

# 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.

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

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

A publication of the LMHS Public Relations Department at (740) 348-1572. Please contact the Public Relations Department to receive future mailings.



**Community Report Card**  
**Licking Memorial Health Systems**  
 (740) 348-4000 (phone) • [www.LMHealth.org](http://www.LMHealth.org)

Volume 7, Number 2 February 2006

## Heart Care ... a community report on patient care quality.

### HEALTH FACTS

#### Typical Heart Attack Warning Signs

Some heart attacks are sudden and intense – the “movie heart attack,” where no one doubts what’s happening. But most heart attacks start slowly, with mild pain or discomfort. Often people affected aren’t sure what’s wrong and wait too long before getting help. Here are signs that can mean a heart attack is happening:

- Chest discomfort. Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- Discomfort in other areas of the upper body. Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- Shortness of breath. May occur with or without chest discomfort.
- Other signs. These may include breaking out in a cold sweat, nausea or lightheadedness.

Women, diabetics and the elderly may present atypical signs or symptoms of a heart attack – be sure to speak with your primary care physician about your risk.

**1** 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 2003	LMH 2004	LMH 1/05-10/05	National Standard <sup>1</sup>
Median time to EKG	11 Minutes	9 Minutes	8 Minutes	less than 10 Minutes

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

	LMH 2003	LMH 2004	LMH 1/05-10/05	National Standard <sup>1</sup>
Median time to drug	16 Minutes	26 Minutes	30 Minutes	less than 30 Minutes

**3** 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.

	LMH 2003	LMH 2004	LMH 1/05-10/05	State Benchmark <sup>2</sup>
Unexpected Event Mortality	0%	0%	0.97% <sup>4</sup>	0.10%
Heart attack	0%	0%	0%	0.03%
Cardiac arrest	0%	0%	0%	0.10%
Stroke	0%	0%	0%	0.01%
Vascular complications	0%	0%	0%	0.23%

**4** 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.

	LMH 2003	LMH 2004	LMH 1/05-10/05	LMH Goal
Health Indicator				
% Who stopped smoking	64%	77%	83%	greater than 75%
% Who improved weight	48%	74%	51%	greater than 75%
% Who increased exercise time	100%	100%	97%	100%

**5** 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.

	LMH 2003	LMH 2004	LMH 1/05-10/05	National Benchmark <sup>3</sup>
Aspirin within 24 hours of patient arrival	97%	95%	90%	96%
Aspirin at hospital discharge	94%	95%	96%	96%
Beta Blocker within 24 hours of patient arrival	95%	93%	91%	94%
Beta blocker at hospital discharge	94%	98%	100%	95%

## Heart Care: How Do We Compare? (continued from front)

**6** ACE inhibitors reduce the risk for mortality in patients with LVSD after heart attack. LVSD refers to the reduced squeezing ability of the left ventricle that can occur after heart attack. Additionally, the likelihood of the patients having another heart attack can be reduced if an ACE is administered.

	LMH 2003	LMH 2004	LMH 1/05-10/05	National Benchmark <sup>3</sup>
ACE at discharge for LVSD	89%	93%	100%	85%

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

	LMH 2003	LMH 2004	LMH 1/05-10/05	National Benchmark <sup>3</sup>
Heart attack	11.1%	13.6%	11.4%	7.8%

### Data Footnotes:

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

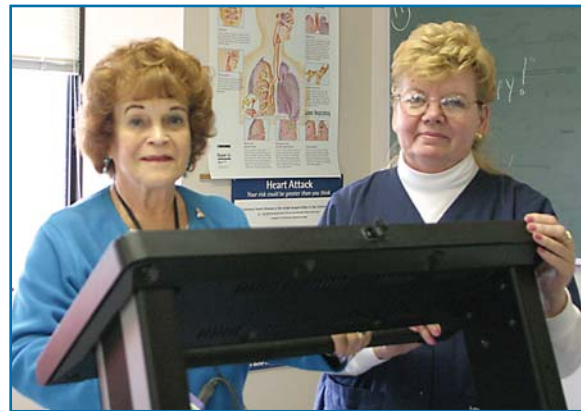
(2) Ohio Department of Health, Adult Cardiac Catheterization Reports using 2002 Ohio data for low risk laboratories.

(3) Comparative data from second quarter 2005 from the MIDAS clinical database.

(4) Percent reflects one patient of 103 tests.

## Patient Feature: Phyllis Brown's Heart Care

Phyllis Brown has always been very active. She stays busy with her grandchildren; she enjoys gardening, crocheting, reading and visiting friends. "During this past summer, I could begin to feel myself going down hill," said Phyllis. Throughout the summer, it became increasingly difficult for Phyllis to catch her breath. In September, she began experiencing additional edema symptoms (an abnormal accumulation of fluid in body tissues, common in the legs, ankles and lungs of people with heart fail-



Phyllis Brown begins to warm up for a cardiac rehabilitation session with Nancy Snow, R.N., of Cardiac Rehabilitation.

ure) for which she wears compression hose to aid in treatment. "This time it (edema) was severe, and I was very tired and short of breath," said Phyllis. As the month progressed, so did Phyllis' misery, as she referred to it. She began experiencing a dull, burning sensation in her chest followed by sharp pain in her back. "I woke up one night, and couldn't catch my breath. I panicked and called my son, and he took me to Licking Memorial Hospital (LMH)," said Phyllis. Phyllis had a heart attack, heart failure and had developed kidney problems.

She spent three days at LMH. "I was not a candidate for angioplasty or bypass surgery, so I started cardiac

rehabilitation for my follow-up care," said Phyllis. In cardiac rehabilitation, Phyllis goes to the Hospital every Monday, Wednesday and Friday, where she exercises on the treadmill, stationary bike and arm machines. "Cardiac rehabilitation is great for patients for many reasons – including socialization, exercise and education. The socialization aspect exposes the patients to people who have had similar heart experiences. Exercising helps them to regain strength and endurance. It introduces those patients who

have never exercised to an exercise program. For patients who have exercised in the past, cardiac rehabilitation gets them back into exercising. And, it is educational. We teach about smoking cessation and high blood pressure," said Nancy Snow, R.N., of Cardiac Rehabilitation at LMH.

"My care while I was in the Hospital and during cardiac rehabilitation has been great," said Phyllis. Now that Phyllis is back on her feet, she is able to get back to doing the hobbies she loves and spending time with her five sons, seven grandchildren and three great-grandchildren.

## Frequently Asked Questions About Heart Disease

Heart disease is the number 1 killer of Americans. Exercising at least 30 to 60 minutes at least three times a week can help reduce your risk of heart disease. The following are some frequently asked questions about ways your risk of heart disease can be reduced by exercise.

**Q:** What is one major risk factor for heart disease and other health problems?

**A:** Physical inactivity. Studies have shown that regular physical activity reduces the risk of heart disease. Regular activity may also reduce the risk of some kinds of embolic strokes, which are caused by blood clots.

## Frequently Asked Questions About Heart Disease (continued from previous page)

**Q:** Can moderate to low-intensity activity bring benefits?  
**A:** Most definitely. When done for as little as 30 minutes a day, activities such as pleasure walking, climbing stairs, gardening, yard work, moderate to heavy housework, dancing and home exercise have been shown to be beneficial. If you are inactive, doing anything is better than nothing!

**Q:** What type of activity is best for improving the fitness of your heart and lungs?

**A:** More vigorous aerobic activities such as brisk walking, running, swimming, bicycling, roller-skating, and jumping rope – done on most days of the week for 30 to 60 minutes – are best.

**Q:** What percentage of American adults gets enough exercise to achieve cardiovascular fitness?

**A:** Overall 61.4 percent of adults age 18 and older engage in at least some leisure-time physical activity.

**Q:** If I exercise, will I prevent heart disease?

**A:** Physical inactivity, along with cigarette smoking, obesity, diabetes, high blood pressure and high blood cholesterol, is one of the major modifiable risk factors for heart attack. There is no guarantee that you will not get heart disease, however, your chances of heart disease developing are less if you avoid the risk factors.

**Q:** I have been inactive for years. Shouldn't I see a doctor before I start becoming physically active?

**A:** People middle-aged or older who are inactive and at high risk for heart disease or who already have a medical condition should seek medical advice before they start or significantly increase their physical activity. Most apparently healthy people of any age can safely engage in moderate levels of physical activity (e.g. moderate walking, gardening, yard work).

**Q:** How much physical activity is enough?

**A:** Again, doing anything is better than nothing. Studies show that people who have a low fitness level are much more likely to die early than people who have achieved even a moderate level of fitness. If you want to exceed a moderate level of fitness, you need to exercise three or four times a week for 30 to 60 minutes at 50 to 80 percent of your maximum capacity (the ability to participate in a rigorous exercise for a sustained period of time).

**Q:** Is physical activity safe?

**A:** The potential health benefits of physical activity greatly outweigh the risks, although there is a very slight increased risk of death due to heart attack during vigorous physical activity. Consult your doctor first if you have any concerns, have been sedentary, are overweight, are middle-aged or older or have a medical condition.

**Q:** Do I need to do vigorous physical activity?

**A:** To achieve health benefits, no. Doing moderate-level activities often will help lower your health risks. If you want to attain a high level of cardiovascular fitness, you need to gradually work up to exercising at least three or four times a week for 30 to 60 minutes at 50 to 80 percent of your maximum capacity.

**Q:** Does physical activity counteract the harmful effects of other risk factors?

**A:** Studies show that being physically fit lowers heart disease risk even in people who have other health problems such as high blood pressure, obesity, and high blood cholesterol. To minimize risk, however, you should be physically fit and avoid the other major modifiable risk factors: cigarette smoke, obesity, diabetes, high blood pressure and high blood cholesterol.

**Q:** Do women get the same benefits from physical activity as men?

**A:** Most studies showing the positive effects of physical activity have been done with men. The few studies that have included women have indicated that women may benefit even more than men from being physically fit. Early indications show the reduced rates of death by heart disease are higher for women who are physically fit than for men.

Women who do not exercise regularly have twice the chance of dying from heart disease than women who do exercise, just as women who smoke double their chances of dying from heart disease over women who don't smoke. Women may live longer than men, but they don't necessarily live better. Elderly women who have not been physically active experience more disability in their daily function than women who have been active.

**Q:** I am a senior citizen. Is it too late for me to become physically active? Should I take special precautions?

**A:** More and more seniors are proving every day that they are not too old to become physically active. In fact, the older you are, the more you need regular physical activity. However, there are some special precautions you should take. If you have a family history of heart disease, check with your doctor first. Don't try to do too much too fast. Exercise at an intensity appropriate for you. Pick activities that are fun, that suit your needs and that you can do year-round. Wear comfortable clothing and footwear. Choose a well-lit, safe place with a smooth, soft surface. Take more time to warm up and cool down before and after your workout. Stretch slowly. Don't rely on your sense of thirst; drink water on a fixed schedule.

**Q:** As a parent, how can I make sure that my children are physically fit?

**A:** Set a good example by practicing good heart healthy habits yourself. Limit sedentary activities such as television, movies, videos and computer games to no more than two hours a day. Plan active family outings and vacations. Assign household chores (mowing lawns, raking leaves, scrubbing floors, etc.) that require physical exertion. Observe what sports and activities appeal to your children, then encourage their development with lessons or by joining teams. If it is safe to walk or bike rather than drive, do so. Use stairs instead of elevators and escalators. Make sure that your children's physical activities at school or in daycare are adequate. When your children are bored, suggest something that gets them moving – play catch or build a snowman!