



# Taking Quality To Heart...

a community report on patient care quality

## Licking Memorial Health Systems

August, 2000 • Vol. 1, No. 7

At Licking Memorial Hospital, we take pride in the care we provide. And we want you to know why. Each month we're producing a community report card. In this report, we'll give you a more in depth look at our services, share care experiences and health advice, and show you how our quality indicators compare to industry standards.

You'll soon discover why Licking Memorial Hospital has made the nation's 100 Top Hospitals list for two consecutive years.

# Diabetes Care

## How do we compare?

Studies have shown that lowering blood sugar (glucose) to a normal level has a number of health benefits for those with diabetes.<sup>1</sup> To monitor glucose levels, the American Diabetes Association recommends that diabetics have a blood test called a Hemoglobin A1C (HbA1C) every six months, or every three months if a previous abnormal result was found.<sup>2</sup> A Hemoglobin A1C is a blood test that provides a three-month average of a person's blood glucose level. Maintaining a normal Hemoglobin A1C can greatly decrease the risk of health complications associated with diabetes, such as kidney, eye and heart problems.<sup>3</sup>

Licking Memorial is one of only a few hospitals nationwide to offer free Community Case Management services. (See related article.) As part of Community Case Management (CCM), registered nurses, pharmacists and dietitians visit diabetic patients for months - and even years - to help them manage their condition and to minimize the need for hospitalization. The following four quality indicators are based on 230 diabetics participating in the CCM program. Because the CCM approach to diabetic monitoring is unique, national comparison data for this type of care is not available.

### 1. % of CCM diabetics who obtained a Hemoglobin A1C

LMH 2000 Goal	LMH 1999 <sup>4</sup>	LMH 2000 <sup>5</sup>	Desired Trend
80%	46%	93%	Increase

### 2. % of CCM diabetics experiencing a decrease in Hemoglobin A1C

LMH 1999 <sup>4</sup>	LMH 2000 <sup>5*</sup>	Desired Trend
71%	46%	Increase

*\*During this time frame, a popular diabetes control medication, Resilin, was removed from the market, resulting in less than ideal control for these diabetics.*

### 3. Average decrease in Hemoglobin A1C levels for CCM diabetic patients

LMH 2000 Goal	LMH 1999 <sup>2</sup>	LMH 2000 <sup>3</sup>
10%	9.5%	9%

### 4. The American Diabetes Association (ADA) has established a target Hemoglobin A1C level for diabetics at 7 percent or less.

	LMH 1999 <sup>4</sup>	LMH 2000 <sup>5</sup>
% of CCM diabetic patients with a Hemoglobin A1C level of 7% or less	42%	31.8%

### 5. LMHS participates in national quality studies conducted by KePRO, an organization with which the government contracts to ensure quality care is provided to Medicare beneficiaries. A recent national study was conducted on diabetes care provided in the outpatient setting. LMHS participated in the Ohio Ambulatory Diabetes Project. The following three indicators were deemed critical measures of diabetes care quality in the study.

% of diabetic Medicare patients documented as having received routine screenings for diabetes complications

	National Rate <sup>6</sup>	State Rate <sup>6</sup>	LMH Rate <sup>7</sup>
Eye Exams	67.8%	66.8%	26.7%
Hemoglobin A1Cs	66%	64.9%	90.5%
Lipids	52.6%	52%	70.2%

(1) Diabetes Control and Complications Trial (DCCT) Research Group, *New England Journal of Medicine*, 1993. United Kingdom Prospective Diabetes Study, the *Lancet*, 1998.  
 (2) American Diabetes Association Clinical Practice Recommendations. *Diabetes Care*, 1999.  
 (3) Diabetes Control and Complications Trial (DCCT) and the United Kingdom Prospective Diabetes Study.  
 (4) Based on 134 diabetic patients in the LMH Community Case Management program December 31, 1999 who were eligible for re-testing.  
 (5) Based on 217 diabetic patients in the LMH Community Case Management program June 30, 2000 who were eligible for re-testing.  
 (6) Rates based on a national study conducted in 2000 by KePRO. KePRO conducts healthcare quality studies for the federal government on Medicare recipients.  
 (7) Statistics are based on care provided to 105 Medicare patients from January 1 - December 31, 1999, who met the eligibility requirements for the KePRO study and who are being seen by physicians in the Licking Memorial Health Professionals. Rate only reflects documented screenings and does not include total number conducted.

### What Can You Do?

"Individuals should be screened for diabetes as part of their routine medical care, if they have one or more risk factors for the disease," explained Dr. Gerald Ehram, a local internist.



Dr. Gerald Ehram

Major risk factors for diabetes are as follows:

- Family History
- Overweight
- Race/ethnicity e.g. African-Americans, Hispanic Americans, Native Americans, Asian-Americans or Pacific Islanders.
- 45 years of age or older
- High blood pressure
- History of gestational diabetes (diabetes during pregnancy) or delivery of babies over 9 pounds
- HDL or "good cholesterol" level is low and/or triglyceride level is high

• Glucose or blood sugar level has been previously found abnormal. In the medical field, it is called impaired fasting glucose (IFG) or impaired glucose tolerance (IGT). The risk of developing diabetes increases with age, obesity and lack of physical activity.

"Screenings of high-risk individuals should be done every three years. This is the recommended schedule because there is little likelihood of an individual developing diabetes and any of the complications of diabetes to a significant degree within a three-year timeframe," Dr. Ehram said.

Symptoms of a high blood sugar level or hyperglycemia include: excessive thirst, excessive urination, weight loss and blurred vision.

### Innovative Program Aids Diabetics

People with diabetes can reduce their risk for health complications if they are educated about their disease, learn and practice the skills necessary to better control their blood glucose levels, and receive regular checkups.

Recognizing the importance of diabetes management, Licking Memorial Hospital began a Community Case Management program in 1993. Through this free program, individuals are regularly visited by healthcare professionals and taught how to manage their condition.

Because of the success this program has realized in keeping diabetics well and out of the Emergency Department, LMH expanded its Community Case Management service to patients with a variety of chronic conditions. Today there are approximately 850 patients in the program, with 230 of these being diabetic.

The Community Case Management team now includes: 13 registered nurses, a licensed practical nurse, two social workers, two dietitians, a respiratory therapist, a fitness coordinator and a pharmacist.

LMH is one of only a few hospitals in the country with this type of program. It is open to the entire medical community.

### Fast Facts

Diabetes is a disease that affects the body's ability to produce or respond to insulin, a hormone that allows blood glucose (blood sugar) to enter the cells of the body and be used for energy. About 16 million Americans have the chronic condition, but only about 10 million have been diagnosed, according to the Centers for Disease Control and Prevention.

- Diabetes is the seventh leading cause of death in the United States and the sixth leading cause of death in Ohio.
- In Licking County, there are 9,544 individuals with diabetes according to the American Diabetes Association.
- Licking Memorial Hospital offers a free **Diabetes Support Group** the third Thursday of each month from 7-9 p.m. in the first-floor conference room. The next group meets September 21. No registration is required.

## SUCCESS STORY

### No Bed of Roses . . .

"It was an effort just to get out of bed and get dressed," recalls 58-year-old diabetic Frances Armstrong.

Frances, like many individuals, had been a diabetic for years, but didn't know it. She even suspects that her mother, who died from kidney problems and had lost her eyesight, was unknowingly a diabetic.

The good news is that Frances found out about her diabetes. The bad news is that she was not taking medication or following a special diet to control it.

"I really didn't want to accept the fact that I had diabetes," Frances admits.

Before long, she had to face the truth. Frances began developing health problems, including shingles and pleurisy. "I didn't feel like eating, so I lived on milk shakes and ginger ale. I didn't know it would raise my sugar up."

Finally her diabetes grew out of control. She developed a high fever. Her right hand swelled close and her arm started shaking. "I kept saying to myself, this will pass."

Frances' symptoms didn't pass and her husband Donald decided to take her to the Emergency Department. When she arrived at the hospital, her sugar level was 1300. A normal blood sugar level is between 70 and 110.

"They called me their miracle patient," she says with a wide smile. "I could have gone into a coma or even died." After a few days in the hospital, Frances was able to return home.

Frances lives differently since her diabetes downfall. She has lost 68 pounds, exercises routinely and watches her diet. She also gets ongoing encouragement from her Community Case Manager Sandy Gienger, R.N.

"I really appreciate everything Sandy has done. She visited me every week until I was able to manage my diabetes on my own," she says. Sandy also makes sure that Frances is taking her prescription medication and is regularly checking her sugar level.

"I believe God gave me a second chance, so I'm going to do everything I'm supposed to do," she stresses.

Today Frances spends her days doing crafts, going places with friends and enjoying her flower garden once again.



"I see so many patients who are in denial about their diabetes," says LMH Community Case Manager Sandy Gienger with diabetic Frances Armstrong.

"I could have gone into a coma or even died ."

-Frances Armstrong

Visit [www.lmhealth.org](http://www.lmhealth.org) to review other LMHS quality report cards. Also, if you have a suggestion on how we can improve our care, please call our Performance Improvement Line, 348-4641.