



Licking Memorial Health Systems

1320 West Main Street
Newark, Ohio 43055

Please take a few minutes to read this month's report on **Respiratory 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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Quality Report Card

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Health Tips – Improving the Quality of the Air You Breathe

Air quality can have a significant impact on health, especially for someone with respiratory problems. Here are some tips to improve the quality of the air that you breathe every day:

1. Do not smoke, and ask others not to smoke in your vicinity.
2. Vacuum carpets frequently.
3. Wash bed linens weekly to reduce dust mites.
4. Open windows to ventilate rooms whenever weather conditions permit.
5. Ventilate when using chemicals with fumes, such as hairspray, cleaners or paint.
6. Use a dehumidifier or air conditioner to keep humidity below 50 percent.
7. Test your home for radon gas.
8. Keep wood burning stoves and fireplaces well maintained.
9. Close automobile windows when driving on dusty country roads.
10. Consider installing wood flooring and a central air filtration system in your home.

Respiratory 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 In addition to causing cancer and many respiratory problems, tobacco smoking has been shown to increase the risk of complications for patients who have other serious illnesses. Licking Memorial Hospital (LMH) counsels inpatients who smoke, to quit smoking and refers them to Quit for Your Health, LMH’s free tobacco cessation program. As part of the Hospital’s internal referral process, LMH’s Respiratory Department staff spoke about smoking cessation with more than 2,475 patients who smoked in 2010.

	LMH 2008	LMH 2009	LMH 2010	National ⁽¹⁾
Smoking cessation education provided to:				
AMI patients	90%	100%	100%	99%
Pneumonia patients	75%	99%	100%	97%
Heart failure patients	82%	100%	100%	98%
Stroke patients	82%	100%	100%	greater than 90%

2 Smokers who receive advice from their physicians to quit smoking are more likely to give up smoking than those who do not, according to the National Committee for Quality Assurance (NCQA). Licking Memorial Pulmonology assesses the smoking status of all Pulmonology patients during office visits and counsels those who are actively smoking to quit. The patients are offered referral to Quit for Your Health.

	LMHP Pulmonology 2008	LMHP Pulmonology 2009	LMHP Pulmonology 2010	National ⁽²⁾
Smoking cessation advised for Licking Memorial Pulmonology patients who smoke	99%	99%	99%	80%

3 Asthma is a condition in which swelling or inflammation can cause narrowing of the breathing tubes, making it difficult to breathe and sometimes resulting in a medical emergency. By using the correct medications such as inhaled corticosteroids, asthma can be controlled. Use of these medications can reduce asthma-related emergency room visits, hospital admissions, and missed work/school days. LMHP Pulmonology assesses all visiting asthma patients to ensure that they are being treated with the correct long-acting corticosteroid.

	LMHP Pulmonology 2008	LMHP Pulmonology 2009	LMHP Pulmonology 2010	National ⁽²⁾
Asthma patients assessed for appropriate inhaled corticosteroid	100%	100%	100%	93%

4 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. The following data reflects how many infections occurred during 1,000 patient days compared to the national benchmarks.

	LMH 2008	LMH 2009	LMH 2010	National ⁽³⁾
Pneumonia infection rate of ICU patients on ventilators	1.7	1.3	1.3	2.2

5 A ventilator is a breathing machine that may be used in hospitals for very sick patients who may not be able to breathe on their own. The use of a ventilator can be life-saving, but can also have serious side effects, such as infections, stomach ulcers, blood clots, and dependency on the ventilator itself. To help reduce the potential for these side effects, LMH uses a “ventilator bundle” when caring for patients using a ventilator. This bundle includes several treatments used together, such as providing special medications, providing good mouth care, making sure the patient’s body is positioned correctly, and aggressively “weaning” the patient off the ventilator.

	LMH 2008	LMH 2009	LMH 2010	Goal
Complete ventilator bundle used for patients on ventilators	96%	95%	96%	greater than 90%

Data footnotes: (1) Hospitalcompare.hhs.gov national benchmarks. (2) National Committee for Quality Assurance 2008 commercial average. (3) National Healthcare Safety Network, December 2009.

Patient Story – Susie Shoults

Susie Shoults, a Knox County resident, does not mind the trip to Newark for her appointments at Licking Memorial Pulmonology because the travel distance is short compared to the long journey she made before finding Pulmonologist Eric R. Pacht, M.D. After many months of declining health, 79-year-old Susie credits Dr. Pacht with turning her life around.

“I was so low that I thought I was not long for this world,” Susie said. “I had seen many doctors and had tried many medications, but I was feeling worse than ever. Now I feel much better thanks to Dr. Pacht.”

Susie had always been active and vibrant, working alongside her husband, Dwight, on their farm near Bladensburg. Together they raised a small number of beef cattle, grew corn, baled hay and maintained flower and vegetable gardens around their home. They both also worked full-time jobs away from the farm before they retired.

In March 2009, Dwight had been receiving radiation treatments for cancer. On the way to one of his appointments, Susie became ill. “I had a ‘frog’ in my throat,” she remembered. “I could not breathe right, and I could not talk.”

Susie visited a nearby emergency room, and for the next 18 months, she was referred to many physicians and received many tests and prescriptions. It was discovered that she had atrial fibrillation (an irregular heartbeat), but medications and a pacemaker brought no relief of her breathing symptoms, which continued to worsen. “I stayed short-of-breath, and I got weaker and weaker. I could not work around the farm or house anymore – Dwight had to do it all. Obviously, there was something more than the irregular heartbeat.”

Sadly, Dwight’s own health took a turn for the worse, and he passed away on November 28, 2009. Susie said, “Dwight and I were always together since we were married in 1970. I thought that without him, I was knocking at the pearly gates, myself. That is, until I met Dr. Pacht.”

With the help of her sister, Ada, and caring neighbors, Susie somehow managed to cope through the next three seasons. “The neighbors plowed the snow and mowed the lawn for me,” she said. “They really watched out for me because I could not even leave the house at that time.”

Finally, one of Susie’s physicians recommended that she consult with a lung specialist for her breathing problems. Susie recalled, “He referred me to Dr. Pacht in Newark. Up here in Knox County, I had not met Dr. Pacht, but whenever I mentioned his name to my friends, they all knew of his reputation for being an excellent doctor. I was hopeful that he would be able to make things better for me.”



Dwight and Susie Shoults in January 2005.

On September 9, 2010, Ada drove Susie to her first appointment with Dr. Pacht. After a few tests, Dr. Pacht told Susie that she had COPD (chronic obstructive pulmonary disease).

COPD is a lung disease that affects millions of people in the U.S. The most common types of COPD are emphysema and chronic bronchitis, which are usually due to cigarette smoking, but there are also less common types seen in patients who never smoke. “I have never been a smoker, and Dwight quit smoking shortly after we were married,” Susie stated. “However, I did work in an office where there were always people smoking.”

Armed with a new diagnosis, Susie began a new treatment regimen that included two inhalers. She immediately felt such a great improvement that she was compelled to pen a thank-you note to Dr. Pacht. It read:

Sunday, Oct. 10, 2010

Dear Doctor Pacht,

Today is my eleventh good day in a row, and I thank you!

Since August of 2009, I have been short of breath and void of stamina – and I mean EVERY day! The many medications prescribed brought me no improvement – until now.

On Sept. 30th, my first use of Spiriva energized me. I took down my kitchen and bathroom curtains, cleaned the windows, washed the curtains, hung them back up – and I was breathing well and not exhausted! I have my life back!

Now Spiriva and Advair start my day and I feel alive again! I thank the Lord! And I thank you and your helpful and friendly staff! I appreciate all!

Sincerely,
Susie Shoults

Susie still has ups and downs with her health issues, but she finds encouragement in her returning strength. “I can go outside now,” she said, “so I can go to church again and to the grocery once in a while.” As Susie states over and over, she is thankful to be getting her life back again.

Managing Adult-Onset Asthma

Shortness of breath, difficulty breathing, frequent coughing, wheezing and tightness of the chest are all frightening symptoms that can occur suddenly in people with asthma. Although asthma is often considered a childhood disease, when it is diagnosed in a patient over the age of 20 years, it is called “adult-onset asthma,” and it affects millions of Americans.

Asthma is a chronic and complex disease where inflammation results in a temporary narrowing of the air passages. Although the underlying inflammation is continuous, the breathing difficulties caused by asthma tend to occur in episodes, or “attacks.”

Asthma attacks occur as the body’s response to certain stimuli, which are different for every person. In adults, common asthma triggers include:

- Colds and other respiratory infections
- Tobacco smoke
- Air pollution
- Chemical fumes
- Allergic reactions (such as to: pollen, mold, pet dander, dust, and foods)
- Exposure to cold air
- Excitement or stress
- Exercise

In addition, 20 percent of adults with asthma can have attacks triggered by aspirin, according to a report by the American Lung Association.

The incidence rate of asthma in adults varies by geographic regions. According to a 2008 study by the Centers for Disease Control and Prevention (CDC), 10 percent of adults in Florida and Nebraska reported they had been diagnosed with asthma, compared to 16 percent in Alaska and Hawaii. (In Ohio, 14 percent of the adults surveyed reported they had asthma.)

People with a family history of asthma have an elevated risk of developing adult-onset asthma. Other risk factors include:

- Smoking
- Obesity
- Poor air quality
- Allergies – especially “indoor” allergies, such as pets, dust mites, and mold
- Gender – higher risk for women after the age of 40



Adult-onset asthma is a common condition in the U.S., requiring close monitoring to prevent severe attacks which can be life-threatening.

To make an asthma diagnosis, physicians review the patient’s medical history and listen to the patient’s breathing. They may then refer the patient to Licking Memorial Hospital’s Pulmonary Lab for lung function testing. Spirometry is the most common diagnostic tool for asthma. It is a painless evaluation of the patient’s lung performance. The patient breathes into the spirometer’s mouthpiece, exhaling as much air as possible. The patient then inhales a bronchodilator medication, and the spirometry results before and after the bronchodilator, are compared.

If the results of the pre- and post-bronchodilator spirometry tests are not conclusive, a methacholine challenge test

may be performed. The patient inhales a methacholine aerosol, and the drug’s effect on the lungs is evaluated by spirometry.

There is no cure for asthma, although patients may not experience an attack for years. Good management of asthma is very important because severe symptoms can develop quickly and, if not treated promptly, can be life-threatening. The American Lung Association reports that nearly 1.7 million emergency room visits in the U.S. were attributed to asthma attacks in 2006. In 2008, the disease accounted for an estimated 14.2 million lost work days. Even more sadly, 3,447 deaths were due to asthma in 2007, according to the CDC. With good management, most asthma patients can lead active lives and enjoy normal activities.

Asthma triggers and symptoms vary widely among patients, so each patient’s management plan must be customized to achieve good results. The foremost component of asthma management is to avoid all known triggers to prevent attacks from occurring. Other treatment methods may include the use of anti-inflammatory medications to reduce swelling and mucus production in the airways, and bronchodilator medications to relax the muscle bands that encircle the airways.

The CDC urges adult patients with asthma to receive annual influenza immunizations. A study conducted by the American Lung Association has found that the inactivated influenza vaccine is safe for adults and children with asthma, even if their symptoms are considered severe. Becoming sick with the flu places asthma patients at risk for needing an emergency room visit to control their symptoms. Currently, an estimated 45.6 percent of adults with asthma receive a flu shot, according to the American Lung Association.