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**Licking Memorial
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**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!**

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**Licking Memorial
 Health Systems**

April 2004
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**Respiratory
 Care**

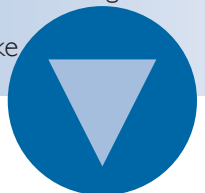
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HEALTH TIPS

Indoor air pollution can irritate anyone. However, people with respiratory problems can be especially troubled by indoor irritants. Following are some common indoor irritants and ways to fight them:

- Household fumes: Install exhaust fans in your kitchen, bathrooms and any work areas where fumes accumulate. Open windows frequently and clean fans regularly.
- Dust and dirt: Vacuum regularly, and clean heat exchangers, dryer filters and refrigerator coils.
- Tobacco smoke: Do not allow anyone to smoke in your home.



...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 4 hours of hospital admission.

	LMH 2002 ⁽¹⁾	LMH 2003	LMH Goal
% of respiratory assessments conducted within 4 hours	98%	98%	greater than 95%

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 2002	LMH 2003	LMH Goal
Turnaround time for emergency ABGs	11 minutes	10 minutes	less than 12 minutes

3 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 2002	LMH 2003	LMH Goal
% who met their personal goals	100%	90%	100%
% who increased physical activity	100%	90%	100%
% who increased activities of daily living	100%	90%	100%

4 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.

	LMH 2002	LMH 2003	National ⁽²⁾
COPD average length of stay	3.7 days	3.2 days	4.5 days
Asthma average length of stay	2.7 days	2.8 days	2.9 days

5

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 Emergency Department		
LMH 2002	LMH 2003	LMH Goal
90%	92%	greater than 90%

6

Smoking increases patients' health risks, including their risk of facing acute myocardial infarction (AMI), pneumonia and heart failure. LMH offers smoking cessation counseling to patients in hopes of lowering their risk for continued smoking-related health problems.

% of AMI patients offered smoking cessation counseling		
LMH 7/02-12/02	LMH 2003	LMH Goal
not available ⁽³⁾	85%	greater than 90%

% of pneumonia patients offered smoking cessation counseling		
LMH 7/02-12/02	LMH 2003	LMH Goal
51%	79%	greater than 90%

% of heart failure patients offered smoking cessation counseling		
LMH 7/02-12/02	LMH 2003	LMH Goal
36%	87%	greater than 90%

Data Footnotes:

- (1) Measure changed to assessment within four hours in 2003, so 2002 data reflects assessment within eight hours which was the previous goal.
- (2) Comparative data from January through September 2003 from over 330 hospitals in the Midas comparative database project.
- (3) Acute Myocardial Infarction data element not collected until January 2003.

Gaining **Better Health** through **LMH**

A PATIENT'S STORY



Lewis Ault – pictured with LMH respiratory care professional Lisa Marinacci – exercises in the hospital's pulmonary rehabilitation program. Participation helps Lewis improve his health and is a twice-a-week activity he looks forward to in retirement.

“They’re so friendly and caring, and you can tell they enjoy it. That’s what makes LMH special. It’s more than service; it’s a family”

Lewis W. Ault never imagined his retirement would turn out as it did. In 1996, after more than 42 years of employment with Borden Milk Co., Lewis retired. Shortly afterward, the lifelong Newark-area resident came face-to-face with several serious health issues. “Right after I retired, my family doctors diagnosed me with high blood pressure,” he said. “I never had any problems with that before, and I was surprised.”

Within a year, another doctor diagnosed Lewis with prostate cancer. “I received radiation treatment for that, and everything turned out fine,” he said. “But, somewhere along the line I then started showing signs of sleep apnea and learned that my blood oxygen was down. I had a sleep study done at LMH, and the doctors said the lack of oxygen would eventually begin to affect my heart.”

Forget about those plans for a calm, stress-free lifestyle. “I thought retirement would be a breeze, but this all happened and it changed everything,” Lewis said. He ultimately took a stress test and subsequently entered LMH's pulmonary rehabilitation program to begin working his way back to good health. It was a new beginning.

“I now work out on Tuesday and Thursday mornings,” he said. “It’s been a couple of years, and it’s wonderful. I plan to keep on doing this because I enjoy it so much. It’s increased my durability, that’s for sure. And, getting up in the morning and having something to do is nice. When you work 42 years and then suddenly don’t have anything to do, it’s no fun.

This is perfect.”

Lewis credits his LMH rehab team with helping him keep his energy and enthusiasm at high levels. That team includes pulmonologist Eric Pacht, M.D.; Director of Cardiopulmonary Services Marty Chaney; Cardiopulmonary Coordinator Polly Stamer; and respiratory care professionals Rita Allen and Lisa Marinacci.

Mr. Ault pointed out that the LMH staff shows tremendous compassion when working with patients. “All of these people are just great,” he said. “You’re exercising, but you’re in there with the staff and other patients talking. I think we get rowdy at times, and it’s really fun. We get along so well and have such a good time. I just can’t say enough about the people there.”

Lewis indeed appreciates his improved health and has realized that the rehab at LMH has helped him achieve necessary lifestyle goals. He’ll turn 70 this year, but that won’t slow him down. In fact, he and his wife, Shirley (to whom he has been married for 48 years), travel quite a bit and plan to continue doing so.

As he looks to the future, Mr. Ault fondly recalls the friendships made and care received at LMH through the years. “My father, my mother and my children have been treated there, and I have yet to receive anything but good, fair treatment myself,” he said. “It’s the people ... They’re so friendly and caring, and you can tell they enjoy it. That’s what makes LMH special. It’s more than service; it’s a family. That’s the secret.”

Camp Feelin' Fine

Camp Feelin' Fine is a fun-filled day for kids ages 7-14 living with asthma. Camp is from 9 a.m. to 3 p.m. **Friday, June 11**, at Infirmiry 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, please call 740-348-4191.



What is Adult Onset Asthma?

with Eric Pacht, M.D.

ADULT ONSET ASTHMA GENERALLY REFERS TO THE ONSET OF ASTHMA FOR THE FIRST TIME IN SOMEONE WHO IS MIDDLE-AGED OR OLDER.

The usual symptoms of asthma are generally present and include varying degrees of breathlessness, wheezing and a productive cough. However, there are some features that make adult onset asthma different from that seen people of a younger age.

Asthma in adults can occur due to a recurrence of childhood illnesses. In some cases, childhood asthma persists throughout adult life. Other times, childhood asthma may disappear for many years but return as adult onset asthma. Physicians might not have diagnosed childhood symptoms as asthma but instead referred to them as recurrent bronchitis or wheezy bronchitis.

Smoking is a significant trigger for asthma. Tobacco smoking causes either chronic bronchitis or emphysema, and these conditions also cause breathlessness, cough and sometimes wheezing. Because of the similarity in symptoms, doctors cannot always be precise when attempting to decide if someone who has smoked simply has a smoking-related illness or adult onset asthma.

The real cause of asthma (childhood or adult onset) remains uncertain, because physicians do not understand why symptoms develop at a certain age or why they might disappear. The important thing to remember about asthma of any sort is that the lining inside the air passages of the lungs is persistently inflamed and sensitive - even if there are no symptoms at the time. The treatment of asthma concentrates on trying to suppress this inflammation.

Trigger Factors

Adult onset asthma can be aggravated by trigger factors similar to those in childhood asthma. The first priority is to avoid those trigger factors, which include tobacco smoke. In fact, smoking is more

likely to cause your lung function to deteriorate very quickly and permanently.

Dusts also can irritate the nose, throat and lungs. When dealing with asthma, it is best to avoid dusty occupations - such as baking, woodwork, metal foundry work, mining, etc., as well as indoor allergens - such as cats, feather bedding, mold or dust, all which aggravate allergies. Other allergens - such as household dust mites - are more difficult to avoid. However, many indoor allergens are avoidable, and you should make every effort to keep your home and/or workplace as free of asthma trigger factors as possible. Other trigger factors for asthma include fumes and strong odors; infections (colds) and foods (often times nuts and seafood).

Recognizing Adult Onset Asthma

Sometimes other illnesses seen in adults can be hard to separate from adult onset asthma. Certain forms of heart disease that cause fluid retention, breathing difficulties and wheezing may seem like adult onset asthma. In contrast to childhood asthma, adult onset asthma is more commonly persistent and permanent. Medications are often needed continuously to help keep adult onset asthma under control.

Treatment

One of the difficulties in adult life is that lung function tends to fall after middle age. Certain conditions - such as smoking or asthma - may be associated with a faster rate of deterioration of lung function. If asthma is under-treated in adult life, there is a risk that lung function may deteriorate more quickly and never recover. In some cases, it is best to use regular medication in order to protect lung function all the time, rather than risk permanent deterioration.