



# Licking Memorial Health Systems

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# Taking Quality To Heart... a community report on patient care quality

At Licking Memorial Hospital, we take pride in the care we provide. And we want you to know why. Each month we're producing a community report card. In this report, we'll give you a more in depth look at our services, share care experiences and health advice, and show you how our quality indicators compare to industry standards.

You'll soon discover why Licking Memorial Hospital has made the nation's 100 Top Hospitals list for two consecutive years.

## Stroke Care How do we compare?

As a Medicare provider, Licking Memorial Hospital is required by the federal government to participate in national quality studies for select illnesses. These studies are designed to monitor the quality of care given to Medicare beneficiaries. In Ohio, the government contracts with an organization called KePRO to conduct the quality studies. One of the KePRO studies being conducted this year is on stroke care.

**1. Prescribing antithrombotic drugs, like aspirin, can keep a stroke patient's blood from re-clotting, preventing recurrent strokes. For this reason, antithrombotics are recommended upon hospital discharge.**

	LMH <sup>1</sup>	State Avg. <sup>2</sup>	Desired Score
% of stroke patients prescribed antithrombotics at discharge	95%	79.7%	Higher

**2. The drug nifedipine is sometimes given to rapidly lower a person's blood pressure in a medical emergency. However, it should not be used with stroke patients because it may lower their blood pressure too rapidly and can cause additional tissue damage.**

	LMH <sup>1</sup>	State Avg. <sup>2</sup>	Desired Score
% of stroke patients who <u>did not</u> receive nifedipine	100%	91.7%	Higher

**3. & 4. Clot-busting or thrombolytic drugs have been proven highly effective in the treatment of stroke, but can only be used if administered within 3 hours of the onset of symptoms. Consequently, individuals experiencing stroke symptoms should go to an Emergency Department immediately.**

	National Goal	LMH 2000 Data <sup>5</sup>
Patient arrival to E.D. within 3 hours	100%	27%
Door-to-drug times	<3 hrs.	1.5 hrs.

**5. & 6. Eligibility for thrombolytics or clot-busting drugs is determined by a head scan. The scan must be done within the 3-hour window.**

	LMH <sup>1</sup>	State Avg. <sup>4</sup>
% of stroke patients having head scans	100%	Unavailable

  

	LMH	National Standard <sup>5</sup>
Time to initial head scan: Before LMH Stroke Team initiative	1 hr. 27 min. <sup>1</sup>	<3 hrs.
After LMH Stroke Team initiative (See below.)	17.8 min. <sup>5</sup>	

1-Based on a random sample of medical records for stroke diagnosis codes for 3rd quarter of 1999 per KePRO specifications.  
2-State average as determined by KePRO for 3rd quarter of 1999.  
3-Data reflects time period prior to LMH Stroke Team initiative.  
4-Quality indicator has not yet been studied by KePRO.  
5-Based on the 6 patients receiving thrombolytic treatment since LMH Stroke Team initiative introduced January 1, 2000. Twenty-two patients presented to the E.D. with stroke symptoms between January 1 and April 30, 2000.

## SUCCESS STORY

### No Walk in the Park . . .

Jim Rutledge plans to walk the Great Wall of China someday. It's hard to believe that just a few months ago he felt fortunate to walk down a hall.

Last January while Jim was sitting in church, he noticed something was wrong. "I went to speak to my wife and I couldn't turn. My whole right side was paralyzed," Jim recalled. "I couldn't figure out what was happening."

A squad ride to the Licking Memorial Emergency Department would soon uncover that he was having a stroke. The good news is Jim's prompt arrival qualified him for a new stroke treatment - a clot-busting drug called t-PA.

Like a heart attack, a stroke is caused by blockage in the arteries. With a heart attack, blood flow is blocked to the heart. In the case of a stroke, blood flow is blocked to the brain. Now physicians are using the same medications found successful with heart patients to stop a stroke in progress.

"Clot-busting drugs, like t-PA, instantly dissolve the blockage in the arteries to restore blood flow to the brain. By being able to stop a stroke, we can prevent its debilitating effects," explained Dr. Joshua Nelson.

Some of these long-term effects include speech impairment, permanent loss of memory and paralysis.

According to Jim, "The most important thing is to seek medical attention. I think many people, including myself, try to self-diagnose and that's bad. We may not always be familiar with the symptoms of a condition to determine what is going on."

Jim appreciates the benefits of t-PA. The otherwise healthy 78-year-old has a few more things on his "to do" list. "My wife Marge and I want to go to China and walk on the Great Wall."

In the meantime, Jim has returned to his courier duties at a local bank and is going on with life as usual.



Jim Rutledge & Dr. Joshua Nelson



### Stroke Team Formed to Fight "Brain Attacks"

Committed to offering the best available treatments, Licking Memorial Hospital participated last year in a national program designed to expedite and improve the care given to stroke patients. Called *Leveraging the Critical First 24 Hours of Stroke Care*, the program focused on the use of t-PA, a clot-busting drug, to stop a stroke or "brain attack" in progress.

While t-PA has been proven highly effective in reducing the long-term effects of a stroke, its usage presents challenges to care providers. First, the drug must be given to a patient within three hours of the onset of symptoms. Second, a head scan and other tests must be conducted before the drug can be administered. Timing is everything when it comes to stroke care.

As part of the national program, the LMH Stroke Team attended three intensive training sessions at the University of Cincinnati Medical Center. At the program, the Stroke Team learned about a nationally recognized protocol to rapidly evaluate and treat a

stroke patient using t-PA. The Stroke Team then trained care providers in the hospital's Emergency Department, Radiology Department, Laboratory and on the Nursing Units.

The hospital treated its first stroke patient using the t-PA protocol in January and has given it to seven patients to date.

"We have been very pleased with the results," notes Dr. Mourad Abdelmessih, a neurologist on the Stroke Team.

Licking Memorial is currently participating in a national stroke study sponsored by Bristol-Myers Squibb Pharmaceutical Research Institute that further prevents permanent damage by using drugs that protect the nervous system during and immediately following a stroke.



ABOVE LEFT: The LMH Stroke Team (L to R) Front Row - Dr. Mourad Abdelmessih, Deb Maharg, R.N.; Second Row - Nelson and Dr. David Koontz.

ABOVE RIGHT: Stroke team member Tammy Evans, R.N., hangs a t-PA bag.

### Fast Facts

- According to the American Heart Association, stroke is considered to be the third leading cause of death in the United States.
- Someone in the United States suffers a stroke every 53 seconds.
- 600,000 people suffer a new or recurrent stroke each year.
- Approximately 4 million stroke survivors are alive today, however, most are disabled or debilitated.

### Stroke Warning Signs

- Sudden weakness or numbness of the face, arm and leg on one side of the body.
- Loss of speech or trouble talking or understanding speech.
- Dimness or loss of vision, particularly in only one eye.
- Unexplained dizziness, unsteadiness or sudden falls, especially along with any of the previous symptoms.
- TIAs (mini strokes) may be a warning sign for a stroke.

If you have a suggestion on how we can improve our care, please call our Performance Improvement Line, 348-4641.