



Licking Memorial Health Systems

1320 West Main Street
Newark, Ohio 43055

Please take a few minutes to read this month's report on **Pneumonia Care**.

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

Visit us at www.LMHealth.org

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Health Tips - Differences Between Flu and Pneumonia

Pneumonia and influenza share many of the same symptoms; however, they are separate diseases. Influenza is caused by a virus, whereas pneumonia can be caused by either a virus or bacteria. Pneumonia, an infection of the lungs, can develop after a bout of influenza has weakened the body's immune system.

A mild case of influenza can usually be treated at home and will improve within several days. However, if symptoms are severe or worsening, a physician should be consulted.

Symptoms of influenza include:

- Fever
- Chills
- Cough
- Fatigue
- Vomiting/diarrhea (more common in children than adults)
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headache

Symptoms of pneumonia include:

- Fever
- Chills
- Cough
- Fatigue
- Nausea/vomiting
- Shortness of breath
- Chest pain
- Abdominal pain

Pneumonia 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 them to benchmark measures. Then, we publish them so you can draw your own conclusions regarding your healthcare choices.

Check out our Quality Report Cards online at www.LMHealth.org.

- 1** National pneumonia treatment guidelines recommend that the first dose of an antibiotic be given to pneumonia patients within six hours of arrival at the hospital. This “door-to-antibiotic” time also includes diagnostic testing.

	LMH 2009	LMH 2010	LMH 2011	National ⁽¹⁾
Patients receiving antibiotic dose within 6 hours	97%	99%	98%	96%

- 2** Best practice in pneumonia care says that a blood culture should be collected before any antibiotics are given to a pneumonia patient to more accurately determine which microorganism is causing the pneumonia.

	LMH 2009	LMH 2010	LMH 2011	National ⁽¹⁾
Patients receiving blood cultures prior to antibiotics	96%	97%	100%	97%
Pneumonia patients given the most appropriate initial antibiotic	85%	93%	97%	94%

- 3** Hospitalized patients with a condition that puts them at risk for developing complications from pneumonia and/or influenza (flu) should be screened for vaccines while in the hospital and receive a pneumonia and/or influenza vaccine, if appropriate.

	LMH 2009	LMH 2010	LMH 2011	National ⁽¹⁾
Pneumonia patients screened for the pneumonia vaccine	95%	100%	99%	95%
Pneumonia patients screened for the influenza vaccine	94%	98%	98%	93%

- 4** Licking Memorial Health Professionals (LMHP) office patients who are at high risk for these illnesses are also screened and vaccinated as appropriate. LMHP physicians strongly encourage patients over the age of 65 years to receive a one-time dose of pneumonia vaccine and an annual influenza vaccine during each “flu season,” which runs from October to March.

	LMHP 2009	LMHP 2010	LMHP 2011	National ⁽²⁾
Physician office patients over 65 years receiving the pneumonia vaccine	88%	88%	87%	69%
Physician office patients over 65 years receiving the influenza vaccine	LMHP 2009-2010 84%	LMHP 2010-2011 83%	LMHP 2011-2012 85%	National ⁽²⁾ 68%

- 5** LMHS is committed to providing and encouraging free, easily accessible flu vaccines to all employees. In order to provide safest care to our community, LMHS recognizes the importance of keeping the staff healthy.

	LMHS 2009	LMHS 2010	LMHS 2011	National ⁽³⁾	LMHS Goal
LMHS employees receiving the influenza vaccine	85%	85%	86%	62%	greater than 80%

Data Footnotes: (1) Hospitalcompare.hhs.gov national benchmarks. (2) Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010. (3) Centers for Disease Control and Prevention (CDC). Interim Results: Seasonal Influenza Vaccination Coverage Among Health-Care Personnel. MMWR April 2, 2010/59 (12); pages 357-362.

Patient Story – Deborah Lewis

Deborah Lewis does not have many pleasant memories of Mothers Day 2012. She had been coping with a cough for a few months, and on that day, she developed a fever and felt as though she could not breathe.

Sick and in pain, the 55-year-old Newark resident was confused by her symptoms. “I did not know what was happening to me, although I had an idea that it was related to smoking,” she explained. “I had started smoking as a teenager, and was smoking one-and-a-half packs a day.”

Fortunately, Deborah’s daughter, Tricia, recognized that her mother needed immediate medical care, and on this Mothers Day, the child took charge of the parent. “She just told me, ‘We are going to the Hospital,’” Deborah recalled, “and then she drove me to the Emergency Department at Licking Memorial Hospital (LMH).”

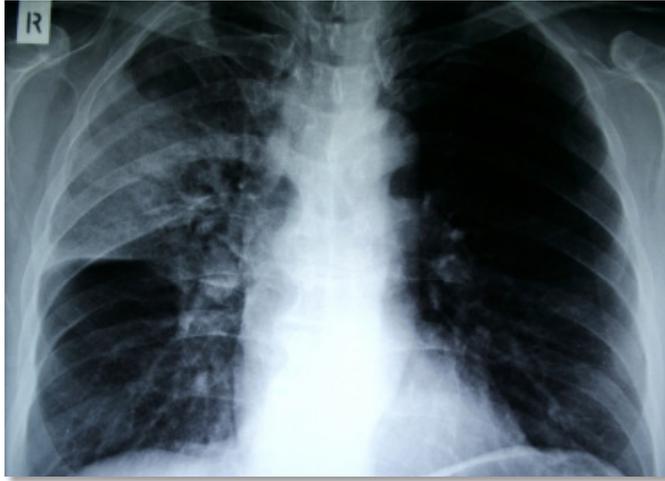
Deborah was promptly triaged upon her arrival and diagnosed with viral pneumonia in both lungs while she was still in the Emergency Department. “It was pretty quick,” Deborah said, describing the efficient and compassionate care she received. “I had really good care all the way around, and the nurses were amazing – they made the illness bearable.”

After intravenous medications were initiated and her condition stabilized, Deborah was transferred to the Intensive Care Unit (ICU) on LMH’s second floor. “I still had quite a bit of pain in my chest from the pneumonia, and I could tell I was very sick. I felt like I could have died – that was pretty scary,” she said. “But the staff in the ICU was so caring and uplifting. They were fantastic. The first time that I met Dr. Pacht (Pulmonologist Eric R. Pacht, M.D.) was in the ICU,” she recalled.

“When I first saw Deborah in the ICU, she was clearly apprehensive and feeling very sick,” Dr. Pacht remembered. “I assured her that her condition was treatable, and that she would get better although it could take several months for her to feel that she was back to normal. Pneumonia is a very serious disease, and it takes the body some time to recover from it.”

Deborah did begin to feel better as she and the medications fought the infection in her lungs. Respiratory therapists visited frequently to clear her lungs, and the Hospital staff began to impress upon her how important it was to quit smoking to reduce her risk of developing another case of pneumonia in the future.

Deborah said, “There was one student nurse who practically begged me to quit smoking. She was so sweet and seemed really worried about all the health risks associated with smoking. She asked me never to smoke again, and I agreed.”



This X-ray image shows an area of pneumonia infection on the patient’s right lung (left side of photo).

After a total of eight days in the Hospital, Deborah was able to return to her Newark home with her husband, Kenny, and some assistance from Tricia. She continues to visit Dr. Pacht and practices deep breathing exercises at home.

“Deborah had a follow-up CT scan performed in August, and it showed that the pneumonia infection is cleared from her lungs,” Dr. Pacht said. “The fact that she quit smoking tobacco definitely helped in her recovery. I expect that she will continue to feel better

since her body is no longer being exposed to the dangerous chemicals in cigarettes.”

Deborah has kept the promise that she made to the student nurse – she has not lit up a single cigarette since her hospitalization. That important lifestyle change will improve her chances of having many happy Mothers Days in the future.

Risk Factors for Contracting Pneumonia

Pneumonia, a serious disease, is an infection in one or both of the lungs that causes the air sacs to become inflamed. Anyone can develop pneumonia, but certain individuals are at higher risk. Characteristics that elevate the risk for pneumonia include:

- 65 years of age or older
- 2 years of age or younger
- Lung disease, such as cystic fibrosis, chronic obstructive pulmonary disease or asthma
- A weakened immune system
- Organ or bone marrow transplant recipient
- Serious chronic disease, such as heart failure, diabetes and sickle cell anemia
- Recent surgery
- Ventilator therapy
- Chemotherapy treatments
- Long-term steroid therapy
- Difficulty with swallowing
- Inability to cough deeply
- Under heavy sedation
- Tobacco smoking
- Alcohol abuse
- Undernourishment or malnourishment
- Recent bout of cold or flu
- Exposure to pollutants or toxic fumes

Those who have elevated risk for pneumonia are advised to consult with their physician about receiving a pneumonia vaccine. Patients may still develop pneumococcal pneumonia in spite of receiving the vaccine, but the severity of the disease is usually milder in those cases.

Pneumonia Vaccines Decrease Risk of Deadly Disease

According to some estimates, 1 to 3 percent of the world's population was decimated nearly a century ago when at least 40 to 50 million people died in the influenza pandemic of 1918-1919. Unlike most influenza viruses, the so-called "Spanish flu" caused more deaths in healthy young adults than other age groups. Research has revealed that many of the deaths were not caused by the flu, itself, but were the result of a secondary pneumonia infection. As the patient first fell sick, the flu virus damaged the protective lining of the bronchial tubes and lungs, which often allowed deadly pneumonia bacteria to reach the lungs and cause the patient's death approximately two weeks after first contracting the flu.

"Pneumococcal bacteria normally inhabit the nose and throat every day without adverse consequences, but a bout of the flu can pave the way for a dangerous pneumonia infection," stated Eric R. Pacht, M.D., of Licking Memorial Pulmonology. "It is a common misconception that pneumonia is a bad case of the flu. They are actually two separate diseases; however, influenza does elevate a person's risk for pneumonia."

The most common sources of pneumonia are bacterial and viral. Although there is no pneumonia vaccine to ward off the viral strain, the Pneumovax[®] 23 serum that is dispensed by Licking Memorial Health Systems providers immunizes against the 23 most common strains of pneumococcal pneumonia. The vaccine is 60 to 70 percent effective in producing antibodies in healthy patients. Even if a patient does develop pneumonia after a vaccination, the illness is likely to be much less severe than if no pneumonia vaccine had been received.

Infants and young children are at elevated risk for pneumonia. A pediatric vaccine, Prevnar 13[®], is approved to immunize children, age 6 weeks through 5 years, against the 13 most common strains of pneumococcal pneumonia that affect children.

The Centers for Disease Control and Prevention (CDC) recommends the following pneumonia vaccination schedule for children and adults:

- All adults, 65 years of age and older
- Anyone, 2 through 64 years of age, who has a long-term health problem, such as heart disease, lung disease, sickle cell disease, diabetes, alcoholism, cirrhosis, leaks of cerebrospinal fluid or cochlear implant
- Anyone, 2 through 64 years of age, who has a disease or condition that lowers the body's resistance to infection, such as Hodgkin's disease, lymphoma or leukemia, kidney failure, multiple myeloma, nephrotic syndrome, HIV infection or AIDS, damaged spleen, removed spleen or organ transplant



Pneumonia vaccines are recommended for seniors, age 65 years and older, as well as many younger adults and children with chronic health conditions.

- Anyone, 2 through 64 years of age, who is taking a drug or treatment that lowers the body's resistance to infection, such as long-term steroids, certain cancer drugs or radiation therapy
- Any adult, age 19 through 64, who is a smoker or has asthma

A single dose of pneumonia vaccine is usually recommended for patients who are 65 years or older. A second dose is recommended for patients over the age of 65 if they received their first dose before the age of 65, and at least 5 years have passed since that first dose.

A second dose of pneumonia vaccine is recommended for children and adults, age 2 through 64 years, if at least five years have passed since their first dose, and they:

- Have a damaged spleen or no spleen
- Have sickle-cell disease
- Have HIV infection or AIDS
- Have cancer, leukemia, lymphoma, multiple myeloma
- Have nephrotic syndrome
- Have had an organ or bone marrow transplant
- Are taking medication that lowers immunity, such as chemotherapy or long-term steroids

The CDC also recommends an annual flu immunization for everyone over the age of 6 months, except for those who have had a severe reaction to flu vaccine in the past, those who have had a severe allergy to chicken eggs, or those who are currently sick with a fever. Each year, global influenza trends are re-evaluated, and the flu vaccine's content is reformulated to protect against the specific strains of the virus that are anticipated to emerge.

The pneumonia vaccine is considered very safe – it is made from inactivated forms of the bacteria, so it cannot cause the disease to develop. The most common side effects are mild redness or tenderness near the injection site. However, evidence is insufficient to determine its safety for pregnant women and their unborn babies; therefore, pneumonia immunizations should be given before pregnancy, if possible.

Dr. Pacht said, "Influenza and pneumonia remain a leading cause of death in the U.S. Antibiotic-resistant forms of pneumonia have emerged, so prevention through immunization is more important than ever."

The cost of the pneumonia vaccine is covered by Medicare and most insurance providers. Patients who have questions regarding protection from pneumonia are encouraged to ask their family physicians about immunization.