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Licking Memorial Health Systems

1320 West Main Street
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**Licking Memorial
Health Systems**

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**Heart
Care**

measurably
different
for your
health!



HEALTH TIPS

Getting regular aerobic exercise improves heart health. Finding time to work out, though, can be a challenge. Following are some ways to make aerobic exercise part of your everyday routine:

- Park at the far end of the parking lot and walk briskly to your destination.
- Take the stairs instead of the elevator or escalator.
- Go for a short walk as part of your lunch break..
- If you have a dog, make sure to walk it regularly.
- Shovel snow or do other yard or house work.

...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 2001	LMH 1/02-11/02	LMH Goal ⁽¹⁾
Pain-to-door time	1.5 hours	2.6 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 2001	LMH 1/02-11/02	National Standard ⁽²⁾
Door-to-EKG time	11 minutes	10 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 2001	LMH 1/02-11/02	National Standard ⁽²⁾
Door-to-drug time	26 minutes	24 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 2001	LMH 1/02-11/02	State Benchmark ⁽³⁾
Mortality	0%	0%	0.07%
Heart attack	0%	0%	0.42%
Cardiac arrest	0%	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 2001	LMH 1/02-9/02
% Who stopped smoking	55%	64%
% Improved weight	50%	53%
% Increased exercise time	100%	100%
% Improved quality of life – physical	75%	73%
% Improved quality of life – mental	58%	51%

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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 2001	LMH 1/02-11/02	State Average ⁽⁴⁾
95%	99%	87%

Aspirin at hospital discharge

LMH 2001	LMH 1/02-11/02	State Average ⁽⁴⁾
87%	86%	86%

Beta blocker at hospital discharge

LMH 2001	LMH 1/02-11/02	State Average ⁽⁴⁾
88%	88%	73%

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

Heart attack inpatient mortality

LMH 2001	LMH 1/02-11/02	National Benchmark ⁽⁵⁾
8.8%	9.6%	12.4%

Data Footnotes:

- (1) Goal based on average reported by the National Institutes of Health.
 (2) ACC/AHA Guidelines for the Management of Patients with Acute Myocardial Infarction, 1999.
 (3) Ohio Quality Cardiac Care Foundation, January 1997-June 2000.
 (4) Most recent data available from The Ohio Myocardial Infarction Project reflecting July 1999 through September 1999 state averages.
 (5) Comparative data from January 2002 through June 2002 from the Midas clinical database for patients over 69 years old.

Back after a Heart Attack

A PATIENT'S STORY

Ann Morgan had been having strong chest pains that extended into her neck. "I kept putting it off as acid reflux," the 64-year-old Heath resident said. But on June 30, 2002, the pain finally was bad enough that she called her doctor's office for advice.

"It was after hours on a Sunday, and I got the answering service," Ann said. "They called 9-1-1." She was transported by ambulance to the Licking Memorial Hospital (LMH) Emergency Department, where she was treated for a heart attack.

After spending two nights of treatment and recuperation at LMH, Ann was sent to a Columbus hospital for surgery to insert three stents to open three blockages in her arteries. After a few weeks of recovery time at home, she returned to Licking Memorial for participation in the hospital's cardiac rehabilitation program.

The program focuses on increasing cardiovascular strength through use of treadmills, stationary bikes and other exercise equipment. Ann continues to participate in the LMH cardiac rehabilitation program three days a week.

"It's great. I have more energy now than I did before my heart attack," Ann said. "The staff is really nice."

She uses her increased energy to work on craft projects and to catch up on

around-the-house projects she didn't have the strength to complete earlier.

While many heart attack survivors must make dietary and other lifestyle changes, Ann has had to focus only on fitness. "I had been watching what I eat," Ann said, "and I have never been overweight. For the past 10 years, I've followed a strict diet." She also doesn't smoke.

But Ann now says her heart attack should not have been such a surprise. "I have a strong family history of heart disease," she said, but she thought healthy eating alone could ward off a potential problem. She now wants to warn anyone with a family history of heart disease to exercise regularly, eat a healthy diet, don't smoke, talk to his/her physician, and to not ignore physical symptoms.

According to the American Heart Association, because most heart attacks begin with mild pain or discomfort, people often wait too long to seek medical attention. Symptoms of a heart attack can include chest discomfort; pain or discomfort in one or both arms, the back, neck, jaw or stomach; shortness of breath; breaking out in a cold sweat; nausea and lightheadedness.

"Just because people eat right doesn't mean they can't have a heart attack," Ann said. "You really have to pay attention to how your body feels."



In addition to exercising through Licking Memorial Hospital's cardiac rehabilitation program, Ann Morgan walks regularly at the mall and uses home exercise equipment.



***I have
more energy now
than I did
before my heart attack.***



What is an Electrocardiogram?

An electrocardiogram - also known as an EKG or ECG - is a graphic record of the electrical activity of the heart. The test helps determine if damage has occurred to the heart muscle.

During an EKG, 12 recording leads are placed at certain locations on the chest, arms and legs. Having multiple measurement points allows for a more complete picture of the heart's activity. Recording takes place for only a few seconds.

An EKG does not produce any side effects and does not require any preparation, other than possibly the shaving of chest hair to get better placement of the leads.

In addition to being used to help diagnose heart attack, an EKG can help determine the following:

- the nature of an erratic heart beat,
- if chest discomfort is caused by the heart,
- the possibility of congenital heart disease, and
- degeneration of the conduction system of the heart.



Evaluating Cardiac Enzymes

THE LEVEL OF CERTAIN CARDIAC ENZYMES IN THE BLOODSTREAM HELPS DETERMINE WHETHER YOU'VE RECENTLY HAD A HEART ATTACK OR ARE AT RISK FOR ONE. ALTHOUGH LOW LEVELS OF CARDIAC ENZYMES NORMALLY EXIST IN THE BLOODSTREAM, THE AMOUNT RELEASED INCREASES SIGNIFICANTLY DURING A HEART ATTACK WHEN THE HEART MUSCLE DIES OR IS DAMAGED.

An enzyme is a protein that is produced by the body to speed up a specific chemical reaction – such as blood clotting or digestion – or in reaction to an adverse health condition.

When a patient is being evaluated for possible heart attack, blood tests are repeated over several hours to conduct a cardiac enzyme study. If a heart attack has occurred, there will be strong rises and falls in the enzyme levels. Other heart conditions - including myocarditis, cardiomyopathy, certain autoimmune diseases, and a reaction to cholesterol-lowering medication - also cause a rise in cardiac enzyme levels.

Among factors that can affect the results of a cardiac enzyme study are:

- use of certain medications,
- consumption of alcohol,
- recent surgery or major trauma,
- pregnancy, and
- having a prosthetic heart valve implant.

Enzyme levels are evaluated along with electrocardiography (EKG) results, physical exam findings, symptoms and family medical history. Pain in the chest, upper abdomen, neck, jaw, arms and/or shoulders; shortness of breath; nausea; sweating; paleness and lightheadedness are some of the common symptoms of a heart attack.

During a cardiac enzyme study, a number of different enzymes are measured. Since some of these enzymes are found in the body in places other than the heart muscle, their levels may increase when other tissues are damaged. That is why other physical evaluation is necessary for an accurate diagnosis.

"Examining cardiac enzyme levels can tell us whether a patient has had a heart attack, a bad case of angina, or maybe is suffering from an illness completely unrelated to the heart," said LMH Cardiology Patient Care Supervisor Patty Merrick, C.N.P.

A cardiac enzyme study also can help physicians diagnose injury to the heart following bypass surgery and determine whether blood flow has been reestablished through a blocked coronary artery after angiography or use of thrombolytic (clot-busting) medication.

Fast Fact

In 2002, heart attack patients accounted for 3.1% of all patients seen at LMH, down from 3.4% in 2001.