

Please take a few minutes to read this month's report on **Surgical Care**. You'll soon discover why Licking Memorial Hospital is measurably different ... for your health!

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# Quality Report Card

## Licking Memorial Health Systems

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### Health Tips – Preparing for Surgery

Thousands of patients have surgery at Licking Memorial Hospital each year. If you are expecting to have surgery, there are steps you can take to facilitate your recovery. The following suggestions will improve your safety during surgery, prevent infection and help you heal more quickly:

- Discuss with your surgeon whether or not “banking” your own blood is indicated for your procedure.
- Eat a nutritious diet during the two-week period leading up to the surgery.
- Arrange to have someone drive you home from the Hospital and help take care of you for a few days.
- If you have diabetes, carefully monitor your blood sugar levels in the days leading up to the surgery.
- Do not eat or drink anything the morning of your procedure. Your physician's office will give you specific instructions regarding how long you must fast.
- Ask your physician if you should take your medications before surgery.
- Do not drink alcoholic beverages during the 24 hours prior to surgery.
- Bathe the night before your surgery, and pay particular attention to good hygiene.
- Do not shave the surgical site area.
- Get eight hours' sleep the night before the surgery.
- Do not wear makeup or nail polish to the Hospital.
- Quit smoking at least two weeks before surgery.

## Surgical 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 health care choices.

Check out our Quality Report Cards online at [www.LMHealth.org](http://www.LMHealth.org).

**1** Conscious sedation allows patients to tolerate unpleasant procedures while maintaining adequate breathing and the ability to respond to stimulation. Most 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 2007	LMH 2008	LMH 2009	LMH Goal
Use of reversal agent for GI procedures	0.12%	0.08%	0.15%	less than 0.90%

**2** The health care team at Licking Memorial Hospital follows a multiple-step process to prevent wrong-patient, wrong-procedure or wrong-site surgery (e.g., surgery performed on the left foot instead of the right foot). 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 2007	LMH 2008	LMH 2009	LMH Goal
Number of surgeries	6,065	6,579	6,938	n/a
Wrong-site surgeries	0	0	0	0
Surgical site verification checklist completed	99%	100%	99%	100%

**3** 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 bacterial infections. Medical studies have shown that the use of certain antibiotics, specific to each surgery type, can be most effective at preventing infections after surgery.

	LMH 2007	LMH 2008	LMH 2009	National <sup>(1)</sup>
Antibiotic received within 1 hour	95%	93% <sup>(2)</sup>	95%	92%
Antibiotic selection accurate per national recommendations	93%	97%	99%	95%
Antibiotic discontinued within 24 hours	94%	88%	95%	90%

**4** The removal of hair from the site of surgery is an important way to prevent infection. Using a razor to remove hair can cause tiny breaks in the skin which increase the risk of infection after surgery. This measure tracks the percentage of times that patients had hair removal performed by clippers or other means which are less likely to cause infection than razors. In certain instances, clippers may not be the ideal form of hair removal, and razors may be used.

	LMH 2007	LMH 2008	LMH 2009	National <sup>(1)</sup>
Appropriate hair removal performed	99%	99%	99%	98%

**5** Medical studies have shown that if patients experience hypothermia (low body temperature) during and after surgery, they have a greater risk of developing complications. Effectively warming patients during surgery can ensure their body temperatures remain in normal range. This measure tracks the percentage of patients at LMH who had a normal body temperature immediately after surgery.

	LMH 2009 <sup>(3)</sup>	LMH Goal
Peri-operative temperature within normal range	100%	greater than 90%

**6** VTE, or venous thromboembolism, is the medical term for a blood clot that forms in a vein. Surgery increases the risk of VTE, and while most clots can be treated, some can be life-threatening. It is recommended that hospitals use medications and mechanical devices to prevent the formation of blood clots. While all patients receive at least one form of intervention, primarily mechanical, LMH tracks the percentage of patients who correctly had these interventions activated, based on CMS guidelines, within 24 hours of surgery.

	LMH 2007	LMH 2008	LMH 2009	National <sup>(1)</sup>
VTE prophylaxis ordered	92%	86%	80%*	88%
VTE prophylaxis started within 24 hours of surgery	81%	75%	64%*	87%

\* Changes have been made to improve these rates. For the first half of 2010, “VTE prophylaxis ordered” rates improved to 93%, and “VTE prophylaxis started within 24 hours of surgery” rates improved to 90%. Both measures now exceed national averages.

# Patient Story – Callie Poe

Callie Poe does not remember much that happened after 11:00 a.m., on September 11, 2010. In fact, he does not recall anything from the following four days after he suffered a ruptured abdominal aortic aneurysm (AAA), but from what his family and medical team have told him, he knows he is a very lucky man.

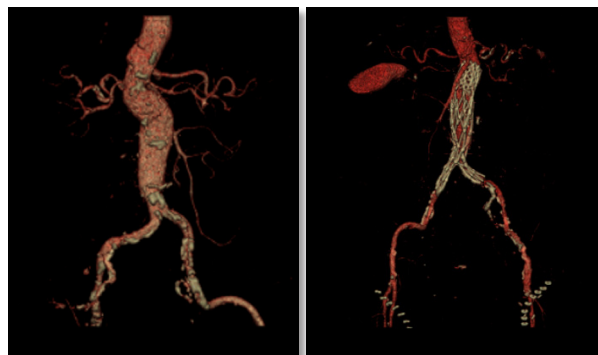
At 81 years of age, Callie considered himself to be in perfect health. After retiring as a corporate pilot for Columbia Gas in 1986, Callie stayed in shape with a vigorous lifestyle that included frequent golf outings and a daily routine of walking two miles and climbing a staircase several times. He also led a weekly exercise class at the Sharon Glyn Village Apartments where he lives with his wife, Gloria. “I had not been to the doctor for a complete physical for a couple of years,” Callie admitted. “I felt perfectly fine.”

On September 11, Gloria was in another area of their apartment complex, while a friend was sharing a morning chat with Callie at the kitchen table. Callie uncharacteristically began to complain of dizziness and stomach pains, and then collapsed. “It was like my lights just turned off right away,” Callie recalled. “It was very sudden, and I had no warning at all.”

The friend quickly summoned Gloria, and they called 9-1-1 immediately. Within a matter of minutes, Callie arrived at the Emergency Department at Licking Memorial Hospital (LMH). “My memory is rather hazy at this point,” Callie said, “but I remember a lot of activity. I must have had 10 people working on me all at once.”

LMH Emergency Medicine Physician Mary Jane Scott, M.D., quickly recognized the severity of Callie’s condition and ordered a computed tomography (CT) scan to be completed on location in the Emergency Department. The CT scan revealed the ruptured aneurysm, and Callie was transferred to an interventional surgery room on LMH’s second floor, where General/Vascular Surgeons Howard Reeves, D.O., and David Lawrence, D.O., were already preparing for surgery.

Dr. Reeves explained, “This kind of aneurysm is a weakened bulge in a major artery near the kidneys. The rupture measured 10.5 centimeters and was losing blood. Nationally, only 40 percent of patients with ruptured aneurysms survive, so every passing second was critical to Callie’s outcome. We also discovered that Callie had suffered a heart attack before he arrived at LMH, so his condition was quite precarious.” For more than two hours,



**Photo on the left:** This CT scan shows an aneurysm on a patient’s abdominal aorta. The aneurysm, which is a bulging and weakened area, is at risk for rupturing.

**Photo on the right:** This CT scan was taken following a procedure at Licking Memorial Hospital to repair the aneurysm by implanting an innovative Endologix Powerlink System stent. The same procedure is credited for saving Callie Poe’s life.

the surgical team painstakingly repaired the rupture and installed a spiral-shaped endovascular aneurysm repair stent inside the area to seal off the leak.

Out of surgery, Callie stayed in the Intensive Care Unit (ICU) for one week. “Callie had been through quite an ordeal,” Dr. Reeves said, “but after the leaking aneurysm was stabilized, he began to recover quickly – probably due to his very active lifestyle and physical fitness.”

From the ICU, Callie was transferred to the fifth floor for further care and monitoring. With an incision on each side of his groin and another on his arm,

he was sore, but eager to return to his normal routine at home. “On my second day out of the ICU, I told the doctor I wanted to go home,” Callie said. “He said I could be dismissed just as soon as I successfully ate a full meal. That night they served meat loaf and mashed potatoes – it was so good that I ate the whole thing! Sure enough, I went home the next day.”

One of the most significant risk factors for AAA is family history. “My dad had an aneurysm, but he was 90 years old when it was discovered, and he never needed surgery for it,” Callie said. “Now we know that there is a risk for all our family members. At one point, all four of our grown children were at my bedside in the Hospital, and Dr. Reeves walked in. He told all of them that they need to have themselves checked for aneurysms throughout the rest of their lives. I think they understand how important that is.”

Patients with AAA often do not have any noticeable symptoms. Those who do have symptoms may notice some abdominal bloating, an early “full” feeling when eating, radiating back pain, abdominal pain that radiates to the legs, or a pulsating mass on the abdomen. In addition to family history, risk factors for developing AAA include:

- Being a male (or a female with a family history of aneurysms)
- Being 65 to 75 years of age
- Currently being a smoker, or having previously smoked at least 100 cigarettes
- Having high blood pressure

Anyone, male or female, who has symptoms of AAA or has all the risk factors, should consult a physician. Screenings for AAA can be done with a physician’s examination, or with painless ultrasound imaging procedures.

# New Surgeons Join Licking Memorial Surgical Services

Licking Memorial Surgical Services is proud to announce the addition of two surgeons, Raymond J. Gagliardi, M.D., FACS, and Brent M. Savage, M.D., to the practice. Both physicians are board certified in general surgery.

Dr. Gagliardi specializes in advanced laparoscopic procedures and gastrointestinal surgery. His particular areas of interest are gastric, esophageal, hepatico-pancreatico-biliary, as well as abdominal solid organ surgical procedures. Dr. Gagliardi received his Medical Degree at The Ohio State University. He completed his surgical internship at the University of Illinois at Chicago, and his general surgical residency and fellowship at The Ohio State University. He is a member of the American College of Surgeons and the American College of Physician Executives.

Dr. Savage’s special areas of interest include laparoscopic and abdominal procedures. He also provides services for the Wound Clinic at Licking Memorial Hospital (LMH) and treats abdominal and breast diseases. Dr. Savage received his Medical Degree from Northeastern Ohio Universities College of Medicine in Rootstown, Ohio. He completed an internship in pediatrics at Children’s Hospital Medical Center of Akron in Akron,



Raymond J. Gagliardi, M.D., FACS, and Brent M. Savage, M.D., recently joined Licking Memorial Surgical Services.

Ohio, and an internship in general surgery at Wright State University School of Medicine in Dayton, Ohio. He also completed a residency in general surgery at Wright State University School of Medicine.

Christine McGee, Vice President Physician Practices, said, “We are pleased that Dr. Gagliardi and Dr. Savage decided to devote their expertise at Licking Memorial Surgical Services. As more patients request to have their surgical procedures completed close to home,

we are now better able to meet their needs and schedule their procedures sooner.”

Dr. Gagliardi and Dr. Savage join General Surgeon Larry N. Pasley, M.D., FACS, who has been at the Licking Memorial Surgical Services practice since 2003, and has been a member of the LMH Active Medical Staff since 1981. All three surgeons are accepting new patients. To make an appointment at Licking Memorial Surgical Services, located at 1272 W. Main Street, Building 5, please call (740) 348-1880.

*Surgical Care – How do we compare? (continued from outside page)*

- 7** LMH tracks surgery patients who received a beta blocker prior to their procedures, or immediately afterward.<sup>(4)</sup> Studies show that beta blocker medication used in this manner has reduced incidences of heart attack or death after a non-cardiac surgery.<sup>(5)</sup>

	LMH 2008 <sup>(6)</sup>	LMH 2009	National <sup>(1)</sup>
Beta blocker prior to admission and peri-operatively	96%	88%	87%

- 8** 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 2007	LMH 2008	LMH 2009	National <sup>(7)</sup>
Primary total joint patients with length of stay six days or less	99%	100%	98%	94%

**Data Footnotes:** (1) *Hospitalcompare.hhs.gov national benchmarks.* (2) *Due to changes in data abstraction guidelines, 2008 data omits January information as it is not reflective of process quality.* (3) *National data collection began fourth quarter 2009.* (4) *Specifications Manual for National Hospital Inpatient Quality Measures.* (5) *New England Journal of Medicine, 2005.* (6) *National data collection began first quarter 2008.* (7) *Midas+ Comparative Database.*