



Licking Memorial Health Systems

1320 West Main Street
Newark, Ohio 43055

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

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

Visit us at www.LMHealth.org.

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Health Tips – When to Call 9-1-1

In a medical emergency, call 9-1-1 immediately to summon help and provide transportation to the hospital. Some examples of medical emergencies include:

- Loss of consciousness
- Gasping for air or not breathing at all
- A severe allergic reaction
- Severe injury
- Heat stroke
- Severe bleeding
- Drug overdose
- Poisoning
- Severe pain
- Unexplained seizures or convulsions

Any telephone or cell phone can be used to call 9-1-1, however Licking County Emergency medical squads cannot receive text messages. If you call 9-1-1, stay calm and be prepared to report the type of emergency and your location. Follow the dispatcher's directions, and stay on the phone until the dispatcher tells you to hang up.

If you, or a child, calls 9-1-1 by mistake, you should stay on the line and explain to the dispatcher what happened. Emergency personnel are required to respond to "hang-up" calls, which results in wasted resources and ties up available equipment for true emergencies.

Emergency Care – How do we compare?

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 healthcare choices.

Check out our Quality Report Cards online at www.LMHealth.org.

1 During 2010, there were 57,102 visits to the Licking Memorial Hospital (LMH) Emergency Department (ED).

| | LMH 2008 | LMH 2009 | LMH 2010 | Goal |
|--|----------------|----------------|----------------|---|
| Average length of stay in the ED | 2 hrs. 55 min. | 2 hrs. 53 min. | 2 hrs. 38 min. | less than 3 hrs. 18 min. ⁽¹⁾ |
| Average length of stay in the ED before being admitted | 4 hrs. 6 min. | 3 hrs. 55 min. | 3 hrs. 36 min. | less than 4 hrs. |
| Patients in the ED for more than 6 hours | 4.1% | 3.1% | 2.0% | less than 6% |
| Average arrival-to-physician time | 1 hr. 11 min. | 1 hr. 10 min. | 59 min. | less than 56 min. ⁽¹⁾ |

2 In 2009, LMH opened Licking Memorial Urgent Care at the Pataskala Health Campus. Patients are encouraged to visit Urgent Care rather than the Emergency Department when they have illnesses and injuries that are not life threatening, but need immediate attention, such as ear infections, minor fractures and minor animal bites. Urgent Care visits usually require less time and lower costs than visits to the Emergency Department.

| | LMH 2008 | LMH 2009 | LMH 2010 | Goal |
|------------------------------------|----------|----------|----------|--------------------|
| Urgent Care door-to-doctor time | N/A | 32 min. | 25 min. | less than 30 min. |
| Urgent Care average length of stay | N/A | 63 min. | 60 min. | less than 120 min. |

3 Emergency angioplasty restores blood flow in a blocked heart artery by inserting a catheter into the artery to implant a stent. The procedure has been proven to save lives during a heart attack, and it is most effective when performed within 90 minutes of the patient's arrival to the Emergency Department to minimize irreversible damage from the heart attack.

| | LMH 2008 | LMH 2009 | LMH 2010 | National | Goal |
|-----------------------------------|----------|----------|----------|------------------------|----------------------------------|
| Average time to balloon | 74 min. | 67 min. | 75 min. | 66 min. ⁽²⁾ | less than 90 min. ⁽³⁾ |
| Time to balloon within 90 minutes | 92% | 94% | 83% | 89% ⁽⁴⁾ | greater than 90% |

4 For patients presenting with pneumonia, timing is critical for effective treatment. LMH tracks the time it takes to deliver antibiotics.

| | LMH 2008 | LMH 2009 | LMH 2010 | National ⁽⁴⁾ |
|---|----------|----------|----------|-------------------------|
| Pneumonia patients receiving antibiotic dose within 6 hours | 98% | 97% | 99% | 95% |

5 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 2008 | LMH 2009 | LMH 2010 | Goal |
|---|----------|----------|----------|--------------|
| ED patients who return to the ED within 24 hours of discharge | 1.3% | 1.4% | 1.4% | less than 2% |

6 An unscheduled admission to the Hospital within 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 2008 | LMH 2009 | LMH 2010 | Goal |
|---|----------|----------|----------|--------------|
| Patients admitted to the Hospital within 72 hours of ED visit | 0.77% | 0.74% | 0.72% | less than 1% |

7 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 registered nurse (R.N.) positions need to be filled.

| | LMH 2008 | LMH 2009 | LMH 2010 | Goal |
|-----------------------------|----------|----------|----------|--------------|
| R.N. vacancy rate in the ED | 4% | 3% | 0% | less than 5% |

8 Individuals sometimes leave the ED before seeing a physician or completion of treatment.

| | LMH 2008 | LMH 2009 | LMH 2010 | Goal |
|--|----------|----------|----------|--------------|
| ED patients who left before treatment was complete | 3.4% | 4.0% | 3.3% | less than 3% |

9 Pain is sometimes called the “fifth vital sign.” Patients 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 2008 | LMH 2009 | LMH 2010 | Goal |
|------------------------------|----------|----------|----------|------------------|
| Assessment of pain completed | 95% | 97% | 98% | greater than 95% |

Data Footnotes: (1) National Hospital Ambulatory Medical Care Survey: 2005 Emergency Department Summary. Number 386. (2) Comparative data from the Midas Comparative Database. (3) ACC/AHA Guidelines for the Management of Patients with ST-Elevation Myocardial Infarction, Antman et al. 2004. (4) Hospitalcompare.hhs.gov national benchmarks.

Patient Story – Tim Petroff, R.N.

The progression of unexpected developments that took place on May 13, 2010, changed Tim Petroff’s mind about a lot of things. When the 55-year-old registered nurse from Thornville had a potentially fatal heart attack, he thought he would be facing a long ordeal of surgery and rehabilitation that would require many trips to Columbus. What he found instead was that the speedy Emergency Department (ED) care at Licking Memorial Hospital (LMH), along with the advanced technology of the LMH Cardio Vascular Laboratory, provided the precise care that he needed for a quick and full recovery.



Tim Petroff (in white shirt) was surrounded by his wife, Debbie, and their family as he recovered from a heart attack in 2010.

Tim awoke at his lakeside home on that Thursday, looking forward to playing nine holes of golf with a long-time friend at Harbor Hills Golf Course. Tim remembered, “As I was getting ready, I noticed a little discomfort in my chest. I thought it would pass, but it gradually grew worse. When I met my friend at the golf course, I told him, half-seriously, that I might be having a heart attack.”

As a registered nurse, Tim is very knowledgeable about the symptoms of a heart attack, including any combination of: chest pain or discomfort that lasts more than a few minutes, discomfort in the arms, back, neck, jaw or stomach, shortness of breath, light-headedness, and breaking out in a cold sweat. However, he continued onto the greens with his friend.

“It was more of a denial situation than anything else,” Tim said. “I considered the possibility that I could be having a heart attack, but I did not have any shortness of breath, severe chest pain or pain in my arms. Besides, I was only 54 years old at the time, and I am in pretty good shape, so I did not believe that I was in danger. However, the discomfort kept getting stronger, and after we teed

off at the first hole, I told my friend that I thought we should head to the hospital.”

The two men started to walk back across the fairway, but Tim was not able to continue and requested that someone call 9-1-1 for emergency assistance. When the Hebron EMS squad arrived, Tim asked to be taken to the Columbus hospital where he is employed. The EMS responders explained that his life was in danger, and they were required to transport him to the nearest emergency facility, which was the ED at LMH.

“While enroute to LMH (via squad), I was a little apprehensive about coming to a small community hospital feeling as bad as I was, but once I arrived at the ED, things moved along quickly,” Tim recalled. “I was nervous, but could also tell that I was getting great care. It felt like I was in the ED for only about five minutes before I was taken to the Cath Lab.”

Tim was very familiar with the medical terms being used in the ED and Cath Lab. He said, “As soon as I heard the word ‘occluded’ (blocked), I thought I would be transferred to Columbus for open heart surgery. I had no idea that LMH had a state-of-the-art Cath Lab. The cardiologist determined that my right coronary artery was blocked and needed to be re-opened with angioplasty, which is a procedure I have assisted with many times as a nurse. As soon as the angioplasty balloon made its way through my artery, the discomfort stopped.”

In addition to the staff’s clinical knowledge and skill, Tim was impressed by the way the staff anticipated his needs with personal touches. “When I was being transferred to the CCU, one of my grown daughters saw me with all the tubes and monitors attached. She panicked and started crying – I could hear her outside the room. As soon as I was placed in my new bed, the staff allowed my family to visit with me for a few

Patient Story – Tim Petroff (continued on next page)

Patient Story – Tim Petroff (continued from previous page)

minutes before they finished hooking me up to the equipment. I was able to reassure them that nothing bad was going on. They treated my family well throughout my stay.”

“I could not believe the personal attention,” Tim continued. “My first night in the CCU, I had one-on-one care. A nurse was actually assigned to stay with me in the room for the first six hours to make sure I did not have any problems. I was very impressed with my care – everyone was fantastic.”

After two and one-half days in the Hospital, Tim was released to recuperate at home. Due to his stressful work environment,

he was advised to take two months’ leave. During that time, he consistently regained his strength with no setbacks.

Tim wrote a letter to LMH, to thank the staff for his excellent care. He added a humorous note that somewhere between the golf course and the ED, his favorite black golf shoes had disappeared. To his delight, he received a phone call two days later that his shoes had been recovered. When he picked up the shoes, they were in a bag, along with a large prescription bottle that contained three new golf balls and a quip from the Hospital staff, “Take one each day.”

Preparing Older Patients for a Visit to the ED

As the average life expectancy in the U.S. has risen to 77.9 years, more aging patients are receiving care at home from a family member or other acquaintance. According to the Family Caregiver Alliance, an estimated 44 million adults are providing 37 billion hours of unpaid care each year for adult family members and friends with chronic illnesses or conditions. For these patients and their caregivers, a sudden illness or injury that requires a visit to the Emergency Department (ED) can cause confusion and anxiety. Fortunately, a small amount of preparation can be very beneficial during stressful emergent situations.



A small amount of preparation can make a visit to the Emergency Department less stressful for older adults.

May-Lee Robertson, D.O., Medical Director of the Emergency Department at Licking Memorial Hospital (LMH), recommended that every elderly patient have an emergency kit prepared at home and ready for use. “This kit should include a complete list of the patient’s medical history, allergy information, prescription medications, over-the-counter medications, physicians’ names and telephone numbers, insurance information, emergency contact numbers, and any advance directives. Patients commonly have difficulty remembering the precise name or dosage of their medications in the midst of the Emergency Department’s commotion. It saves precious time to have that information at hand.”

Although the Emergency staff works diligently to provide services as expeditiously as possible, patients are seen in the order of the severity of their conditions. As a result, some patients may have a lengthy waiting room stay. To help ease the waiting process for elderly patients, it is helpful to bring reading material, needlework, or some other activity to occupy their time. In case the patient is admitted to the Hospital, the emergency kit should also contain a complete change of clothing.

The patient may want to have a loved one stay close by during the Emergency Department visit. On the other hand, some patients

may prefer to have privacy. In either case, it is important to respect the patient’s wishes.

In the event that the patient becomes unable to communicate, it is advisable to have Advance Directives prepared before an emergency occurs. Advance Directives include a Living Will, a Health Care Power of Attorney, Do-Not-Resuscitate Orders and a Donor Registry. By completing these forms in advance and having them on file at the Hospital, patients can ensure their wishes regarding their care will be followed even if they cannot speak for themselves. An Advance Directives packet is available online at www.lmhealth.org. Click on “Patient & Visitor Information” and go to the section

titled, “Making Your Wishes Known – Advance Care Planning.”

Symptoms that warrant an immediate trip to the Emergency Department are very similar between older patients and their younger counterparts. If any of the following warning signs develop, seek medical care right away:

- Shortness of breath
- Fainting or sudden dizziness
- Changes in vision
- Difficulty in speaking
- Uncontrolled bleeding
- Confusion or change in behavior
- Sudden, severe pain
- Severe vomiting or vomiting blood
- Severe diarrhea
- Thoughts of suicide or violence
- Any new symptoms or worsening of existing symptoms

The LMH Emergency Department is open 24 hours a day, seven days a week. It is staffed by a team of highly skilled, emergency medicine trained, board-certified/board eligible emergency medicine physicians, as well as nurses, paramedics, technicians, clerks and registrars.