

# Stroke Care – How do we compare?

Check out our Quality Report Cards online at [www.LMHealth.org](http://www.LMHealth.org).

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** Patients who suffer a stroke may be at risk for repeat strokes in the future. It is important that while patients are hospitalized, they receive education about reducing their risk and responding to another stroke in the future. This indicator shows the percentage of patients who had this education noted in their records as being completed.

	LMH 2012	LMH 2013	LMH 2014	National <sup>(1)</sup>
Stroke education	96%	98%	98%	93%

**2** Beginning rehabilitation as soon as it can be done safely can help improve recovery for stroke patients. Rehabilitation may include physical therapy, occupational therapy and/or speech therapy.

	LMH 2012	LMH 2013	LMH 2014	National <sup>(1)</sup>
Patients evaluated for rehabilitation services	99%	100%	96%	98%

**3** Ideal management of a patient who has suffered a stroke includes starting the patient on a blood-thinning medication (such as aspirin) while in the hospital. These medications also should be continued after the patient is sent home from the hospital. These medications can help prevent another stroke; however, in some cases, they may pose a higher risk for patients and should not be used. Stroke patients also are at higher risk for developing blood clots, also known as venous thromboembolism (VTE). To help prevent this from happening, stroke patients also should receive protective medications, known as prophylaxis, to reduce the potential of blood clot formation.

	LMH 2012	LMH 2013	LMH 2014	National <sup>(1)</sup>
Eligible patients receiving blood-thinning medication by day 2	99%	98%	100%	98%
Patients with blood-thinning medication at discharge	100%	100%	98%	99%

**4** Patients with atrial fibrillation are at elevated risk for suffering strokes. Due to an inefficient heartbeat, blood clots can form in the heart and then travel to the brain, leading to stroke. These patients should receive long-term blood-thinning medication to help prevent clots from forming. LMH tracks the percentage of patients with atrial fibrillation who were discharged on a blood-thinner, as appropriate.

Another significant risk factor for stroke is high cholesterol. Stroke patients with high cholesterol should receive cholesterol-lowering medications (called statins) to take after discharge to help lower the risk for more strokes. LMH tracks the percentage of stroke patients with high cholesterol who were receiving statins at discharge.

	LMH 2012	LMH 2013	LMH 2014	National <sup>(1)</sup>
Atrial fibrillation patients on anticoagulation therapy	100%	100%	100%	96%
Patients with statin medication	100%	97%	100%	96%

**5** Thrombolytic drugs, sometimes called “clot-busters” often are effective in treating strokes in progress, and may even reverse some of the neurological damage. However, thrombolytic drugs can have dangerous side effects. To lower the risk of complications, thrombolytic drugs can be given only to patients who have arrived at the Emergency Department quickly enough to have the drugs initiated within three hours of their first symptoms of having a stroke.

	LMH 2012	LMH 2013	LMH 2014	National <sup>(1)</sup>
Eligible stroke patients who received timely thrombolytic drugs in the ED	N/A	100%	100%	79%

**6** Quick access to brain scan results is critical to physicians when treating a patient with a suspected stroke. Clot-buster medications can be administered, but only for a short period of time after the patient’s stroke symptoms began, and the medications may not be given until a brain scan is completed. Quick completion of a brain scan upon the patient’s arrival can reduce the amount of time elapsed before these important medicines can be given, which then increases the patient’s chance for improved recovery from a stroke.

	LMH 2012	LMH 2013	LMH 2014	National <sup>(1)</sup>
Stroke patients in the Emergency Department with brain scan results within 45 minutes	43%	65%	76%	64%

**7** Licking Memorial Health Professionals (LMHP) office-based physicians use evidence-based measures in order to provide excellent, quality care to patients. The American Stroke Association and American Heart Association recommend the use of blood-thinning medication in order to prevent clots from forming and to improve blood flow. It is also recommended to have an annual LDL cholesterol test.

LMHP coronary artery disease patients seen, and are receiving blood-thinning medication	<b>LMHP 2012</b> 93%	<b>LMHP 2013</b> 93%	<b>LMHP 2014</b> 92%	<b>National<sup>(2)</sup></b> <b>greater than 80%</b>	<b>Goal</b> <b>greater than 90%</b>
LMHP coronary artery disease patients seen who have had an annual LDL test	<b>LMHP 2012</b> 93%	<b>LMHP 2013</b> 92%	<b>LMHP 2014</b> 92%	<b>National<sup>(2)</sup></b> <b>greater than 80%</b>	<b>Goal</b> <b>greater than 90%</b>

Data Footnotes: (1) Comparative data from [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov). (2) American Heart Association/American Stroke Association/National Committee for Quality Assurance Heart/Stroke Recognition Program.

## Patient Story – Sharon Carpenter

Sharon Carpenter, a 61-year-old fiscal officer in Guernsey County, had been following her usual hectic schedule in March 2015. Her husband, Richard, is the mayor of Lore City, and the vibrant couple filled their days with work, community activities and travel.

Sharon was not surprised to be feeling tired on March 6, thinking that she probably had taken on too much. Unfortunately, she quickly developed serious symptoms, such as passing out and an inability to control her arms and legs. On March 8, Sharon awoke in a hospital bed at Genesis Healthcare System in Zanesville.



Sharon and Richard Carpenter

She remembered, “I woke up in the hospital in Zanesville and was very confused and frightened. I couldn’t talk or move my legs. I thought I was going to die.”

Sharon had suffered a stroke. The Genesis staff stabilized her condition, but she had severe impairment. She said, “They had me stand up twice to try to walk. I could move my right arm and leg a little, but I couldn’t move my left arm or leg, and speech was very difficult. It was quite unsettling to think that I could be in a wheelchair permanently. I am a very active person, so it was depressing to think that I may have to be dependent on others for the rest of my life. Then my doctor told me that I would probably benefit from intensive therapy in an acute inpatient rehabilitation program, and the best place to get that would be at Licking Memorial Hospital where I would receive personalized attention.” Even though Licking Memorial Hospital (LMH) is a lengthy drive from Lore City, she readily agreed to be admitted to the LMH Acute Inpatient Rehabilitation Unit for approximately two weeks of therapy because she was determined to speed up her recovery as much as possible.

Sharon’s confidence and perspective wavered at the onset of her rehabilitation. “I came to LMH in a wheelchair and thought that

when I returned home, my husband was going to have to leave his full-time job as a construction supervisor so that he could take care of me. I was very depressed and emotional and did not believe that I would regain much use of my arms and legs. I thought, ‘What can they do in two weeks?’ But Dr. Koontz (David W. Koontz, D.O., medical director of the Acute Inpatient Rehabilitation Unit) came in to see me nearly every day. The nurses, therapists and aides were all so friendly and encouraging. They explained that their goal was to prepare me to be able to function again in my own home environment.”

Sharon was very pleased with her surroundings in the Acute Inpatient Rehabilitation Unit. “It was wonderful. I had a private room. The Unit is set up to feel like a home. The patients all wear regular street clothing. There was even a computer that I could use in my room,” she noted. “I was able to update my friends and family on Facebook about my progress, and they sent many encouraging messages that made me feel really good. I also liked that the Unit was very quiet, which was relaxing and made it easy to sleep.”

However, Sharon did not want to spend any extra time sleeping. “The staff worked me hard,” she said with admiration. “In physical therapy, they taught me how to get up out of bed or a chair, and I learned how to walk again. In occupational therapy, they showed me how to shower and get dressed. The Unit includes a kitchen and laundry room, which were very helpful for me. I was able to use only my right arm, and they showed me many little tricks to help me cook and do laundry with one hand.”

One of the criteria to be admitted to an acute inpatient rehabilitation program in Ohio is that the patient must be able to tolerate at least three hours of customized therapy each day. Sharon described her daily routine, “Every day, I had physical,

occupational and speech therapy, and they had me up walking in the hallways with a cane and leg braces. I told them, 'Show me what to do, and I'll do it,' because I wanted to get back to all my activities – I even practiced my exercises when I was alone in my room. I am not one to sit around. I was determined to get better and knew that I was on the road to recovery.”

Dr. Koontz was impressed with Sharon’s progress. “Considering her condition upon admission, Sharon achieved extraordinary results, mostly because of her level of motivation and effort. It made all the difference in her success,” he said.

After 12 days on the Unit – just 17 days after Sharon suffered the stroke, her rehabilitation team determined that she was well-

prepared to return home. Sharon said, “I didn’t think it would be possible to make so much progress in such a short time. When I left LMH, I was able to walk with a cane. I am sure that all the attention that I received helped me recover much more quickly. Now, six weeks later, I no longer use the cane at home. I can’t go up stairs and still have paralysis in my left arm, but I hope that my range of motion will continue to improve through physical therapy.”

The LMH Acute Inpatient Rehabilitation Unit opened in 2013 on the Hospital’s sixth floor. It features eight inpatient rooms for those who require medical treatment as they regain independent life skills following an illness, accident or surgery.

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## Acute Inpatient Rehabilitation Unit Offers Therapy for Many Stroke Patients

The Licking Memorial Hospital (LMH) Acute Inpatient Rehabilitation Unit provides acute rehabilitation services for patients with disabilities caused by illnesses or injuries. The goal of the Acute Inpatient Rehabilitation program is to help patients develop the skills necessary to live as independently as possible after leaving the Hospital. The program is personalized depending on the patient’s unique needs, and may involve a range of licensed professionals, including the physician medical director, rehabilitation nurses, physical therapists, occupational therapists, speech/language therapists, dieticians, social workers, and case managers.

The interdisciplinary team approach toward rehabilitation focuses on the patient’s specific area(s) of disability. Some of the diagnoses that are commonly treated in the Acute Inpatient Rehabilitation Unit include:

- Stroke
- Spinal cord injury
- Amputation
- Hip or knee replacement
- Brain injury
- Orthopedic conditions

To qualify for Acute Inpatient Rehabilitation services at LMH, patients must:

- Be able to tolerate at least three hours of therapy daily, five days per week
- Be medically stable
- Demonstrate the motivation and potential to achieve gains in functional abilities
- Require hospitalization for the management of an illness, disease, or injury
- Have co-morbidities (such as uncontrolled high blood pressure or diabetes, chronic heart failure, chronic obstructive pulmonary disease, or dementia) that require medical management
- Require at least two forms of therapy (such as physical therapy, occupational therapy, or speech therapy)

Whenever possible, the patient’s family or caregivers also are included in the rehabilitation planning and education. To be admitted to the LMH Acute Inpatient Rehabilitation Unit, patients must receive a physician’s referral. Most medical insurance carriers, including Medicare, will cover the cost of rehabilitation services. For more information about Acute Inpatient Rehabilitation services at LMH, please call (740) 348-4504.





## Licking Memorial Health Systems

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## Health Tips – “Clot-buster” Treatment May Limit Stroke Damage if Given Within First Three Hours

A stroke occurs when the blood supply to the brain is interrupted – either from a blocked blood vessel (ischemic stroke), or by a burst blood vessel (hemorrhagic) stroke. Thrombolytic “clot-buster” drugs often can break up the blockage during an ischemic stroke, as long as the patient arrived at the hospital well in advance of the three-hour limit for the intravenous drugs to be administered. After three hours, the drugs are less effective and even may be dangerous for the patient.

Patients who may be experiencing a stroke should be taken immediately to the closest emergency department.

Common symptoms of stroke include new onset of:

- Numbness or weakness of the face, arm, or leg – especially on one side of the body
- Confusion or difficulty in understanding
- Difficulty in speaking
- Difficulty in vision in one or both eyes
- Difficulty in walking or loss of coordination
- Dizziness or loss of balance
- Severe headache with no known cause