

Quality Report Card

Licking Memorial Health Systems



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REHABILITATIVE CARE – INPATIENT AND HOME CARE

Pelvic Floor Rehabilitation

The pelvic floor is a group of muscles located at the base of the pelvis that help control bladder and bowel functions and are involved with sexual function. As women age, these muscles weaken and can cause issues such as urinary or fecal incontinence, pain during intercourse, and pelvic organ prolapse. Causes of pelvic floor dysfunction include childbirth, chronic coughing, traumatic injuries to the pelvic area, heavy lifting, aging, and menopause. Such issues can be embarrassing and affect a woman's self-confidence and quality of life.

Physical therapy is a non-invasive treatment for pain, weakness, and dysfunction in the pelvic floor muscles. Licking Memorial Rehabilitative Services offers this service for women who are suffering from different types of pelvic floor dysfunction. Highly-trained therapists with extensive experience working with pelvic conditions will apply techniques and exercises to restore mobility and movement, as well as reduce pain.

A woman may be referred for pelvic floor rehabilitation by her general practitioner, obstetrician/gynecologist, or women's health provider after they have ruled out any infections or cancer. The initial appointment will include a medical history, muscle testing of the patient's core and hip strength, and in some cases an internal exam to determine trigger points and any muscle weakness or tightness. After the initial evaluation, an effective treatment plan is established that is tailored to the specific needs of the patient.

A woman experiencing urinary incontinence may be asked to keep a bladder log – an assessment tool that allows patients to record how much liquid they drink, how often they urinate, and when they experience urine leakage. They may receive bladder training, which is a type of behavioral therapy that helps a person regain control over urination. The training gradually teaches patients how to hold their urine for longer periods of time to prevent emergencies and leaks. Exercises that strengthen the core and internal muscles, such as Kegel exercises, help reinforce the muscles that control the urethra. Breathing techniques are used to regulate core pressure to help support the pelvic floor.

Pelvic organ prolapse occurs when one or more of the organs in the pelvis descend from their normal position and bulge into the vagina or anus. The condition is not life threatening but can cause pain and discomfort. Pregnancy, labor, and childbirth are the most common causes of pelvic organ prolapse. Other causes include obesity, constipation, chronic cough, pelvic organ cancers, and hysterectomies. Pelvic floor exercise can help to ease the pain and discomfort of prolapse by strengthening muscles to provide more support to the pelvic organs.

Pelvic floor physical therapy is also used to treat the symptoms of chronic conditions, such as endometriosis and interstitial cystitis. Techniques that may be used in treatment include trigger point release, manual internal therapy, and E-stim, which uses electrical pulses

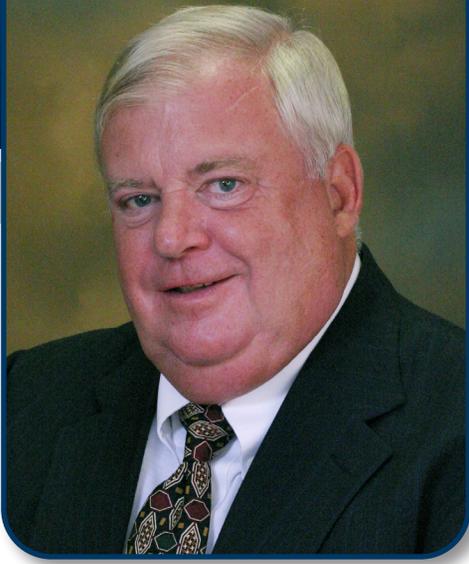
to stimulate muscles or nerves to relieve pain and improve function. Biofeedback is commonly used to retrain pelvic floor muscles and uses special sensors to monitor when a person contracts or relaxes the muscles in that area. The feedback helps therapists determine which muscles need to be strengthened to gain sensitivity and have better control over their pelvic floor muscle function.

Patients will undergo about 10 to 12 weeks of treatment for their condition and experience positive results, including reduced pain levels and an increased range of motion. Individuals who receive therapy for incontinence regain the self-confidence to resume activities they had given up because of their condition. Self-care practices can also aid in the recovery process. Practicing home exercises and using devices recommended by a physical therapist can be helpful post-therapy. Maintaining a healthy lifestyle, including good nutrition, exercise, yoga, and deep breathing techniques, helps to reduce stress and aids in relaxation.



Measurably Different ... for Your Health!

Patient Story – Terry Frame



Although he was born in Zanesville, Terry Frame has lived the majority of his life in Licking County. He met his wife of 60 years, Terrie, in Downtown Newark. Terrie was employed in the Administration Department at the Dow Chemical Research Center in Granville. The couple raised their two daughters, Lorei and Kristen, in Licking County. Both daughters remain in the area. Throughout his adult life, Terry has dedicated himself to aiding the people of Newark.

In the 1980s, Terry served as a City Councilman. To assist those in need in the community, he became a member of the Newark Area Jaycees and served as President for a time. He also served as the City of Newark Parks and Recreation Director for many years. Among the many improvements implemented during his time as Director, Terry is credited with establishing and improving the Newark Municipal Ice Rink – now named the Lou and Gib Reese Ice Arena.

Now retired, Terry continues his service to the community as a member of the Education and Membership Committee of the Licking Memorial Hospital (LMH) Development Council. The Development Council was established in 1987, to increase charitable giving to LMH and to enhance and promote meaningful community relations for the Hospital. Terry enjoys being a part of the Council because he continually learns new information about Licking Memorial Health Systems, and is able to share that information with other members of the community.

Recently, Terry was diagnosed with colorectal cancer. Treatments began with surgery to remove the cancerous cells. After surgery, Terry could barely walk and was informed that he required rehabilitation therapy before he could return home. He was sent to the Licking Memorial Hospital (LMH) Acute Inpatient Rehabilitation Unit (ARU). The goal of the ARU program is to optimize the patient's functional ability in order to live independently as possible at home. Patients must be able to tolerate at least three hours of therapy five days per week and have the ability to achieve rehabilitation goals in a reasonable time period. The interdisciplinary team approach toward rehabilitation is used to focus on the patient's specific area of disability.

"The unit was very well-run. I was impressed with the Director, David W. Koontz, D.O.," Terry shared. "The room was comfortable – more like a hotel than a hospital. The staff began my rehabilitation right away, and kept me working throughout the day."

After visiting with Terry, Dr. Koontz discovered an issue connected to the surgery and arranged for Terry to return to the Columbus hospital that had performed the procedure for further patient care. After the issue was corrected and additional time was given for recovery, Terry returned to LMH to continue the rehabilitation process.

"The clinical liaison Amie Myers quickly arranged to secure an opening for Terry as soon as he was ready to return," Terrie explained. "She answered all our questions, and made the transfer process simple. Several of the staff members called or visited to check on Terry's wellbeing while he was at the Columbus hospital. Everyone was kind and knowledgeable, from the point of care technicians to the physical and occupational therapists. They seemed to

know exactly what Terry needed before he even asked for anything."

"Each staff member took a personal interest in me and the other patients," Terry fondly remembered. "They went above and beyond the requirements of their job to assure my comfort and recovery."

While in the ARU, patients receive several different types of therapy based on their needs. Terry required physical therapy to build strength and start walking again. Each day, he performed different exercises to improve his movement including using exercise bands and walking up and down the hallway. The occupational therapists would provide different tasks to assist Terry in preparing to perform daily chores when he returned home.

"One day, they asked me to fold dishtowels," Terry said. "They wanted to make sure I was safe when I returned home. I had mentioned that I enjoyed cooking as one of my hobbies, so they took me to the mock kitchen in one of the rooms in the unit to practice some of the needed skills. Everyone helped me improve my strength, skills, and especially my confidence. I felt more secure about my return home. I hope to cook something to share with them when I am feeling stronger."

After his release from LMH, Terry continued receiving therapy with LMH Rehabilitation Services. He has also been receiving treatments for cancer. Because the medications leave him feeling tired and weak, Terry is taking a short break from rehabilitation. Working with the LMH Hematology/Oncology Department, Terry was able to enjoy a short trip to Florida between his scheduled treatment appointments. He and Terrie had traveled to the area for their honeymoon, and the couple wanted to return to celebrate their 60th anniversary.

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 2019	LMH 2020	LMH 2021	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 assessment scoring their ability to perform daily activities, such as walking, dressing, and personal hygiene. The quality indicators (QI) are composed of measures to capture the improvement in an individual's function. The skills are reassessed before discharge. **Note: In 2020, LMHS began tracking QI for overall improvement at discharge according to changes made in the reporting requirements from the Centers for Medicare & Medicaid Services.**

	LMH 2019	LMH 2020	LMH 2021	National ⁽¹⁾
Average ARU patients' quality indicators showing improvement at discharge				
Overall improvement of self-care	N/A	8.9%	11.3%	12.6%
Overall improvement of mobility	N/A	24.4%	23.9%	32.7%

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 2019	LMH 2020	LMH 2021	National ⁽¹⁾
ARU patients discharged directly to home	82.6%	83.5%	82.6%	87.5%

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.

	LMH 2019	LMH 2020	LMH 2021	National ⁽²⁾
Overall patient satisfaction with ARU experience	85%	92%	86%	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 on a scale of 0 to 10, to evaluate how well their needs are being met. A score of 9 or 10 is considered ideal.

	LMH 2019	LMH 2020	LMH 2021	National ⁽³⁾
Percent of Home Care patients rating LMH a 9 or 10	92.8%	94.1%	90.8%	87.7%
	84th percentile	86th percentile	72nd percentile	50th percentile*

*For national percentile ranking, higher scores are better.

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 2019	LMH 2020	LMH 2021	LMH Goal
Home Care patients with improved walking function	87%	89%	96%	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.

	LMH 2019	LMH 2020	LMH 2021	LMH Goal
Home Care patients receiving medication education	96%	95%	93%	100%

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 2019	LMH 2020	LMH 2021	LMH Goal
Fall risk assessment completed for every Home Care patient	100%	100%	100%	100%

Data Footnotes: (1) Uniform Data System for Medical Rehabilitation Report (2) Press Ganey Associates, “Home Health Care Consumer Assessment of Healthcare Providers and Systems” (HHCAHPS) survey results (3) Press Ganey Associates, “Inpatient Rehabilitation Facility Consumer Assessment of Healthcare Providers and Systems” (IRFCAHPS) survey results

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Preparing Your Home after Inpatient Rehabilitation

Patients who have had a stroke, surgery, or injury may require acute inpatient rehabilitation to begin their recovery. Once their inpatient rehabilitation ends, their recovery continues at home. Transitioning from a rehabilitation facility to home can be challenging, but there are several actions that individuals and their family members can take to ensure a smooth transition and a safe living space.

Scheduling a conference with the patient’s family and healthcare team will help to specify the health and mobility goals that the patient has met during rehab and highlight areas that the patient needs to work on at home. Patients may also

request a home evaluation to document obstacles or potential hazards and determine if any medical equipment will be needed in the home.

The following tips are a few ways for people to prepare their home after inpatient rehabilitation:

- Install grab bars in showers and on toilets to provide stability
- Remove loose throw rugs and items on the floor that can create a tripping hazard
- Add light to stairs, hallways, and basements

- Use non-slip mats on the bathroom floor and in showers and tubs
- Reorganize the kitchen by placing food, dishes, and appliances on shelves that are easy to reach
- Make the closet more accessible by removing doors, lowering hanging rods, and using easy-glide drawers or baskets
- Ensure that the bed is at the proper height to get in and out of easily
- Build a ramp if the home has stairs to the front or back doors
- Install a chair lift to access upper levels of the home or move all necessities to the first floor



Visit us at LMHealth.org.

Please take a few minutes to read this month’s report on **Rehabilitative Care – Inpatient and Home Care**. You will 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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