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why Licking Memorial Hospital
is measurably different
for your health!
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for a fourth consecutive time!



**Licking Memorial
Health Systems**

May 2003
Volume 4
Number 5

**Behavioral
Health
Care**
...a community report on patient care quality.

measurably
different
for your
health!



HEALTH TIPS

The National Mental Health Association offers these tips to improve your mental health.

- Relax. Meditate, take a walk, or reach out spiritually.
- Make a plan. Determine your "to do" list.
- Surround yourself with supportive people.
- Take care of your body.
- Give of yourself by volunteering.
- Broaden your horizons.
- Value yourself. Avoid self-criticism.



Behavioral Health 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

Behavioral health is a broad term that refers to psychiatric and/or chemical dependency illnesses. Inpatient hospitalization for either condition is usually necessary for effective intervention. LMHS provides a wide range of services for people with behavioral health illnesses at its Shepherd Hill facility. One goal of the psychiatric treatment program is to have the patient complete all of the treatment and not leave the hospital against medical advice (AMA). Another goal is to transition patients into outpatient settings where they can continue treatment, decreasing the need for readmission.

	LMH 2001	LMH 2002	National ⁽¹⁾
% of psychiatric AMA discharges	1.6%	1.7%	2.2%
% of psychiatric readmissions	2.8%	5.8%	5.5%

2

Chemical dependency, also called addiction, is treated as a chronic, progressive and potentially fatal disease. Although Shepherd Hill staff members work with patients to develop individual treatment goals that will meet the patients' needs, the Shepherd Hill program is built around four consistent treatment goals: education, self-diagnosis, self-responsibility and self-treatment. Recovery is dependent upon completion of all goals; therefore, Shepherd Hill monitors when treatment is incomplete and why. When patients leave Shepherd Hill, staff members encourage continuity of care by referring them to other health care professionals as needed.

	LMH 2001	LMH 2002	LMH Goal
% of people with incomplete treatment	52%	50%	<40%

3

Upon discharge from Shepherd Hill, patients are evaluated to see if they have met the individual treatment goals. (All patients receive education.)

	LMH 2001	LMH 2002	LMH Goal
% who acknowledge they are chemically dependent (self-diagnosis goal)	61%	70%	>75%
% able to achieve/sustain abstinence (self-responsibility goal)	82%	66%	>75%
% willing to assume responsibility for ongoing treatment (self-treatment goal)	53%	65%	>75%

4

Shepherd Hill measures patient satisfaction among those who complete treatment.

Satisfaction – Inpatient psychiatric and chemical dependency services

LMH 2001	LMH 2002	LMH Goal
94%	95%	>90%

Satisfaction – Outpatient chemical dependency services

LMH 2001	LMH 2002	LMH Goal
89%	95%	>90%

5

Detoxification – the safe, medically-supervised elimination of addictive substances from the body – is the most intensive care offered for chemical dependency patients. Acute withdrawal symptoms are managed by medications such as Librium®, Catapres® and phenobarbital. The length of stay for detoxification depends upon the drug of choice and the severity of the withdrawal.

Average length of stay (in days) for Librium®

LMH 2001	LMH 2002	LMH Goal
2.0	2.1	<3

Average length of stay (in days) for Catapres®

LMH 2001	LMH 2002	LMH Goal
3.0	3.0	<4

Average length of stay (in days) for phenobarbital

LMH 2001	LMH 2002	LMH Goal
2.9	3.0	<5

Data Footnote:

(1) National benchmark from fourth quarter 2000 data from over 300 hospitals in the Midas comparative database project. These data do not represent a rating by either the QI Project or MHA. Data are supplied by individual facilities and aggregated by the QI Project. Aggregate QI Project data represent the averages of all rates and are not meant to be considered as standards or thresholds. The data are intended for internal use by QI Project participants, and MHA accepts no responsibility for any claims relating to its public use or disclosure. The aggregate data are proprietary to MHA and protected by copyright laws.

(continued on inside)

Facing Prescription Drug Addiction

A PATIENT'S STORY



Lori says her family and Shepherd Hill – the Behavioral Health Services Department of Licking Memorial Health Systems – have helped her get her life back in order. Lori is pictured on the Shepherd Hill campus with her mother and daughter.

// I wouldn't be here today without Shepherd Hill. I just have the utmost respect and gratitude for that place. //

What started as a simple way to relieve migraine pressure grew into drug addiction. "I didn't know I was an addict, of course. I understand now I was an addict," said Lori, a 41-year-old who received treatment at Shepherd Hill, the Behavioral Health Services Department of Licking Memorial Health Systems.

The high school teacher had been prescribed Vicodin® to reduce her migraine symptoms. It made her feel so much better that she figured the more she took, the better off she would be. "I knew that they gave me power and energy," Lori said. "I never took what the bottle said on it."

The medication was causing her to lose weight at an unhealthy rate, and her tolerance was so high she had to take multiple doses to feel any positive effects. Lori turned to illegal means of obtaining enough Vicodin® to feed her growing addiction, including taking pain pills from her father and an elderly woman.

Lori's family confronted her on numerous occasions. "They knew I needed treatment," she said. "But, I was very cunning." Her brother threatened to have custody of Lori's daughter taken away. It wasn't until she was arrested for breaking a window of a home in order to steal prescription drugs that she admitted she had a problem. "I knew I had to tell my brother," Lori said. "His first words were, 'Are you ready to go to

treatment now?' I said, 'yes.' "

At Shepherd Hill, she learned how to live with her addiction.

But shortly after her treatment ended, the legal consequences of her arrest hit. Within a five-month period, Lori lost her career, job and significant other and had to pay financial restitution. "My life became a bad country-Western song," Lori said. She went back to Shepherd Hill for additional treatment. "That was the biggest gift from God," she said. "Something just clicked; I found out what serenity was."

Lori now has a better relationship with her family. "It's neat to hear them say, 'Your behavior has changed,'" she said. "The trust issue took a long time, but they trust me again now. I'm back to being what they call 'the old Lori.'" She and her 7-year-old daughter are closer than ever.

Lori now is working toward a degree in clinical counseling and takes time out to volunteer at Shepherd Hill. "I wouldn't be here today without Shepherd Hill," Lori said. "I just have the utmost respect and gratitude for that place." She also credits her family – especially her mother – with helping her get her life back in order. "It has been so important having my family behind me."

Although addiction will always be a concern in Lori's life, she is optimistic. "For some reason, God had to knock me that far down so I could pick myself back up," she said. "All the negatives of my addiction are behind me, hopefully."

6

Upon completion of initial treatment at Shepherd Hill, patients are encouraged to attend aftercare for at least one year. Shepherd Hill's aftercare is a weekly, facilitated group that addresses early recovery topics. Aftercare is important in achieving long-term recovery. Information regarding abstinence one year after completing the program is self-reported by patients.

% of people entering aftercare		
LMH 2001	LMH 2002	LMH Goal
98%	93%	>80%
% of people completing aftercare		
LMH 2001	LMH 2002	LMH Goal
55%	56%	>50%
% of people remaining abstinent one year after completing program		
LMH 2001	LMH 2002	LMH Goal
Not Available (2)	96%	85%

Data Footnote:

(2) Data not collected until 2002.

Shepherd Hill on the Web

In 2002, Shepherd Hill launched a Web site geared toward individuals struggling with addiction, as well as for their family members, employers and referring professionals.

Visit the Web site – located at www.shepherdhill.net – to do the following:

- Take a self-test to see if you may be addicted.
- Meet the Shepherd Hill staff members.
- Learn about the signs and symptoms of addiction.
- Find out how others have found help for their addiction problems.



Recognizing Prescription Drug Addiction

with Richard N. Whitney, M.D.

WHAT STARTS AS A PRESCRIPTION TO RELIEVE PAIN, REDUCE ANXIETY OR AID SLEEP MAY LEAD TO ADDICTION – AND OFTEN DOES.

Reports from the National Institute on Drug Abuse and the Drug Enforcement Agency indicate that the street value of diverted prescription drugs exceeds that of heroin and marijuana and is second only to cocaine.

The most commonly abused and addicting medications are: opiates (narcotics), benzodiazepines and barbiturates (tranquilizers and sleeping pills) and stimulants.

Benzodiazepines can produce physical dependence and withdrawal symptoms even at regularly prescribed doses, so long-term use is strongly discouraged. If prescribed to a patient with underlying chemical dependence, any mood-altering prescription drug can be dangerous.

Drugs that are most addictive have the following properties:

- rapid onset of action,
- high degree of potency or intensity,
- brief duration of action,
- water solubility (for intravenous use), and
- high volatility (ability to vaporize if smoked)

Drug addiction, or chemical dependence, is a chronic disease that primarily affects the nervous system.

It is a primary disorder, which means it is not a symptom of other diseases or physical or emotional disorders but is itself the illness.

It is influenced by genetic, social and environmental factors. Characteristics include difficulty controlling mood-altering drug use, compulsive use of drugs, continued use of drugs despite harm, and/or craving drugs.

Drug addiction does not apply only to “street drugs” but can result from the use of many prescription and some over-the-counter medications, as well as alcohol.

Related Terms

Substance abuse is a harmful pattern of substance use that leads to significant impairment or distress.

Physical dependence is apparent when withdrawal symptoms result after use is suddenly stopped, the dosage is rapidly reduced, the blood level of the drug decreases, and/or an antidote is administered.

Tolerance results when exposure to a drug causes one or more of the drug's effects to diminish over time.

An individual who is abusing or addicted to a medication may display **drug-seeking behavior** to obtain prescriptions from physicians. Examples of this behavior include:

- over-reporting symptoms,
- having multiple physical complaints,
- complaining of vague symptoms,
- insisting on specific medications by name,
- refusing generic equivalents,
- arguing about pharmacology,
- self-reporting high tolerance,
- insisting on controlled prescriptions upon the first visit to a physician,
- veiled threats to a physician,
- flattery followed by prescription request, and
- demands for multiple prescriptions.

Patients who use two or more physicians in order to obtain an adequate supply of prescription drugs are said to be **doctor shopping**. Communication between physicians and pharmacies make this illegal practice increasingly difficult, and can often identify a patient who has developed a chemical dependency problem.

Although drug addiction cannot be cured, it can be treated. If you or someone you know has a problem with drugs, seek professional help; it could be a life-saving measure.