

Non-Profit Org.  
U.S. Postage  
**PAID**  
Newark, Ohio  
Permit No. 39

## Licking Memorial Health Systems

1320 West Main Street  
Newark, Ohio 43055

*Return Service Requested*

**Please take a few minutes to read  
this month's report on patient  
care quality. You'll soon discover  
why Licking Memorial Hospital  
is measurably different  
for your health!**

**Visit us at [www.lmhealth.org](http://www.lmhealth.org)**

**Call our Health Line at  
348-4YOU.**



**Licking Memorial  
Health Systems**

February 2002

Volume 3

Number 2

**CHF  
Care**

measurably  
**different**  
for your  
**health!**



### HEALTH TIPS

Stress makes the heart work harder. That's why it is especially important for people with heart failure to reduce stress. The American Heart Association offers these tips:

- Avoid "triggers" like rush-hour traffic and family conflict.
- Set aside 15 or 20 minutes a day for quiet relaxation.
- Don't use smoking, drinking, overeating, drugs or caffeine to cope. These will actually make things worse.
- Learn to say no. Don't promise too much.
- Exercise regularly.

*...a community report on patient care quality.*



# CHF 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 Centers for Disease Control & Prevention estimate that approximately 5 million people in the United States have congestive heart failure (CHF), in which the heart's ability to function is weakened. Although CHF affects patients' health in many ways, proper care can improve both quality and length of life. A low rate of readmission to the hospital within 30 days for the same or related condition is one indicator of quality care in the hospital and of quality follow-up care after dismissal.

% Inpatient readmissions for CHF patients	LMH 2000	LMH 2001	National Benchmark <sup>(1)</sup>
	<b>15.4%</b>	<b>17.6%</b>	<b>9.4%</b>

**2** This indicator measures the average number of days CHF patients are hospitalized during each inpatient stay. Length of stay is one indicator a hospital should consider in determining if it is using resources for inpatient care appropriately. CHF patient length of stay should be close to the benchmark.

Average length of stay for CHF patients	LMH 2000	LMH 2001	National Benchmark <sup>(2)</sup>
	<b>3.7 days</b>	<b>4.4 days</b>	<b>4.9 days</b>

**3** Inpatient mortality measures the percentage of inpatient deaths among CHF patients.

CHF inpatient mortality	LMH 2000	LMH 2001	National Benchmark <sup>(1)</sup>
	<b>3.7%</b>	<b>4.1%</b>	<b>4.8%</b>

**4** Beta blocker medications can reverse or prevent some of the health effects associated with heart failure. Patients treated with beta blockers may see significant improvement in heart function after three months. If a high number of patients are taking beta blockers when they are admitted to the hospital for CHF, this indicates increased quality of care by the health care community as a whole. It also indicates success in patient education, resulting in better patient compliance with physician orders.

CHF patients admitted on beta blockers	LMH 2000 <sup>(3)</sup>	LMH 2001	State Benchmark <sup>(3)</sup>
	<b>28.6%</b>	<b>46.8%</b>	<b>18.8%</b>

**5**

Other medications beneficial to many CHF patients are angiotensin converting enzyme (ACE) inhibitors, angiotensin-receptor blockers (ARBs) and aspirin. ACE inhibitors and ARBs have been shown to lower mortality and improve functional capacity and quality of life. Aspirin can prevent blood clotting in those patients with underlying coronary artery disease (CAD).

## CHF patients on ACE or ARB at discharge

LMH 2000 <sup>(3)</sup>	LMH 2001	State Benchmark <sup>(3)</sup>
<b>92.9%</b>	<b>83.2%</b>	<b>79.8%</b>

## CHF patients with CAD on aspirin at discharge

LMH 2000 <sup>(3)</sup>	LMH 2001	State Benchmark <sup>(3)</sup>
<b>65.2%</b>	<b>93.8%</b>	<b>67.9%</b>

**6**

It is vital that CHF patients be involved in their own care to reduce health complications and improve quality of life. They need to monitor their weight, limit their salt intake, and take their medications regularly. Health care providers need to give thorough discharge instructions to help these patients effectively manage their condition.

## Discharge instructions on medications

LMH 2000 <sup>(3)</sup>	LMH 2001	State Benchmark <sup>(3)</sup>
<b>96.3%</b>	<b>98.5%</b>	<b>65.1%</b>

## Discharge instructions on diet restrictions

LMH 2000 <sup>(3)</sup>	LMH 2001	State Benchmark <sup>(3)</sup>
<b>100%</b>	<b>97.3%</b>	<b>89.9%</b>

### Data Footnotes:

**(1)** National benchmark from fourth quarter 2000 data, The Association of Maryland Hospitals & Health Systems QI Project.

**(2)** Comparative data from January through June 2001 from 228 hospitals in the Midas comparative database project.

**(3)** LMH 2000 and national benchmark information from the Ohio National Heart Failure Project, Outcomes Report, May, 2001.

# Making Changes for Better Health

## A PATIENT'S STORY



*Lowell Morgan was diagnosed with congestive heart failure (CHF) after suffering a heart attack. He is taking medication, has changed his diet and participates in Licking Memorial Hospital's Cardiac Rehabilitation program.*

**“ I have to give the rehab area a lot of credit. I was pathetic when I got there. These people really know what they're doing . ”**

Being diagnosed with congestive heart failure (CHF) has changed Lowell Morgan's life – for the better. The 59-year-old Newark man learned about his condition in May 2000 after he suffered a heart attack. Lowell complained of shortness of breath and was having difficulty performing routine activities without tiring easily. “It pulls you down, slows down your circulation,” he said. Once diagnosed, Lowell was prescribed medication and started the hospital's cardiac rehabilitation program.

“I have to give the rehab area a lot of credit. I was pathetic when I got there,” Lowell said. “These people really know what they're doing.”

As part of his rehabilitation, Lowell began getting regular exercise and adopted healthier eating habits. He continues to exercise for an hour a day, three days a week, at the hospital.

“I'm very, very conscious about my diet. I work very hard to keep the sodium level down and the fat,” Lowell said. “My wife does a bang-up job of fixing me

things to eat.” His wife, Cindy, also helps Lowell by keeping track of changes in his condition and making sure he takes his medication as prescribed. This is especially beneficial since CHF can cause impaired thinking. “I would have been in a nursing home if it were not for my wife,” Lowell said. “She has done so much for documenting things for me.”

LMH Cardiology Patient Care Manager Patty Merrick, a certified nurse practitioner, is pleased with Lowell's progress. “If we could get more people to exercise like he does, that would be great,” Merrick said.

Having encouragement from Merrick and others at Licking Memorial Hospital has been an asset for Lowell. “It's a very big thing to me to have Licking Memorial Hospital to go to for support – big support,” he said. He has been able to interact with LMH health care providers as well as fellow CHF patients.

“You become a family almost,” Lowell said. Meeting others with CHF has helped him maintain a positive attitude. “Some people live with this for years. That's encouraging, I must say,” Lowell said.

## LMH Launches CHF Initiative

Knowing that proper treatment and control of congestive heart failure (CHF) can greatly improve patients' health, Licking Memorial Hospital launched a CHF Initiative in 2002.

Its goals include reducing the number of times patients need to be admitted to the hospital for treatment of CHF and increasing the education provided to patients so they can better manage their own health.

### The 30-Day Plan

Proper care after leaving the hospital is vital for CHF patients. That's why a 30-day plan is a major part of our CHF Initiative.

- ♥ Before CHF patients are dismissed, we give them individualized education, an informational booklet on CHF, scales if needed, proper medications, and a specific action plan.
- ♥ We call them each week during the next 30 days to see how they are doing.
- ♥ We mail them information each week reminding them of important aspects of their care.

## Learning to Live with Heart Failure

A PERSON WHOSE HEART IS WEAKENED SO THAT IT DOESN'T PUMP BLOOD AS EFFICIENTLY AS IT SHOULD HAS A CONDITION CALLED HEART FAILURE (HF).

Lack of treatment of heart failure can lead to difficulty breathing and fatigue. If left untreated, the condition can progress rapidly and do further damage to heart muscle. **Coronary artery disease is the underlying cause of HF in approximately two-thirds of patients.** The remainder may have identifiable causes such as high blood pressure, valvular disease, or viral infections. Some will have no identifiable cause (idiopathic dilated cardiomyopathy). Symptoms of heart failure include shortness of breath – which can happen even during mild activity; difficulty breathing when lying down; weight gain with swelling in the legs, ankles or abdomen from fluid retention; and general fatigue and weakness.

**Although heart failure cannot be cured, it can be treated and controlled.**

As a first step, your physician may prescribe one or more medications for you. Some medications treat symptoms and help you feel better. Other medications can actually help prevent progression of the disease.

- ♥ Angiotensin converting enzyme (ACE) inhibitors slow the progression of HF by blocking enzymes that constrict blood vessels and change the shape of the heart, making it harder to pump blood to the body.
- ♥ Diuretics, or water pills, treat symptoms and help the body get rid of excess fluids.
- ♥ Digitalis can strengthen the heart muscle's pumping action.

♥ Beta blockers can slow progression of heart failure and can actually reverse the decline in heart pumping function.

Other therapies include surgery to repair valves or surgery to bypass blocked coronary arteries. Cardiac transplant is an option for a very few. Biventricular pacing is an exciting new therapy that is benefiting many patients by reducing the symptoms of heart failure.

If it is not treated properly, heart failure can develop into congestive heart failure (CHF). In CHF, blood returning to the heart backs up, or congests, in the veins. Excess fluid is forced from the blood vessels into tissues, usually in the feet and legs and abdomen. This produces swelling, or edema. Blood also can back up in the blood vessels of the lungs, forcing fluid into the lungs and causing shortness of breath. The kidneys may not eliminate fluids from the body well, compounding the problem of excess fluid elsewhere.

LMH Cardiology Patient Care Manager Patty Merrick, a certified nurse practitioner, advises CHF patients to limit salt intake, weigh themselves daily, call their physician's office if they have significant weight gain, take medications as prescribed, and maintain a healthy lifestyle.

"It is essential that CHF patients and their families understand what heart failure is, what the symptoms are, what they should do if their symptoms change, and how their doctors treat this disease," Merrick said.