



## Licking Memorial Health Systems

1320 West Main Street  
Newark, Ohio 43055

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!

Visit us at [www.LMHealth.org](http://www.LMHealth.org)

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2005, 2006,  
2007, 2008



# Quality Report Card

## Licking Memorial Health Systems

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### Health Tips – Important Things to Tell Your Anesthesia Provider Before Surgery

If you are having surgery, it is important to give your anesthesia provider complete and accurate information so that an anesthetic plan that is right for you can be developed. Before your surgery at Licking Memorial Hospital, a highly qualified member of the Licking Memorial Anesthesiology team will meet with you to discuss any potential health issues, anesthesia options, and any concerns that you may have.

It is imperative that you answer all questions openly and honestly to protect your safety during surgery. Important things that your anesthesia provider needs to know include:

- When did you last have something to eat or drink? (Overnight fasting is required to ensure the stomach is empty. If your physician agrees, you may be permitted to sip a small amount of water to take necessary medications.)
- What prescription and over-the-counter medications do you take? What are the dosages?
- Do you take any vitamins or supplements?
- Have you or a family member ever experienced a bad reaction from anesthesia?
- Do you have any chronic medical conditions?
- Do you have any food or drug allergies?
- Do you have any respiratory problems?
- Are you sick with a cold or flu?
- Do you have sleep apnea?
- Do you smoke?
- Do you think that you may be pregnant?

# 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 2008	LMH 2009	LMH 2010	LMH Goal
Use of reversal agent for GI procedures	0.08%	0.15%	0.04%	less than 0.90%

- 2** The healthcare 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 2008	LMH 2009	LMH 2010	LMH Goal
Number of surgeries	6,579	6,938	6,777	n/a
Wrong-site surgeries	0	0	0	0
Surgical site verification checklist completed	100%	99%	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 2008	LMH 2009	LMH 2010	National <sup>(1)</sup>
Antibiotic received within 1 hour	93% <sup>(2)</sup>	95%	95%	96%
Antibiotic selection accurate per national recommendations	97%	99%	99%	97%
Antibiotic discontinued within 24 hours	88%	95%	97%	94%

- 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 2008	LMH 2009	LMH 2010	National <sup>(1)</sup>
Appropriate hair removal performed	99%	99%	99%	99%

- 5** Some surgeries require the temporary insertion of a catheter into the patient's bladder. The catheter can enable the patient to evacuate the bladder even when unconscious or otherwise incapacitated. However, leaving a catheter in the bladder for too long can increase the risk for a urinary tract infection. Ideally, catheters will be removed within 2 days following surgery to minimize the risk for this type of infection after surgery.

	LMH 2009	LMH 2010	National <sup>(1)</sup>
Urinary catheter removed within two days after surgery	61%	89%	89%

- 6** 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 2010	LMH Goal
Peri-operative temperature within normal range	100%	99%	greater than 90%

**7** 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 2008	LMH 2009	LMH 2010	National <sup>(1)</sup>
VTE prophylaxis ordered	86%	80%	95%	94%
VTE prophylaxis started within 24 hours of surgery	75%	64%	91%	92%

**8** LMH tracks surgery patients who appropriately receive beta-blocker medications during the peri-operative period. Studies show that in selected patients undergoing non-cardiac surgery, beta-blocker medication can reduce the incidence of heart attack and death.<sup>(4)</sup>

	LMH 2008	LMH 2009	LMH 2010	National <sup>(1)</sup>
Beta blocker prior to admission and peri-operatively	96%	88%	94%	92%

**9** Patients undergoing certain surgical procedures as outpatients (not admitted to the hospital) should receive antibiotics before their procedure. Using the correct antibiotics and taking them timely can reduce the risk of infections after the procedure.

	LMH 2009	LMH 2010	National <sup>(1)</sup>
Outpatient procedure patients with antibiotic received within one hour	59%	84%	92%
Outpatient procedure patients with correct antibiotic prescribed	91%	94%	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) *New England Journal of Medicine*, 2005.

## Technology Propels LMH into ENT Surgery Forefront

In 2011, U.S. News & World Report named Licking Memorial Hospital (LMH) as a Best Regional Hospital in the Columbus Metro Area. The award rated LMH with impressive scores in patient safety and patient services, but it was the Hospital’s performance in ear, nose and throat (ENT) procedures that propelled LMH into the forefront of the 22 hospitals in the Columbus metropolitan area.

“ENT procedures are among the most frequently performed surgeries at LMH,” stated Kenneth C. Parker, M.D., of Licking Memorial Otolaryngology. “Common procedures include implantation of ear tubes, sinus surgery, and the removal of tonsils and adenoids. Even though ENT surgeries are performed successfully at LMH on a daily basis, every surgery involves risks, so we continuously evaluate ways to make the surgeries even safer and more effective.”

A large part of LMH’s excellence with ENT procedures is due to the Hospital’s investment in technology that improves patient safety and recovery time. The Medtronic Fusion Navigation System™ is an electromagnetic, image-guided system that helps surgeons pinpoint the precise location of surgical instruments inside the sinus cavity. “The Fusion Navigation System uses technology that is similar to a GPS (global positioning system) device that many people have in their cars,” Dr. Parker explained. “It allows the surgery to be performed under general anesthesia in a less invasive manner while its high-tech images provide clear and detailed guidance. That is very important because the sinus cavities are in a delicate position close to the brain, eyes and carotid arteries. The navigation system was a major expenditure for the Hospital, and I am proud that we have it available to reduce the risk of complications during my patients’ surgeries.”

LMH added another non-invasive sinus procedure, Acclarent, Inc.’s sinus balloon, in 2011. “In the past, patients with chronic sinusitis that did not respond to medication had fewer treatment options,” Dr. Parker said. “To open the sinus cavities, surgeons often have to remove normal tissue. Now, the small sinus balloon is inserted into the nose while the patient is under general anesthesia. The balloon is inflated to expand the sinus cavity so that it can drain without any tissue being cut. The risk of bleeding is reduced, normal tissue is preserved, and the patient may experience a more pleasant and shorter recovery.”

Since 2010, many patients have benefitted from a new tonsil removing technique at LMH. Starion Medical’s Entcep “tissue welding” technology uses thermal energy delivered through special forceps to remove and seal the tonsils. Surrounding tissue is unaffected, so there is less pain and bleeding than with traditional methods of tonsillectomy. Patients are able to recovery in a shorter amount of time with less pain medication required. “We have used this technique on both adults and children over the past year, and the results have been excellent. Even though LMH is a medium-sized community hospital, we are offering advances for our patients’ safety and comfort that many large hospitals have not acquired yet,” Dr. Parker commented.

Dr. Parker joined Licking Memorial Otolaryngology in 2006, and is board certified in otolaryngology. He is accepting new patients at his office, located at 88 McMillen Drive in Newark. Appointments can be made by calling (740) 348-4270.

# Patient Story – Nancy McInturf

Nancy and Bill McInturf of Heath have found a passion for travel during their retirement. “We belong to the Freedom Years program at Park National Bank, and have traveled with their groups to many places in Ohio and the U.S.,” Nancy said. “We even took two trips abroad. The first one was to Africa, and then in 2010, we spent nearly the entire month of February cruising around different seaports in Australia.” Unfortunately, the McInturfs’ post-vacation bliss soon dissolved after they returned, and Nancy became ill.



Nancy and Bill McInturf have been recommending Licking Memorial Hospital to friends who need surgery.

“I had some pain, and I just did not feel like eating anything,” she recalled. “I really had to watch what I ate – no spicy foods or nuts, just soft foods. I ate lots of Jell-O – I ate it three times a day. I think I probably ate my lifetime quota of Jell-O!”

Nancy had seen Mark A. Mitchell, M.D., of Licking Memorial Internal Medicine, for treatment of mild digestive issues, including diverticulitis. But now her symptoms had become much worse. Dr. Mitchell admitted Nancy to Licking Memorial Hospital (LMH) and prescribed antibiotic therapy. The treatment helped, but Nancy still did not feel well. Dr. Mitchell then recommended that Nancy should see a surgeon. “When Dr. Mitchell mentioned surgical treatment, I did not object at all,” Nancy remembered. “I wanted it done, because I did not want to be sick any longer and go through all that agony.”

Nancy met with Larry N. Pasley, M.D., of Licking Memorial Surgical Services to discuss the procedure. He explained, “With diverticulosis, the intestinal walls develop sacs. Many adults have a mild form of the condition and do not even realize it. However, those sacs can become inflamed, developing a condition called diverticulitis, which is painful and can be very serious if left untreated. Since Nancy’s condition had not improved enough with medication, I felt that it was advisable for her to have surgery to eliminate the risk of a rupture.”

“Dr. Pasley had performed my gall bladder surgery several years previously,” she said, “so I already knew that he is an excellent and caring doctor. He thoroughly explained the procedure I was going to have and told me that after the surgery, I would be wearing a binder around my abdomen and would need to lie flat. He also explained that I would not be able to eat anything immediately after the surgery, but soft foods would be introduced gradually to allow my system to adjust.”

Nancy also met with an anesthesia provider at LMH to review her medical history and to receive pre-operative instructions. “It was important for them to know if I had any complications with anesthesia in the past, or if I currently have any respiratory issues,” she said. “I appreciated their intense attention to detail because I knew it was for my safety. I felt very well informed every step of the way.”

The morning of the surgery, Nancy carefully followed the pre-surgery instructions at home.

She took a shower with the antibacterial soap she had received, washed her hair, and most importantly, she had refrained from any food or drink after midnight. “I followed all the instructions precisely. I wanted my recovery to be as quick and smooth as possible,” she said.

Dr. Pasley and his surgical team removed several inches of Nancy’s large intestine in a bowel resection procedure. The surgery went well, and Nancy awoke to find the post-operative staff anticipating her every need. “I could not have asked for any better care,” she said. “The nurses kept checking on me and monitoring the equipment. They were also very understanding about any questions or issues that I had.”

“Even after I was transferred to the Hospital floor, the staff’s attentiveness was outstanding. I had soft compression sleeves on my legs to prevent blood clots. Everyone was so helpful and friendly, and Dr. Pasley visited at least once every day. The Environmental Department staff who cleaned my room daily were so polite. They always knocked on the door to explain what they were going to do, and asked me if it was okay.”

After five days, Nancy was able to return home to continue recuperating. “I did not have any complications, but I felt weak for several weeks. Fortunately, my appetite returned. I still have to watch my diet, but I am back to eating most of my favorite foods. However, I think it will be a long time before I want any Jell-O!” she joked.

Now that Nancy is feeling like herself again, she has been recommending LMH to her friends who need surgery. “The new John & Mary Alford Surgery Pavilion is so much nicer than the old surgery facility,” she said. “The technology is much more advanced, and everything is so much newer and brighter.” Nancy and Bill are taking advantage of her improved health by making plans for future travel. For their next excursion, they are considering a trip to Glacier National Park and the Canadian Rockies.