

Quality Report Card



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REHABILITATIVE CARE – INPATIENT AND HOME CARE

Home Care and Outpatient Rehabilitation Aids in Recovery

Individuals who have suffered a serious illness or injury, undergone surgery or experienced medical events such as a stroke or traumatic brain injury (TBI) may need physical therapy and other rehabilitative treatment to aid in their recovery. Some patients require short-term care in a hospital, followed by outpatient rehabilitation. Others may only need outpatient care if they have appropriate levels of strength, function and mobility to manage recovery on their own. Licking Memorial Hospital (LMH) offers Acute Inpatient Rehabilitation as well as several forms of outpatient rehabilitation to meet patients' recovery needs.

The average stay in the Acute Inpatient Rehabilitation Unit at LMH is 11 days. During this time, patients receive physical, occupational and speech therapy as needed by a physician-led team of rehabilitation specialists. Once the patient has completed inpatient rehabilitation, they are discharged from the Hospital and will continue to receive rehabilitation services as needed. A number of factors, such as progression during inpatient rehabilitation, current level of functionality, a patient's support system, overall health and insurance coverage help to determine whether they will continue rehabilitation at an outpatient facility or receive home care.

LMH's team of physical, occupational and speech therapists are highly trained and have in-depth knowledge of the body and its functions. Using this knowledge and scientific data, therapists are able to evaluate a patient's physical impairments and functional limitations to create an

individualized rehabilitation program that will help patients develop the skills necessary to live as independently as possible. Patients are expected to make significant functional gains and medical improvement within a reasonable time frame. Based on individual evaluation, the rehabilitation team will set clear expectations and goals for the patient to achieve the optimal level of independence and master self-care activities.

Licking Memorial Home Care Services allows an individual to receive treatment in their home by a team of highly skilled and dependable medical staff. A member of the Home Care team will visit the patient's home and develop a care plan based on the home assessment and the patient's individualized needs. Concerns such as bed height, stairs, obstacles and potential hazards contribute to the overall rehabilitation plan. Home Care options include:

- IV therapy and nutrition
- Wound care
- Medication instruction
- Pain management
- Therapeutic home exercise programs
- Home management to improve activities of daily living
- Assistance with speech and swallowing problems
- Personal care
- Private duty home health aides

A patient receiving outpatient therapy will visit

the rehabilitation center and return home in the same day. This type of rehabilitation is optimal for individuals who have suffered minor injuries, illnesses or other medical conditions and do not require inpatient rehabilitation. Patients will work with physical, occupational, and speech therapists as outlined in their customized rehabilitation plan. Outpatient facilities contain advanced equipment that allows patients to receive more intense therapy than those who are receiving care at home. Licking Memorial Rehabilitation Services offers two outpatient clinics located at 1717 West Main Street in Newark and One Healthy Place in Pataskala.

A physician referral is required for Home Care and Outpatient Rehabilitation. Individuals may contact their physician to determine if they qualify for home care services and have orders faxed over to (220) 564-1861 for a home evaluation and treatment. Consultations for Outpatient Rehabilitation may be scheduled by calling (220) 564-4953.



Patient Story – Todd Shroyer



Growing up, Todd Shroyer knew many of the volunteer firefighters in his hometown of Conesville in Coshocton County, and made it his goal to join their ranks. He took an emergency medical technician class that was offered as an elective in college in order to gain lifesaving skills needed to assist in emergency situations. While working full-time in accounting and business, Todd volunteered with Coshocton County Emergency Medical Services. He became a full-time employee in 2008, and now serves as the Director.

In late January 2020, Todd was at work when he noticed his feet were going numb and feeling cold. A few days later, his hands also started feeling numb, but he ignored the sensations. Thinking he just needed a readjustment, Todd visited a chiropractor, but his symptoms worsened. He was experiencing intense pain and finally decided to have his wife, Terry, take him to a local hospital. Physicians suspected Todd had Guillain-Barre syndrome and sent him to a hospital in Columbus. A spinal tap confirmed the diagnosis. Todd's symptoms continued to worsen to the point that he could not breathe on his own, and he was placed on a ventilator.

Guillain-Barre syndrome is a rare neurological disorder in which the body's immune system attacks the nervous system. The protective covering of the peripheral nerves, known as the myelin sheath, is destroyed, preventing the nerves from transmitting signals to the brain. Weakness and tingling in the hands and feet are typically the first symptoms of the disorder. As the nerve damage spreads, the entire body can be paralyzed. The exact cause of Guillain-Barre syndrome

is unknown; however, the majority of patients report symptoms of an infection in the six weeks preceding the onset of the disorder.

Treatment requires interruption of the immune-related nerve damage which can be achieved by either a plasma exchange or immunoglobulin therapy. During a plasma exchange, plasma is extracted from blood cells taken from the patient, then the blood cells are returned to the body. The body produces more plasma to replace what was extracted and builds new antibodies. Immunoglobulin contains healthy antibodies from blood donors which can be injected into the patient to block the damaging antibodies.

After treatment for Guillain-Barre syndrome, patients typically require rehabilitation to regain function lost during the illness. Todd was offered choices of rehabilitation facilities for his follow-up care. He chose Licking Memorial Hospital (LMH) Acute Inpatient Rehabilitation. When he arrived at the unit, located on the LMH Sixth Floor, Todd could barely move his feet and bend his knees. He could not lift his arms to feed himself and also was struggling with swallowing. "I felt helpless. I could do nothing for myself, and I was unsure what the staff could do to assist me in becoming independent again," Todd said. Todd was evaluated using a graded scale to determine his current abilities. After a weekend of light therapy, the staff began intensive therapy for three hours a day, five days per week.

The goal of the Acute Inpatient Rehabilitation program is to help patients develop the skills necessary to live as independently as possible after leaving LMH. An interdisciplinary team approach toward rehabilitation is used to focus on the patient's specific areas of disability. "The staff members started with small tasks, and celebrated when I succeeded," Todd explained. "Their technique triggered a thought – if I can do these tasks, maybe I can do more." After just one week, Todd was able to walk and climb a few stairs. He woke up every day with a desire to find out what new tasks

he could accomplish. While physical therapists assisted Todd in building his strength, occupational therapists helped him regain skills for daily activities such as grooming, dressing and bathing, and a speech therapist assisted with swallowing. Todd enjoyed spending time with the staff members in the unit and getting to know them personally. "Everyone on the floor spoke to me and encouraged me, including the dietary and environmental staff, the point of care technicians, therapists, nurses and the attending physician," Todd said. "They became as dear to me as family members. The staff enjoy their jobs and have a desire to care for others, and it is reflected in their actions." David W. Koontz, D.O., the physician who oversees the unit, found out Todd was in need of a haircut and arranged for his barber to visit Todd. He also purchased doughnuts for Todd to celebrate Todd's discharge from the Hospital.

During his rehabilitation, which took place in February before the COVID-19 pandemic required changes to the LMH visitor policy, Todd's family was able to visit and witness his progress. His wife, Terry, and parents, Marilyn and Dean, along with his 89-year-old aunt, Eileen, came every day helping to feed and care for Todd in the first few days of his stay in the rehabilitation unit. Todd's entire family, including his sister, Tammy, brother, Tom, children, Steven, Matthew, Kevin, Mike and Chrissy, and grandchildren, Anthony, Samantha and Olivia, all visited and helped motivate Todd to keep progressing so that he could return home. After three weeks, Todd was able to walk out of LMH. "I cannot thank the staff enough for what they did for me. Their knowledge, understanding, and positive encouragement gave me hope and spurred me to action," Todd said. After his release, he continued with outpatient therapy, and was released to his primary care physician for further care. Todd returned to work, performing light duty initially, and returned to full-time status weeks later.

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 2017	LMH 2018	LMH 2019	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 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 numbers are more favorable.

	LMH 2017	LMH 2018	LMH 2019	National ⁽¹⁾
Average amount of ARU patients' functional improvement at discharge				
Overall	24.1	23.7	23.1	28.3
Locomotion (walking or using wheelchair)	2.4	2.5	4.3	4.7
Bathing	1.6	1.2	1.2	1.7
Eating	0.7	0.9	0.7	1.0

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 2017	LMH 2018	LMH 2019	National ⁽¹⁾
ARU patients discharged directly to home	85%	86.7%	82.6%	88%

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. **NOTE: For 2018, LMH survey methods were changed to align with a nationally adopted survey tool.**

	LMH 2017	LMH 2018	LMH 2019	National ⁽²⁾
Overall patient satisfaction with ARU experience	89%	83%	85%	81%

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 2017	LMH 2018	LMH 2019	National ⁽³⁾
Percent of Home Care patients rating LMH a 9 or 10	89.6% 62nd percentile	95.2% 96th percentile	92.8% 84th percentile	87.7% 50th percentile

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 2017	LMH 2018	LMH 2019	LMH Goal
Home Care patients with improved walking function	85%	87%	87%	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. The nurses and therapists also perform medication reconciliation to check for possible adverse interactions or out-of-date drugs.

	LMH 2017	LMH 2018	LMH 2019	LMH Goal
Home Care patients receiving medication education	100%	98%	96%	100%
Home Care patients receiving medication reconciliation	99%	99%	97%	90%

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 2017	LMH 2018	LMH 2019	LMH Goal
Fall risk assessment completed for every Home Care patient	100%	100%	100%	100%

9. 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 2017	LMH 2018	LMH 2019	LMH Goal
Pain interventions implemented	100%	100%	96%	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 www.LMHealth.org.



Health Tips – Acute Inpatient Rehabilitation Unit

The Acute Inpatient Rehabilitation Unit at Licking Memorial Hospital (LMH) is a specialized care center for patients who require medical care while receiving therapy to recover from an accident, injury, illness or surgery. Patients receive individualized care based on physical need and functionality. Admission to the Rehabilitation Unit is dependent on many factors, including:

- Medical necessity
- Ability to tolerate at least three hours of therapy, five days per week
- Ability to achieve rehabilitation goals in a reasonable time period
- Likelihood that the patient will be able to return home after being discharged from the Unit

Patients may be referred to the Unit by their physicians, social workers, family members, insurance representatives, case managers, or themselves.



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Visit us at www.LMHealth.org.

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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