



**Licking Memorial
Health Systems**

1320 West Main Street
Newark, OH 43055

Please take a few minutes to read this month's

Report on **Pneumonia 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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Pneumonia Care ... A Community Report on Pneumonia Care

Health Tips for Pneumonia Care

If you have pneumonia, the following measures can help you recover more quickly and decrease your risk of complications:

- Get plenty of rest. Even when you start to feel better, be careful not to overdo it.
- Drink lots of fluids, especially water. Liquids keep you from becoming dehydrated and help loosen mucus in your lungs.
- Take the entire course of any prescribed medications. Stopping medication too soon can cause your pneumonia to come back and contributes to the development of antibiotic-resistant bacteria.
- Keep all of your follow-up appointments. Even though you feel better, your lungs may still be infected. It's important to have your doctor monitor your progress.

Pneumonia 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** National pneumonia treatment guidelines recommend that one dose of an antibiotic be given to pneumonia patients within four hours of arrival at the hospital. This “door-to-antibiotic time” also includes diagnostic testing.

	LMH 2004	LMH 2005	LMH 1/06-6/06	National ⁽¹⁾
% of patients receiving antibiotic dose within 4 hours	92%	85%	81%	78%
Median door-to-antibiotic time	150 minutes	171 minutes	177 minutes	199 minutes

- 2** Best practice in pneumonia care says that a blood culture should be collected before any antibiotics are given to a pneumonia patient to more accurately determine what microorganism is causing the pneumonia.

	LMH 2004	LMH 2005	LMH 1/06-6/06 ⁽²⁾	National ⁽¹⁾
% of patients receiving blood cultures prior to antibiotics	84%	86%	98%	90%

- 3** Hospitalized patients with a condition that puts them at risk for developing complications from pneumonia and/or influenza (flu) should be screened for vaccines while in the hospital and receive a pneumonia and/or influenza vaccine if appropriate. Licking Memorial Health Professionals (LMHP) office patients who are at high risk for these illnesses also are screened and vaccinated as appropriate.

	LMH 2004	LMH 2005	LMH 1/06-6/06	National ⁽¹⁾
% of high-risk patients screened for pneumonia vaccine	70%	81%	93%	73%
% of pneumonia patients screened for the influenza vaccine	81%	76%	90%	70%
	LMH 2005	LMH 2006	LMHS Goal	National ⁽³⁾
% of physician office patients over 65 years receiving the pneumonia vaccine	70.3%	83%	greater than 80%	65.9%
% of physician office patients over 65 years receiving the influenza vaccine	N/A ⁽⁴⁾	75%	greater than 80%	65.7%

- 4** Use of standard orders – in which physicians follow the best practice protocols for treating all patients with a particular diagnosis – indicates that patients are receiving consistent care.

	LMH 2004	LMH 2005	LMH 1/06-6/06	LMH Goal
% Patients with standard orders used	76%	85%	91%	greater than 90%

Data Footnotes:

1. MIDAS comparative database from first quarter 2006 data comparing over 390 organizations.
2. National data collection changed in January 2006 to focus only on patients arriving through the Emergency Department.
3. Centers for Disease Control and Prevention Risk Factor Surveillance.
4. Data was not abstracted until 2006.

Patient Feature: Michelle Ogle



Michelle Ogle

Michelle Ogle is a young, vibrant 25 year old in good health. But, what started off as a bad pain in her chest quickly turned into pneumonia. “I woke with a bad pain in my chest and arm and the next thing I knew, I was diagnosed with pneumonia,” Michelle said.

“It came on really fast,” Michelle said. The pain sent her to the Emergency Department, where she underwent a chest X-ray, which revealed a staph infection between Michelle’s weakened lung and her rib cage. Michelle needed further treatment than antibiotics and was admitted to Licking Memorial Hospital with the diagnosis of pneumonia.

Pneumonia is an inflammation of the lungs most often caused by infection with bacteria or a virus. Pneumonia can make it hard to breathe because the lungs have to work harder to get enough oxygen into the bloodstream. Symptoms of pneumonia caused by bacteria often begin suddenly and may follow an upper respiratory infection, such as influenza (flu) or a cold. Other symptoms

include: fever, a cough that often produces colored mucus (sputum) from the lungs, and rapid, often shallow breathing.

Michelle was then admitted to LMH to receive intravenous antibiotics and fluids to help treat her pneumonia. After a couple of days, she was released from the Hospital but was prescribed additional antibiotics. “The quality of care that I received all along the way was good. The staff took great care of me and treated me with respect,” said Michelle. She works at Newark Family Dentistry and understands the importance of quality patient service.

Michelle had pneumonia once before and hopes never to have it again. “The pain that went with it was nothing I’ve ever experienced before,” she said. While in the Hospital, it was discovered that Michelle had anemia and diabetes, so she was grateful to learn this health information.

Michelle has since returned to work, and continues to increase her strength and improve her health.

Smoking Cessation Important for Pneumonia Patients

Every year, more than 60,000 Americans die of pneumonia – an inflammation of the lungs usually caused by infection with bacteria, viruses, fungi or other organisms. Pneumonia is a particular concern for older adults and people with chronic illnesses or impaired immune systems, but it also can strike young, healthy people. Worldwide, it’s a leading cause of death in children, many of them younger than 1 year old.

There are more than 50 kinds of pneumonia ranging in seriousness from mild to life-threatening. Although signs and symptoms vary, many cases of pneumonia develop suddenly, with chest pain, fever, chills, cough and shortness of breath. Infection often follows a cold or the flu, but it also can be associated with other illnesses or occur on its own.

Although antibiotics can treat some of the most common forms of bacterial pneumonia, antibiotic-resistant strains are a growing problem. For that reason, and because the disease can be very serious, it’s best to try to prevent infection in the first place.

Adults age 65 or older and very young children whose immune systems aren’t fully developed are at high risk. Also, smokers are more likely to develop pneumonia. Millions of microscopic hairs (cilia) cover the surface of the cells lining the bronchial tubes. The hairs beat in a wave-like fashion to clear your airways of normal secretions, but irritants such as tobacco smoke paralyze

the cilia, causing secretions to accumulate. If these secretions contain bacteria, they can develop into pneumonia.

Smoking damages the lungs and can make it hard to breathe. Smoking increases a person’s chances of getting pneumonia or other chronic lung diseases like emphysema and bronchitis. Smoking is also linked to lung cancer, heart disease and stroke, and can cause premature death. Smoking has been identified as the strongest risk factor for pneumococcal pneumonia in healthy, non-elderly adults, according to the New England Journal of Medicine. Being admitted to the hospital for a smoking-related illness often motivates people to quit smoking.

The good news about the added health risk from smoking is that it is reduced when the person quits smoking. Not smoking helps the body to heal and improves overall health, but quitting can be difficult due to the addictive qualities of nicotine, one of the drugs inhaled during smoking. Smokers trying to quit, therefore, often require support and counseling.

For more information about smoking cessation, please visit the “Special Topics” of the “Health Information” tab on the Licking Memorial Web site at www.LMHealth.org.

LMHS Encourages Tobacco Users to Become Quitters

Licking Memorial Health Systems (LMHS) wants people who use tobacco products to quit what they're doing – for their own health and the health of those around them. “Statistics from the national Centers for Disease Control and Prevention (CDC) estimate that cigarette smoking is the leading preventable cause of death in the United States – accounting for approximately 20 percent of all deaths annually,” said LMHS Vice President of Medical Affairs Craig Cairns, M.D., M.P.H. “And that figure only includes cigarettes – not all forms of tobacco.”



If you smoke or use other tobacco products, seriously consider kicking the habit – at least for a day. The Great American Smokeout is Thursday, November 16. Sponsored annually by the American Cancer Society, the event challenges tobacco-users to quit or at least use less tobacco for the day.

According to statistics from the CDC, an estimated 26.2 percent of adults in Central Ohio smoke, and the national average is 20.8 percent.

In response to the health-related dangers of tobacco use and high percentage of tobacco users in our community, Licking Memorial Hospital (LMH) is encouraging all area tobacco users to join in the Great American Smokeout on Thursday, November 16. Conducted annually on the third Thursday of November, the American

Cancer Society-sponsored event challenges tobacco users to quit or at least use less tobacco for the day.

“Every lifestyle change – whether it's healthier eating, increased exercise or stopping smoking – has to have a starting point from which to grow,” said Licking Memorial Health Professionals pulmonologist Eric Pacht, M.D. “I encourage tobacco users to seriously consider taking part in the Great American Smokeout.”

The American Cancer Society cites various U.S. Surgeon General Reports that show health-related benefits to smoking cessation begin within minutes of snuffing out the last cigarette and continue for years to come:

- Twenty minutes after quitting, the heart rate drops, and the carbon monoxide level in the blood drops to normal.
- Two weeks to 3 months after quitting, circulation improves and lung function increases.

- One to nine months after quitting, coughing and shortness of breath decrease; and cilia (the tiny hair-like structures that move mucus out of the lungs) regain normal function in the lungs, increasing the ability to handle mucus, clean the lungs, and reduce the risk of infection.
- One year after quitting, the excess risk of coronary heart disease is one-half that of a smoker's.
- Five to 15 years after quitting, the stroke risk is reduced to that of a nonsmoker.

- Ten years after quitting, the lung cancer death rate is about half that of a continuing smoker's, and the risk of cancer of the mouth, throat, esophagus, bladder, cervix, and pancreas decreases.
- Fifteen years after quitting, the risk of coronary heart disease is that of a nonsmoker's.

To learn how you can quit tobacco use, call Licking Memorial Health Systems at (740) 348-1434. For more information about the Great American Smokeout, call the American Cancer Society at (800) 227-2345, or go to www.cancer.org.