



**Licking Memorial  
Health Systems**

1320 West Main Street  
Newark, OH 43055

Please take a few minutes to read this month's

Report on **Chronic Heart Failure.**

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measurably different ... for your health!

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*1998, 1999, 2000,  
2001, 2002, 2003, 2005*



# Community Report Card

## Licking Memorial Health Systems

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## CHF ... A Community Report on Chronic Heart Failure

### Health Tips

You can take steps to lower your risk for chronic heart failure. Do the following for a heart-healthy lifestyle:

- Lose excess weight. Consult your primary care physician for advice.
- Don't smoke.
- Eat a low-sodium diet.
- Limit your intake of fats and cholesterol.
- Watch your blood pressure.
- Exercise regularly.



# CHF 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 This indicator measures the average number of days chronic heart failure (CHF) patients are hospitalized during each inpatient stay. Length of stay is one indicator a hospital should consider in determining if it is using resources for inpatient care appropriately. CHF average length of stay should be close to the benchmark.

	LMH 2004	LMH 2005	LMH 1/06-9/06	Benchmark <sup>(1)</sup>
Average length of stay for CHF patients	3.2 Days	3.3 Days	3.1 Days	5.3 Days

- 2 Inpatient mortality measures the percentage of inpatient deaths among all CHF patients admitted to Licking Memorial Hospital.

	LMH 2004	LMH 2005	LMH 1/06-9/06	Benchmark <sup>(1)</sup>
CHF inpatient mortality	0.9%	2.2%	0.5%	3.2%

- 3 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 CHF patient's left ventricle is working.

	LMH 2004	LMH 2005	LMH 1/06-9/06	Benchmark <sup>(1)</sup>
LVF assessment	95%	97%	98%	94%

- 4 Medications beneficial to many CHF patients include angiotensin-converting enzyme (ACE) inhibitors, beta blockers, and angiotensin-receptor blockers (ARBs). ACE inhibitors and ARBs have been shown to reduce 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 2004	LMH 2005	LMH 1/06-9/06	Benchmark
CHF Patients on ACE inhibitors or ARB at discharge	91%	98%	94%	87% <sup>(1)</sup>
CHF Patients on Beta at discharge	96%	99%	99%	90% <sup>(2)</sup>

- 5 It is vital that CHF patients be involved in their own care to reduce health complications and improve quality of life. They need to 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 2004	LMH 2005	LMH 1/06-9/06	Benchmark <sup>(1)</sup>
All discharge instructions given	85%	91%	93%	75%

## Data Footnotes:

(1) Comparative data from the Midas Clinical Comparative Database for second quarter 2006.

(2) Benchmark indicates LMH goal.

# Patient Spotlight: Pat Shipp, R.N.

Pat Shipp, R.N., has been a nurse at Licking Memorial for 36 years, including 28 years as an Intensive Care Unit nurse. However, on April 22, 2006, it was Pat who went to Licking Memorial Hospital (LMH) to receive care.

It all started when Pat began making a wheezing sound at night. Her physician initially thought Pat had bronchitis because she also had a dry cough and some back pain. Then, a couple of days later, Pat began to consider that she had something more than bronchitis.

“I went to pick up and carry my granddaughter who didn’t weigh more than 30 pounds, and I became out of breath,” said Pat. She dismissed the feeling until the next day. While cooking, she noticed she was perspiring profusely. “I thought, well, I need to call my doctor because something isn’t right, but I continued on with the day,” Pat continued. It was later the next day when Pat went to lie down that she couldn’t breathe, and she knew then that she needed to go to the Hospital. “I told my husband that I needed to go to the Hospital right away because I thought I was in heart failure,” said Pat.

When Pat arrived at the Hospital, her symptoms of heart failure became more apparent – severe shortness of breath, swelling and fatigue. After some testing and an echocardiogram, the results showed that Pat’s left ventricle was working only at 20 percent of its capacity. In addition, she had severe mitral valve regurgitation. When the left ventricle contracts in a heart with mitral valve regurgitation, some blood flows backward into the left atrium instead of flowing forward into the aorta. As a result, less blood flows out to the rest of the body. In heart failure, the heart is unable to pump sufficient blood to meet the body’s needs. Fluid and pressure build up in the lungs as a result of mitral valve regurgitation. This can put a strain on the right side of the heart, leading to ankle swelling (edema). People with heart failure experience shortness of breath and fatigue. They may wake up at night feeling short of breath.

After treatment as an inpatient at LMH and medication adjustments, Pat was referred to the Ross Heart Hospital, which is part of The Ohio State University Medical Center in Columbus, Ohio, where she worked with a physician to treat her condition with medication. “When I went back for a follow-up echocardiogram, there were no signs of improvement,” said Pat. The next course of action for Pat was to have heart surgery in September to repair her mitral valve. Mitral valve repair is done when a surgeon can modify the original valve (valvuloplasty) to eliminate backward blood flow. Surgeons can repair the valve by reconnecting valve leaflets or by removing excess valve tissue so that the leaflets can close tightly.



Pat Shipp, R.N., cares for patients at Licking Memorial Hospital. However, she became the patient when she developed heart failure in 2006.

Sometimes, such as in Pat’s case, repairing the valve includes tightening or replacing the ring around the valve (annulus) – this is called an annuloplasty.

The follow-up care for Pat’s surgery includes medication, regular check-ups with her physicians and participation in the Cardiac Rehabilitation Program at Licking Memorial. “My physicians are monitoring my left ventricle regularly and seeing how my surgery is affecting it,” said Pat.

Pat’s heart condition is considered an idiopathic cardiomyopathy because there was no apparent reason for her condition. Typical causes of mitral valve regurgitation include rheumatic fever, prior heart attack, congenital heart defects or mitral valve prolapse. “I didn’t have any of the known causes, I am a non-smoker, exercise regularly, am very conscious of my diet and in general good health,” said Pat.

Pat and her husband, David, have been married for 37 years. Together they have two children and five granddaughters. Pat keeps active by walking, golfing and keeping up with her grandchildren.

“Looking back at my past symptoms, I can see how the signs all added up. At the time, however, I would have never imagined that I would have heart failure,” said Pat. “Now, I am very aware of the symptoms and when I notice anything irregular, I am sure to see my physician.” Since her surgery, Pat is back to doing the activities she loves and is easing back to work caring for patients at LMH.

# The Facts of Chronic Heart Failure

## What is heart failure?

Many people mistakenly believe that heart failure means the heart has stopped or is about to stop. Heart failure simply means that the heart is not pumping blood through the body as well as it should. As the heart's pumping action weakens, blood backs up into the vessels around the lungs and causes seepage of fluid into the lungs. The fluid causes congestion and makes it hard to breathe. Many people with heart failure also have swollen feet and legs. That is why heart failure is sometimes called chronic heart failure, or CHF.

Heart failure is a serious illness that can affect how long you live. You may have heard that some people may die sooner because of heart failure. But, with proper medications in the right doses and careful management, you can live longer and feel better.

One of the most important things to do is to follow the orders given by your physician. Be sure to take any medication prescribed at the correct time and follow the dosage or food requirements. Be sure that you have a clear understanding of the directions. There are also three things that you can incorporate into your everyday routine to prevent the worsening of heart failure – weigh yourself daily, avoid high-sodium foods, and develop an action plan to follow if heart failure symptoms worsen.

In heart failure, the heart isn't working properly; so many people think that exercise will hurt them. Actually, moderate physical activity can help the heart work more efficiently. With daily exercise, most people will find that they don't feel as tired; they have less stress; and their energy level increases. Other advantages include weight control or weight loss, better circulation, and lower blood pressure and cholesterol levels. It's important to plan your physical activity with your health care professionals. How much exercise you can do will depend upon your specific condition. Even a small amount can improve the way you feel and help you have a more positive attitude. If you can enjoy some recreation, family outings or other leisure activities, you'll get more pleasure out of life.

Smokers who have heart failure can automatically eliminate a major source of stress on their hearts by quitting. Each puff of nicotine from tobacco smoke temporarily increases heart rate and blood pressure, even as less oxygen-rich blood circulates through the body. Smoking also leads to clumping or stickiness in the blood vessels feeding the heart. People who quit smoking are more likely to have their heart failure symptoms improve. Lifetime smokers often need help to quit successfully.



Moderate exercise, such as walking or light jogging, can help the heart work more efficiently and help a person suffering from heart failure.

Heart failure requires you and your caregivers to pay close attention to a changes in symptoms. If you notice something new, or a sudden worsening of a current symptom, notify the doctor immediately. Here's what to watch for:

- Sudden weight gain – three or more pounds in one day, five or more pounds in one week
- Shortness of breath while at rest or with changes in activity level
- Increased swelling of the lower limbs (legs or ankles)
- Swelling or pain in the abdomen
- Trouble sleeping (awakening short of breath, using more pillows)
- Frequent dry, hacking cough, especially at night
- Loss of appetite
- Increased fatigue or feeling tired all the time

For more information about heart failure, speak with your primary care physician. If you do not have a primary care physician, please call the Licking Memorial Physician Referral line at (740) 348-4014 or check out our physicians online at [www.LMHealth.org](http://www.LMHealth.org).