



Licking Memorial Health Systems

1320 West Main Street
Newark, Ohio 43055

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

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

Visit us at www.LMHealth.org.

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Quality Report Card

Licking Memorial Health Systems

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Health Tips - Heart Healthy Snacks

Many people carefully plan healthy meals, only to grab high-fat, high-calorie snacks when they feel hungry between meals. You can make a great improvement in your diet by anticipating mid-afternoon or evening food-cravings, and preparing healthier alternatives.

If you are craving:

- Potato chips
- French fries
- Nachos
- Barbecued wings
- Mixed nuts
- Doughnut
- Candy bar
- Ice cream
- Cheesecake

Substitute:

- 3 cups plain, air-popped popcorn
- Fresh vegetable strips with yogurt or low-fat ranch dip
- Baked, low-fat tortilla chips and fresh tomato salsa
- Grilled chicken breast strips with low-fat dip
- Homemade trail mix, using high-fiber cereal, almonds, raisins
- Rice or popcorn cakes
- 1/4 cup raisins
- 1 single-serving container of frozen, unsweetened applesauce
- 1 container of fat-free, low-sugar yogurt with fresh fruit topping

Heart Care – How do we compare?

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

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.

1 Angiotensin-converting enzyme (ACE) inhibitors reduce the risk for mortality in patients with left ventricular systolic dysfunction (LVSD) after heart attack. LVSD refers to the reduced squeezing ability of the left ventricle that can occur after heart attack. Additionally, the likelihood of the patients having another heart attack can be reduced if an ACE inhibitor is administered.

	LMH 2006	LMH 2007	LMH 2008	National Average ⁽¹⁾
ACE/ARB at discharge for LVSD	100%	100%	100%	90%

2 The first step in heart attack treatment is to confirm that the patient is truly experiencing the symptoms of an attack. An electrocardiogram (EKG) measures the electrical activity of the heart and can determine if a heart attack is occurring.

	LMH 2006	LMH 2007	LMH 2008	Goal ⁽²⁾
Average time from arrival to completion of EKG	9 minutes	5 minutes	2 minutes	less than 10 minutes

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. Licking Memorial Hospital (LMH) began to perform this procedure in 2008.

	LMH 2008	National Average	Goal
Average time from arrival until balloon angioplasty performed	74 minutes	73 minutes ⁽³⁾	less than 90 minutes ⁽²⁾
Time to balloon within 90 minutes	92%	77% ⁽¹⁾	greater than 90%

4 During a heart attack, the heart tries to compensate for its weakened pumping action by beating faster which increases strain. Beta blockers reduce the heart's tendency to beat faster. Additionally, aspirin has been shown to prevent further blood clotting in heart attack patients.

	LMH 2006	LMH 2007	LMH 2008	National Average ⁽¹⁾
Aspirin within 24 hours of patient arrival	89%	100%	98%	94%
Aspirin ordered at hospital discharge	91%	100%	100%	93%
Beta blocker ordered at hospital discharge	100%	100%	94%	93%

5 Cardiac rehabilitation programs aid people who have experienced heart attacks. LMH's program provides medical oversight and heart monitoring for individuals as they exercise and strengthen their hearts. LMH also measures participants' progress in improving certain indicators of heart health. The following results were reported by cardiac rehabilitation patients.

Health Indicator	LMH 2006	LMH 2007	LMH 2008	Goal
Stopped smoking	70%	66%	70%	greater than 75%
Improved weight	62%	44%	44%	greater than 75%
Increased exercise time	100%	100%	100%	100%

6 LMHP physicians also monitor the usage of antiplatelet drugs, such as aspirin or an antithrombotic drug, in patients with coronary artery disease (CAD). The usage of these medications lowers the risk of myocardial infarction (MI) or death in patients with CAD.

	LMHP 2006	LMHP 2007	LMHP 2008	Goal ⁽⁴⁾
LMHP CAD patients with aspirin and/or antithrombotic prescribed	93%	93%	95%	greater than 80%

7 Licking Memorial Health Professionals (LMHP) physicians monitor the cholesterol levels, specifically the LDL (bad cholesterol) levels of their patients with diagnoses of CAD. Elevated LDL cholesterol level is a risk factor for myocardial infarction (MI), but is reversible through medication, diet and exercise.

	LMHP 2006	LMHP 2007	LMHP 2008	Goal ⁽⁴⁾
LMHP CAD patients with LDL less than or equal to 100 mg/dl	60%	67%	66%	greater than 50%

8 The left ventricle is the chamber of the heart that pumps blood out of the heart and into the body. Measuring left ventricular function (LVF) helps determine how well a chronic heart failure (CHF) patient's left ventricle is working.

	LMH 2006	LMH 2007	LMH 2008	National Average ⁽¹⁾
LVF assessment completed	96%	97%	95%	89%

9 Medications beneficial to many CHF patients include ACE inhibitors, beta-blockers, and angiotensin-receptor blockers (ARBs). ACE inhibitors and ARBs have been shown to lower mortality and improve functional capacity and quality of life. Beta-blockers can reverse or prevent some of the health effects associated with heart failure. Patients treated with beta-blockers may see significant improvement in heart function after three months.

	LMH 2006	LMH 2007	LMH 2008	National Average ⁽¹⁾
CHF patients on ACE or ARB at discharge	91%	93%	96%	89%
CHF patients on beta-blockers at discharge	99%	99%	99%	90% ⁽⁵⁾

10 It is vital that CHF patients be involved in their own care to reduce health complications and improve quality of life. They must monitor their weight, limit their salt intake, and take their medications regularly. Health care providers need to give thorough discharge instructions to help these patients effectively manage their condition.

	LMH 2006	LMH 2007	LMH 2008	National Average ⁽¹⁾
All discharge instructions given	95%	93%	85%	76%

11 Hospitalized patients with a condition that puts them at risk for developing complications from pneumonia or influenza (flu) should be screened for vaccines while in the hospital and receive a pneumonia and/or influenza vaccine if appropriate.

	LMH 2007	LMH 2008	Goal
CHF patients screened for the pneumonia vaccine	97%	95%	greater than 90%
CHF patients screened for the influenza vaccine	92%	95%	greater than 90%

12 Atrial fibrillation (A-fib) is an irregular rhythm often associated with heart failure. Patients with A-fib have an increased risk for stroke. To reduce this risk, heart failure patients with A-fib should be evaluated for anticoagulation therapy.

	LMH 2007	LMH 2008	Goal
CHF patients with A-fib assessed for anticoagulation therapy	81%	96%	greater than 90%

Data Footnotes: (1) Hospitalcompare.hhs.gov national benchmarks. (2) ACC/AHA Guidelines for the Management of Patients with ST-Elevation Myocardial Infarction, Antman et al., 2004. (3) Comparative data from the Midas Comparative Database. (4) AHA/ASA/NCQA Heart/Stroke Recognition Program. (5) Benchmark indicates LMH goal.

Licking Memorial Heart Failure Clinic

Licking Memorial Hospital (LMH) offers a Heart Failure Clinic to patients who have been diagnosed with congestive heart failure (CHF). The Clinic is staffed by a certified nurse practitioner and a registered nurse in LMH's Cardiology Department under the supervision of cardiologists Bryce I. Morrice, M.D., FACC, and Debra Heldman, M.D., FACC.

The goal of the Clinic is to provide specialized care that can have a significant impact on the life of a patient with heart failure. Access to care, optimal medical therapy, and device management (automatic implantable defibrillators and pacemakers)

with an emphasis on self-management skills is provided to the heart failure clinic patient through a team approach from those who specialize in heart failure.

Although there is no cure for heart failure, patients can make lifestyle changes that can improve the way they feel and reduce unnecessary visits to the Emergency Department and readmissions to the Hospital. Consistent and frequent follow-up care provides access to care when it is needed.

Licking Memorial Heart Failure Clinic (continued on next page)

Patient Story – David Forgrave

Ann Forgrave whispered a prayer as her husband lay in an Intensive Care Unit (ICU) bed at Licking Memorial Hospital (LMH) in August 2008. A big man, David Forgrave (better known in the Newark area as "Porky") had a big heart with a big problem – chronic heart failure (CHF). The Forgraves were just months away from celebrating their 50th wedding anniversary, and Ann was not ready to lose him.

David's first brush with cardiac problems began in 1959, when he was hospitalized with the Asian flu and developed an enlarged heart. He had no further heart symptoms until 1995. During a golf outing with friends, he began to have chest pains. David was diagnosed with atrial fibrillation and spent two weeks in LMH's ICU. He began to take medications to regulate his heart beat and to thin his blood to prevent the formation of blood clots.

Thirteen years later, family members noticed that David's stomach was bloated and his legs were swelling. "I checked with my primary physician, Donald Harris, D.O., who sent me to see Cardiologist Debra Heldman, M.D., in July 2008. She ordered an echocardiogram that showed my heart was functioning at only 30 percent ejection fraction, which indicated CHF," David explained. Dr. Heldman prescribed beta blockers and advised him to restrict sodium in his diet and to exercise and lose weight.

On August 28, 2008, David's condition suddenly worsened. Ann recalled the alarming details. "He was not able to sleep or urinate, and I could tell something was wrong. He was so agitated and disoriented, and then he fell to the floor." Ann called 9-1-1, and David was rushed to LMH, where physicians determined that David was suffering from kidney failure in addition to the CHF. He was put on twice-daily dialysis treatments during his week-long hospital stay and then for several days at home.



David Forgrave

On September 19, David had a defibrillator/pacemaker implanted to regulate his heartbeat. "Dr. Heldman tells me that my heart ejection fraction is now at 50 percent, which is great," he said.

While David was at LMH, Hospitalist Peter Nock, D.O., coordinated the medical team's care. "It was good to have a doctor right there at the Hospital all the time," David said. "I am especially grateful for Dr. Nock's care. One day when he came by, he could tell that I had given up. But he did not give up on me – he gave me a talk about how I had to get it turned around. That was the inspiration I needed, and I began to improve from that point."

David has a family history of heart disease, and he sometimes worries about the future of his five grown children: Jim, Tom, Debbie, Susie and Laurie. "We used to make them clean their plates all the time when they were kids," he said. "Now I know that was not the right thing to do. I tell them that with our family history of heart disease, they have to exercise and watch their diet."

Now, David makes regular visits to Dr. Heldman to monitor his heart, to Nephrologist Hintsu Tewoldemedhin, M.D., to monitor his kidney function, and to the LMH Anticoagulation Clinic to monitor his blood thinner medication. He no longer needs dialysis treatments, and has switched from oral medications to insulin to control his blood sugar levels. "My blood sugar levels have really improved," he said. "My HgA1c used to be around 11 or 12, and now the most recent result was around 6. I feel better, and I can do pretty much anything I want. I do not enjoy walking, so I stay active by golfing and working outside in the garden."

A retired businessman and former Newark City Councilman, David still keeps a full calendar. He and Ann will celebrate their 51st anniversary on January 24.

Licking Memorial Heart Failure Clinic (continued from previous page)

Utilizing a multidisciplinary approach, the Clinic addresses topics such as:

- Understanding the disease process
- Signs and symptoms of worsening heart failure and when to call the Clinic
- Diet including sodium restrictions, reading labels and making choices
- Exercise and staying active
- Family and social relationships
- Access to new therapies and treatments
- Advanced directives

Patients who have been diagnosed with CHF are generally advised to consume no more than 2,400 mg of sodium each day, which is less than the amount in many processed and restaurant food dishes. The LMH Heart Failure Clinic nurses teach patients how to read food labels and to choose healthier restaurant selections.

Patients remain in the care of the referring physician while they are receiving specialized care in the Clinic. Patients are seen in the Clinic by appointment on Thursdays with a physician referral. Patients may participate in the LMH Heart Failure Clinic even if they were diagnosed at a different hospital. For more information, please call (740) 348-4177.