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care quality. You'll soon discover
why Licking Memorial Hospital
is measurably different
for your health!**

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**Licking Memorial
Health Systems**

January 2002
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**Heart
Care**

measurably
different
for your
health!



HEALTH TIPS

Some major risk factors for cardiovascular disease can be changed. The American Heart Association offers these tips:

- If you smoke, quit. A smoker's risk of heart attack is more than twice that of a nonsmoker.
- Eat a healthy diet to lower high blood cholesterol levels.
- Exercise regularly. Keeping physically active can help control blood cholesterol and diabetes, fight obesity and even reduce blood pressure.
- Reduce stress.

...a community report on patient care quality.



Heart care: How do we compare?

At Licking Memorial Hospital, 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 The speed at which an individual goes to an emergency department after experiencing the initial symptoms of a heart attack has a direct impact on the type and effectiveness of the care he or she will receive.

	LMH 2000 ⁽¹⁾	LMH 1/01-11/01	LMH Goal ⁽²⁾
Pain to door time	1.5 hours	1.6 hours	<2 hours

2 The first step in heart attack treatment is to confirm that the patient is truly experiencing the symptoms of an attack. An electrocardiogram, or EKG, measures the electrical activity of the heart and can determine if a heart attack is occurring.

	LMH 2000 ⁽¹⁾	LMH 1/01-11/01	National Standard ⁽³⁾
Door to EKG time	7 minutes	11 minutes	<10 minutes

3 Thrombolytic or clot-busting medications can stop a heart attack in progress, which helps prevent heart damage and save lives. Therefore, the sooner a patient arrives at the hospital and receives the drug, the more effective the treatment will be.

	LMH 2000 ⁽¹⁾	LMH 1/01-11/01	National Standard ⁽³⁾
Door to drug time	28 minutes	26 minutes	<30 minutes

4 LMH's cardiac catheterization lab performs low-risk diagnostic testing on patients suspected of having blockage in their arteries. A measure of quality during the procedure is the rate of unexpected events.

Unexpected event	LMH 2000	LMH 1/01-11/01	State Benchmark ⁽⁴⁾
Mortality	0%	0%	0.07%
Heart attack	0%	0%	0.42%
Cardiac arrest	1.6%	0%	0.11%
Stroke	0%	0%	0.04%
Vascular complications	0%	0%	0.07%

5 Cardiac rehabilitation programs aid people who have experienced heart attacks. LMH's program provides medical oversight and heart monitoring for individuals as they exercise and strengthen their hearts. LMH also measures participants' progress in improving certain indicators of heart health.

Health Indicator	LMH 2000	LMH 1/01-11/01
% Who stopped smoking	79%	55%
% Improved weight	59%	50%
% Increased exercise time	100%	100%
% Improved quality of life – physical	69%	75%
% Improved quality of life – mental	63%	58%

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During a heart attack, the heart tries to compensate for its weakened pumping action by beating faster, which puts more strain on it. Beta blockers reduce the heart's tendency to beat faster. Additionally, aspirin has been shown to prevent further blood clotting in heart attack patients.

Aspirin within 24 hours of patient arrival

LMH 2000 ⁽¹⁾	LMH 1/01-11/01	State Average ⁽⁵⁾
100%	95.1%	87%

Aspirin at hospital discharge

LMH 2000 ⁽¹⁾	LMH 1/01-11/01	State Average ⁽⁵⁾
99%	91.2%	86%

Beta blocker at hospital discharge

LMH 2000 ⁽¹⁾	LMH 1/01-11/01	State Average ⁽⁵⁾
100%	88.1%	73%

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As part of its quality program, LMH measures mortality rate for specific illnesses.

Heart attack inpatient mortality

LMH 2000	LMH 1/01-11/01	National Benchmark ⁽⁶⁾
9.9%	8.8%	13.3%

Data Footnotes:

(1) LMH data from February 2000 through November 2000.

(2) Goal based on average reported by the National Institutes of Health.

(3) ACC/AHA Guidelines for the Management of Patients with Acute Myocardial Infarction, 1999.

(4) Ohio Quality Cardiac Care Foundation, January 1997-June 2000.

(5) Most recent data available from The Ohio Myocardial Infarction Project reflecting July 1999 through September 1999 state averages.

(6) Comparative data from January 2001 through June 2001 from the Midas clinical database for patients 69 and older.



Since having a heart attack, David Burris has made a number of lifestyle changes – including exercising regularly. He participated in LMH’s Cardiac Rehabilitation program and continues to exercise at home.

“My healthcare providers at Licking Memorial pretty much told me smoking was a no-no. I quit; I wanted to keep living.”

Heeding a Hearty Wake-up Call

A PATIENT’S STORY

The warning signs were there for David Burris. The 43-year-old smoker had high cholesterol, was more than 40 pounds overweight, had a family history of heart disease and consumed a steady diet of fast food.

His lifestyle included, “You know, the stuff everybody does all the time,” David said. That was until he received a wake-up call in mid-October 2001. “I really didn’t know what it was. I was having some pain in my back and up and down my right arm,” the Licking County resident said. “I thought maybe I was getting a bad cold.”

That was Wednesday. On Thursday, he was feeling worse. By Friday, his heart was racing. His wife – a former nurse’s aid – took his blood pressure; it was 180/120.

“My wife said, ‘It’s time to go to the hospital,’” David said. “The rest, I guess, is history.”

At Licking Memorial Hospital (LMH), the Emergency Department staff assessed David, conducted tests and determined he had sustained a heart attack a day

or so earlier. “Luckily, mine was mild, and they were able to treat it with medication,” David said. He remained hospitalized for three days and began participation in the hospital’s cardiac rehabilitation program about two weeks later.

For about 1½ hours a day three days a week, David participated in LMH’s Cardiac Rehabilitation program. He used a treadmill, exercise bike and an arm-strengthening machine. His insurance paid for rehab through late December 2001.

For a nominal fee, David could have continued to use the facility, but he chose a different route. “I went out and bought an exercise bike and treadmill for home,” he said.

Regular exercise isn’t the only lifestyle change David has made. He is eating a healthier diet, and he’s kicked his 30-year habit of smoking. Although he wanted to quit in the past, David said he never had enough motivation.

“My healthcare providers at Licking Memorial pretty much told me smoking was a no-no,” David said. “I quit; I wanted to keep living.”



Cardiac-Calcium Scoring Helps Determine Risk

One of the latest diagnostic tools for determining a patient's risk for heart attack is now available at Licking Memorial Hospital (LMH).

Cardiac-calcium scoring can determine a patient's risk for heart disease even if physical symptoms are not evident.

Calcium-scoring software reviews data recorded during a CT (or CAT) scan and measures the amount of calcium in the patient's coronary arteries.

Because cardiac-calcium scoring is a screening procedure, the cost is not reimbursed by insurance but is billed to the patient. A physician's order is necessary for a patient to undergo the screening at LMH. The hospital recently installed a second CT scanner with multi-detector capabilities to make cardiac-calcium scoring available.

"The additional scanner cost nearly \$1 million, but the benefits to our patients are priceless," said LMH Director of Radiology Services Leslee Arthur.

Quit Smoking and Have a Healthier Heart

AS A PERSON SMOKES, HIS HEART BEATS FASTER; BLOOD PRESSURE RISES; BLOOD FLOW DECREASES; AND THE CARBON MONOXIDE LEVEL IN HIS BLOOD RISES, CAUSING A DECREASE IN THE AMOUNT OF OXYGEN FLOWING TO THE HEART AND OTHER VITAL ORGANS.

Cigarette smokers are at an increased risk for peripheral vascular disease (narrowing of blood vessels that carry blood to muscles in the legs and arms), angina pectoris (chest pain), heart attack and chronic lung disease – all of which put added strain on the heart.

"Every time a smoker lights up, preventable stress is put on his or her heart," said LMH Cardiology Patient Care Supervisor Patty Merrick, C.N.P. **"Unfortunately, more than one in four adults in Licking County smokes."**

Of the more than 400,000 smoking-related deaths in the United States each year, 43 percent are due to cardiovascular diseases (CVD); more than 57 million Americans have some form of CVD, the American Heart Association reports.

Each year, more than 950,000 Americans die from heart attack, stroke, high blood pressure and other cardiovascular disorders.

According to the American Heart Association (AHA):

- If you smoke, your chances of having a heart attack are more than double those of a non-smoker.
- Smokers who have heart attacks are more likely to die from them than are non-smokers.
- If you continue to smoke after having a heart attack, you increase your chances of having another heart attack.
- Women who smoke have up to six times the risk of heart attack as do non-smoking women.
- Women who take the birth control pill and smoke greatly increase their risk

of heart attack. They also have an increased risk of peripheral vascular disease and stroke.

- Diabetes is a major risk factor for vascular disease, heart attack, stroke and peripheral vascular disease. People who have diabetes and smoke put themselves at even greater risk for this disease.
- There is evidence that chronic exposure to environmental tobacco smoke – such as secondhand smoke and passive smoking – may increase a person's risk of heart disease.

Smoking, high blood pressure, cholesterol level and physical activity are major risk factors for heart attack that can be changed. As soon as a smoker quits, his risk of heart disease drops. AHA

research has shown that three years after quitting, risk of heart attack is nearly the same as that of a person who has never smoked.

"Patients oftentimes have the attitude, 'The damage is done; why stop now?'" Merrick said. **"That's a common and unfortunate misconception. Quitting not only improves an individual's quality of life, it could also save that life."**

Fast Fact

In a survey conducted January through October 2001, 35% of patients who suffered a heart attack at LMH later enrolled in a cardiac rehabilitation program. Nationally, only 15% of patients do so.