



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

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 – How to Prevent the Spread of Colds and Flu:

- Wash your hands often and avoid touching your eyes, nose and mouth.
- Receive a flu vaccine each year.
- Receive the H1N1 flu vaccine when it is available.
- Receive a pneumonia vaccine if you are older than 65 years or are in a high-risk category.
- Keep alcohol-based hand cleaner in your family's cars, purses and book bags. Use before eating, and before or after touching shopping carts, door knobs or other high-touch areas.
- Avoid close contact with people who are sick and stay home when you are sick.
- Practice good general health habits. Get plenty of sleep and exercise, drink lots of fluids and eat a nutritious diet.
- Cover your mouth and nose when coughing or sneezing. Cough into the inside of your elbow if a tissue is not available. Throw tissues away immediately after use.
- Stay home if you are ill to avoid exposing your classmates, coworkers, friends, family and community.
- If you get the flu and your doctor prescribes antiviral drugs, be sure to take the entire prescription.

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

	LMH 2006	LMH 2007	LMH 2008	National ⁽¹⁾
Patients receiving antibiotic dose within 6 hours	97%	96%	98%	93%
Average door-to-antibiotic time	170 minutes	162 minutes	143 minutes	162 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 which microorganism is causing the pneumonia.

	LMH 2006	LMH 2007	LMH 2008	National ⁽¹⁾
Patients receiving blood cultures prior to antibiotics	97%	98%	97%	90%
Pneumonia patients given the most appropriate initial antibiotic	88%	85%	87%	87%

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 are also screened and vaccinated as appropriate.

	LMH 2006	LMH 2007	LMH 2008	National ⁽¹⁾
High-risk pneumonia patients screened for the pneumonia vaccine	93%	95%	96%	83%
Pneumonia patients screened for the influenza vaccine	86%	92%	91%	79%
Physician office patients over 65 years receiving the pneumonia vaccine	86%	88%	87%	67%
Physician office patients over 65 years receiving the influenza vaccine	80%	81%	80%	71%

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 2006	LMH 2007	LMH 2008	LMH Goal
Pneumonia patients with pneumonia standard orders used	88%	92%	94%	greater than 90%

5 LMHS is committed to providing and encouraging free, easily accessible flu vaccines to all employees. In order to provide safest care to our community, LMHS recognizes the importance of keeping the staff healthy.

	LMHS 2006	LMHS 2007	LMHS 2008	National ⁽⁴⁾	LMHS Goal
LMHS employees receiving the influenza vaccine	67%	56%	77%	44%	greater than 75%

Data Footnotes: (1) Hospitalcompare.hhs.gov national benchmarks. (2) MIDAS comparative database from fourth quarter 2008 data comparing over 470 organizations. (3) Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008. (4) Centers for Disease Control and Prevention (CDC). Prevention and Control of Seasonal Influenza with Vaccines. Recommendations of ACIP, 2009.

Patient Story – James Oldaker



James Oldaker of Newark recently received his first seasonal flu immunization.

August 28 started out like any other Friday for 45-year-old James Oldaker, who arrived for work at Wendy's in downtown Newark at 8:00 a.m. Around 11:00 a.m., he sat down at a desk and suddenly was overcome with chest pain on his right side. He also found it difficult to breathe.

"I did not know what was going on," James said. "I had not been showing any symptoms that led up to this episode.

All I could think of was that a blood clot from a prior condition had broken loose. There was so much pressure on the right side of my chest, and the whole right side of my body was tingling. When I got to the Emergency Department at Licking Memorial Hospital (LMH), I was in so much pain and so out of breath that I could speak to the nurse only in short, quick words."

James' X-rays and blood tests did not immediately reveal the cause of his pain, but the medical staff was able to determine the diagnosis as pneumonia. He went home that night with a prescription for an antibiotic, and advice to take it easy for a while.

After two days of rest, James tried to return to work, but soon realized his condition had not improved. "I was still in a lot of pain," he said. "I had to leave work, and I went home to crawl back into bed." When he was no better on the following day, he returned to the Emergency Department.

"The staff performed a nasal swab and additional blood tests," he remembered, "and even though my chest X-ray from just four days before had not shown anything, they took another X-ray. That is when Dr. Lee (Radiologist Owen Lee, M.D.) came in and showed me that I had fluid building up in my right lung."

Dr. Lee explained, "James had 'complicated pneumonia' that extended into the pleural space with pockets of fluid that collected between the chest wall and the lung. He was admitted and had chest tube placement under CT guidance. In addition, a TPA (tissue plasminogen activator) drug was administered through the chest tube to break down the pockets of infection and fluids. Close monitoring was important in assessment of his treatment."

James was encouraged to change his position in bed from time to time to facilitate the drainage. "I had to lie on my left side for two hours, then on my back for two hours, then on my right side. By the time I was done, 1,700 ml of fluid had drained."

A follow-up X-ray showed that additional fluid had collected, so James underwent a second round of chest tube therapy. "This time, there was not as much fluid, and I began feeling better as soon as we were done," he said. James was released from the Hospital with another antibiotic, and was advised to take deep breaths to help keep his lungs clear.

"We may never know how James contracted pneumonia," Pulmonologist Eric R. Pacht, M.D., explained. "Community-acquired pneumonia is the most common type of pneumonia, and is the sixth leading cause of death in the U.S. James had an aggressive infection, but he cooperated with everything we asked him to do – he even quit smoking during this time. Pneumonia is a serious illness. It will take some time for James to make a full recovery, but we are glad that he is better, and is taking steps to improve his health."

Before he developed pneumonia, James did not have a primary care physician. As part of his long-term follow-up care, the LMH staff referred him to see Internal Medicine Physician Padmaja R. Tanneru, M.D. "Everyone at the Hospital and the doctors' offices has been great," James commented. "The doctors have all explained things to me really well, and let me know what to expect. Dr. Tanneru set me up with a flu shot when I saw her. I never had a flu shot before, but I was glad to get this one. She said that my immune system may be a little weakened, and I would be at greater risk to catch the flu and develop complications, such as another case of pneumonia. I never want to be sick like that again!"

The Hospital staff also offered smoking cessation assistance to James, but he had already quit smoking. "Until that first day when I had pneumonia, I went through as many as four packs a day. I smoked for most of my life. As soon as that pain hit me, I stopped smoking, and I have not wanted a cigarette since. I do not know if I was 'scared straight,' but I do not crave smoking at all."

When he began feeling better, James returned to his favorite activities – bike riding in the great outdoors and fishing at the Dillon Dam spillway. He has a daughter, Jennifer, and two grandchildren, Nikki and Devan. As a doting father and grandfather, he likes to take them along for the excursions. Although he still tires easily from his battle with pneumonia, he can take advantage of his doctor's order to take in a deep breath of fresh air to benefit both his lungs and his soul.

H1N1 Flu Virus Can Be Treated at Home in Most Cases

Each year, many Americans roll up their sleeves for a flu shot at the beginning of the flu season, which generally lasts from October through May. What we call the “seasonal flu” is actually caused by different strains of influenza virus that change from year to year. A new seasonal flu vaccine is formulated each year, based on world-wide trends observed by the U.S. Food and Drug Administration, the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC) and other organizations.

This fall, Americans have been concerned about another type of flu with the commencement of school, crowded indoor activities and cooler weather. The H1N1 flu virus (formerly known as the swine flu) first appeared in the U.S. in April, and by June 15, there were confirmed cases of H1N1 in every state. Also in June, the WHO declared H1N1 flu to be a worldwide pandemic.

The H1N1 flu resembles the seasonal flu in many ways. Both illnesses are spread from person to person, often as a result of coughing, sneezing, or touching something that has been contaminated by an infected person. Both viruses have similar symptoms that range from mild to severe, and can affect people of any age group.

The symptoms of H1N1 flu include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. In some cases, people also develop diarrhea, nausea and vomiting. The illness generally lasts for several days without treatment.

However, in some cases, dangerous complications may develop from H1N1 flu that require hospitalization. In rare instances, the complications may even cause death. Those who are most at risk to develop severe illness or complications include: pregnant women, young children and people with chronic health conditions, such as asthma, diabetes and other metabolic diseases, heart disease, lung disease, kidney disease, weakened immune systems and neurologic diseases.

The CDC discontinued routine testing for the H1N1 flu on July 24 because the disease was widespread in the U.S., and treatment for most cases was the same as the seasonal flu. As long as symptoms remain mild or moderate, most cases of H1N1 flu can be treated at home with the following guidelines:

- Give older children and adults an over-the-counter fever and pain reducer, such as acetaminophen (Tylenol®), ibuprofen (Advil® or Motrin®), or naproxen (Aleve®) for low fever and body aches.
- Give older children and adults an over-the-counter

cough medicine for congestion and coughing.

- Be sure to take the entire prescription if your physician prescribes an antiviral medicine.
- Do not give over-the-counter medications to children under the age of 4 years without checking first with your doctor.
- Never give aspirin to a child under the age of 18 years due to the risk of developing Reyes Syndrome.
- Get plenty of rest.
- Drink lots of fluids.

If you are sick, the CDC urges you to stay home from work and school, and generally avoid contact with other people. To reduce the spread of germs, cough or sneeze into the crook of your elbow if a tissue is not available. Be sure to throw away used tissues immediately, and wash your hands with soap and water frequently. Alcohol-based hand sanitizers are also effective.

Although most cases of H1N1 flu in the U.S. have been reported to be mild, serious complications can arise. Seek emergency care if a child develops the following symptoms:

- Fast breathing or shortness of breath
- Bluish or gray skin color
- Dehydration, not drinking enough fluids
- Severe or persistent vomiting
- Not waking up or interacting
- Extreme irritability, not wanting to be held
- Flu-like symptoms that improve, but return with fever and worse cough

Adults may exhibit different symptoms than children if complications develop. Seek emergency care if an adult develops the following symptoms:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- Flu-like symptoms that improve, but return with fever and worse cough

The seasonal flu vaccine does not offer any protection against the H1N1 flu virus. H1N1 vaccinations have been released for those in high-risk categories. Licking Memorial Hospital is working closely with the Licking County Health Department to begin immunizations as soon as possible, and information will be announced through the local media.