



Licking Memorial Health Systems

1320 West Main Street
Newark, OH 43055

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

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Health Tips for Raising Active, Heart-Healthy Children

At an early age, children develop exercise habits that will affect their health as adults. Parents can improve their children's chances for longer, healthier lives by using these tips based on recommendations by the American Heart Association:

1. Be a good role model. Children will learn from their parents' eating and exercise habits.
2. Limit television and video games to no more than two hours each day.
3. Plan family vacations around physical activities, such as hiking, bicycling, swimming, etc.
4. Ask your children to help with physical chores, such as raking leaves, scrubbing floors, washing the car, etc.
5. Encourage your children to become involved in sports. Even if they are not interested in team sports, such as soccer or baseball, they may enjoy individual sports, such as tennis, swimming or bowling.
6. If it is safe, park a few blocks away from the school or store and walk the remainder of the distance. Also, use stairs instead of elevators or escalators when possible.
7. Make sure children get plenty of physical activity at school or daycare centers.
8. Let children have some active play time immediately after school, and encourage another activity period before dinner.
9. Choose fitness-oriented gifts, such as sports equipment or a membership to a gym or pool.
10. Take advantage of local recreation opportunities, such as soccer camps or fun runs. (The Licking Memorial 5K For Your Health fun run and walk is August 1.)
11. Minimize use of restrictive infant playpens, car seats or strollers whenever it is safe to let the baby move around freely.
12. If the children are bored, suggest an activity that will get them moving, such as playing catch or jumping rope.

CHF Care – How do we compare?

Check out
our Quality
Report Cards online
at 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 health care choices.

- 1 The left ventricle is the chamber of the heart that pumps blood out of the heart and into the body. Measuring left ventricular function (LVF) helps determine how well a CHF patient's left ventricle is working.

	LMH 2005	LMH 2006	LMH 2007	Benchmark
LVF assessment	97%	96%	97%	87% ⁽¹⁾

- 2 Medications beneficial to many CHF patients include angiotensin-converting enzyme (ACE) inhibitors, beta-blockers, and angiotensin-receptor blockers (ARBs). ACE inhibitors and ARBs have been shown to lower mortality and improve functional capacity and quality of life. Beta-blockers can reverse or prevent some of the health effects associated with heart failure. Patients treated with beta-blockers may see significant improvement in heart function after three months.

	LMH 2005	LMH 2006	LMH 2007	Benchmark
CHF patients on ACE or ARB at discharge	98%	91%	93%	87% ⁽¹⁾
CHF patients on beta-blockers at discharge	99%	99%	99%	90% ⁽²⁾

- 3 It is vital that CHF patients be involved in their own care to reduce health complications and improve quality of life. They need to monitor their weight, limit their salt intake, and take their medications regularly. Health care providers need to give thorough discharge instructions to help these patients effectively manage their condition.

	LMH 2005	LMH 2006	LMH 2007	Benchmark
All discharge instructions given	91%	95%	93%	69% ⁽¹⁾

- 4 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 2007	Goal
CHF patients screened for the pneumonia vaccine	97%	greater than 90%
CHF patients screened for the influenza vaccine	92%	greater than 90%

- 5 Atrial fibrillation is an irregular rhythm that is often associated with heart failure. Patients who develop atrial fibrillation may have an increased risk for stroke. To reduce this risk, heart failure patients with atrial fibrillation should be evaluated for anticoagulation therapy.

	LMH 2007	Goal
CHF patients with A fib assessed for anticoagulation therapy	81%*	greater than 90%

Data Footnotes:

(1) Hospitalcompare.hhs.gov national benchmarks.

(2) Benchmark indicates LMH goal.

Patient Story – Jim Bayerl

Hanover resident Jim Bayerl has been a hard working man all his life. Originally from Portsmouth, Ohio, Jim worked in a steel mill there so he and his wife, Lou, could support their family of seven children. When the steel mill closed in the mid-1970s, the Bayerls moved to Licking County. “I was fortunate enough to get a job up here at Kaiser Aluminum,” he said. “This community has been very good to us.”

Jim proudly put in many years at Kaiser Aluminum as a maintenance mechanic, but in 2003, he began to notice that he did not have much energy. “I kept getting slower. I would get tired out just by walking from the job site to the shower house, and my legs were swelling,” he remembered. Knowing that these symptoms were not normal, Jim visited Licking Memorial Family Physician Richard Simon, M.D., who sent him to Riverside Hospital in Columbus for a heart catheterization. The diagnosis was cardiomyopathy.

For follow-up care, Jim began to see Cardiologist Bryce Morrice, M.D., at Licking Memorial Hospital (LMH). “The catheterization had shown that my heart was working at 15 percent capacity. During my first visit with Dr. Morrice, he told me that back in 1973, if a man came in with my heart condition, he could expect to live for just five more years! I asked, ‘Does that mean I have just five years to live?’ Dr. Morrice said, ‘Oh, no – we have all new medicines now. We’re going to take care of you.’”

Armed with high blood pressure medication and a beta blocker to regulate his heart rate and blood pressure, Jim persevered at his workplace for a couple more years. “The doctors wanted me to work, so I kept working as long as I could,” he said. Finally, in July 2008, just short of 30 years



Jim Bayerl relaxes at home in Hanover with his son Kevin and his wife, Lou, by his side.

on the job, Jim officially retired. “I would work in my yard and walk two miles three times a week to keep moving, but I would get so tired I’d have to take a nap every day,” he said.

Because of Jim’s dedication to daily exercise, his heart began to strengthen. “The follow-up tests with Dr. Morrice showed my heart had improved to 30 percent capacity,” Jim said. However, his continued lack of energy prevented him from enjoying normal activities. At this point, Dr. Morrice determined that Jim was a good candidate for further treatment.

So on October 21, 2008, Jim returned to LMH, and Cardiologist Charles Noble II, M.D., and Dr. Morrice implanted a biventricular pacemaker and heart defibrillator under conscious sedation. “I remember hearing someone talking once in the operating room, but there was no pain,” Jim said. He stayed in the Hospital overnight for observation and quickly realized he felt a difference. “After just five or six days, I noticed I had more energy,” he said. “I started walking two miles every day. I feel better, and I don’t get tired all the time.”

Even before the pacemaker surgery, Jim took great pride in his yard work and flower gardening. “I like to work outside in the yard, so I did not just sit around. I could not do much because I would get so tired, but I kept working in the yard.” He devoted many hours to grooming his two acres of land, maintaining his small pond and tending to his collection of many lily varieties. Now that the pacemaker has given him a second wind, Jim is beginning to make more ambitious plans once again. He even has more gardening projects germinating in his mind for the coming spring.

Every Minute Counts During Sudden Cardiac Arrest

Five minutes is a small amount of time that can pack a big wallop. A great deal can happen even in such a short time. For instance, in five minutes a person can:

- Make coffee
- Feed the dog
- Sew on a button
- Take out the trash
- Get cash from an ATM
- Die from sudden cardiac arrest

Sudden cardiac arrest occurs when a person’s heart suddenly stops beating effectively because an electrical problem disrupts the normal heart rhythm. Without the heart’s pumping action, there is no blood flow to deliver oxygen to the brain, and death can result in approximately five minutes. Sudden cardiac death is often mistakenly called a “massive heart attack.” However, a heart attack is caused by a blockage in the blood vessels that stops or impedes the blood flow. Although death may be caused by a heart attack, it has other causes including chronic poor heart function, congenital abnormality and serious electrolyte problems.

The most common cause of sudden cardiac arrest is an underlying heart disease, such as atherosclerosis where the coronary arteries are restricted by a buildup of fatty deposits. Other common causes for older adults include tissue scarring from previous heart attacks and adverse reactions to medications, such as diuretics.

In rare instances, young adults or teens may suffer sudden cardiac death. In those instances, the causes usually include hypertrophic cardiomyopathy (thickening of the heart muscle), abnormalities of the heart’s electrical currents, abnormalities of the blood vessels or drug abuse.

“Unlike a heart attack where the patient may be unsure if something serious is happening, when a sudden cardiac arrest occurs, there is no doubt at all,” explained Bryce I. Morrice, M.D., a cardiologist at Licking Memorial Hospital

(LMH). “The patient loses consciousness immediately and cannot be wakened. There is no pulse and no breathing. At this point the clock is ticking, and the patient will surely die unless someone is there to help in just a few minutes.”

The American Heart Association (AHA) estimates more than 166,000 Americans die from sudden cardiac arrest each year. The majority of those deaths occur before the victims reach a hospital for medical help. The AHA encourages communities to implement a “chain of survival” to provide swift response to sudden cardiac arrest. The four components of the chain of survival from sudden cardiac arrest are:

- Speedy access to emergency (9-1-1) personnel
- Early CPR when needed
- Early defibrillation when indicated
- Early advanced cardiac care

Licking Memorial Health Systems (LMHS) has been working diligently to reduce the number of sudden cardiac deaths in Licking County. In 2005, LMHS began donating automated external defibrillator devices (AEDs) to place in public buildings and emergency vehicles. AEDs are designed for use by a lay person to determine if a patient is experiencing sudden cardiac arrest and then deliver an electric shock if needed. To date, LMHS has donated more than 125 AEDs which have already proven their value in providing immediate life-saving response.

In 2006, LMH installed an extensive 12-Lead EKG program to connect all emergency squads in the county with the LMH Emergency Department. The 12-Lead EKG equipment allows emergency medical technicians to begin transmitting the patient’s information to the emergency physicians during transport.

In 2007, LMHS added expanded cardiac services through the Licking Memorial Heart Center. As a result, patients can find state-of-the-art heart diagnostic equipment and treatment procedures locally at Licking Memorial rather than wasting precious time traveling to Columbus. Interventional Cardiologist Imtiaz Ahmed, M.D., and other cardiologists from MidOhio Cardiology and Vascular Consultants in Columbus contract their services to provide highly skilled care at LMH.

LMHS also has taken the initiative to prevent rare instances of sudden cardiac death in youth. In 2008, the Health Systems added free ECGs to the pre-participation sports screenings to all high school student athletes in the county. ECG results can indicate if a person has an abnormal heart rhythm which can, in rare instances, cause sudden cardiac arrest under physical stress. Through the screenings, one student was discovered to have a dangerous heart condition which was corrected without incident in surgery. The student was able to return to competitive sports a few months later.



With 12-Lead EKG equipment donated by Licking Memorial Hospital, emergency squads in Licking County can begin transmitting a patient’s information while they are still miles away from the Hospital.

“Sudden cardiac arrest is so devastating to the patient’s family and the entire community,” Dr. Morrice said. “It often strikes without warning, and unless the patient is fortunate enough to have someone right there to respond, it usually results in death. At Licking Memorial, we are doing the right thing by preventing it from happening and helping the public to respond when it does. As a cardiologist, I am very happy to see that kind of partnership between the Hospital and the community.”

The common risk factors for sudden cardiac arrest are the same as for heart disease: high blood pressure, diabetes, high cholesterol, inactivity, excess weight, smoking and poor diet. Other conditions that elevate the risk are heart rhythm abnormalities, history of previous heart attack, clogged arteries and unexplained fainting. Anyone who has any of these risk factors should consult with their family physician or cardiologist.

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Heart Center**



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