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

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**Licking Memorial
Health Systems**

August 2003
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Number 3

**Diabetes
Care**

measurably
different
for your
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HEALTH TIPS

Complications from diabetes can result in major health problems, so it's very important to do what you can to control the disease. The American Diabetes Association offers these tips:

- Take good care of your body. Pay special attention to your oral health, skin care, foot care, eye care and heart health.
- Exercise regularly.
- Reduce your stress level.
- If you smoke, quit.

...a community report on patient care quality.



Diabetes Care:

How do we compare?

At Licking Memorial Hospital, 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 health care choices.

Much of the care a diabetic receives is in the outpatient or physician office setting. The physician offices of Licking Memorial Health Professionals measure the most critical indicators for diabetes. These include receiving an HbA_{1c} test every six months and receiving each of the following annually: an eye exam; a complete lipid profile, including cholesterol check; a microalbuminuria test to monitor kidney function; and a foot exam.

1 The Community Case Management (CCM) program at Licking Memorial Hospital (LMH) provides free services to people in the community with diabetes. Patients referred to the program include those who have been newly diagnosed with diabetes, individuals having difficulty controlling the disease, and those at highest risk for developing complications from diabetes. The CCM program monitors quality indicators to make sure patients are receiving the best care possible. The American Diabetes Association recommends a person with diabetes have a blood test called a Hemoglobin A_{1c} (HbA_{1c}) at least every six months to monitor glucose levels. The two most frequent reasons a diabetic may not get an HbA_{1c} are that the test is not ordered or that the person did not go to the laboratory for the test.

	LMH 2002 ⁽¹⁾	LMH 2003 ⁽²⁾	National ⁽³⁾
% CCM diabetics who obtained an HbA _{1c}	95%	82%	85%

2 Each diabetic has a different treatment plan, depending on the type and severity of the disease. For those who should have a decrease in HbA_{1c} levels, LMH measures if they met their goal. Other diabetics are monitored to stay within the normal limits.

	LMH 2002 ⁽¹⁾	LMH 2003 ⁽²⁾	LMH Goal
% CCM diabetics with a decrease in HbA _{1c} or within normal limits	66%	69%	>80%

3 The American Diabetes Association established the target HbA_{1c} level for diabetics at 7 percent or less.

	LMH 2002 ⁽¹⁾	LMH 2003 ⁽²⁾	LMH Goal
% of CCM diabetics with HbA _{1c} 7% or less	39%	38%	>50%

% LMHS diabetics having HbA _{1c} test twice a year			
LMH 2002 ⁽⁴⁾	LMH 2003 ⁽⁵⁾	State	
87%	96%	78%	⁽⁶⁾
% LMHS diabetics receiving eye exam			
LMH 2002 ⁽⁴⁾	LMH 2003 ⁽⁵⁾	State	
73%	87%	69%	⁽⁶⁾
% LMHS diabetics having lipid profile			
LMH 2002 ⁽⁴⁾	LMH 2003 ⁽⁵⁾	State	
87%	97%	75%	⁽⁶⁾
% LMHS diabetics having microalbuminuria test			
LMH 2002 ⁽⁴⁾	LMH 2003 ⁽⁵⁾	State	
71%	95%	26%	⁽⁷⁾
% LMHS diabetics having a foot exam			
LMH 2002 ⁽⁴⁾	LMH 2003 ⁽⁵⁾	State	
69%	96%	65%	⁽⁷⁾

Data Footnotes:

- (1) Based on 184 diabetic patients in the CCM program June 30, 2002.
- (2) Based on 39 diabetic patients in the CCM program June 30, 2003.
- (3) NCOA HEDIS results, 2000.
- (4) Based on 1656 diabetic patients seen by LMHP physicians May-June 2002.
- (5) Based on approximately 1800 diabetic patients seen by LMHP physicians April-June 2003.
- (6) State data from Ohio Ambulatory Diabetes Project, Aggregate Report based on April 1999-March 2001 data.
- (7) State data from Ohio Ambulatory Diabetes Project, based on baseline measurement, April 2000.

Gaining **Energy** after Diabetes **Diagnosis**

A PATIENT'S STORY



Larry LaForce says the diabetes care he has received from Licking Memorial has helped him feel better and live a more active life. He can even mow his lawn without panting.

“ I think the help Licking Memorial Hospital offers for diabetes patients is absolutely fantastic. For me, it’s a pleasant experience every time I see them. ”

Larry LaForce couldn't mow his lawn last summer without panting heavily. By fall, he was feeling even worse. "I was a mess," the Hebron resident said. "To be honest, I wasn't a person who would go to the doctor, but I felt lousy," Larry said. "So, I went to the doctor, and it was a shock to find out I have diabetes."

Mark Reeder, MD, Licking Memorial Family Practice – McMillen Drive, made the diagnosis. "He said to me, 'No wonder you're not feeling well,'" Larry said. Dr. Reeder prescribed glucophage® and blood pressure medication and advised Larry to change his diet.

Glucophage® is an oral medication used to treat some non-insulin-dependent diabetes patients.

"I already had recently quit smoking because I was feeling lousy," Larry said. "Dr. Reeder congratulated me for that and encouraged me to start eating better, too. Now I limit carbs, and I'm not eating as much of all the things I love."

Larry also has received encouragement from LMH registered nurse Ruth Coen, RN, CDE; and LMH registered dietitian Liz Kaercher, RD, LD, MEd, CDE. Both are certified

diabetes educators.

Larry learned from Ruth how to accurately record his glucose level, and Liz has stressed the importance of a healthy diet – especially for someone with diabetes. "I told Liz I didn't work well on my own and I needed supervision. She got me back on track," Larry said. "I suppose I'm like a lot of people; I need someone to tell me, 'Atta boy!' I think the help Licking Memorial Hospital offers for diabetes patients is absolutely fantastic. For me, it's a pleasant experience every time I see them."

While his health is getting better, Larry knows there is still room for improvement. "I give myself about a B-minus. I'm trying, and I feel good," he said. "It seems like it's taking a long time, but I have to remind myself that it will take a while. I didn't get into this shape all at once, and I'm not getting out of it overnight."

Naturally, knowing that he has diabetes has changed Larry's life. "I'm a little more mindful of the body that has gotten me here for 70 years," he said.

He's also thankful for the diagnosis, since treatment is allowing him to live a more active life. "I have more energy now. I can cut my lawn without panting. I was really a mess."

You're Not Alone!

Licking Memorial Health Systems wants you to know you're not alone in what can be your daily struggle with diabetes. The following sources provide support:

- A Diabetes Education Class is offered from 2 to 5 p.m. on the first, second and fourth Tuesday of each month in the Licking Memorial Hospital Auditorium, located on the ground floor of the hospital. During the third week of each month, the class moves to 7 to 9:30 p.m. Wednesday in the auditorium. For more information, call 348-4719.
- A Diabetes Support Group meets from 7 to 8:30 p.m. on the third Thursday of each month in Conference Rooms A&B of the hospital. The group is led by Loretta McCollum, RN, BSEd, CDE, an LMHS case manager and certified diabetes educator. For more information, call 348-1453.
- LMHS Registered Dietitians are available to provide personalized pointers.

To register for the Diabetes Education Class or Diabetes Support Group, or to make an appointment with a Health Systems' dietitian, please call 348-4722.



Facing the Dangers of Diabetes Mellitus

by Diane LeMay, MD

DIABETES IS A LIFELONG ILLNESS THAT CAN AFFECT CHILDREN OR ADULTS. KNOWN AS "SUGAR," DIABETES MELLITUS IS DIAGNOSED IN 750,000 PEOPLE IN THE UNITED STATES EVERY YEAR. ITS EFFECTS CAN BE SUDDENLY LIFE-THREATENING OR CREATE LONG-TERM COMPLICATIONS THAT CAUSE A DECREASE IN QUALITY AND LENGTH OF LIFE.

Children are more commonly affected by Type 1 diabetes, although an increase in Type 2 diabetes has been seen recently because of the high rate of obesity in children.

Type 1 Diabetes

Type 1 diabetes affects children most commonly between the ages of 5 and 7 years – when they are exposed to many viruses in schools, and also near puberty – when their hormones are changing. Children who develop Type 1 diabetes are born with a genetic predisposition to the disease.

Insulin – a hormone made in the pancreas – allows the sugar that we eat to be changed into fuel or energy for the body. When Type 1 diabetes begins, the insulin-making cells in the pancreas are destroyed over a period of time. Certain viruses can trigger this process, as the virus misleads the body's immune system into attacking its own pancreas cells. When more than 90 percent of the cells are destroyed, the body can no longer control its sugar; the energy for the body is lost.

Children who develop Type 1 diabetes lose weight, become tired easily and are constantly hungry. Blood sugar continues to rise, and when it goes over 180 mg/dl, sugar is spilled into the urine. The child then starts to urinate excessively and is constantly thirsty. The cycle continues, and the child can become dehydrated. Vomiting begins and sugar continues to rise, which can create swelling in the brain. This can lead to labored breathing, diabetic coma and death.

Type 1 diabetes is diagnosed by taking a urine sample and a blood test for sugar. Children who have family members with Type 1 diabetes can take special antibody tests to determine their risk.

Replacing the body's insulin – either

with shots or an insulin pump – treats Type 1 diabetes. Close monitoring is required to prevent wide ranges in the body's sugar levels.

Prevention is difficult. Avoiding early introduction of cow's milk may delay or help to prevent the development of Type 1 diabetes in children. Breast-fed infants have a lower risk of developing Type 1 diabetes than children who were not breast-fed. Making sure your child is kept current on vaccinations – especially rubella and mumps – may prevent viral triggers.

Type 2 Diabetes

In Type 2 diabetes, the body stops responding to insulin. More than 85 percent of children who develop Type 2 diabetes are overweight. Dark areas of skin are noted on the back of the neck, the inner thighs and the inner elbows. They generally have high sugar levels for a long period of time and do not present with an acute, severe and life-threatening illness like children with Type 1 diabetes.

Type 2 diabetes is usually controlled by pills that help the body respond to the insulin that the pancreas continues to produce. Infrequently, insulin shots are needed.

Living with the Disease

Medication, physical activity and dietary changes are the best ways that patients with either Type 1 or Type 2 diabetes can control blood sugar levels. Long-term effects can occur as early as age 20 if diabetes is poorly controlled. They include: kidney failure, blindness, heart disease and amputations.

No cure exists for diabetes mellitus at this time. Research is ongoing, and great strides have been made. Maintaining a healthy lifestyle – with proper nutrition and weight, exercise and well-child checkups – continues to be an important part in staying healthy, and detecting diabetes before it is out of control.