



Licking Memorial Health Systems

1320 West Main Street
Newark, Ohio 43055

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

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Quality Report Card

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Health Tips – Keeping Children Safe While Traveling

The Centers for Disease Control and Prevention (CDC) reports an average of four children were killed in motor vehicle crashes each day in 2008. The CDC says that proper use of child safety restraints can reduce children's risk of death in auto accidents by up to 71 percent. Ohio law requires different types of safety restraints for children at various stages. Here are some tips to help parents make sure their children are as safe as possible while riding in a car:

- The safest place for all children to ride is in the back seat. The American Academy of Pediatrics (AAP) recommends all children, aged 12 and under, ride in the back seat of vehicles.
- All children up to age 8 (or 4 feet 9 inches tall) must be in a child restraint while riding in a vehicle (either a safety car seat or a booster seat).
- Infants should ride in a rear-facing safety seat until at least 1 year old and weighing 20 pounds. The AAP recommends keeping the safety seat rear-facing up to age 2 if possible.
- After children are 20 pounds and at least 1 year old, they may ride forward facing in a safety car seat.
- Once children are 40 pounds or 4 years old, they may switch to a booster seat. They will continue to use the booster seat until at least age 8 (or when they are 4 feet 9 inches tall).
- Children older than 8 years should use both lap and shoulder safety belts.
- Never allow a child of any age to place a shoulder belt behind the back or arm. If they are doing this, it is likely because they are not tall enough and need a booster seat in the vehicle.

Pediatric Care – How do we compare?

Check out our Quality Report Cards online at 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 Immunizations are one of the safest and most effective methods to protect children from potentially serious childhood diseases. Licking Memorial Health Professionals (LMHP) monitor the percentage of children, aged 19 months to 35 months, who receive the individual and complete set of recommended immunizations. The series is frequently referred to as the 4:3:1:3:3:1 series. It consists of the following vaccines:

- 4 doses of diphtheria, tetanus (lockjaw), and pertussis (whooping cough)
- 3 doses of polio
- 1 dose of measles, mumps and rubella
- 3 doses of Haemophilus influenzae B (influenza type B)
- 3 doses of hepatitis B
- 1 dose of varicella (chicken pox)

	LMHP 2007	LMHP 2008	LMHP 2009	National ⁽¹⁾
Childhood immunization rate (4:3:1:3:3:1 series)	85%	89%	89%	76%
Children, aged 6 months to 5 years, receiving the influenza vaccination	15%	25%	31%	27%

2 LMHP providers follow Advisory Committee on Immunization Practices (ACIP) recommended vaccinations to prevent cervical cancer, varicella (chicken pox) and meningitis among adolescents.

	LMHP 2007	LMHP 2008	LMHP 2009	National ⁽¹⁾
Female adolescents, aged 12 to 18 years, and women, up to 26 years, completing HPV vaccination series	5%	25%	36%	18%
Adolescent children, aged 7 to 13 years, receiving varicella vaccination	36%	64%	83%	34%
Adolescent children, aged 11 to 18 years, receiving meningococcal vaccination	33%	54%	67%	42%

3 Pharyngitis (sore throat) is a common illness in children. The majority of children's sore throats are caused by viral illnesses. While antibiotics are needed to treat bacterial pharyngitis, they are not useful in treating viral pharyngitis. Before antibiotics are prescribed, a simple diagnostic test needs to be performed to confirm the presence of a bacterial infection. Inappropriate use of antibiotics for viral pharyngitis is costly, ineffective and contributes to the development of drug-resistant bacterial strains. LMHP monitors and reports how many children with sore throats, aged 2 to 18 years of age, received a Group A streptococcus test before they were given a prescription for antibiotics.

	LMHP 2007	LMHP 2008	LMHP 2009	National ⁽²⁾
Children with pharyngitis receiving test before antibiotics	95%	95%	94%	69%

4 The American Academy of Pediatrics recommends the use of reliever medications to gain control of asthma attacks and reduce severity as quickly as possible. Reliever medications include drugs such as albuterol breathing treatments that can quickly open airways. Licking Memorial Hospital (LMH) measures how many pediatric asthma patients receive reliever medications during their hospitalization.

	LMH 2008	LMH 2009	National ⁽³⁾
Children receiving relievers while hospitalized for asthma	100%	100%	100%

5 The American Academy of Pediatrics recommends the use of corticosteroid medications to gain control of asthma attacks and reduce severity as quickly as possible. Corticosteroid medications include drugs, such as Prednisone or Dexamethasone, that reduce airway inflammation and swelling. This measure reflects the percentage of pediatric asthma patients who received corticosteroid medications during their hospitalization.

	LMH 2008	LMH 2009	National ⁽³⁾
Children receiving systemic corticosteroid medication while hospitalized for asthma	100%	100%	99%

6 If a patient must be readmitted to the Hospital within 30 days of treatment for asthma, there may have been a problem in the patient care, such as inadequate diagnosis, treatment, patient non-compliance with discharge instructions or the patient’s inability to understand or follow the discharge instructions. Since self-care is an essential part of asthma control, thorough patient education is important to maintain low readmission rates.

	LMH 2007	LMH 2008	LMH 2009	National ⁽⁴⁾
Pediatric asthma readmissions within 30 days	3.3%	0%	0%	2.2%

7 When a child arrives with suspected or known sexual abuse, the specially trained sexual assault response team (SART) conducts a comprehensive evaluation of the child, including use of forensic kits to gather evidence from sexual assault victims. Complete use of this kit ensures that evidence is collected properly and submitted to law enforcement for analysis.

	LMH 2007	LMH 2008	LMH 2009	Goal
Forensic kit collection was complete for children treated for sexual abuse	100%	100%	100%	100%

Data Footnotes: (1) National Immunization Survey (NIS). (2) NCQA – The State of Healthcare Quality 2009 – HEDIS Measures of Care. (3) Hospitalcompare.hhs.gov national benchmarks. (4) Midas comparative database.

Overweight Children Face a Lifelong Health Risk

Recently, the Ohio Department of Health published an alarming report that found that approximately one out of every six students in the third grade in Licking County was overweight. Studies have shown that children who are overweight are at a higher risk for developing asthma, diabetes, bone and joint disorders, high blood pressure and premature onset of puberty. In addition, overweight children are at a much higher risk for developing other serious health problems as adults, including obesity, heart disease and stroke.



When children make healthier food choices, they lower their risk for developing many serious diseases later in life.

Pediatricians at Licking Memorial Pediatrics often refer overweight children to Licking Memorial Community Case Management for nutritional counseling with a dietitian. The dietitian usually meets with the child and the child’s parents at the same time. Registered Dietitian Annmarie Thacker, R.D., L.D., C.D.E., explained, “The parents need to be included in the nutritional education since they traditionally make the food purchases for the entire family. Children are dependent upon the adults to provide healthier choices for meals and snacks.”

Pediatrician Diane LeMay, M.D., of Licking Memorial Pediatrics, said the local increase in overweight children closely follows the national trend. “Nationally, more than 12 percent of children aged 2 to 5 years, 17 percent of children aged 6 to 11 years, and 18 percent of youth aged 12 to 19 years are considered obese,” Dr. LeMay cited. “A child is considered obese when his/her body mass index (BMI) is over the 95th percentile for that age. The BMI is a measurement of weight-to-height ratio. At Licking Memorial Pediatrics, we measure the child’s BMI at each office visit, so that we can address the issue at an early stage, if necessary. It is known that if a child is obese at age 8, that child is likely to be severely or morbidly obese in adulthood.”

“I have definitely seen an increase in obesity in children in my 19 years of practice in Licking County,” Dr. LeMay continued. “Lack of exercise, increase in fast food consumption, lack of health education and gym classes year round in schools, and an increase in video games all contribute to this epidemic in our country. If a child is at risk for obesity, due to a sedentary lifestyle and genetic predisposition, by the age of 4 years, that child’s risk is increased to 20 percent, and by the teen years, his/her risk is markedly increased to 80 percent of developing obesity.”

Children are more successful at achieving and maintaining a healthy weight when their parents also watch their own diets and exercise alongside their sons and daughters to set a good example. Annmarie said, “I once witnessed a parent waiting outside a children’s weight-loss program at a gym in Newark. The parent was snacking on a high-sugar soft drink and a candy bar. With that kind of example being set, the child is going to have much more difficulty in achieving a healthy weight.”

“This generation of children will have more health care needs than any other generation, due to obesity,” Dr. LeMay stated. “Healthier diets and exercise comprise a lifestyle we must choose and expect. Children should engage in some form of physical activity for at least 60 minutes on most days of the week. We must be proactive in the health of our younger children – their lives depend on it.”

The American Academy of Pediatrics has proposed that BMI evaluations should become a care standard during every pediatric office visit. Licking Memorial Pediatrics has been evaluating children’s BMI at every office visit since 2004.

Patient Story – Sam Smith

When Carol and Michael Smith watch their young son, Sam, playing outdoors with other children, they see a vibrant, active boy. They are grateful for that sense of normalcy, because asthma and other complications have seriously threatened the kindergartner's health many times in the short five years since his birth.

Sam is the second of three boys in the Smith family. His brothers are 7-year-old Ben and 2-year-old Jack. Ever since their sons were born, Michael, a teacher at Newark High School, and Carol, a self-employed transcriptionist, have been taking them to Licking Memorial Pediatrician Richard Baltisberger, M.D., who is affectionately known as “Dr. Rick.”

When Sam was just three months old, Carol became concerned about his increasing breathing problems and described the symptoms to Dr. Baltisberger. Carol said, “When Sam was born, he had some breathing retractions, where the chest sinks in with each inhalation. By the time he was three months old, he was also wheezing and having difficulty breathing. Dr. Rick prescribed a nebulizer machine to provide breathing treatments at home.”

Several months later, the Smith family was vacationing in Texas, when Sam became very ill. “I could see him fading quickly,” Carol said. “He was coughing badly. We gave him nebulizer treatments, but he was droopy and lethargic – just not like himself at all. It turned out that his blood oxygen level was quite low, and he had a lung infection which required an eight-day stay in the Texas hospital.”

At 3 years of age, Sam was examined by Kenneth Parker, M.D., of Licking Memorial Otolaryngology, who determined the young boy had sleep apnea that was causing him to intermittently stop breathing while he was asleep. Dr. Parker performed surgery at Licking Memorial Hospital (LMH) to remove Sam's tonsils and adenoids. “Before the surgery, Sam snored so loudly,” Carol recalled. “In fact, at his preschool, they nicknamed him ‘Grandpa’ because of his loud snoring during naptime. Dr. Parker was so wonderful with Sam, and the surgery greatly improved the snoring. It also seems like he does not get sick quite as often now.”

Sam has continued to have occasional asthma episodes, which can usually be managed at home or school. “If Sam feels like an episode is coming on, he knows to ask for a treatment,” Carol said. “Approximately once a year, he will have a severe episode, and we have learned how to tell when that is happening. Sam has this look that is very distinct to me. I call it ‘fading,’ and when I see that, I know it is time to take him to the Hospital.”



Five-year-old Sam Smith of Newark loves to play soccer. Careful management of his asthma allows him to play without any restrictions.

The asthma condition puts Sam at a higher risk for pneumonia. He has developed pneumonia several times, most recently in September 2009, requiring a three-day stay at LMH. Carol explained that Sam has adjusted to his periodic hospitalizations. “When he was a toddler, he would resist the breathing treatments, but now he understands that he needs them in order to feel better,” she said. “He uses the time to watch videos or play with Play-Doh. He also has a really keen sense of humor, so he keeps the nurses entertained.”

Dr. Baltisberger continues to monitor Sam's health closely to find which combination of medications will work best, and to try to identify “triggers” that set off the asthma episodes. Carol said, “A couple of years ago, we realized that albuterol was making Sam's heart race, so Dr. Rick prescribed Xopenex. It works much better for him, and we have recently tried Advair, which appears to work well. We are still trying to identify triggers. Sam went through a complete range of allergy testing that was inconclusive. He tested positive for allergens, such as horses, rabbits, hamsters – things we do not have at home. I have noticed that he has more problems when the air is hot and humid.”

Except for the times that asthma complications arise, Sam enjoys rigorous sports, especially soccer and basketball. He tends to minimize his down-times, describing his recent bout of pneumonia in simple terms. “It felt funny, and it hurt a little,” he said.

In some cases, children seem to outgrow asthma, which is Carol's prevailing wish. “I would like for it to go away and not have to deal with it anymore,” she stated. “However, we do know the signs, and it is under control, so if we never get rid of the asthma, at least we can manage it and not let it regulate Sam's life. We are so lucky to have Dr. Rick as our pediatrician. I do not know where we would be without all the care he has given us.”

Licking Memorial Pediatrics has a dedicated team of pediatricians to care for infants and children from birth to adulthood, with offices in Newark and Pataskala. In addition, four pediatric hospitalists provide coverage to care for young patients at LMH.