



**Licking Memorial
Health Systems**

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Please take a few minutes to read this month's

Report on **Emergency Care.**

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Community Report Card

Licking Memorial Health Systems

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Emergency Care ...

a community report on patient care quality.

Health Tips

Accidents are the fourth leading cause of death in the nation. One-quarter of all accidents occur in and around the home. Avoid becoming one of these statistics. Reduce hazards at home and teach your family basic health and safety techniques. Here's where you can begin:

- Insert safety plugs in all electrical outlets when small children are part of the household.
- Insist that all family members wear safety helmets when riding bicycles.
- Store cleaning materials in locked cabinets.
- Require drivers and passengers to wear seatbelts, no matter how short or long the trip.
- Check/replace the batteries in all household smoke detectors every six months.
- Keep matches, lighters and other flammable materials out of reach of children.
- Keep firearms and ammunition locked in separate cabinets.
- Replace frayed wires on all lamps, appliances, etc.

Health Tips (continued on inside page)

Emergency Care – How Do We Compare?

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 During 2005, there were 54,262 patient visits to the Licking Memorial Hospital (LMH) Emergency Department (ED). In 2006, LMH implemented electronic systems which improved patient care, but decreased efficiency while in the learning phases.

	LMH 2004	LMH 2005	LMH 1/06-4/06	Goal
Average length of stay in the ED	2 hr., 38min.	2 hr., 50 min.	3 hr., 22 min.	less than 2 hours
Average length of stay in the ED before being admitted	4 hr., 37 min.	4 hr., 22 min.	4 hr., 48 min.	less than 4 hours
% of patients in the ED for more than 6 hours	3.4%	3.9%	7.3%	less than 6%
Average time registration-to-physician	59 min.	1 hr., 15 min.	1 hr., 28min.	less than 30 min.

2 For patients experiencing a heart attack, stroke, or pneumonia, timing is critical for effective treatment. LMH tracks the time it takes to deliver “clot-busting,” or thrombolytic, drugs for heart attack and stroke, the time to administer a CT or MRI scan for stroke; and the time to deliver antibiotics for pneumonia.

	LMH 2004	LMH 2005	LMH 1/06-4/06	Goal
Median door-to-drug time – heart attack	48 min.	60 min.	N/A ⁽¹⁾	less than 30 min. ⁽²⁾
Median door-to-drug time – stroke	54 min.	81 min.	28 min.	less than 60 min. ⁽³⁾
Median door-to-CT or MRI time – stroke	60 min.	81 min.	73 min. ⁽⁴⁾	less than 30 min.
Median door to antibiotic – pneumonia	150 min.	171 min.	172 min.	less than 240 min. ⁽⁵⁾

3 Individuals sometimes leave the Emergency Department before their treatment is complete, even though their medical condition indicates they should stay.

	LMH 2004	LMH 2005	LMH 1/06-4/06	Goal
% ED patients who leave before treatment is complete	3.0%	3.5%	7.9%	less than 3%

4 Looking at a person’s level of pain is sometimes called “the fifth vital sign.” Those that visit the ED will be asked at triage to rate their level of pain. This will be completed by using the “faces” pain scale for children or the traditional range of 0 to 10 for adults. Both scales are excellent tools for communicating your individual level of pain.

	LMH 2004	LMH 2005	LMH 1/06-4/06	Goal
% Assessment of pain at triage	88%	88%	90%	greater than 95%

Data Footnotes:

(1) No patients were given thrombolytics during this time frame.

(2) Recommendations of the American Heart Association.

(3) Institute for Clinical Systems Improvement. *Diagnosis and Initial Treatment of Ischemic Stroke*; 2003 Oct. 6. p5.

(4) Measurement changed in April 2006 to exclude patients who did not come in with a stroke.

(5) National recommendation of CMS and JCAHO.

Health Tips (continued from previous page)

- Store alcoholic beverages in a locked cabinet.
- Insist on childproof caps for all medicines and prescriptions.
- Keep toys in boxes and electrical cords out of walkways.
- Make sure staircases and steps are well lit and in good repair.
- Test handrails for proper height and strength.
- Keep ladders in good condition.

Patient Feature: Mary McIntosh

Growing up and living in a small town has many benefits. Mary McIntosh believes that some of the benefits include close knit community, friends and family and caring health care. “At Licking Memorial, I have always received quality care,” said Mary. Throughout her life Mary has had to occasionally visit the Emergency Department of Licking Memorial Hospital (LMH). Her most recent experience at the LMH Emergency Department was a result of concern for possible blood clots. Mary has a history of pulmonary emboli, so this concern needed immediate medical attention.



Lewis and Mary McIntosh

A pulmonary embolus is a blockage of an artery in the lungs and most often caused by blood clots in the veins, especially veins in the legs or in the pelvis (hips). Many clear up on their own, though some may cause severe illness or even death. Emergency treatment and hospitalization are necessary. In cases of severe, life-threatening pulmonary embolism, definitive treatment consists of dissolving the clot with thrombolytic therapy. Anticoagulant therapy prevents the formation of more clots and allows the body to re-absorb the existing clots faster.

Mary’s husband, Lewis, took her to the LMH Emergency Department. “They were so busy that night – there were a lot of critical people who needed help,” said Mary.

“Licking Memorial has recently implemented a five-level triage process. This process categorizes the patients into tiers and assures that the most critical patients receive immediate medical attention,” said Penny Tylka-McCort, R.N., B.S.N., Director of Emergency Department. While back in the room, the nurse explained to Mary about the new triage process. Mary completely understood and felt assured that if she was in critical need that she would receive prompt care. Mary received a chest X-ray that confirmed she did not have a blood clot. “With her history of pulmonary embolism, any concern of a blood clot warrants immediate medical attention,” stated Penny. Symptoms of pulmonary embolism may be vague, or they may resemble symptoms associated with other diseases.

Symptoms can include:

- Cough – which begins suddenly and may produce bloody sputum
- Sudden onset of shortness of breath at rest or with exertion
- Splinting of ribs with breathing (bending over or holding the chest)
- Chest pain under the breastbone or on one side
- Rapid breathing
- Rapid heart rate (tachycardia)

“Once I got back to a room – the care I received from the nurses, doctor, radiology technician and laboratory person was great. I can’t say enough about how good they were to me,” said Mary. “I have been to the Emergency Room three times recently and they are always great.”

Mary and Lewis will soon celebrate their fifty-fourth anniversary. “Without him, I don’t know what I would do,” said Mary. Together, Mary and Lewis have two daughters, one granddaughter and one great-grandson.

Technology Changes at LMH Emergency Department

In a medical emergency, members of the community rely on the full-service Emergency Department at Licking Memorial Hospital (LMH), where high-quality care is provided 24 hours a day, seven days a week. The LMH Emergency Department has recently undergone several changes in order to better serve our patients. Some of the recent changes include implementation of the Picis IBEX PulseCheck technology, Electronic Medical Records (EMR), five-level triage process, EMS tracking board and on-going staff training.



Joan Johnson, LMH Charge Capture Specialist, looks on as IBEX Project Coordinator Kathryn Baldeschwiler uses a cabinet computer in the Emergency Department to access a patient's information.

Emergency Department frequently have noticed the change of the process, noted Penny.

The Emergency Department has also worked with the local EMS crews to implement an EMS tracking board. The tracking board was established so that when the EMS crews bring patients into the Emergency Department they would know exactly where to take the patient so that appropriate care can begin to take place. This allows the LMH Emergency Department to provide quick and accurate care to the patients.

One of the most significant changes in the Emergency Department has been the implementation of the Picis IBEX PulseCheck technology. This technology provides complete Emergency Department records by capturing patient data from the moment a radio call is received from emergency medical services, and continues to track patients through arrival to triage and disposition documentation. "Even though our physicians and nurses are behind a computer capturing and inputting data, we are still able to provide personalized care for our patients," said Penny Tylka-McCort, R.N., B.S.N., Director of the Licking Memorial Emergency Department. "This technology allows us to provide more accurate and quality care to our patients."

The EMR system used by the Licking Memorial Emergency Department includes an electronic tracking board, triage, nursing documentation, physician documentation, prescription writer, and discharge instructions. The physicians, nurses and lab technicians are able to incorporate demographic information into the chart from the Hospital system. In addition, all information that takes place while the patient is in the Emergency Department is incorporated into a central patient data base where it can be viewed by other departments and physicians. "This is one way that we are able to provide the patients with a continuum of care – their primary care physician is able to see what happened in the Emergency Room right away," said Penny.

The Emergency Department has also recently adopted a five-level triage process. "With this process we are able to see the most critical patients first and then help the patients who are in less critical need in a timely manner," said Penny. This process requires a triage nurse to group the patients into five tiers according to the severity of their needs. Patients are then seen in the order of the most critical need. Some of the patients who visit the

"With more than 20 percent of the patients seen in our Emergency Department being children, we felt that it was important for all of our nurses to acquire additional training to serve the children," said Penny. LMH recently began requiring that all nurses working in the Emergency Department become Pediatric Life Support (PALS) certified. PALS certification enables nurses to recognize infants and children at risk for cardiopulmonary arrest; to provide strategies for preventing this cardiopulmonary arrest; and to teach how to perform the cognitive and psychomotor skills for resuscitating and stabilizing children in respiratory failure, shock or cardiopulmonary arrest. "PALS certification is just one of the many additional educational opportunities available for our staff," said Penny.

Licking Memorial Emergency Department is taking every step to bring quality health care to the community we serve. Information technology supports and helps our caregivers and professionals make a difference in the lives of the community. The community can rest assured that Licking Memorial constantly reviews new technology to make certain the equipment is state-of-the-art for the best possible patient care, testing and treatment.