle that my injuries were not more severe. My spinal cord had not been damaged, so I was able to walk with a walker within a few days. However, any twisting or bending motion caused a great deal of pain, so I was very limited in what I could do. No one could tell me whether my limitations were permanent. One big question I had was, ‘Would I be able to golf again?’ That was very important to me.”

Eight days after Terry’s surgery, he was dismissed from Riverside with the recommendation to participate in an inpatient rehabilitation program. His son, Drew, made arrangements for Terry

to be admitted immediately to LMH’s ARU. Drew works in the Engineering Services Department at LMH, and he knew that the ARU staff would provide the attention and encouragement that his father needed.

However, Terry discovered from the onset that he was not going to be coddled. “The staff expects you to do your part,” he said. “My rehabilitation began just seven minutes after I arrived. I requested help for a small task that had been too difficult for me. They told me that they would provide assistance if I really needed it; however, I should try to do it for myself first.”

Terry appreciated this compassionate-yet-challenging approach to his rehabilitation. “The next morning, the occupational therapist brought in bathing and shaving equipment, and I washed myself for the first time since the accident. She chatted with me and stayed nearby in case I needed help, but she wanted me to learn to take care of myself. The entire staff was dedicated to helping me recover enough that I could function well at home,” Terry said.

Terry’s daily routine in the ARU consisted of occupational therapy which included cooking and laundry activities, physical therapy, moderate activity and socialization. “The staff was creative in my rehabilitation,” he said. “One day, I helped wrap Christmas presents for an Adopt-a-Family project. That seemed simple enough, but it was actually very therapeutic because it involved walking, standing, hand coordination, and doing something while talking to others. They also encouraged me to have my meals with others in the ARU’s dining room. I realize now how important the socialization was to my recovery. They didn’t want me to lie in bed and think about the accident.”

As a retired educator and coach, Terry has been athletic and goal-oriented all his life, so it was natural that he would measure his recovery by achieving personal goals. “At first, my goal was to watch one of my grandsons wrestle at Licking Valley High School in January –

I did that. My next goals were to walk on Ocean Isle Beach in North Carolina and to play nine holes of golf. I walked on the beach in June, and I played nine holes of golf four separate times over the summer. Then, I set a big goal for myself – I wanted to play 18 holes of golf on my birthday which was September 10. I’m happy to say that I achieved that as well!”

During his two-week stay in the Hospital’s ARU, Terry maintained a motto that he calls his “ABCs,” which stand for ambition, balance and communication. “‘Ambition’ refers to goal-setting, ‘balance’ means ensuring that my goals are in line with what I can realistically achieve, and ‘communication’ means that I express my appreciation for others. It’s so important to be positive and not complain. I was very happy to see that the ARU staff followed the same principles. I believe that remaining positive was the biggest step in my recovery.”

Terry also appreciated the staff’s warmth toward his family. “My wife, Kathie, was more than elated with the care,” he stated. “Whenever Kathie and our daughter, Erin, came to visit, the staff greeted them and knew them by name. My son was welcome to stop by anytime or to share lunch, and it was a blessing to have these rehabilitative services close to home so Kathie could go home every night after visiting me. She felt comfortable knowing that I was in good care.”

The ARU opened on the LMH’s sixth floor in 2012. The department is staffed by a dedicated team comprised 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 them to benchmark measures. Then, we publish them 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 2013	LMH 2014	LMH 2015	LMH Goal
Overall patient satisfaction with ARU experience	98%	97%	97%	98%

2. Patients who are undergoing rehabilitation are at increased risk for falls due to factors such as expected 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 2013	LMH 2014	LMH 2015	LMH Goal
Unassisted patient falls in the ARU that resulted in injury	0	0	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 2013	LMH 2014	LMH 2015	National ⁽¹⁾
ARU patients who developed new or worsened pressure sores during their stay	N/A	1.6%	0.5%	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.

	LMH 2013	LMH 2014	LMH 2015	National ⁽¹⁾
Average amount of ARU patients' functional improvement at discharge				
Overall	21.4%	23.5%	26.5%	23.7%
Locomotion (walking or using wheelchair)	2.89%	2.86%	2.71%	2.61%
Bathing	1.88%	1.84%	1.74%	1.62%
Eating	0.77%	0.88%	1.15%	0.96%

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 2013	LMH 2014	LMH 2015	National ⁽²⁾
ARU patients discharged directly to home	82%	84%	81%	78%

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 2013	LMH 2014	LMH 2015	National ⁽²⁾
Home Care patients' overall satisfaction	96th percentile (top 4% nationally)	79th percentile (top 21% nationally)	89th percentile (top 11% nationally)	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 2013	LMH 2014	LMH 2015 (May through December)	LMH Goal
Home Care patients with improved walking function	N/A	N/A	79%	73%

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 2013	LMH 2014	LMH 2015	LMH Goal
Home Care patients receiving medication education	100%	100%	100%	100%
Home Care patients receiving medication reconciliation	100%	100%	87%	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 2013	LMH 2014	LMH 2015	LMH Goal
Fall risk assessment completed for every Home Care patient	100%	100%	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 2013	LMH 2014	LMH 2015	LMH Goal
Pain interventions implemented	100%	99%	100%	100%

Data Footnotes: (1) eRehabData®, American Medical Rehabilitation Providers Association. (2) Press Ganey Associates, “Home Health Care Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) survey results.



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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!

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