



Licking Memorial Health Systems

1320 West Main Street
Newark, Ohio 43055

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

You'll soon discover why Licking Memorial Health Systems 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.

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Quality Report Card Licking Memorial Health Systems

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Health Tips – The Simple 7

The American Heart Association and the American Stroke Association have compiled steps to reduce your risk of heart disease and stroke. “The Simple 7” includes:

1. Get active. By exercising for as little as 30 minutes each day, you can reduce your risk of heart disease and stroke.
2. Control cholesterol. You should know your cholesterol level – 200 mg/dL or higher puts you in a high-risk category.
3. Eat better. Choose foods such as vegetables, fruits, whole-grain products and fat-free or low-fat dairy products.
You should also eat a wide variety of nutritious foods daily from each of the basic food groups.
4. Manage blood pressure. High blood pressure often has no symptoms, but can lead to a stroke or heart attack.
5. Lose weight. Being overweight is a major risk factor for many serious illnesses, such as stroke, heart disease and diabetes.
6. Reduce blood sugar. Adults with uncontrolled diabetes are two to four times more likely to have heart disease or a stroke than adults without diabetes.
7. Stop smoking. Licking Memorial Health Systems' free Quit for Your Health tobacco cessation program can help.
Call (740) 348-7848 for more information.

Stroke 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.

1 A person who has symptoms of a stroke needs to seek medical attention immediately. Special “clot-busting” medications may be used to treat a stroke, however, they are most effective when given within three hours after the stroke symptoms have started. Clot-busters are high-risk medications and can have significant side effects, so a complete evaluation is necessary before a patient can be determined to be a candidate for them. Licking Memorial Hospital (LMH) tracks the percentage of patients who were appropriate candidates for clot-busters and received them within three hours of the time their symptoms began.

	LMH 2007	LMH 2008	LMH 2009	Goal
Received drug within three hours of time last known to be well	N/A	N/A	67%	greater than 90%
Note: Although the use of clot-busting medication was appropriate for all patients treated for stroke in LMH’s Emergency Department, in some cases, the reasons or contraindications for giving the medication were documented differently than the CMS quality measure guidelines.				

2 Patients who suffer a stroke may be at risk for repeat strokes in the future. It is important that while patients are hospitalized, they receive education about reducing their risk and responding to another stroke in the future. This indicator shows the percentage of patients who had this education recorded in their records as being completed.

	LMH 2007	LMH 2008	LMH 2009	Goal
Stroke education	N/A	N/A	73%	greater than 90%
Note: LMH began tracking stroke education in 2009, and some of the processes were not in place to ensure proper documentation. Processes have since been changed to improve compliance.				

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 2007	LMH 2008	LMH 2009	Goal
Patients evaluated for rehabilitation services	97%	91%	92%	greater than 90%

4 Evidence-based medicine supports quality by giving a blood-thinning medication (such as aspirin) by the second day of hospitalization after a stroke and ordering the medication at discharge. Blood-thinning medication prevents clots from forming and improves blood flow. While nearly all LMH medical patients are evaluated upon admission for the risk of developing a blood clot, called a venous thromboembolism (VTE), in some cases the use of drugs or mechanical devices, may not be appropriate. It is important to document the reason that the use of either drugs or mechanical devices is contraindicated.

	LMH 2007	LMH 2008	LMH 2009	Goal
Eligible patients receiving blood-thinning medication	98%	97%	99%	greater than 90%
Patients with blood-thinning medication at discharge	94%	98%	99%	greater than 90%
Patients with VTE prophylaxis by second day	92%	85%	86%	greater than 90%

5 Patients with atrial fibrillation are at higher risk for suffering strokes. Due to an inefficient heartbeat, blood clots can form in the heart and then travel to the brain, leading to stroke. These patients should receive long-term blood-thinning medication to help prevent these clots from forming. LMH tracks the percentage of patients with atrial fibrillation who were discharged on a blood-thinner, as appropriate.

Another significant cause of strokes can be from high cholesterol levels. Stroke patients with high cholesterol should receive cholesterol-lowering medications (called statins) to take after discharge to help lower the risk for more strokes. LMH tracks the percentage of stroke patients with high cholesterol who were receiving statins at discharge.

	LMH 2007	LMH 2008	LMH 2009	Goal
Atrial fibrillation patients on anticoagulation therapy	100%	84%	93%	greater than 90%
Patients with statin medication prescribed at discharge	N/A	78%	93%	greater than 90%

6 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 coronary artery disease patients seen, and are receiving blood-thinning medication	LMHP 2007 91%	LMHP 2008 95%	LMHP 2009 90%	National⁽¹⁾ greater than 80%	Goal greater than 90%
LMHP coronary artery disease patients seen who have had an annual LDL test	LMHP 2007 91%	LMHP 2008 92%	LMHP 2009 87%	National⁽¹⁾ greater than 80%	Goal greater than 90%

Data Footnotes: (1) American Heart Association/American Stroke Association/National Committee for Quality Assurance Heart / Stroke Recognition Program.

Patient Story – Don Randles

Most years, Newark resident Don Randles observes Groundhog Day by debating whether the groundhog’s predictions for an early spring are correct or not. But in 2010, Don was more concerned with his personal future on February 2, as a sudden stroke thrust him into a life-or-death situation.

Don remembered, “When I woke up that day, I was feeling alright. After lunch, I sat down on the couch and my left arm suddenly went numb – it had no feeling whatsoever. I could raise my arm a little, but I could not control it, and it just fell back down. The left side of my face was also numb. I called out to my wife, Helen, that I needed to go to the Hospital right away. I felt like I was shouting really loudly, but she said she could barely hear me from the kitchen.”

At 73 years of age, Don recognized the symptoms of stroke from information he had read and stories he had heard from friends. “I was pretty sure I was having a stroke because everything just happened all of a sudden,” he said. “But it came as a total shock – I thought it would never happen to me.”

Thirty minutes later, Don and Helen arrived at the Emergency Department at Licking Memorial Hospital (LMH). Emergency Medicine Physician Jeff Bare, D.O., praised Don and Helen for their crucial decision to come to the Hospital without delay. “Many times, patients will wait awhile to see if their symptoms subside, or they may not recognize the signs. However, when an individual has a stroke, ‘time lost is brain lost.’ We have effective thrombolytic medicines, commonly called ‘clot-busters,’ that we can use to stop the stroke’s progression, but our window of opportunity is relatively short. The clot-busters are effective only within the first three hours after stroke symptoms begin,” he explained. “Patients with stroke symptoms should come to the Emergency Department immediately for evaluation. If a stroke is in progress, clot-busters can make all the difference in whether or not the patient survives, and also whether the patient recovers with a minimum of permanent disabilities.”



Helen and Don Randles of Newark celebrated their golden wedding anniversary on October 29, 2003.

Dr. Bare ordered a CT scan and contacted Neurologist Joshua Nelson, D.O., to confirm his initial diagnosis. Dr. Nelson examined Don and agreed that he met the criteria for thrombolytics. Shortly after the IV treatment began, Don noticed a very welcomed improvement. “Before the clot-buster was even finished, I began to regain use of my left hand. That was a good feeling when sensation began coming back,” he said.

Don was first admitted to the Intensive Care Unit, and one day later, was transferred to the fourth floor. During the Hospital stay, Hospitalist Phillip Savage, D.O., began a regimen of Coumadin therapy for

Don to prevent future clots that could cause another stroke. Don was dismissed on February 5, and continues to visit the LMH Anticoagulation Clinic twice each month to regulate the dosage of the blood-thinning medication.

The CT scan at LMH revealed that Don had suffered three “mini-strokes” previously. “In retrospect, I remember two of the mini-strokes,” Don said. “They were both in the 1970s. One happened at a church gathering. I stood up, and it hit me. I had to lean against a wall, and I could not think of the names of the friends around me. Another time, I was working in the garden and suddenly had this ‘funny’ feeling. I told Helen that I needed to go back into the house to lie down. Both times, I felt much better after just four or five minutes.”

“Even if symptoms resolve immediately after a transient ischemic attack, known as a mini-stroke, patients should still see a physician as soon as possible,” Dr. Savage explained. “Statistically, patients who suffer a mini-stroke have a 40 percent chance of suffering a major stroke. Their risk can be reduced with treatment, dietary changes and exercise.”

Don and Helen have three grown children: Sandra, Gregory and Mark. They also have six grandchildren and five great-grandchildren. Don retired in 2008 from Longaberger

Company and formerly worked many years in light commercial and home construction. The Randles' younger son, Mark, shares Don's talent for construction by working as a home builder. Don and Mark also share a special bond – Mark donated a kidney to Don in 2003 when Wegener's Disease, an autoimmune disorder, caused Don to have complete renal failure.

“Physically, I am feeling pretty good now,” Don said. “I still get tired easily, but I know how much permanent damage the stroke could have done without the clot-buster. I enjoy lathe work in my woodshop, so I am grateful that I did not lose use of my arm. Helen and I would like to express our thanks to the doctors, nurses and everyone who cared for me during my stay at LMH. We are so thankful to them all.”

Don relates his experience to friends and family members, hoping to impress upon them the critical need to report to a hospital immediately when any symptoms of stroke arise

Prevention and Quick Response Are Keys to Protection Against Stroke Damage

A 2008 report by the Ohio Department of Health (ODH) cited that one Licking County resident dies of a stroke every 5.2 days. Stroke ranked as Licking County's fifth leading cause of death in another report by the ODH released in 2005. Many more residents survived strokes, often with permanent debilitating injuries.

“We have excellent opportunities to save patients' lives and to preserve function of their arms, legs and speech, if they arrive at the Hospital quickly,” explained Terrill Burnworth, D.O., an emergency medicine physician at Licking Memorial Hospital (LMH). “Thrombolytic drugs, commonly known as clot-busters, can prevent further physical damage, and sometimes even reverse damage, providing that the drug treatment can be administered within three hours after symptoms began.”

There are two primary types of stroke – an ischemic stroke which occurs when a blood vessel to the brain is blocked by a blood clot; and a hemorrhagic stroke which occurs when a blood vessel to the brain ruptures. In either case, if the blood flow to the brain is stopped for more than a few seconds, brain cells begin to die at the rate of 2 million cells per minute, causing physical impairment. The damage can be debilitating and even fatal.

Dr. Burnworth said, “In general, Licking County residents have an increased risk for heart disease and stroke because of lifestyle choices. Our community has a high incidence of tobacco smoking, obesity, high cholesterol and sedentary lifestyle. Many strokes could be prevented altogether by changing those factors.”

“The message that physicians want to teach their patients is not to wait until a stroke or heart attack happens before deciding to make healthy lifestyle changes,” Dr. Burnworth continued. “If you smoke – quit. Have your cholesterol checked. If it is high – take the medicine your physician prescribes and watch your diet. If you have diabetes – gain control of your blood glucose levels. And if you are sedentary – find an exercise you

(see inset below). With prompt treatment at LMH, the effects from Don's stroke were kept to a minimum, and even reversed, allowing him to continue the lifestyle that he enjoys.

Know the Symptoms of Stroke

According to the National Stroke Association, common stroke symptoms include:

- Sudden numbness or weakness of the face, arm or leg – especially on just one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

enjoy and stick with it. If you wait until you have a stroke or heart attack to make these important changes in your life, your body could suffer permanent life-altering damage, or you could even die.”

Dr. Burnworth reiterated the importance of reporting to the Hospital as soon as any stroke symptoms begin. “Some people have a wait-and-see approach – they want to see if the symptoms will subside on their own. It is imperative to have a physician evaluate a potential stroke patient immediately so that clot-busting medications can be used, if appropriate. Other patients realize that the medical staff has a short three-hour window of opportunity to begin clot-buster treatment, yet they wait two hours after their symptoms begin before they call 9-1-1. We need to have time to triage the patient in the Emergency Department and perform a CT scan to ensure the medication will be appropriate for that patient. It is critical that patients come to the Hospital immediately after the onset of symptoms for the best possible outcome.”

Although stroke is most common in adults over the age of 65, it can occur at any age. Symptoms include:

- Sudden numbness or weakness of the face, arm or leg – especially on just one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

Some patients may not experience all of the above symptoms when a stroke occurs. If the symptoms disappear after several minutes, the patient should still see a physician as soon as possible because they may have suffered a “mini-stroke,” with an increased risk of a major stroke in the near future.