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EMERGENCY CARE

Safety Protocol in the ED: Lessons Learned from COVID-19

The COVID-19 pandemic presented unprecedented public health challenges around the world and heightened the awareness of infection control at Licking Memorial Health Systems (LMHS). At the start of the pandemic, an increase of patients exhibiting COVID-19 symptoms at Licking Memorial Hospital (LMH) and the Emergency Department (ED) created the challenge of protecting patients and staff from infection. A number of safety procedures and protocols were established to mitigate the spread of the virus and ensure the safety of patients and staff.

Wearing face masks played a critical role in slowing the spread of COVID-19, which also resulted in a significant decrease in the number of influenza cases this past winter. Transmission of COVID-19 and influenza are both spread through respiratory droplets that are released when a person breathes, talks, coughs or sneezes. A mask provides a barrier that prevents viruses from spreading once expelled from the body. Social distancing, avoiding large crowds, and quarantining when infected with the virus are other mitigation measures that also contributed to the low number of influenza cases during the pandemic.

Another factor limiting influenza cases is an increase in people who received the flu vaccine. The Centers for Disease Control and Prevention (CDC) reported as of February 2021 that nearly 194 million doses of flu vaccine had been distributed

in the United States – the highest number distributed in the nation during a single influenza season.

In addition, LMH implemented a traffic control bundling process to minimize the potential spread of the virus within the Hospital. This included creating an isolation area in the ED with negative airflow rooms to quarantine confirmed COVID patients. New routes were established within the Hospital that allowed only for the transport of COVID patients, including a dedicated elevator, which minimized contact between staff and patients in other areas of the Hospital. The institution of a drive-through COVID-19 testing clinic also reduced the potential of ill patients entering LMH or other LMHS facilities.

Safety protocols also were established for patients and visitors, including a questionnaire process before entering an LMHS facility, temperature checks, strict adherence to hand hygiene, and required mask usage to minimize the potential risk of coronavirus infections and reduce the possibility of overwhelming the ED and Hospital staff. In addition, Vice President Medical Affairs Craig Cairns, M.D., participated with the medical staff to standardize evaluation and treatment procedures for COVID-19, allowing a quick and personal response for ill patients while protecting staff members and other patients and visitors.

Communication played a large part in keeping up with the ever-changing nature of the pandemic. LMH established a COVID committee that met frequently with the Licking County Health Department, Emergency Medical Services (EMS) and other health organizations to ensure that all safety measures in place were up to date and observed properly. Regular staff meetings among Hospital departments and LMHS facilities reinforced the importance of hand hygiene and donning the appropriate PPE to reduce the risk of spreading disease within the Hospital.

The COVID-19 pandemic inspired the creation of new infection prevention protocols and helped to improve the overall preparedness in the Hospital and all LMHS facilities. Emphasis on infection control and prevention remains a high priority at LMHS, even as COVID-19 begins to diminish due to vaccination, enabling the community to approach herd immunity. Safety procedures established by LMH, in addition to maintaining necessary resources and providing appropriate training, will better prepare medical staff when new diseases emerge.



Abigail and Darby Rehbeck had not planned to welcome their third child, Stella, at Licking Memorial Hospital (LMH). Abigail's obstetrician/gynecologist works at a Columbus hospital where the couple's two sons, Pace and Milo, were delivered. The delivery plan quickly changed in April 2020, when Abigail began having contractions a week before her due date, and the birthing process progressed much faster than anticipated.

After a regular checkup showed no signs of labor, Abigail was home assisting Darby with yard work. "I always have been an active person and was happy to be outside working. I felt really good," Abigail shared. "When the contractions began, I thought it was just a false alarm from having overworked myself. I tried to relax in a warm bath, but the contractions started becoming more regular." Abigail and Darby began making preparations to leave for the hospital and called her parents to come to the house to care for the boys.

Within half an hour, Abigail's contractions became much stronger and more painful. "I was struggling to stand when my parents arrived. Darby had to carry me to the truck," Abigail remembered. "Darby asked me if I thought I could make it to Columbus, and I told him no." The couple live approximately seven minutes from LMH, so Darby started driving to the LMH Emergency Department (ED). They had not driven far, when Abigail noticed her water had broken. While turning from 30th Street to West Main Street, Stella was born. "I said to Darby – please hurry, she's out!" Abigail said.

Patient Story – Abigail Rehbeck

Darby drove up to the ED doors and stopped. He and Abigail noticed an LMH staff member standing outside. They yelled to the employee that they needed help right away. Darby jumped from the truck and ran to the passenger side as the employee used her Vocera communication device to alert the ED nurses and physician that help was needed immediately. "I had to remove Abigail's pants to get to Stella. The LMH employee helped me massage Stella as we tried to get her to take a breath," recalled Darby, who is a Newark City firefighter and trained paramedic.

In minutes, the staff had moved Stella and Abigail on a gurney to a trauma room in the ED. Darby quickly parked the truck, and a staff member escorted him to the room to be by his wife's side. Jeff A. Bare, D.O., cared for Abigail, assisting her by delivering the placenta and ensuring the spontaneous birth had not caused tears or other internal damage. "I recognized Dr. Bare right away from my experience transporting patients to the ED, and I knew he always displayed professionalism and offered the best quality care to his patients," Darby said. "His presence and demeanor were calming."

Abigail could only watch as the medical professionals, including pediatric hospitalist Sofia Davila-Rodriguez, M.D., performed exams and cared for her and Stella. Dr. Davila-Rodriguez ran to assist as she witnessed the couple's arrival from the parking lot and was instrumental in caring for Stella. "There were at least 15 people in the room. It was amazing to see them all working together as a single unit, quickly and calmly attending to Stella and me," Abigail said. "Though the situation was frantic, I never felt panicked. The staff's confidence was reassuring and comforting. It was clear that Stella's health and safety was their first priority."

When Abigail was ready, she was transferred to a Labor and Delivery Room. Stella was taken to the Special Care Nursery where staff performed a scan of her lungs and administered other tests. Darby was able to stay with Stella throughout the process. After a few days at LMH to address some minor breathing and heart concerns, Stella was able to join her brothers at home.

"There are so many wonderful nurses, physicians and other staff members who touched our lives and made us feel special. Everything from the food, to the careful cleaning of the room, made the experience perfect. We are so grateful to everyone who cared for us," Abigail shared. The family also was excited to receive flowers from the LMH Administration and Development Department upon their return home.

Darby also was born at LMH. He grew up in Newark and has been a part of the Fire Department for 23 years. Abigail moved to Newark when she was 5 years old and now considers the city her home. She works for a local bank in the trust and investment department. The first time the two met, Abigail was running with her dog on the bicycle trail when she saw Darby running with his dog. The two pets stopped to investigate one another, and the shared experience drew Abigail and Darby together. They enjoy spending time with their many family members and sharing the story of Stella's birth. "We joke and say she's an All-American girl – she was born in a Ford pick-up truck on Main Street!" Darby said.

Abigail said if the couple have more children, they will be delivered at LMH as well. After meeting Cynthia A. Kearse, D.O., during her stay at LMH, Abigail began visiting her for her obstetric and gynecological care.

Emergency 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.

During 2020, there were 44,198 visits to the Licking Memorial Hospital (LMH) Emergency Department (ED).

| | LMH 2018 | LMH 2019 | LMH 2020 | Goal |
|--|----------|----------|-----------|----------------------------------|
| Median length of stay in the ED for all patients* | 193 min. | 194 min. | 192 min. | 201 min. |
| Median length of time from arrival until seen by a physician* | 24 min. | 21 min. | 16 min. | Less than 28 min. ⁽¹⁾ |
| Median length of stay in the ED for patients discharged home* | 174 min. | 175 min. | 167 min. | 175 min. ⁽¹⁾ |
| Median length of time from the ED physician's decision to admit a patient until the patient arrives in their Hospital room | 86 min. | 81 min. | 98 min.** | 120 min. ⁽¹⁾ |
| Percentage of patients who are in the ED for more than 6 hours | 4.8% | 5.3% | 4.6% | 6.2% ⁽²⁾ |

^{*}LMH data represented on this table reflect nearly 100 percent of all ED visits, while goals reference Centers for Medicare & Medicaid Services hospital comparative data, which use a small sampling of all U.S. emergency department patients.

In 2020, LMH operated three Urgent Care facilities: Licking Memorial Urgent Care – Pataskala, Licking Memorial Urgent Care – Granville and Licking Memorial Urgent Care – Downtown Newark. Patients are encouraged to visit Urgent Care rather than the ED when they have illnesses and injuries that are not life-threatening, but need immediate attention, such as ear infections, minor fractures and minor animal bites. Urgent Care visits usually require less time and lower costs than visits to the ED. During 2020, there were 13,249 visits to Licking Memorial Urgent Care – Granville, 5,967 visits to Licking Memorial Urgent Care – Pataskala and 15,020 visits to Licking Memorial Urgent Care – Downtown Newark.

| | LMH 2018 | LMH 2019 | LMH 2020 | Goal |
|--|----------------------|-------------------|----------|-------------------|
| Urgent Care - Downtown Newark time to | | | | |
| see physician | 19 min. | 12 min. | 18 min. | Less than 30 min. |
| Urgent Care – Downtown Newark median | | | | |
| length of stay | 48 min. | 44 min. | 54 min.* | Less than 60 min. |
| Urgent Care - Granville time to see physician | 11 min. | 9 min. | 12 min. | Less than 30 min. |
| Urgent Care – Granville median length of stay | 40 min. | 36 min. | 41 min.* | Less than 60 min. |
| Urgent Care – Pataskala time to see physician | 15 min. | 14 min. | 13 min. | Less than 30 min. |
| Urgent Care – Pataskala median length of stay | 43 min. | 44 min. | 44 min.* | Less than 60 min. |
| **In 2020, length of stay times were affected by the | e need to test patie | nts for COVID-19. | | |

Emergency angioplasty restores blood flow in a blocked heart artery by inserting a catheter with a balloon into the artery to open the vessel. The procedure has been proven to save lives during a heart attack and is most effective when performed within 90 minutes of the patient's arrival to the ED to minimize irreversible damage from the heart attack.

| Median time to opened artery Percentage of patients with arteries opened within 90 minutes | LMH 2018 58 min. 100% | LMH 2019 55 min. 99% | LMH 2020 58 min. 98% | Goal 61 min. 96% |
|--|------------------------------------|-----------------------------------|-----------------------------------|-------------------------|
| | LMH 2018 | LMH 2019 | LMH 2020 | National ⁽¹⁾ |
| Median time from arrival to completion of EKG | 2 min. | 5 min. | 3 min. | 7 min. |

Patients who are seen in the ED and return home sometimes can develop further problems that warrant a return to the ED. A high number of patients who return to the ED within 24 hours after being seen can possibly signal a problem with patient care and the ED's ability to accurately diagnose and treat a patient's condition. For this reason, LMH measures the rate of patients who return to the ED within 24 hours to ensure that they have their conditions managed correctly. LMH sets an aggressively stringent goal for this, as listed below.

| | LMH 2018 | LMH 2019 | LMH 2020 | Goal |
|---|----------|----------|----------|--------------|
| ED patients who return to the ED within 24 hours of discharge | 1.1% | 1.4% | 1.5% | Less than 2% |

Emergency Care - How do we compare? (continued on back)



^{**}In 2020, admittance times were affected by the need to test patients for COVID-19.

5.

A high rate of patients who return to the Hospital within 72 hours after an ED visit and are admitted can possibly signal a problem with patient care. These cases are very heavily reviewed and scrutinized, and LMH sets an aggressively stringent goal for this indicator, as listed below.

| | LMH 2018 | LMH 2019 | LMH 2020 | Goal |
|---|----------|----------|----------|--------------|
| Patients admitted to the Hospital within 72 hours of ED visit | 0.7% | 0.6% | 0.6% | Less than 1% |

6.

For personal reasons, some patients may elect to leave the ED prior to completing any recommended treatment. Doing so can place the patient at serious health risk. As a measure of ensuring patient safety, LMH measures the percentage of patients who elect to leave the ED prior to completing their treatment.

| ED patients who leave before treatment is complete | LMH 2018 5.6% | LMH 2019 5.0% | LMH 2020 3.6% | Goal Less than 3% | |
|--|-------------------------|-------------------------|-------------------------|----------------------|--|
|--|-------------------------|-------------------------|-------------------------|----------------------|--|

Data Footnotes: (1) Hospitalcompare.hhs.gov national benchmarks. (2) Comparative data from the Midas Comparative Database. *LMH data represented on this table reflects nearly 100% of all ED visits, while goals reference CMS hospital comparitive data, which uses a small sampling of all U.S. emergency department patients.

Keep a Current List of Medications in Case of Emergency

A visit to the Emergency Department (ED) often is unexpected and requires prompt medical treatment upon arrival. Keeping an accurate health record and a complete list of medications is important to ensure that physicians and healthcare workers can focus on treating the patient. Taking time to track down medical information can delay urgently needed care.

When listing medications, it is important to include the name of the prescription drug, dosage and frequency. In addition to prescription medications, individuals also should indicate if they are taking any of the following:

- Drug samples
- Over-the-counter drugs, such as aspirin or ibuprofen
- Vitamins
- Nutritional and dietary supplements
- Herbal/naturopathic remedies
- Respiratory therapy treatments
- Radioactive medications
- Diagnostic/contrast agents
- Intravenous medications
- Vaccines

There are a number of ways to keep medical information organized, including writing a list of medications on a piece of paper or storing it on a computer or mobile device. A person should choose a method that works best for them and is easily accessible in case of an emergency. Sharing the list with a family member or trusted friend also is recommended. The medication list serves as a critical lifeline that easily allows healthcare providers to determine the appropriate treatment for the patient's medical conditions.

MyChart is a free service that allows patients to easily keep track of their medications. Patients can view their medication list and dosing instructions for each prescription in their MyChart account, as well as report medications they are no longer taking. The MyChart app is a simple way for patients to keep an up-to-date medication list readily available on their mobile device. Individuals can register for MyChart by visiting MyChart. LMHealth.org or downloading the free MyChart app on their smartphone or tablet using the Apple App Store or Google Play. Click "Sign up now" and follow the on-screen instructions to create an account.



Please take a few minutes to read this month's report on **Emergency 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) 564-1561 to receive future mailings.

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