



Licking Memorial Health Systems

1320 West Main Street
Newark, OH 43055

Please take a few minutes to read this month's Report on **Stroke 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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Community Report Card

Licking Memorial Health Systems

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A Community Report on Stroke Care

Health Tips

Knowing the signs and symptoms of a stroke can aid in your recovery or that of a loved one. They may include:

- Sudden numbness or weakness of the face, arm or leg (usually on one side of the body).
- Sudden nausea, fever and vomiting.
- A hard time speaking or a problem understanding words or simple sentences.
- Sudden blurred vision or decreased vision in one or both eyes.
- Problems swallowing.
- Dizziness, loss of balance or loss of coordination.
- Brief loss of consciousness.
- Inability to move part of the body (paralysis).
- Sudden headache that is intense and not related to something else.

Stroke Care – How Do We Compare?

At Licking Memorial Hospital (LMH), 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 A person who has symptoms of a stroke needs to seek emergency medical care immediately. A thrombolytic (or “clot-busting”) drug must be given within three hours after the initial onset of symptoms. To determine a patient is a candidate for a thrombolytic drug, it is vital that a CT scan be performed before the drug is given.

	LMH 2004	LMH 2005	LMH 2006	Goal(1)
Median time from door to doctor	18	28	38	less than 10 minutes
Median time from door to CT scan	60	81	65	less than 25 minutes
Median time from door to drug	66	81	34	less than 60 minutes

2 A stroke can affect a person’s ability to swallow. Stroke patients should receive a swallowing evaluation to make sure they can swallow well enough to eat or take oral medication.

	LMH 2004	LMH 2005	LMH 2006	Benchmark ⁽²⁾
% Stroke patients received a swallowing evaluation before eating	74%	83%	71%	73%

3 Beginning rehabilitation as soon as it can be done safely can help improve recovery for stroke patients. Rehabilitation may include physical therapy, occupational therapy and/or speech therapy.

	LMH 2004	LMH 2005	LMH 2006	Goal
% Received appropriate therapy	99%	88%	97%	100%

4 An elevated serum lipid level has been a well-documented risk factor for coronary artery disease. The reduction of LDL cholesterol, through lifestyle modification and during therapy, for the prevention of stroke and other vascular events, is recommended for patients with coronary artery disease.

	LMH 2004	LMH 2005	LMH 2006	Benchmark ⁽²⁾
% Received lipid profile ⁽³⁾		77%	56%	72%

5 Evidence-based medicine supports giving a blood-thinning medication (such as aspirin) by the second day hospitalization after a stroke and ordering the medication at discharge. Blood-thinning medication prevents clots from forming and improves blood flow.

	LMH 2004	LMH 2005	LMH 2006	Benchmark ⁽²⁾
% Eligible patients receiving blood-thinning medication	100%	97%	95%	96%
% with blood-thinning medication at discharge	96%	99%	99%	92%

6 It is often beneficial for a stroke patient to have a consultation with a neurologist to confirm the diagnosis because many other diseases can mimic a stroke. Neurologists have unique training and experience in neurological diseases and can offer stroke patients comprehensive care that is tailored to their specific need.

	LMH 2004	LMH 2005	LMH 2006	Goal
% Stroke patients received a neurology consult	93%	91%	93%	greater than 90%

7 Licking Memorial Health Professionals (LMHP) office-based physicians use evidence-based measures in order to provide excellent, quality care to patients. The American Stroke Association and American Heart Association recommend the use of blood-thinning medication in order to prevent clots from forming and to improve blood flow. It is also recommended to have an annual LDL cholesterol test.

	LMHP 2004(4)	LMHP 2005(4)	LMHP 2006(5)	Goal
% LMHP coronary artery disease patients seen receiving blood-thinning medication	98%	98%	93%	greater than 80%
% LMHP coronary artery disease patients seen who have had an annual LDL test	97%	98%	91%	greater than 80%

Data Footnotes:

- (1) Institute for Clinical Systems Improvement. *Diagnosis and initial treatment of ischemic stroke; 2003 Oct. 65p.*
- (2) Most recent benchmark from VHA Central Key Clinical Indicator Project.
- (3) LMH began collecting this data element in 2005.
- (4) LMHP average reported quarterly on patients with office visit .
- (5) LMHP active patient population of three years.

Quick Action Aids Stroke Patient

It was a beautiful day in mid-December 2006 when Melody Ridenbaugh had just wrapped Christmas presents and given food and water to her five dogs. Because of her autoimmune disorder, these tasks could be burdensome. “This time, I was feeling wonderful,” the Newark resident said. Suddenly, Melody’s right side went numb and she couldn’t speak clearly.

Forty-nine-year-old Melody was having a stroke. “I was in trouble that quickly,” she said. She immediately called her mother-in-law, who called 9-1-1.

Melody was taken by squad to Licking Memorial Hospital (LMH). “They treated me wonderfully in the LMH Emergency Department,” she said. She was admitted to the Hospital and received care from Licking Memorial Hospitalist Khanh Dang, M.D., along with a neurologist on staff at LMH.

After an overnight stay at LMH, feeling had returned to Melody’s right side, and her speech was back to normal.



Melody Ridenbaugh relaxes on a swing and pets Max, a German Shepard.

“I was very lucky,” she said. These days, Melody has less control of her right side – especially when she is tired. “The weakness is always there, but that’s OK. I’m just so thankful to be alive!” she said.

Melody’s recovery was greatly aided by the fact that she received medical attention quickly. “It’s a normal reaction to think, ‘This can’t be happening to me,’ and to ignore symptoms of stroke,” Dr. Dang said. “However, Melody knew that what she was experiencing warranted

emergency care. She helped save her own life by recognizing the need for treatment.”

Melody has received follow-up care from a neurologist and from her primary care physician, Katrina Timson, M.D., of Licking Memorial Family Practice – East. “My doctors have told me that I need to lose weight, stop smoking and take my medications for cholesterol and blood pressure if I want to reduce my risk for having another stroke,” Melody said. “It’s hard to make lifestyle changes, but having a stroke was a real wake-up call.”

Decrease Your Risk Factors for Facing a Stroke

Although some risk factors for stroke cannot be changed, you can work with your primary care physician to try to control others and live a healthier life. A stroke is a type of cardiovascular disease that affects the brain. A stroke occurs when a clot blocks a blood vessel that carries oxygen and nutrients to the brain or when such a blood vessel bursts. As a result, part of the brain dies because it cannot get needed oxygen.

Strokes are more common in men than in women – until age 75, when women have more strokes than men do. Regardless, the risk for stroke increases with age. If a parent or sibling has had a stroke, your risk increases. And, African Americans and Hispanics have a higher risk for stroke than other races do. These are stroke risk factors that we cannot control. However, being aware of them can help you be proactive in your fight against stroke.

There are a number of controllable factors that can make your risk for stroke even greater. Talk to your primary care physician about what you can do to lower your risk for stroke. Need a primary care physician? Call the Licking Memorial Hospital (LMH) Physician Referral Line at (740) 348-4014, or click on the “Find a Doctor” link on the Licking Memorial Health Systems (LMHS) Web site, located at www.LMHealth.org.

High Blood Pressure, Diabetes and Heart Disease

According to the American Heart Association, nearly one in three adults has high blood pressure. However, since there are no symptoms, only about one third of people with high blood pressure know they have it. Left uncontrolled, high blood pressure can lead to stroke, heart attack, heart failure or kidney failure. Do you know your blood pressure? If not, find out and then have it checked at least once every two years – or as often as your physician recommends. Normal blood pressure generally is lower than 120/80 mmHg. Managing your diabetes and/or heart disease – by taking your prescribed medication, exercising, watching your blood pressure and maintaining a healthy weight – can help you avoid an even higher risk for stroke.

Tobacco Use

If you smoke or use other tobacco products, quit. You'll reduce your risk for stroke, heart disease and cancer. And, you'll quickly benefit from your decision. Your heart rate and blood pressure will improve within 20 minutes of quitting, and the carbon monoxide level in



Getting regular exercise may help you lower your risk for stroke.

your blood will drop to normal within 12 hours, according to American Cancer Society.

Alcohol Consumption

If you consume alcohol, do so in moderation. Men should drink an average of no more than two drinks per day, while women should consume an average of no more than one drink per day. According to the American Heart Association, a drink is one 12-ounce beer, 4 ounces of wine, 1.5 ounces of 80-proof spirits, or 1 ounce of 100-proof spirits. In addition to increasing your risk for stroke, drinking more alcohol increases the risk for alcoholism, high

blood pressure, obesity, breast cancer, suicide and accidents.

Overweight/Obesity

Are you overweight or obese? Weight and height are used to calculate body mass index (BMI). BMI generally correlates with the amount of body fat an individual has. A healthy BMI for an adult is 18.5 to 24.9. An adult with a BMI of 25.0 to 29.9 is considered overweight, while an individual with a BMI of 30 or higher is considered obese. If you are athletic, you may have a higher BMI even if you do not have excess body weight. Ask your physician what BMI is appropriate for you and what you can do to get there.

Physical Inactivity

Regardless of BMI, you need to get moving to improve your health. It is always a good idea to check with your physician before starting an exercise program. The American Heart Association recommends 30 minutes of physical activity most days of the week. This doesn't have to mean a trip to the gym. Instead, try some of the following:

- Ride an exercise bike, stretch or do jumping jacks while you watch TV.
- Take a short walk before breakfast, after dinner or at another time you have a few minutes. Invite a friend. You'll be surprised how far you walk while you talk.
- Walk or bike when running errands.
- Don't take the closest spot in the parking lot.
- Do some spring cleaning – regardless of the season.
- Take the stairs.
- During a break from work, walk around the building.
- Vacuum more often.
- Use a push mower.
- Plant a garden.