



Licking Memorial Health Systems

1320 West Main Street
Newark, OH 43055

Please take a few minutes to read this month's report on **Patient Safety**.

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

Visit us at www.LMHealth.org.

The Quality Report Card is a publication of the LMHS Public Relations Department.

Please contact the Public Relations Department at (740) 348-1572 to receive future mailings.

The articles contained in this publication should not be considered specific medical advice as each individual circumstance is different. Should you need medical advice, consult your physician. Entire publication copyrighted 2010 Licking Memorial Health Systems. All rights reserved.



Quality Report Card

Licking Memorial Health Systems

(740) 348-4000 (phone) • www.LMHealth.org



Volume 11, Issue 1

January 2010

Health Tips – Preventing Falls at Home

According to the American Association of Retired Persons (AARP), one-half of all falls occur in the home, and an older American dies every 35 minutes as the result of a fall. In addition, patients of all ages who are recovering from illness or injury are at increased risk of falling at home. Here are some tips to make the home environment safer:

- Remove clutter from walkway areas and stairs.
- Ensure stairs have non-slippery treads and a sturdy handrail.
- Immediately clean any spills from the floor.
- Replace thick-piled carpet with short-piled carpet or wood flooring.
- Remove all throw rugs.
- Restrain pets from walkway areas.
- Ensure the rooms, hallways and stairs are well lighted and use night-lights at night.
- Keep frequently used items at waist level.
- Place rubber bath mats or rubber strips in the bathtub and shower.
- Replace bar soap with “soap-on-a-rope” or liquid soap in the shower.
- Avoid going outside if there is any ice.

Patient Safety – 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.

1 The Institute of Medicine published a report in 2000 that highlighted the stunning effects of medication errors. The report set forth a national agenda for reducing errors and improving patient safety by designing a safer health system. Medication reconciliation is the process of obtaining a complete and accurate list of each patient’s current home medications – including name, dosage, frequency and route – and comparing the physician’s admission, transfer and/or discharge orders to that list. Discrepancies are brought to the attention of the prescribing physician, and if appropriate, changes are made to the orders. Although the medication error rate at Licking Memorial Hospital (LMH) is significantly better than the national benchmark, we make continuous efforts to improve the process. LMH dispensed approximately 4 million doses of medication in 2009.

	LMH 2006	LMH 2007	LMH 2008	National ⁽¹⁾
Medication errors	0.018%	0.013%	0.008%	0.310%

2 Protecting patients from hospital-acquired infections is a primary patient safety goal. LMH has an ongoing program to prevent and treat infections in patients. Per the Centers for Disease Control and Prevention (CDC) recommendations, LMH tracks high-risk patients, including those with an increased risk of infection due to the presence of an invasive device, such as a ventilator, catheter or central venous line. The following data reflects how many infections occurred during 1,000 patient days compared to the national benchmarks.

	LMH 2006	LMH 2007	LMH 2008	National ⁽²⁾
Pneumonia Infection rate of ICU patients on ventilators	0	1.7	1.7	1.9
Urinary tract infection rate for ICU patients with urinary catheters	2.6	1.7	0.8	3.7
Bloodstream infection rate for ICU patients with central venous catheters	0	0	0	1.9

3 LMH conducts a comprehensive assessment to determine if a patient is at risk for a fall at admission and during the Hospital stay. Personal alarms and bed sensors help alert staff to a potential fall.

	LMH 2006	LMH 2007	LMH 2008	Goal
Inpatient falls	0.21%	0.25%	0.23%	less than 0.30%

4 Coumadin is a blood thinner (anticoagulant) used to help prevent and treat blood clots. The most common side effect of Coumadin is bleeding in any tissue or organ. It is important for patients to have their blood tested regularly. The blood test, called prothrombin time (PT) and International Normalized Ratio (INR), helps the physician determine how fast the blood is clotting and whether the dosage of Coumadin should change. The testing is very important and must be accomplished at recommended periodic intervals in order to keep the PT/INR result in the best and safest range for the medical condition. Licking Memorial Health Professionals (LMHP) has adopted this recommendation as a safety measure.

	LMHP 2006	LMHP 2007	LMHP 2008	Goal
LMHP patients on Coumadin with PT/INR in last two months	92%	96%	97%	greater than 90%

5 Metformin (trade name Glucophage) is a medication that is used in the treatment of diabetes mellitus and polycystic ovarian disease. It is an effective medication for treatment of both of these unrelated disease processes, but must be used cautiously in patients with compromised renal (kidney) function. It is recommended to monitor renal function prior to initiation of therapy and at least annually thereafter. Licking Memorial Health Professionals (LMHP) has adopted this recommendation as a safety measure.

	LMHP 2006	LMHP 2007	LMHP 2008	Goal
LMHP patients on Metformin with creatinine within last year	95%	95%	95%	greater than 90%

6 Venous thromboembolism (VTE) is a potentially life-threatening condition that results when a blood clot forms within a vein. If the clot becomes dislodged, it can travel to the lungs and cause serious harm or even death. Patients with a heart condition called atrial fibrillation also are at risk for blood clots traveling to the brain, which can cause a stroke. The risk of developing a clot can be high with some studies estimating that approximately 10 to 20 percent of all hospitalized patients develop a clot. Risks are even higher for patients undergoing surgery, those who have suffered a stroke, and in cancer and trauma patients. Often, patients will have no symptoms when a clot has formed. By using preventive measures, such as blood thinners or mechanical devices, the risk for developing a clot can be significantly reduced. One study⁽³⁾ indicated that nationally, only about 34 percent of hospitalized patients at risk for developing clots receive these preventive measures. Due to the great risk of blood clots for patients, LMH has adopted a prevention protocol that applies to nearly all patients admitted to the Hospital to reduce their risk.

	LMH 2006 ⁽⁴⁾	LMH 2007	LMH 2008	Goal
Medical patients receiving VTE prophylaxis by end of day 2	76%	79%	76%*	greater than 90%
Surgery patients receiving VTE prophylaxis within 24 hours of surgery	98%	99%	98%	greater than 90%

*While nearly all LMH medical patients are evaluated for the risk of developing a blood clot on admission, in some cases the use of drugs or mechanical devices may not be appropriate. While not using these medications/devices might be the right thing to do, if the reason is not written in the patient's chart, this will result in the case failing this indicator.

7 LMHS is committed to providing and encouraging free, easily accessible flu vaccines to all employees. In order to provide the safest care to our community, LMHS recognizes the importance of keeping the staff healthy.

	LMHS 2006	LMHS 2007	LMHS 2008	LMHS Goal	National ⁽⁵⁾
LMHS employees receiving the seasonal influenza vaccine	67%	56%	77%	greater than 75%*	44%

*As of December 4, 2009, 80 percent of LMHS employees had received a seasonal influenza vaccine. LMHS' goal for 2009 was increased to 80%. LMHS raises the goal each year to challenge employees to continuously increase their efforts.

Data Footnotes: (1) *To Err Is Human – Building a Safer Health System*, National Academy Press, Washington D.C., 2000. (2) *CDC National Healthcare Safety Network pooled median (ICU only) from January 2006 through December 2007*, issued November 2008. (3) *Anderson FA, IMPROVE, Blood*, 2003. (4) *Partial year – August 2006 through December 2006 only*. (5) *Centers for Disease Control and Prevention (CDC). Prevention and Control of Seasonal Influenza with Vaccines. Recommendations of ACIP, 2009.*

Patient Story – Dottie Knight

The patient safety precautions at Licking Memorial Hospital (LMH) are so prevalent that Dottie Knight could not help but take notice. The 64-year-old Heath resident received a total knee replacement in August 2009, and found reassurance in the Hospital staff's attention to detail.

"I was having my left knee replaced, and the morning before the surgery, everyone who came into my room asked me to verify what kind of operation I was having and which leg was involved," Dottie remembered. "They also checked my identification bracelets each time, and since I was wearing a red 'allergy' bracelet, they asked me to verify what allergies I have. I was glad they were asking these questions because it showed that they were being very careful."

Before Dottie and her husband, Larry, moved to Licking County in 1994, she had previous surgeries at other hospitals. In 2006, she had so much pain in her right knee that her physician, Licking Memorial Family Medicine Physician Douglas Schram, D.O., referred her to Orthopedic Surgeon Edward Westerheide, M.D., and she had the knee replaced at LMH. By 2009, a degenerative condition, osteoarthritis, in Dottie's left knee had progressed, and Dr. Westerheide recommended the second knee replacement.



After her knee replacement surgery at Licking Memorial Hospital, Dottie Knight has been able to return to work at the Buxton Inn in Granville.

Before the surgery, Dottie came to LMH for presurgery testing and consultations. Staff members made sure that Dottie understood her dietary restrictions before the surgery, and that her home environment would accommodate her special needs while she recuperated. "They questioned me about my living quarters – whether there would be someone there to help me, if the bathroom was near my bedroom, and if I had a walker available. They showed me exercises I could do to prepare my leg for surgery," she said.

Anesthesiologist Ann Govier, M.D., also met with Dottie, who was feeling nervous about the surgery. "I felt so comfortable with Dr. Govier right from the start. I was nervous about having anesthesia because of some issues I had in the past at the other hospitals," Dottie said. "Dr. Govier was confident and reassuring. She listened closely to my concerns, and I felt like we connected. When I left the consultation, I felt really good about the upcoming surgery." Dottie's first knee surgery had taken place before the opening of the John & Mary Alford Pavilion at LMH and its new Surgery Department. She immediately noticed the improved facility when she arrived for the second knee replacement surgery. "It felt more organized, and things proceeded much faster," she said.

“From the time I was taken back to the pre-op room, there was always someone there to help me, and there was no waiting.”

After recovering from surgery, special pressurized cuffs were placed on Dottie’s legs to prevent the formation of blood clots, and she was taken to an inpatient room where the patient safety measures continued. “Everyone was very conscientious about washing their hands before they touched me. I was glad to see that because I watch for hand washing,” Dottie remarked.

Dr. Westerheide called on Dottie in her Hospital room on the day following surgery. Shortly after his visit, she began to feel ill and her blood pressure, temperature and blood sugar levels all rose. Hospitalist Nawar Al-Saieg, M.D., immediately examined Dottie and ordered blood work and an EKG. “Although nothing showed up in those tests, I was glad that Dr. Al-Saieg ordered them. It proved that everyone was looking out for me every step of the way. By the next day, I was back to normal and feeling really good,” Dottie said.

During the three days of Dottie’s recovery, she was encouraged to take frequent short walks. She said, “At first, I took just a few steps around the room. By the end of my stay, I was walking down the hall. Each time, there was always someone right there to support me and to make sure I did not fall.”

At home in her condominium, Dottie continued to receive care from LMH. Cathy Chancey, R.N., B.S.N., an LMH Home Health nurse case manager, visited two times each week to check Dottie’s vital signs and to ensure her recuperation was going well.

After evaluation by a licensed physical therapist, Physical Therapist Assistant Jennifer Johnson visited three times each week to guide Dottie through exercises that would strengthen her knee and improve her range of motion. Jennifer also demonstrated safe techniques for simple daily tasks, such as getting into the shower or going up stairs. Dottie followed up

the Home Health physical therapy with another four weeks’ rehabilitation at Licking Memorial Outpatient Therapy to ensure her leg was as strong as possible.

“My recovery was so much smoother for this knee replacement than the first one,” Dottie stated. “I think the difference was that my left knee was in better shape before the surgery. I had not waited until there was as much deterioration, and I did the recommended exercises before surgery. Two weeks after my knee was replaced, Cathy was surprised to see me walking without a walker or even a cane. I told her I just did not need them. Even Dr. Westerheide was amazed by my improvement when I saw him to have my staples removed.”

I have been telling everyone I know, that if they are considering knee surgery, they should not wait,” Dottie added. “Many people try to tolerate the pain from a deteriorated knee, but they end up avoiding so many things they should be doing. I feel like I have my life back again.”

“We are so glad to hear about Dottie’s success,” remarked Debbie Young, Vice President Patient Care Services. “As Dottie has learned, LMH does not cease to care about our patients when they leave the Hospital. I am proud that LMH’s attention to patient safety issues prevents complications that could arise after surgery, both in the Hospital and at home. Because of our meticulous patient safety measures, patients like Dottie can approach surgical procedures at LMH without the unnecessary worry of dangerous medical errors, infections or falls.”

After 22 years of marriage, Dottie and Larry still enjoy each others’ company at home. “I guess we are just homebodies,” she joked. She has returned to her part-time work at the front desk of the Buxton Inn in Granville and makes time for occasional lunch dates with friends. Dottie’s one passion is bicycling, and she is looking forward to warmer days so that she can try out her new knee with an outdoor ride on the bike path.

How to Help Your Loved One in the Hospital

Although Hospital patients receive excellent care from many experienced staff members, studies have shown that the results are even better when the patients and their loved ones are actively involved in their care. Here are some ways to help ensure a positive inpatient experience:

- Make sure the staff members check the patient’s ID every time they dispense medication or perform procedures.
- Ask questions about anything you do not understand. Do not be embarrassed. The Hospital staff wants to help you learn about your condition and any treatments that may be required.
- Have another person with you when you meet with the physician. There may be a lot of new information to absorb, and the second person might be able to remember details that you miss.
- Take notes during the physician’s visit. The notes will also help you remember important and complicated information.
- Prepare a written list of your questions. When you are face-to-face with the physician you may not be able to remember questions you wanted to ask. A list will help you cover all your concerns.
- Trust your instincts. Ask a staff member to double-check if something does not seem right – for example, if the medication looks different than before.
- If the patient appears to be getting sicker, contact the nurse. If you think the patient may be in a life-threatening situation, ask the nurse to issue a Rapid Response Team call.
- Watch to make sure all staff members wash their hands before touching the patient. If you did not witness the hand washing, feel free to ask them to wash again.
- Make sure visitors are not sick. Visitors who enter the Hospital when they are sick can spread disease to their loved ones and all others with whom they come in contact.