



# 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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2007, 2008



## Quality Report Card Licking Memorial Health Systems

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### Health Tips – Heat Stroke

Hot summer weather increases the incidence of heat stroke, a life-threatening condition. Since heat stroke can develop quickly, it is important to call 9-1-1 immediately if the following symptoms of heat stroke arise:

- Confusion, irritability
- Convulsions
- A rapidly rising fever (usually higher than 106° F)
- Loss of consciousness (This may be the first symptom in an elderly patient.)
- A very rapid or very slow pulse
- Inability to sweat with hot, flushed skin

### Other symptoms of heat stroke may include:

- Nausea and vomiting
- Dry, flushed skin
- Headache
- Shortness of breath
- Belligerence
- Dizziness
- Blood in urine or stool

As you are waiting for EMS to arrive, remove the person from direct sun, preferably to a shady, air-conditioned area. Cover with a damp sheet to cool the person's body or mist with cool water. Also fan to continue the cooling process. Offer cool water if the person is alert and able.

# Emergency Care – How do we compare?

Check out our Quality Report Cards online at [www.LMHealth.org](http://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** During 2008, there were 57,900 visits to the Licking Memorial Hospital (LMH) Emergency Department (ED).

	LMH 2006	LMH 2007	LMH 2008	Goal
Average length of stay in the ED	3 hrs. 23 min.	3 hrs. 11 min.	2 hrs. 55 min.	less than 3 hrs. 18 min. <sup>(1)</sup>
Average length of stay in the ED before being admitted	4 hrs. 49 min.	4 hrs. 30 min.	4 hrs. 6 min.	less than 4 hrs.
Patients in the ED for more than 6 hours	7.8%	6.2%	4.1%	less than 6%
Average registration-to-physician time	1 hr. 25 min.	1 hr. 19 min.	1 hr. 11 min.	less than 56 min. <sup>(1)</sup>

**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 2006	LMH 2007	LMH 2008	Goal
Median door-to-drug time – heart attack	45 min.	35 min.	45 min.	less than 30 min. <sup>(2)</sup>
Median door-to-CT or MRI time – stroke	65 min.	43 min.	30 min.	less than 30 min.
Patients receiving antibiotic dose within 6 hours	97%	96%	98%	National <sup>(3)</sup> 93%

**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 2006	LMH 2007	LMH 2008	Goal
ED patients who return to the ED within 24 hours of discharge	1.8%	1.2%	1.3%	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 2006	LMH 2007	LMH 2008	Goal
Patients admitted to the Hospital within 72 hours of ED visit	.68%	.76%	.77%	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 2006	LMH 2007	LMH 2008	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 2006	LMH 2007	LMH 2008	Goal
ED patients who left before treatment was complete	7.6%	5.6%	3.4%	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 2006	LMH 2007	LMH 2008	Goal
Assessment of pain completed	92%	94%	95%	greater than 95%

**Data Footnotes:** (1) National Hospital Ambulatory Medical Care Survey: 2005 Emergency Department Summary. Number 386. (2) Recommendations of the American Heart Association. (3) National recommendation of CMS and The Joint Commission.

## Patient Story – Kameron Meeting

Melanie Davis of Pataskala is accustomed to her teenage son encountering the usual bumps and bruises that are part of an active boy’s life. So it was no great surprise to her to receive a call from a school nurse last December that her son, 13-year-old Kameron Meeting, had an accident at school.



Kameron Meeting and his mother, Melanie Davis.

“I was in the locker room during gym class, and I fell backward,” Kameron explained. I landed directly on my left arm.

It swelled immediately and turned purple, so I went to my gym teacher. He gave me an ice pack and wrapped my arm with a bandage to keep it still. I was not in a lot of pain; I was just uncomfortable.”

Melanie said, “I work in Columbus, so it took a little while for me to get to the school. When I arrived, the physical education teacher was there waiting with Kameron in the nurse’s office. I really appreciated that the teacher waited with him to ensure he was okay.”

From Pataskala, it was a short drive to the Emergency Department (ED) at Licking Memorial Hospital. Kameron had not been to the ED since he was much younger, so he started to become a bit anxious during the trip. “I was nervous because I did not know what was going to happen, but had a good experience at the ED. People took care of me and were really nice to me. It was comforting,” he said. “They also took an x-ray of my arm, and made sure that it did not hurt.”

Melanie said the Emergency Department staff began to make her and Kameron feel at ease from the moment they first walked through the sliding doors. “They registered us right away, and the nurses joked with him just enough to make him feel comfortable. They kept him in good spirits, which was important to me because I could tell his arm was uncomfortable.”

With radiology equipment located directly in the ED, Kameron was able to have his wrist X-rayed and diagnosed very quickly. The ED radiology equipment also enabled Orthopedist Brad Bernacki, M.D., to access the x-ray results and examine Kameron in a timely manner. Afterward, the ED nurse applied a temporary splint, which extended from Kameron’s hand to just above his elbow. “I think he was

a little proud of the splint,” Melanie chuckled, “because he began to text pictures of it to family and friends right away.”

A couple of days later, Kameron visited Dr. Bernacki at his office to have his wrist set, and a smaller, more permanent cast applied to let his wrist heal. “The only problem I had was taking showers,” he remembered. “I could not get the cast wet, so that was rather hard. But all my friends signed it, and my mom saved it after it was removed.”

Six weeks later, Kameron had the cast removed from his wrist, and he resumed playing sports at Watkins Middle School. He participates in track as a runner. He also enjoys playing golf, and as a right-hander, he said his left-wrist injury did not affect his swing, and his game is back to normal.

In April 2009, Licking Memorial opened a new Urgent Care in Pataskala. The facility is furnished with radiology equipment and other technology to treat injuries, such as sprains and broken bones. For more information about Licking Memorial Urgent Care, please visit the Licking Memorial Health Systems Web site at [www.LMHealth.org](http://www.LMHealth.org) and click on “Urgent Care.”

# New Urgent Care Provides Alternative to Emergency Department Visits



Licking Memorial Urgent Care in Pataskala is on the first floor of the Pataskala Health Campus, located at One Healthy Place.

Licking Memorial Health Systems (LMHS) recently increased health care service options for all residents of Licking County. A new Urgent Care was opened in late spring and is located at One Healthy Place, off Broad Street in Pataskala.

Licking Memorial Urgent Care is designed to improve service to patients by offering health care that is closer to home for residents of southwestern Licking County. In addition, many patients will save money by being able to visit Urgent Care when their primary care physician is not available, rather than having to go to the Emergency Department (ED). In most instances, Urgent Care is a cost-effective alternative to an ED visit for a simple ailment.

“In 2007, the Hospital’s ED saw 53,557 patients, and in 2008, there were 57,900 visits to the LMH ED. This was an increase of 4,343 patients in one year’s time,” said Emergency Medicine Physician May-Lee Robertson, D.O. “Many of those patients required immediate care, but did not have a life-threatening illness. As part of the triage process, we must see the most critically ill patients first, so patients with minor injuries and illnesses sometimes have to wait for longer periods of time. By visiting the Urgent Care instead of the LMH ED, patients with minor injuries and illnesses will be able to receive care more quickly.”

“Many patients are not sure what a true ‘emergency’ situation is,” Dr. Robertson continued. “If there is any doubt, they should come to the ED. Patients should definitely seek the level of care they require, but Urgent Care now gives them an option for less severe, yet urgent, illness or injury. Although the Urgent Care will provide a more efficient use of services, the ED is conveniently open 24 hours a day, in case of an emergency, regardless of severity.”

## When to Seek Emergency Care

The following list includes examples of critical illnesses, injuries and symptoms that require emergency care:

- Severe chest pain or heart attack
- Difficulty breathing

- Severe head injuries
- Severe dizziness
- Stroke-like symptoms (such as facial droop or one-sided weakness)
- Seizures
- Poisoning
- Drug overdoses
- Heavy bleeding
- Severe injury
- Severe bone fractures (with open wound or noted deformity)
- High fever in children or adults
- Fever in newborn babies
- Severe abdominal pain, especially if associated with fever and vomiting
- Severe asthma attack
- Electrical shock
- Stroke
- Snake or spider bites
- Unconsciousness
- Disorientation
- Pregnancy-related problems
- Allergic reactions
- Coughing/vomiting blood
- Persistent vomiting
- Suicidal or homicidal feelings

## When to Visit Urgent Care

If a patient’s primary care physician is not available, Urgent Care may be a better option than the ED to treat symptoms, illnesses or injuries that need immediate care, but are not life-threatening. Examples are:

- Colds, flu and coughing
- Sore throat
- Ear infections
- Minor allergies
- Minor fractures
- Sprains
- Minor fever
- Nausea (without persistent vomiting)
- Diarrhea
- Minor burns
- Minor cuts, even those requiring stitches
- Minor eye injuries
- Minor animal bites
- Insect stings (without allergic reaction)
- Pink eye
- Urinary tract infections
- Skin rashes

Licking Memorial Urgent Care is staffed by well-trained physicians from LMH’s ED. Urgent Care is open from 12:00 Noon to 8:00 p.m., Monday through Saturday, and from 12:00 Noon to 6:00 p.m., on Sunday. No appointment is needed. More information about Urgent Care services is available by calling (740) 348-7600 or (740) 964-7600.