



## 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](http://www.LMHealth.org).

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# Quality Report Card

## Licking Memorial Health Systems

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## Health Tips – Heart Attack

Dial 9-1-1 immediately if you suspect a heart attack may be occurring. Heart attacks are life-and-death emergencies, and every second counts. If you, or someone else, has any of the listed symptoms, immediately call 9-1-1. Not all these signs occur in every heart attack or stroke. Sometimes they go away and return. If some symptoms are present, get help fast!

### Know the warning signs of a heart attack

- Most heart attacks start slowly, with mild pain or discomfort. Often people who are affected are not sure what is wrong and wait too long before getting help.
- Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- Discomfort in other areas of the upper body can also signal a heart attack. Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- Shortness of breath may occur with or without chest discomfort.
- Other signs may include breaking out in a cold sweat, nausea or light-headedness.

Do not wait. If you or someone you are with has chest discomfort, especially with one or more of the other signs, do not wait longer than a few minutes (no more than five minutes) before calling for help. Call 9-1-1, and get to a hospital right away.

# Heart Care – How do we compare?

Check out  
our Quality  
Report Cards online  
at [www.LMHealth.org](http://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 2007	LMH 2008	LMH 2009	National Average <sup>(1)</sup>
ACE/ARB at discharge for LVSD	100%	100%	100%	93%

**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 2007	LMH 2008	LMH 2009	Goal <sup>(2)</sup>
Median time from arrival to completion of EKG	5 minutes	2 minutes	4 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	LMH 2009	National Average	Goal
Median time from arrival until balloon angioplasty performed	74 minutes	67 minutes	67 minutes <sup>(3)</sup>	less than 90 minutes <sup>(2)</sup>
Time to balloon within 90 minutes	92%	94%	84% <sup>(1)</sup>	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 2007	LMH 2008	LMH 2009	National Average <sup>(1)</sup>
Aspirin within 24 hours of patient arrival	100%	98%	100%	95%
Aspirin ordered at hospital discharge	100%	100%	90%	94%
Beta blocker ordered at hospital discharge	100%	94%	100%	94%

**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 2007	LMH 2008	LMH 2009	Goal
Stopped smoking	66%	70%	48%	greater than 75%
Improved weight	44%	44%	58%	greater than 75%
Increased exercise time	100%	100%	100%	100%

**6** 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 2007	LMH 2008	LMH 2009	National Average <sup>(1)</sup>
LVF assessment completed	97%	95%	99%	91%

**7** 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 2007	LMH 2008	LMH 2009	National Average
CHF patients on ACE or ARB at discharge	93%	96%	99%	90% <sup>(1)</sup>
CHF patients on beta-blockers at discharge	99%	99%	97%	90% <sup>(3)</sup>

**8** 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 2007	LMH 2008	LMH 2009	National Average <sup>(1)</sup>
All discharge instructions given	93%	85%	95%	80%

**9** 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 2007	LMHP 2008	LMHP 2009	Goal <sup>(4)</sup>
LMHP CAD patients with aspirin and/or antithrombotic prescribed	93%	95%	90%	greater than 80%

**10** 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 2007	LMHP 2008	LMHP 2009	Goal <sup>(4)</sup>
LMHP CAD patients with LDL less than or equal to 100 mg/dl	67%	66%	61%	greater than 50%

**Data Footnotes:** (1) *Hospitalcompare.hhs.gov* national benchmarks. (2) ACC/AHA 2007 Guidelines for the Management of Patients with Unstable Angina/Non ST-Elevation Myocardial Infarction, *J. Am. Coll. Cardiol.* 2007; 50: el-el57. (3) Benchmark indicates LMH goal. (4) AHA/ASA/NCQA Heart/Stroke Recognition Program.

## Patient Story – Robert Raker, M.D., FAAFS

Throughout the 30-plus years that Robert Raker, M.D., FAAFS, practiced as a family physician in Granville, he treated many patients with heart disease, devoting a great deal of time to educating them about the medications, diet, diagnostic procedures and surgeries they needed to improve their cardiac health. Whenever appropriate, Dr. Raker also advised patients about increasing their exercise levels and offered information about cardiac rehabilitation.



Dr. Raker and his wife, Kathy, exercise together three times each week at the LMH Wellness Center.

However, it was not until he experienced a quadruple bypass that Dr. Raker truly appreciated the total benefit of the Cardiac Rehabilitation program at Licking Memorial Hospital (LMH). Dr. Raker began attending Cardiac Rehabilitation sessions at LMH in the summer of 2010, at his wife’s insistence after extensive heart surgeries and a gall bladder operation.

He first suffered two heart attacks in July 2003. He had retired from family practice in 2001. Through a couple of interventional cardiac procedures, he had five stents implanted to improve his heart’s function.

Then, in May 2010, he had quadruple bypass surgery. Dr. Raker said, “Looking back over the past several years, I can see now that I was slowing down. I just attributed it to growing old at the time.

I found it difficult to walk any distance and to climb stairs. That is when my wife, Kathy, encouraged me to attend Cardiac Rehabilitation. I learned that LMH had a good program, and since it was so convenient and close to home, I decided to try it.”

*Patient Story – Robert Raker, M.D., FAAFS (continued from previous page)*

Even though, as a physician, Dr. Raker had recommended exercise for many of his patients, he was surprised at how much difference the experience made in his life. “I was not sure I really wanted to do it,” he recalled. “My wife and I had been walking, so I thought I could exercise on my own and achieve the same results.

“After just a few visits, I found that the other patients and staff members in Cardiac Rehabilitation change your entire outlook,” Dr. Raker explained. “The patients have such a positive attitude – they are all happy to be there, and they offer encouragement to each other. There is tremendous emotional aftermath following heart surgery, but that all went away for me, thanks to the LMH cardiac rehabilitation experience. The nurses monitor the patients very closely during exercise, taking blood pressure and pulse readings and checking the heart monitor signals and blood oxygen levels. After my bypass surgery, I was not sure how much activity I could do. Under the nurses’ watch, I felt more confident about increasing my exercise level. When I began to overextend myself, they would recognize the signs and ask me to rest for a while, until it was safe for me to exercise again. It was a very positive experience in all respects. I cannot urge enough for heart patients in Licking County to take advantage of LMH’s Cardiac Rehabilitation to benefit them, mentally and physically. I highly recommend it, both as a physician and as a fellow heart patient.”

After three months of sessions, Dr. Raker “graduated” from the LMH Cardiac Rehabilitation program. He continues to exercise three times each week at the LMH Wellness Center with Kathy, his wife of 52 years. “Kathy says she notices a real difference in me,” Dr. Raker said. “She can tell that I am feeling better, and she is glad that I have regained interest in doing more things. At home, we now walk two miles each morning.”

Dr. Raker has served as Licking County Coroner since 1979. He is considering retirement in the near future, and is looking forward to domestic travel now that he feels more energetic. “We drive to Florida for vacations, but I have never been out West,” he commented. “There is a national parks tour that features five areas to visit. We plan to take advantage of that tour soon.”

The Cardiac Rehabilitation Center at LMH offers treadmills, upright bikes, recumbent bike machines, NuStep recumbent cross trainers and arm ergonomic machines. Patients who have a physician’s referral are welcome to visit, whether they had cardiac services at LMH or another facility. “It is an outstanding program, and the facility and the Hospital staff are great,” Dr. Raker said. For more information, call (740) 348-4177.

## New CPR Protocol Features “Hands-Only” Technique with Just Two Steps

The human body begins to suffer brain cell death in just four to six minutes after losing its heartbeat. For that reason, it is critical that bystanders jump into action quickly when they witness someone collapse from cardiac arrest or discover someone who is unresponsive and not breathing.

In 1972, the American Heart Association (AHA) began training the public in cardiopulmonary resuscitation (CPR) that combined mouth-to-mouth breathing and chest compressions to provide life-saving assistance until medical help was available.

Although the method was credited with saving many lives, some bystanders hesitated to act, either from a lack of confidence about how to perform CPR, or from a reluctance to perform the mouth-to-mouth breathing. “During cardiac arrest, there is no time to waste,” said Debbie Young, Vice President Patient Services at Licking Memorial Hospital (LMH). “Blood provides oxygen to the brain,



Bonnie Fyffe, R.N., demonstrates hands-only CPR on a manikin. The method has two steps: call 9-1-1, and push hard and fast in the middle of the chest.

and a person’s chance of survival decreases with every passing minute without blood circulation. CPR is one way to deliver oxygen to the brain until a heartbeat can be re-established.”

To encourage more people to perform CPR, the AHA has developed a hands-only version with two simple-to-remember steps:

- Call 9-1-1,
- Push hard and fast in the center of the chest.

“The important point to remember is that even if you are unsure how to perform CPR, someone who is not breathing needs your help immediately,” Debbie emphasized. “Doing anything at all is better than doing nothing.”

CPR should continue until an automated external defibrillator is available to deliver a controlled electrical shock to restore the heartbeat, or medical help arrives. CPR should also be discontinued if the victim begins breathing again.