



## Licking Memorial Health Systems

1320 West Main Street  
Newark, OH 43055

Please take a few minutes to read this month's Report on **Emergency Care**.

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

*Visit us at [www.LMHealth.org](http://www.LMHealth.org)*

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*1998, 1999, 2000, 2001, 2002, 2003, 2005, 2006*



# Community Report Card

## Licking Memorial Health Systems

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## A Community Report on Emergency Care

### Health Tips - Knowing When to go the Emergency Department

#### Getting Medical Care

It can be hard to know where to go to get medical care. Choices include going to a physician's office or the Emergency Department (ED) of Licking Memorial Hospital (LMH). "If you or if someone in your family needs emergency care, come to the Hospital's Emergency Department immediately for an examination," said May-Lee Robertson, D.O., Vice Chief of Emergency Medicine at LMH. "Call 9-1-1 if the condition is life-threatening, or it could get worse on the way to the Hospital."

#### A medical condition could be an emergency if a person has at least one of these symptoms:

- Difficulty breathing, shortness of breath
- Chest or upper abdominal pain or pressure
- Fainting, sudden dizziness, weakness
- Changes in vision
- Confusion or changes in mental status
- Any sudden or severe pain
- Uncontrolled bleeding
- Severe or persistent vomiting or diarrhea
- Coughing or vomiting blood
- Suicidal feelings
- Difficulty speaking
- Broken bones
- Unusual abdominal pain

*Health Tips - Knowing When to go the Emergency Department (continued inside)*

# 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 2006, there were 52,220 visits to the Licking Memorial Hospital (LMH) Emergency Department (ED). The same year, LMH implemented electronic systems which improved patient care but temporarily decreased efficiency while in the learning phases.

	LMH 2005	LMH 2006	LMH 1/07-4/07	Goal
Average length of stay in the ED	2 hr., 50 min.	3 hr., 23 min.	2 hr., 57 min.	less than 2 hours
Average length of stay in the ED before being admitted	4 hr., 22 min.	4 hr., 49 min.	4 hr., 30 min.	less than 4 hours
% of patients in the ED for more than 6 hours	3.9%	7.8%	6.5%	less than 6%
Average registration-to-physician time	1 hr., 15 min.	1 hr., 25 min.	1 hr., 17 min.	less than 30 minutes

**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 2005	LMH 2006	LMH 1/07-4/07	Goal
Median door-to-drug time – heart attack	60 min.	45 min.	44 min.	less than 30 minutes <sup>(1)</sup>
Median door-to-drug time – stroke	81 min.	55 min.	73 min.	less than 60 minutes <sup>(2)</sup>
Median door-to-CT or MRI time – stroke	81 min.	65 min.	40 min.	less than 30 minutes
Median door-to-antibiotic – pneumonia	171 min.	170 min.	173 min.	less than 240 minutes <sup>(3)</sup>

**3** Unscheduled returns to the ED may signal a problem in patient care, such as inadequate diagnosis or treatment during the initial visit, or a patient’s inability to understand or follow discharge instruction, lack of access to care in the community or other factors. Identifying patients at risk of an unscheduled return can reduce costs, minimize misuse of ED services, and allow for better care of those who need it.

	LMH 2005	LMH 2006	LMH 1/07-4/07	Goal
% of ED patients who return to the ED 24 hours of discharge	1.7%	1.8%	1.2%	less than 2%

**4** An unscheduled admission to the Hospital 72 hours after a visit to the ED may signal a problem in patient care, such as inadequate diagnosis or treatment during the initial visit, patient non-compliance with discharge instructions, or a patient’s inability to understand or follow discharge instructions. Careful review of the data can help identify ways to improve care and to work with community agencies and resources to reduce unnecessary use of ED services.

	LMH 2005	LMH 2006	LMH 1/07-4/07	Goal
% of patients admitted to the Hospital within 72 hours of ED visit	.65%	.68%	.81%	less than 1%

**5** A study published in the New England Journal of Medicine reported that patients are safer and less likely to experience serious complications when they are treated in hospitals with more registered nurses on staff. LMH recruits experienced nurses and clinical graduates from area nursing schools for open positions at the Hospital. A vacancy rate shows how many nursing positions need to be filled.

	LMH 2005	LMH 2006	LMH 1/07-4/07	Goal
R.N. vacancy rate in the ED	8%	8%	4%	less than 5%

**6** Individuals sometimes leave the ED before their treatment is complete, even though their medical condition indicates they should stay.

	LMH 2005	LMH 2006	LMH 1/07-4/07	Goal
% of ED patients who leave before treatment is complete	3.5%	7.6%	5.7%	less than 3%

**7** Looking at a person’s level of pain is sometimes called the “fifth vital sign.” Those who 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 an individual’s level of pain.

	LMH 2005	LMH 2006	LMH 1/07-4/07	Goal
% Assessment of pain at triage	88%	92%	90%	greater than 95%

**Data Footnotes:**

- (1) Recommendations of the American Heart Association.
- (2) Institute for Clinical Systems Improvement. *Diagnosis and initial treatment of ischemic stroke*; 2003 Oct. 65p.
- (3) National recommendation of CMS and The Joint Commission.

## Patient Feature: Virginia Martin

Virginia “Ginny” Martin began vomiting and had diarrhea in the middle of the night in April. “I just could not imagine what was going on,” she said. “After two hours of it, I was exhausted.” Ginny’s husband, Richard “Dick” Martin, called the office of their family doctor, Ramon Barcelona, M.D., a physician with Licking Memorial Family Practice – Heath.

The answering service suggested Ginny go to the Emergency Department (ED) at Licking Memorial Hospital (LMH) immediately. The couple rushed from their home in Muskingum County, Ohio, and arrived at LMH at 4:30 a.m. “We did not even comb our hair. We just came in. When you are that sick, nothing else matters,” Ginny said. “You just want help.”

Ginny was worried she had another urinary tract infection. She had been battling a recurring infection with antibiotics. A clerk quickly registered Ginny and a triage nurse assessed her symptoms. She was whisked away to a bed in the ED. “They took us right in. I was in no shape to sit around and talk about anything,” Ginny said.

The ED physician saw that Ginny was in excruciating pain. The physician ordered a batch of blood tests in addition to a CT scan of the abdomen and a urinalysis. With the abdominal CT scan, the physician was looking for anything that could cause her abdominal pain – from life threatening to non-life threatening causes. The ED staff started Ginny’s IV and gave her medication to control pain and nausea.



Virginia “Ginny” Martin works in her Muskingum County garden. She applauded the Emergency Department staff at LMH for quickly helping her when she visited the Emergency Department in April.

Fortunately, the CT scan of the abdomen came back normal, but the staff found that Ginny had a urinary tract infection. They gave her the appropriate medications to treat the infection and control the pain and nausea.

“This case is a perfect example of paying attention to your symptoms and getting prompt medical attention,” said Penny Tylka-McCort, M.S.N., M.B.A., R.N., Director of Emergency Services. “An illness, such as a urinary tract infection, can have the symptoms of a life-threatening problem, but you do not know unless you receive the necessary testing offered via the ED.”

Ginny remembers that night as the sickest she has ever been. “I’m glad it happened here,” said Ginny, who has lived in Newark for most of her life. “The physician, the nurses and everyone were so patient and kind. When you are sick, that is just what you want.”

# LMHP Physicians Offer Extended Hours

The physicians of Licking Memorial Health Professionals (LMHP) offer early morning, evening and some Saturday hours. By extending office hours, LMHP physicians may accommodate patients for scheduled checkups and same-day sick visits, while helping some avoid an unnecessary trip to the Emergency Department (ED) at Licking Memorial Hospital (LMH).

“Two-thirds of the visits to the ED are not for true emergencies, but are people seeking care outside of traditional office hours,” said Craig Cairns, M.D., LMH Vice President of Medical Affairs. “Many times, people go to the ED for help because they are unable to leave work or they have never established a relationship with a primary physician.”

The ED includes a special area where patients without true emergencies are seen. Sometimes, parents bring their children to the ED for routine illnesses because it is more convenient for them. However, Licking Memorial Pediatrics, 1865 Tamarack Road, Newark, offers a walk-in clinic Monday through Friday from 7:30 until 8:30 a.m. Appointments are not necessary during these hours. Same-day appointments for sick children also are available through Licking Memorial Pediatrics



Emily Decker, M.D., a pediatrician with Licking Memorial Pediatrics, allows a young patient to hold a tongue depressor during an exam.

at the Newark, Pataskala and Utica locations.

The extended hours at LMHP offices allow patients – especially those with chronic health issues – to visit their physician without missing work. For example, a person with hypertension, cardiovascular disease or diabetes will have multiple scheduled appointments each year. If they had to miss work to visit their physician, they could exhaust their allotted sick days or may need to take time off without pay.

“Visiting the physician at their office instead of going to the ED also shortens wait times for patients,” said Christine McGee, R.N., Vice President of Physician Practices. “It also helps patients get the best care possible because the physician knows their medical history.”

LMH can help you choose a pediatrician, family practice physician, obstetrician or other medical specialist to help meet your family’s health care needs. Simply call the Licking Memorial Hospital Physician Referral Line at (740) 348-4014, or click on the “Find a Doctor at LMH” link on the LMHS Web site, located at [www.LMHealth.org](http://www.LMHealth.org).

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*Health Tips – Knowing When to go the Emergency Department (continued from outside page)*

Always get immediate medical attention for children if you are concerned that they may be having a medical emergency. Remember, children sometimes display different symptoms than adults.

## **Call 9-1-1 or go to the ED immediately if a child or baby:**

- Does not wake up easily
- Has lips that turn blue
- Has problems breathing
- Has a fever that does not respond to fever-reducing medications such as acetaminophen

Even if the symptoms do not fit any of the above, but a person feels ill and is concerned about his or her current state of health, go to the ED for evaluation. The same caution applies to a child or other loved ones.

## **Patients are not seen on a first-come, first-served basis in the ED. Instead, those with the most severe illnesses or injuries are treated first. To get the best possible care while in the ED:**

- Bring a list of medications and allergies. Know the names and dosages of each medication the patient is taking. When listing allergies, include allergies to medications, food, insects and other sources.
- Know immunization history. Bring a shot record for a child. Adults should know the dates of their last tetanus, flu and Hepatitis B shots.
- Stay calm. It may be difficult for a patient who has been badly injured to stay composed. However, calm patients are better able to communicate with ED staff.

## **Routine checkups can help prevent serious illnesses. Some doctor’s offices or clinics have programs to help people with the costs of health care. Go to your physician’s office or clinic for:**

- Routine checkups
- Minor injuries or illnesses such as colds, coughs, earaches, sore throats, headaches and muscle or joint problems
- Immunizations
- Tuberculosis skin testing
- Sexual health problems
- Managing high blood pressure, diabetes, high blood cholesterol, asthma, thyroid problems or seizures