



**Licking Memorial  
Health Systems**

1320 West Main Street  
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this month's report on **Emergency  
Care**. You'll soon discover why

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measurably different ... for your health!

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



# Community Report Card

## Licking Memorial Health Systems

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Volume 9, Issue 8

August 2008

# A Community Report on Emergency Care

# 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 2007, there were 53,557 patient visits to the Licking Memorial Hospital (LMH) Emergency Department (ED).

	LMH 2005	LMH 2006	LMH 2007	Goal
Average length of stay in the ED	2 hr. 50 min.	3 hr. 23 min.	3 hr. 11 min.	less than 2 hours
Average length of stay in the ED before being admitted as an inpatient	4 hr. 22 min.	4 hr. 49 min.	4 hr. 30 min.	less than 4 hours
Patients in the ED for more than 6 hours	3.9%	7.8%	6.2%	less than 6%
Average registration-to-physician time	1 hr. 15 min.	1 hr. 25 min.	1 hr. 19 min.	less than 30 min.

**Note: The LMH ED is seeing an increase in severity of patients' illnesses which often requires more testing and results in a longer treatment time, increasing the time spent in the ED.**

**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 2007	Goal
Median door-to-drug time – heart attack	60 min.	45 min.	35 min.	less than 30 minutes <sup>(1)</sup>
Median door-to-drug time – stroke	81 min.	55 min.	76 min.	less than 60 minutes <sup>(2)</sup>
Median door-to-CT or MRI time – stroke	81 min.	65 min.	43 min.	less than 30 minutes
Median door to antibiotic – pneumonia	171 min.	170 min.	162 min.	less than 240 minutes <sup>(3)</sup>

**Note: Medications needed to treat such illnesses are kept in the ED at all times so the medications are always available to decrease the time of delivery for the medication. In 2008, a dedicated registered pharmacist was added in the ED to help expedite medication needs of the patients.**

**3** Unscheduled returns to the ED may signal a problem in patient care, such as inadequate diagnosis or treatment during the initial visit, a patient’s inability to understand or follow discharge instructions, 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 2007	Goal
ED patients who return to the ED within 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 2007	Goal
Patients admitted to the Hospital within 72 hours of ED visit	.65%	.68%	.76%	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 2007	Goal
R.N. vacancy rate in the ED	8%	7.6%	8%	less than 5%

**Note: New positions were created by the expansion of LMH’s Emergency Department in 2007. Most of those positions have since been filled, and the R.N. vacancy rate was down to 4 percent by May 2008.**

**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 2007	Goal
ED patients who left before treatment was complete	3.5%	7.6%	5.6%	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 2007	Goal
Assessment of pain completed	88%	92%	94%	greater than 95%

**Note: “Faces” pain scales are placed in every patient care room in the ED for easy reference. Our electronic medical records also have easy accessibility for documenting and tracking a patient’s level of pain.**

**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 Story – Joe Ann Vogelsong

Joe Ann Vogelsong of Heath was in the middle of a physical therapy session for a mending broken leg in January 2008, when another medical problem suddenly arose. “At first it looked like the room turned sideways,” she said. “Then everything went totally black. I had a brain seizure. I don’t remember anything that happened at that point, but I bit my tongue really badly. The physical therapists called the emergency squad, and I was transported to Licking Memorial Hospital. They told me later that I was struggling with my IV lines, so I must have been really scared. I wasn’t acting like myself.”

As Joe Ann drifted in and out of consciousness, the Licking Memorial Hospital (LMH) emergency medical team, led by Emergency Medicine Physician John D. Wells, D.O., quickly assessed Joe Ann’s condition. “My husband, Richard, was in the room with me,” she said. “I remember everyone was just so nice. Every time I ‘came to’ the nurses or Dr. Wells would be there, and they would explain things to us in language we could understand.”

Dr. Wells told Joe Ann and Richard a CT scan had revealed the cause of her seizure; there was a mass on the left side of her brain. “I was having trouble comprehending exactly what was happening to me, but I knew there was something seriously wrong. However, everyone was so nice and reassuring,” she said.



Joe Ann Vogelsong is recovering at home in Heath this summer after a benign brain tumor sent her to the Emergency Room.

Joe Ann was transported to The Ohio State Medical Center for the neurosurgery that she required. Physicians there confirmed Dr. Wells’ diagnosis of a brain tumor. “Because his diagnosis was correct, and I had faith in the information that they had given me at Licking Memorial, I consented to surgery right away, and there wasn’t any delay in having it done,” she said.

Joe Ann remained in the hospital for three days after surgeons removed the benign tumor. “I was extremely lucky; they don’t expect me to have any more seizures since the tumor was completely removed. I still have some short-term memory loss, but I know it could have been a lot more serious,” she said. “I am lucky that Licking Memorial got me over to Ohio State right away. I am really happy with the help I’ve gotten at Licking Memorial Hospital through the years.”

During the first few months after surgery, Joe Ann said she felt anxious about leaving the house. “I’d think about what might happen if I had another seizure,” she said. But as she recovers at home with Richard and their beagle, Jessie, she is gradually regaining confidence, becoming stronger and resuming normal activities such as shopping and camping.

# Preparation Improves Triage Process in Emergency Room

Patients are already seeing improvements created in the Emergency Department at Licking Memorial Hospital (LMH) since the opening of the new John & Mary Alford Pavilion in July 2007. New radiology equipment now allows X-ray images to be taken in the department, a pneumatic transport system allows quicker delivery of medications from the LMH Pharmacy, and patients' privacy is better protected with individual examination rooms.

Patients in the Emergency Department are seen in order of their conditions' severity, not necessarily on a first-come, first-served basis. However, there are steps that patients should take at home that will help to shorten their wait time and streamline the triage process if they ever need Emergency care.

## Keep a list of medications

It is highly recommended that every patient have a complete and up-to-date list of medications at home. This list should include all prescriptions, over-the-counter medications, supplements and allergies. A family member or friend should be informed where to find the list of medications in case of emergency.

When patients arrive at the Emergency Department, the emergency physician will need to know their complete list of medications that includes not only the name of the medications, but also the dosage and how

often they are taken. Many patients cannot recite their complete list or precise prescription names due to the stress of the emergency, so having a prewritten list will help to ensure correct information is being given. Patients in the Emergency Department may also have an opportunity to meet with a licensed pharmacist on staff who can review the list of medications to verify the patient is taking the correct dosages and has no adversely interacting drugs.

## Have an established "medical home"

The "medical home" is a model of health care based on a patient's relationship with a primary care physician (PCP). The PCP will be familiar with the patient's medical history, home environment and cultural and religious beliefs. In addition, many PCPs offer telephone consultations or extended and weekend office hours.

Licking Memorial Physician Practices includes 20 family practice physicians and six pediatricians across Licking County who are accepting new patients. For more information about locating a new physician, please call the Physician Referral Line at (740) 348-4014. Information about physicians on the LMH Medical Staff can also be found online at [www.LMHealth.org](http://www.LMHealth.org) by clicking on the "Find a Physician" link.

## Health Tips

As schools reopen at the end of the summer, parents are often faced with unexpected late night or weekend trips to the Emergency Room when their children become ill. The following Health tips can help to protect your children's health and to prevent the inconvenience and expense of an Emergency Department visit:

**Immunizations** – Be sure your child is up-to-date on all vaccinations. You can check with your pediatrician for the child's immunization record.

**Hand washing** – Teach children to wash hands frequently, especially after using the rest room and before meals. Proper hand washing techniques include vigorously scrubbing hands with soap and water and rinsing in water. You can help your children avoid getting sick by insisting that they wash their hands properly and frequently. Tell your children to wash their hands for as long as it takes them to sing their ABCs, "Row, Row, Row Your Boat" or the "Happy Birthday" song. This works especially well with younger children who may rush when washing their hands.

**Alcohol-based hand sanitizers** – which do not require water – are an excellent alternative to hand washing, particularly when soap and water are not available and can be placed in your child's backpack or lunch box. They are actually more effective than soap and water in killing bacteria and viruses that cause disease.

**MRSA prevention** – Methicillin-resistant staphylococcus aureus (MRSA) is a type of bacteria that is resistant to certain antibiotics and can be spread by touching common surfaces such as doorknobs or sports equipment. Proper hand washing can help prevent the spread of MRSA germs.

**Lunch box safety** – Lunch boxes typically sit at room temperature for hours before students' lunch time. Parents are advised to pack foods that do not need refrigeration, such as peanut butter and jelly sandwiches. Sandwiches that are made with refrigerated luncheon meats and cheese should be carried in an insulated lunch bag with an ice pack.