



**Licking Memorial
Health Systems**

1320 West Main Street
Newark, OH 43055

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*1998, 1999, 2000, 2001,
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A Community Report on Surgical Care

Surgical 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** Unscheduled returns to the operating room (OR) may result from problems involving surgical technique, anesthesia, or infection control.

	LMH 2004	LMH 2005	LMH 2006	LMH Goal
% unscheduled returns to the OR	1.0%	0.3%	0.6%	less than 1.2%

- 2** Treating patients in the most appropriate setting is an important issue in today's health care environment. It is important to monitor if outpatient operative procedures require inpatient admissions, as these unplanned admissions may indicate inappropriate use of outpatient services.

	LMH 2004	LMH 2005	LMH 2006	LMH Goal
% unscheduled admissions	0.10%	0.10%	0.03%	less than 1.9%

- 3** Conscious sedation allows patients to tolerate unpleasant procedures while maintaining adequate breathing and the ability to respond to stimulation. Most of the drugs used in conscious sedation can be reversed fully or partially if necessary. However, careful patient assessment and monitoring reduce the need for reversal agents and improve patient outcomes. Therefore, minimal use of reversal agents is a good indicator of quality in conscious sedation.

	LMH 2004	LMH 2005	LMH 2006	LMH Goal
% use of reversal agent – GI Lab	0.28%	0.55%	0.70%	less than 0.90%

- 4** The health care team at Licking Memorial Hospital follows a multiple-step process to prevent wrong-patient, wrong-procedure, wrong-site surgery (e.g., surgery performed on the left foot instead of the right). This process includes left or right designation at the time the surgery is scheduled, verification of the site on the day of surgery with the patient and the patient's current medical record, marking the site, and final verification in the operating room.

	LMH 2004	LMH 2005	LMH 2006	LMH Goal
Wrong-site surgeries	0	0	0	0
Surgical site verification checklist completed	99%	100%	99%	100%

- 5** Receiving the appropriate antibiotic within an hour before surgery reduces a patient's risk for developing infection. Additionally, discontinuing use of antibiotics within 24 hours after surgery lessens the patient's risk of developing antibiotic-resistant bacteria.

	LMH 2004	LMH 2005	LMH 2006	National ⁽¹⁾
Antibiotic received within 1 hour	91%	89%	94%	90%
Antibiotic discontinued within 24 hours	74%	78%	87%	82%

- 6** Licking Memorial Hospital patients who have had total joint surgeries – including hip and knee operations – tend to be able to return home to recover more quickly than patients undergoing the same procedures elsewhere. Offering physical therapy on weekends and new medications are two factors that have lessened hospital stays for these patients.

	LMH 2004	LMH 2005	LMH 2006	National ⁽¹⁾
% primary total joint with length of stay six days or less	94.8%	97.7%	96.6%	94.2%

Data Footnotes: (1) Midas+ Comparative Database with over 400 participating hospitals.

Newark Teacher Gives Recent Surgery an "A"

Although Heritage Middle School physical education teacher Dean Somerlot did not like being sidelined for two weeks this fall, he knows the situation could have been a lot worse. At 53 years old, Dean is an active man with a passion for coaching football, wrestling and track. "I'm always on the go," he explained. However, a recent medical condition could have ended his running days.



Heritage Middle School physical education teacher Dean Somerlot is back on the job after recent high-tech surgery at LMH to repair an aneurysm behind his knee.

Dean lives in Newark with his wife, Beth. He has three grown children: Shaen, Ryan, and Sarah; and a stepson, Doug. Earlier this year, the Somerlots were bustling with family events – Shaen was getting married in North Carolina, Ryan was home for a short time before deploying to his third tour of duty in Iraq with the U.S. Army, and Sarah graduated from the University of Toledo. There was so much activity that Dean did not pay much attention to a sore on his leg that would not heal properly or to his frequently swollen right calf.

Persistent reminders from his concerned family finally persuaded Dean to make a doctor's appointment. Dean explained, "I thought it was just something minor that was going on, but I thought I'd better have the circulation checked." That is when he paid a visit to Dr. John Robertson, his family practice physician.

Dr. Robertson first ruled out diabetes, a frequent cause of lower limb circulation problems. After an arterial brachial index test showed that Dean had circulatory blockage in his leg, Dr. Robertson referred Dean to Howard Reeves, D.O., a local surgeon for possible surgical treatment. Dr. Reeves diagnosed Dean's condition as a popliteal aneurysm, a bulge in the popliteal artery which runs down the back of the lower thigh and knee.

"Some patients with this condition are in quite a bit of pain," Dr. Reeves explained. "It can occur at any age, sometimes in a patient as young as 2 years old, and we recently operated on a man in his 80s who had just had his second popliteal aneurysm repair. It is a condition that has to be taken seriously. Left untreated, the aneurysm could burst, or clot, possibly causing the patient to lose a leg."

Interventional radiology equipment in the operating rooms at the new John & Mary Alford Pavilion now allows the Licking Memorial Hospital surgery teams to make popliteal aneurysm repairs quickly with much less risk to the patients. "The old way to fix the aneurysm

was to make a much larger incision in the leg and bypass the aneurysm," Dr. Reeves said. "It was much more invasive, with high morbidity, lots of pain, and it required rehabilitation to get the leg function back to normal. The new hybrid operating rooms that include fluoroscopy allow us to X-ray and perform open surgery procedures at the same time. It's a real advantage because you can diagnose and operate immediately. It's extra non-invasive. We use less radiation, so it decreases the patient's

risk. Now there is much less pain, and the surgery can be performed with general or local sedation. The patient is back to normal activities within days, and no rehabilitation is needed."

Dr. Reeves repaired Dean's aneurysm by eliminating the aneurysm from the flow and pressure of the blood. A stent was landed above and below the aneurysm in non-diseased artery. The stent was passed through the middle of the aneurysm to do this. Then, an angioplasty balloon was inflated inside the stent to "set" it against the arterial walls. "The only mark I had on my body was a small incision, about two inches long in the groin area," Dean said. "Three days after the surgery my knee was still a little sore, but I felt pretty relaxed at home. I've been told that if I'd had this surgery done the 'old way,' I would have been in the hospital for five to seven days, with about four to five weeks' recovery time."

There was no cause identified for Dean's popliteal aneurysm. "There haven't been any aneurysms in my family," he said. "But Dr. Reeves said that I could have had an injury and not even realized it. Being a coach, I could have been kicked in the leg. Or I could have hurt myself while I was doing 'Dad' things, like carrying three kids around."

The only other surgery Dean has ever had was to have his tonsils removed when he was 12 years old in Richwood, Ohio. However, he has seen other hospitals' patient rooms, and he is impressed with the amenities that LMH has to offer. "I thought it was outstanding," he said. "My mother-in-law has seen her share of hospitals, and she was amazed at how nice LMH is, and how quickly the staff got me checked in and prepped. Then in just 20 minutes, the doctor came in and got the surgery done, and then I was back in the room to recover. It was really rather nice."

New Surgical Facilities Put LMH in Forefront



Howard Reeves,
D.O.

When Licking Memorial Hospital (LMH) expanded its surgical facilities by moving to the new John & Mary Alford Pavilion in August, the scope of patient care expanded as well. The operating rooms (ORs) in the Pavilion are much larger than the former ORs in the Hospital. In fact, the smallest of the Pavilion's ORs is more spacious than the largest of the former ORs. And when

it comes to accommodations for advanced technology – bigger is better.

“The new hybrid interventional radiology rooms allow the surgeon to X-ray and perform open surgery at the same time,” explained Howard Reeves, D.O., Chief of the Department of Surgery at LMH. “It’s a real advantage to the patient because it reduces the amount of radiation needed and the amount of contrast dye that is needed. The bi-plane and fluoroscopy equipment for that technology is really large, so large rooms were planned accordingly.”

Dr. Reeves reported that he has already seen significant advances in surgical patient care since the Pavilion opened. “As far as the procedures we can do in the new hybrid rooms, they are minimally invasive. We’re seeing significantly less recovery times, less infection, fewer pulmonary complications and less nausea and vomiting, postoperatively.”

Dr. Reeves cited one example of a procedure that is newly available at LMH – repair of a popliteal aneurysm, which is a bulge in the popliteal artery behind the knee and thigh. In one instance, an 82-year-old man had the surgery in September. He arrived at the Hospital using a wheelchair, and was dismissed the following day – walking without assistance.

“The hybrid OR is wonderful. We are extremely fortunate to have some of the most advanced equipment and facilities anywhere, let alone in a community hospital. Licking Memorial is setting precedents for hybrid ORs. Technology has antiquated the old OR, but few hospitals can offer this service because of the cost and space required. They just don’t have the space to accommodate it.”

Dr. Reeves added that more advanced surgical procedures will be performed at LMH in the future. The staff is currently training for carotid stenting, and expect to offer the procedure within the next year.



The new bi-plane equipment in the Surgery Department of the John & Mary Alford Pavilion places LMH at the forefront of technology.

Newark Teacher Gives Recent Surgery an “A” (continued from previous page)

The patient rooms in the John & Mary Alford Pavilion are designed to allow the patient to check into a private room for pre-operative care. The patient then returns to the same private room for post-operative care and observation. Family members are able to stay with the patient in the private room, and also have access to comfortable lounge facilities nearby. Message boards in several locations of the Pavilion have encrypted information to keep family members updated on the patient’s surgical status.