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Licking Memorial Health Systems

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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**

April 2003
Volume 4
Number 4

**Respiratory
Care**

measurably
different
for your
health!



HEALTH TIPS

Secondhand smoke can irritate your eyes, nose, throat and lungs, and causes about 3,000 lung cancer deaths each year in people who don't smoke. The American Lung Association offers these tips for protection from secondhand smoke.

- Let family, friends and coworkers know that you do care if they smoke around you.
- In restaurants and bars, ask to be seated in the nonsmoking area.
- Make sure your child's day-care is smoke free.

...a community report on patient care quality.



Respiratory 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 Respiratory patients who are admitted to LMH receive a consistent, thorough assessment of their condition. To initiate prompt and appropriate care, patient assessments need to be completed in a timely manner. To this end, LMH raised its standard of care by reducing the time in which respiratory assessments must be completed. LMH's goal is that patients receive their assessment within 8 hours of hospital admission.

	LMH 2001	LMH 2002	Benchmark ⁽¹⁾
% of respiratory assessments conducted within 8 hours	95%	98%	86.1%

2 When a patient is suspected of having respiratory failure, an Arterial Blood Gas (ABG) test is performed to see how well the lungs are functioning. The test primarily measures how well the body is taking in oxygen and ridding itself of carbon dioxide.

	LMH 2001	LMH 2002	LMH Goal
Turnaround time for emergency ABGs	11 minutes	11 minutes	<12 minutes

3 A pulmonary function test is often ordered for respiratory patients to assess the function of the lungs. LMH tracks the wait time from when the test is ordered until the scheduled appointment. Although the volume of pulmonary function test patients decreased slightly from 1150 in 2001 to 1141 in 2002, the wait time decreased drastically because another member of the existing respiratory staff was trained in mid-2001 to perform the test.

	LMH 2001	LMH 2002	LMH Goal
Wait time to schedule a pulmonary function	6.7 days	3.1 days	<5 days

4 Pulmonary rehabilitation is a comprehensive program that helps people with respiratory problems improve their respiratory health. LMH tracks the percentage of program participants who reach their personal goals and increase their activity levels.

Health Indicator for Pulmonary Rehab	LMH 6/01-12/01	LMH 2002	LMH Goal
% who met their personal goals	95%	100%	100%
% increased activity	100%	100%	100%
% increased activities of daily living	100%	100%	100%

5

When people with Chronic Obstructive Pulmonary Disease (COPD) or asthma require hospitalization, treatment programs that recognize their special needs often help shorten their hospital stays. After hospitalization, people continue therapy in appropriate rehabilitation settings.

COPD average length of stay		
LMH 2001	LMH 2002	National ⁽²⁾
3.4	3.7	4.5
Asthma length of stay		
LMH 2001	LMH 2002	National ⁽²⁾
3.0	2.7	2.9

6

Sleep apnea is a common sleep disorder characterized by brief interruptions of breathing during sleep. In Obstructive Sleep Apnea (OSA) breathing stops because the airway collapses and prevents air from getting into the lungs. When this occurs, sleep patterns are disrupted, and the oxygen level in the blood decreases. In severe cases, this condition can be life threatening and can lead to high blood pressure, stroke, heart disease, and fatigue-related motor vehicle and work accidents. Therefore, it is important that sleep apnea is properly diagnosed in people evaluated for sleep disorders.

% of patients evaluated for sleep breathing disorders who were diagnosed with sleep apnea		
LMH 2001	LMH 2002	National ⁽³⁾
55.7%	78.9%	46%

Data Footnotes:

- (1) Respiratory Care, May 1999, Vol. 44, No.5.
 (2) Comparative data from January through September 2002 from over 300 hospitals in the Midas comparative database project.
 (3) National Sleep Foundation's 2000 Omnibus Sleep in America Poll.

(continued on inside)



Joyce Tomcho of Granville participates in the pulmonary rehabilitation program at Licking Memorial Hospital. Getting regular exercise has improved her overall health, helped her remain active in the community, and given her the energy to attend her grandchildren's programs and sporting events.

// They don't let you give up, offering compassion and encouragement all along the way. //

Finding a 'New Lease on Life'

A PATIENT'S STORY

Joyce Tomcho considers herself an advocate for the pulmonary rehabilitation program at Licking Memorial Hospital. A few years ago, the emphysema patient was encouraged by Licking Memorial Health Professional pulmonologist William Rawlinson, M.D., to participate in the program to improve her breathing and overall health.

"I was lukewarm to his suggestion, but with prodding from my children, I finally figured I'd give it a try," Joyce said. "Nothing ventured, nothing gained; so I ventured."

The exercise program was a challenge from the start. "It still isn't easy," she said. "There are many days when I have to force myself to attend my sessions. When I do go, I really feel so much better. And when I don't go, I really do feel worse."

Participation has allowed Joyce to remain physically active and has improved her general health. "I have not had the incidences of colds, pneumonia, etcetera, that I had previously," she said.

Today the Granville resident is able to attend her five grandchildren's programs and sporting events, be actively involved with her church, participate in several clubs, and serve as an officer in a local

service organization.

"I feel it has given me a new lease on life," Joyce said. "I – like everyone else who is told that they have to be on oxygen – felt like it was the end of my life. Initially, I turned into a recluse and a couch potato. I really felt like I could no longer be a contributing part of society and that my future was not particularly bright. How wrong I was!"

She quickly learned that she was not alone. "I soon found myself a member of a very unique group of people – a group which all had pulmonary problems of one kind or another and who empathized with each other, offered support and suggestions on ways to overcome obstacles," Joyce said. "Best of all, I found a great new group of real friends."

She refers to Polly Starner, LMH Cardiopulmonary Coordinator; and LMH respiratory care professionals Rita Allen and Lisa Marinacci as "the angels who administer the program." "They don't let you give up, offering compassion and encouragement all along the way," Joyce said. "They keep us going back because they are so genuinely interested in each of us, are always there for us, and help us to keep setting and completing new goals."

How do we compare? (continued)

7

LMH uses a clinical practice guideline to make sure asthma patients receive all appropriate care for their condition. One quality measure on the guideline is the use of a peak flow meter to help determine the severity of and improvements in a patient's breathing problem.

Asthma protocol followed in the ED

LMH 7/01-12/01	LMH 2002
82%	90%
LMH Goal	
>90%	

Camp Feelin' Fine

Camp Feelin' Fine is a fun-filled day for kids ages 7-14 living with asthma. Camp is from 8:30 a.m. to 3:30 p.m. **Friday, June 13**, at Infirmary Mound Park, on state Route 37, west of Newark. **Cost is free!**

The Licking Memorial Hospital asthma health care team – including physicians, pharmacists, nurses and respiratory therapists – will provide educational programs, crafts, lunch and recreation throughout the day in a camp setting.

There is also the opportunity to learn more about asthma, including:

- What is asthma?
- Medications & equipment
- Warning signs of asthma attacks & what to do

To register, call 740-348-4968.

What is Chronic Obstructive Pulmonary (COPD) Disease?

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) IS A SLOWLY PROGRESSIVE DISEASE OF THE AIRWAYS THAT IS CHARACTERIZED BY A GRADUAL LOSS OF LUNG FUNCTION. THIS LOSS OF FUNCTION DECREASES THE ABILITY OF THE LUNGS TO MAINTAIN THE BODY'S OXYGEN SUPPLY AND REMOVE CARBON DIOXIDE. THE TERM COPD INCLUDES CHRONIC BRONCHITIS AND/OR EMPHYSEMA.

COPD results primarily from smoking tobacco. Years of smoking causes damage to the airways in the lungs. Average current and former smokers will not likely notice or acknowledge symptoms for several years.

The symptoms of COPD can range from chronic cough and sputum production to severe disabling shortness of breath.

Recognizing early signs is important because lifestyle modifications – such as smoking cessation and avoiding respiratory irritants – can be made to prevent additional damage to the airways.

Other documented causes of COPD include occupational dusts and chemicals, passive exposure to cigarette smoking, air pollution and genetic factors.

Physicians can determine whether a patient may have COPD based on the presence of three main symptoms: chronic cough, excess mucus production, or shortness of breath.

Physicians can diagnose COPD with the assistance of a device known as a spirometer.

Testing with spirometry determines the presence and severity of airway obstruction. The test is easy to administer and is noninvasive. Patients take a deep breath and exhale into the spirometer as hard and as fast as they can for a minimum of six seconds.

The spirometer records the volume of air exhaled in one second (FEV1) and the total amount of air exhaled (FVC). The FEV1/FVC ratio is the primary measurement in identifying an obstructive impairment of the airways.

Medications can be used to relieve symptoms of COPD, particularly shortness of breath, and to treat respiratory tract infections that can worsen COPD.

Currently available medications that are helpful in treating COPD include bronchodilators and corticosteroids. Antibiotics are useful in treating exacerbations caused by bacterial infections.

