



Licking Memorial Health Systems

1320 West Main Street
Newark, OH 43055

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

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

Visit us at www.LMHealth.org

The Quality Report Card is a publication of the LMHS Public Relations Department.

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**THOMSON REUTERS**
TOP HOSPITALS

NATIONAL
1998, 1999, 2000,
2001, 2002, 2003,
2005, 2006,
2007, 2008



Quality Report Card

Licking Memorial Health Systems

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Health Tips – Stroke Awareness Survey

The American Stroke Association created the following stroke awareness survey based on risk factors. If two or more statements apply to you, please see a health care professional to determine what you can do to lower your risk of stroke.

- You are a man over age 45, or a woman over age 55.
- Your father or brother had a heart attack before age 55, or your mother or sister had one before age 65.
- You have coronary artery disease or you have had a heart attack.
- You have had a stroke.
- You have an abnormal heartbeat.
- You smoke, or live or work with people who smoke every day.
- Your total cholesterol level is 240 mg/dL or higher.
- Your HDL (good) cholesterol level is less than 40 mg/dL (for men), or less than 50 mg/dL (for women).
- You do not know your total cholesterol or HDL levels.
- Your blood pressure is 140/90 mm Hg or higher, or you have been told you have high blood pressure.
- You do not know your blood pressure level.
- You do not accumulate at least 30 minutes of physical activity on most days of the week.
- You are 20 pounds or more overweight.
- You have diabetes or take medicine to control your blood sugar.

Stroke Care - How do we compare?

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

At Licking Memorial Hospital (LMH), 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.

- 1** A person who has symptoms of a stroke needs to seek emergency medical care immediately. A thrombolytic, or “clot-busting,” drug must be given within three hours after the initial onset of symptoms. To determine if a patient is a candidate for a thrombolytic drug, it is vital that a CT scan be performed before the drug is given.

	LMH 2006	LMH 2007	LMH 2008	Goal ⁽¹⁾
Median time from door to doctor	20	11	11	less than 10 minutes
Median time from door to CT scan	51	38	30	less than 25 minutes

Note: In compliance with new national data abstraction guidelines, LMH will report door-to-drug information in 2010 after new data collection has begun.

- 2** A stroke can affect a person’s ability to swallow. Stroke patients should receive a swallowing evaluation to make sure they can swallow well enough to eat or take oral medication.

	LMH 2006	LMH 2007	LMH 2008	Benchmark ⁽²⁾
Stroke patients who received a swallowing evaluation before eating	71%	74%	68%	73%

Note: In some cases, the swallowing evaluation was performed but not documented. No adverse outcomes were reported as a result of incomplete documentation.

- 3** 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 2006	LMH 2007	LMH 2008	Goal
Patients evaluated for rehabilitation services	N/A	N/A	91%	90%

- 4** Evidence-based medicine supports quality by giving a blood-thinning medication (such as aspirin) by the second day of hospitalization after a stroke and ordering the medication at discharge. Blood-thinning medication prevents clots from forming and improves blood flow.

	LMH 2006	LMH 2007	LMH 2008	Benchmark ⁽²⁾
Eligible patients receiving blood-thinning medication	95%	98%	97%	96%
Patients with blood-thinning medication at discharge	99%	94%	98%	92%
	LMH 2006	LMH 2007	LMH 2008	Goal
Patients with DVT prophylaxis by second day	81%	92%	85%	greater than 90%

- 5** 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 2006	LMHP 2007	LMHP 2008	Goal
LMHP coronary artery disease patients seen, and are receiving blood-thinning medication	93%	91%	95%	greater than 90%
	LMHP 2006	LMHP 2007	LMHP 2008	Goal
LMHP coronary artery disease patients seen who have had an annual LDL test	91%	91%	92%	greater than 90%

Patient Story – David Wade

Project engineer David Wade felt strong and healthy as ever as he trudged through mud, consulted with contractors and coordinated the activities of construction equipment along the new 7-mile stretch of Interstate 161 last fall. “I am one of those people who never get sick,” David said. “I am always on the job, answering the phone when everyone else is out during the flu season.” But in October 2008, David suffered a stroke at the age of 45 years.



The Wade family – David, Josh and Lisa.

“I never felt bad,” David recalled. “I woke up at 2:00 a.m., on the morning of October 2, and felt dizzy and disoriented. When standing, I could not walk in a straight line and kept walking into things. I went back to bed and hoped that I would recover, but when it was time to get up at 6:00 a.m., I had to call off work.”

David’s wife, Lisa, could tell something was not right, so she stayed home from work, too. Lisa took their young son, Josh, to day care, and then around 9:00 a.m., David’s brother drove the couple to the Emergency Department (ED) at Licking Memorial Hospital. “Even then, I was not feeling that bad,” David said. “I was just so dizzy.”

After a triage process that included many checks, including David’s blood pressure, blood glucose and cholesterol, he also had a CT scan performed on his brain. The blood glucose proved to be normal, and the overall cholesterol was in the normal range, but the blood pressure level was quite high. Neurologist Jason Barfield, M.D., reviewed the CT results and determined that David had suffered an ischemic stroke, a condition that occurs when arteries become blocked by blood clots or a gradual build-up of plaque and fatty deposits.

“Dr. Barfield told me that most strokes of this kind are caused by high blood pressure,” David said. “I had been told before that I had high blood pressure, but I never thought about it much since I never felt bad.”

David spent three days in the Hospital. Fortunately, he suffered none of the common debilitating effects of a stroke, such as paralysis of the arms or legs, or difficulty speaking. However, he noticed a visual impairment immediately. “My vision was blurry, because my eye muscles were not coordinating properly. I had to wear an eye patch to prevent my brain from receiving two different sets of information from my eyes.”

Just three days after being discharged from the Hospital, David reported to Licking Memorial Physical Therapy to begin his rehabilitation. “During my first session, Mike (Pyle) began to help me retrain my eye muscles. He would hold up a pen and tell me to look up, down, to the

side, and then straight ahead. It sounds simple, but my vision improved after the first session. By the end of the first week, I discontinued use of the eye patch, and I have not used it since.”

David is now paying close attention to his health. He has lost 45 pounds of excess weight and takes medication for his high blood pressure, baby aspirin to prevent blood clotting, and medication to boost his HDL (good cholesterol)

level which was low. He also uses a blood pressure monitor at home regularly. “I feel great,” he said. “I am lighter and quicker on my feet than I was before the stroke. However, this was a real wake-up call for me.”

Dr. Barfield agrees that David’s recovery has been excellent. “Medical science has made great advances in stroke care over the past decade. The key to success is to begin treatment immediately. Some clot-busting drugs can be used only if the patient arrives at the ED within three hours after the first symptoms begin. Fortunately, David’s condition improved in spite of the slight delay.”

According to the National Stroke Association, 2 million brain cells die every minute during a stroke event. Seeking immediate help can minimize stroke damage to the patient’s body. Anyone who suffers the following symptoms should call 9-1-1 immediately:

- Sudden numbness or weakness of the face, arm or leg – especially on one side of the body.
- Sudden confusion, trouble speaking or understanding.
- Sudden difficulty with vision.
- Sudden difficulty walking, dizziness, loss of balance or coordination.
- Sudden severe headache with no known cause.

Reducing the Risk for Strokes

Stroke is the third leading cause of death in the U.S. Many people who survive a stroke suffer devastating life-changing disabilities such as paralysis, blindness, speech and emotional problems. Although stroke occurs most often in people over the age of 65, it can happen to people of all age groups, including children. Although the risk of stroke is strongly connected to family history, other factors can be altered to lower a person's risk of stroke.



It is important to call 9-1-1 and get to the Emergency Department immediately to begin treatment for a stroke.

A stroke results from an interruption of blood flow to the brain, either from a blocked blood vessel or a burst blood vessel. There are three main types of stroke: ischemic stroke, hemorrhagic stroke and transient ischemic attack. An ischemic stroke is caused by an arterial blockage to the brain with a blood clot or narrowing of the arterial walls. Hemorrhagic stroke occurs when an artery in the brain bursts. Transient ischemic stroke is also known as a "mini stroke." Its symptoms are nearly identical to ischemic stroke, but usually improve after approximately 24 hours. A transient ischemic stroke is often followed later by a more severe ischemic stroke.

Two of the main risk factors for stroke – family history and age – cannot be changed. Anyone with a family member who has suffered a stroke or heart attack is at an increased risk for developing a stroke. In addition, two-thirds of all strokes are diagnosed in patients who are over the age of 65.

There are steps a person can take to reduce the chances of suffering a stroke. Since stroke is caused by a vascular system problem, many of the prevention tips mirror the

advice for good heart health. To lower the risk for stroke, you should follow these 10 steps:

- Know your blood pressure and keep it under control.
- Find out if you have atrial fibrillation. If you do, have it treated.
- If you smoke, stop.
- Limit the amount of alcohol you drink.
- Know your cholesterol level and keep it under control.
- Keep your blood sugar level under control.
- Exercise at least 30 minutes on most days of the week.
- Reduce the amount of sodium (salt) in your diet.
- Reduce the amount of fat in your diet.
- Treat any circulation problems you may have.

Two million brain cells die every minute during a stroke, so it is very important to call 9-1-1 immediately if the following symptoms arise:

- Sudden numbness or weakness of the face, arm or leg (usually on one side of the body).
- Sudden nausea, fever and vomiting.
- A hard time speaking or a problem understanding words or simple sentences.
- Sudden blurred vision or decreased vision in one or both eyes.
- Problems swallowing.
- Dizziness, loss of balance or loss of coordination.
- Brief loss of consciousness.
- Inability to move part of the body (paralysis).
- Sudden headache that is intense and not related to something else.

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Heart Center



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