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1320 West Main Street
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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!
Visit us at www.lmhealth.org**



**Licking Memorial
Health Systems**

June 2003

Volume 4

Number 6

**Stroke
Care**

measurably
different
for your
health!

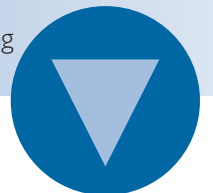


HEALTH TIPS

Making lifestyle changes could reduce your risk for stroke. The National Stroke Association offers these tips:

- Control high blood pressure. Have your blood pressure checked regularly. To lower blood pressure, eat a low-salt diet, lose excess weight, exercise regularly, and don't smoke.
- Control heart disease. Eat a diet that is low in fat and cholesterol. Get regular exercise.
- Control weight. Talk to your doctor about setting reasonable weight loss and exercise goals.

...a community report on patient care quality.



Stroke 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 A stroke occurs when blood circulation to the brain stops. This causes a decrease in oxygen to the brain, which causes brain cells to die. As stroke treatments have become more effective and as people have made positive lifestyle changes to reduce the risk of stroke, the stroke death rate among Americans has decreased.

	LMH 2002	LMH 1/03-3/03	National ⁽¹⁾
% of stroke patients who die	3.2%	6.7%	8.9%

2 A person who has symptoms of a stroke needs to seek emergency medical care immediately. A thrombolytic, or "clot-busting," drug must be given within three hours after the initial onset of symptoms. Much like a heart attack, in which "time is muscle," with a stroke, "time is brain cells." To determine if a patient is a candidate for a thrombolytic drug, it is vital that a CT scan be performed before the drug is given. Therefore, Licking Memorial Hospital (LMH) tracks both the time from "door to CT scan" and from "door to drug."

	LMH 2002	LMH 1/03-3/03	State
Average minutes from door to CT scan	53 minutes	47 minutes	59 minutes ⁽²⁾
Average minutes from door to drug	62 minutes	Not available ⁽³⁾	89 minutes ⁽⁴⁾
Average minutes from door to doctor	20 minutes	27 minutes	<30 minutes ⁽⁵⁾

3 A follow-up CT scan or MRI scan while a patient is hospitalized can help determine if the stroke has progressed (become worse).

	LMH 2002	LMH 1/03-3/03	State ⁽²⁾
% received follow-up head CT/MRI during hospitalization	87%	100%	97%

4 Since a stroke can affect a person's ability to swallow, stroke patients should receive a swallowing evaluation to make sure they can swallow well enough to eat.

	LMH 2002	LMH 1/03-3/03	State ⁽⁴⁾
% of admitted patients who received a swallowing evaluation before eating	83%	100%	45%

5

Beginning rehabilitation as soon as it can be done safely can help improve recovery for stroke patients. Therefore, it is important that physicians order appropriate rehabilitation for these patients quickly. Rehabilitation may include physical therapy, occupational therapy and/or speech therapy.

% appropriate therapy ordered within 24 hours		
LMH 2002	LMH 1/03-3/03	LMH Goal
87%	91%	100%

6

LMH uses a clinical practice guideline to make sure stroke patients receive all care appropriate for their condition. One quality measure on the guideline is the prescription of a blood-thinning medication by the second day of hospitalization after a stroke and another is the prescription of the medication at discharge. Blood-thinning medication prevents clots from forming and improves blood flow.

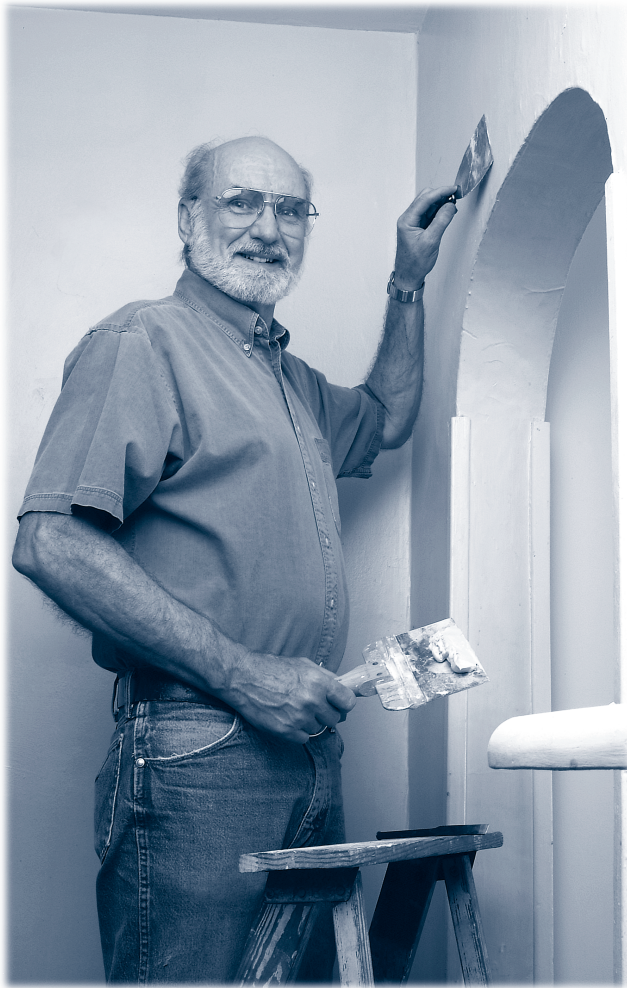
% eligible patients receiving blood-thinning medication		
LMH 2002	LMH 1/03-3/03	State ⁽⁴⁾
97%	100%	42%

% with blood-thinning medication at discharge		
LMH 2002	LMH 1/03-3/03	State ⁽²⁾
95%	100%	92%

Data Footnotes:

- (1) Comparative data from January through December 2002 from over 325 hospitals in the Midas comparative database project.
- (2) Benchmark from KePro National Stroke Project.
- (3) No stroke patients were eligible for thrombolytic drugs.
- (4) Most recent benchmark from VHA Central Key Clinical Indicator Project.
- (5) LMH goal.

(continued on inside)



Richard Powell had a stroke in August 2002, but because of rapid treatment, the lasting effects have been minimal.

**“ Nurse practitioner
Amy Arthur listened.
She said, ‘You’re not crazy.’
I needed somebody to talk to
me with some reassurance
that what I was going through
with a stroke was normal. ”**

Living with **Stroke’s** Effects

A PATIENT’S STORY

Richard Powell was working on one of his rental properties in August 2002 when he suddenly dropped the cleaning mixture he was using. When he tried to pick up the bucket, he couldn't get his right hand to grasp the handle. "I knew it wasn't normal," Richard said.

The then 64-year-old drove himself from the east side of Newark to the Emergency Department (ED) at Licking Memorial Hospital. "They knew right away – as soon as I tried to talk – that it was a stroke," Richard said. It wasn't until he reached the ED that he realized he was unable to speak.

Richard received tissue plasminogen activator (t-PA), a medication that can sometimes be used to treat a patient whose stroke is caused by a blood clot. "Dr. Abdelmessih said the sooner I would get t-PA, the better," Richard said, referring to Mourad Abdelmessih, M.D., of Licking Memorial Neurology. Richard communicated with Dr. Abdelmessih and other health care providers at LMH by gesturing and by printing with his left hand.

"What the doctor was saying made sense to me, I just couldn't communicate easily," Richard said. He spent a few days in the hospital and then received outpatient care to improve his memory and thinking skills. He has received follow-up care from his primary care physician, Keith Szekely, M.D.

"I'm pretty much able to do what I want to do," Richard

said. "I think it's because I got to the emergency department fast. Even though they gave me heck for driving, I think it helped in my recovery. I guess I'm lucky enough I realized something was wrong."

The Granville resident does have a slight lisp and some difficulty with short-term memory. "If I have time to sit and sort things out, I can work through it. If I try to remember in a hurry, I can't," Richard said. "Things are kind of on the fringe of my memory. Sometimes I see people I know I should recognize, but I need time to stop and think and match names with faces."

He also has learned first-hand that a stroke can cause emotional effects. "When I first went home, I often felt like I was on the verge of crying. I went to my doctor's office and said, 'I need to talk to somebody,'" Richard said. "Nurse practitioner Amy Arthur listened. She said, 'You're not going crazy.' I needed somebody to talk to with some reassurance that what I was going through with a stroke was normal. I still can tear up easily, but I also realize what it is now. I didn't know at first."

Richard is able to continue working on rental properties. "I think I'm pretty fortunate, after seeing some of the other people who've had strokes, he said. "I've had less damage than they've had. Just like with anything else, if you look around, you can always find someone worse off than you are, regardless of what you've got."

How do we compare? (continued)

7

LMH tracks how often standard orders are used by physicians in the treatment of stroke. Although physicians evaluate and treat each patient individually, following standard orders for a specific disease helps ensure that physicians provide appropriate care for that disease.

Standard orders used by physician

LMH 2002

89%

LMH 1/03-3/03

80%

LMH Goal

>95%

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It is often beneficial for a stroke patient to have a consultation with a neurologist to confirm the diagnosis, because many other diseases can mimic a stroke. These include seizures with paralysis, confusion, muscle disease, and peripheral nerve injuries. Neurologists also have unique training and experience in neurological diseases and can offer stroke patients comprehensive care that is tailored to their specific needs.

% received a neurology consult

LMH 2002

Not available⁽⁶⁾ 87%

LMH 1/03-3/03

LMH Goal

>90%

Data Footnote:

(6) Data not collected until 2003.



Facing Emotional Effects of Stroke

with Mourad Abdelmessih, M.D.

THE EMOTIONAL EFFECTS OF STROKE ON SURVIVORS CAN BE ENORMOUS. FEAR, ANXIETY, FRUSTRATION, ANGER, SADNESS, AND GRIEF OVER LOST OR DIMINISHED PHYSICAL AND MENTAL ABILITIES ARE NATURAL REACTIONS. ADDITIONALLY, PERSONALITY CHANGES CAN RESULT FROM PHYSICAL DAMAGE TO THE BRAIN.

Depression following a stroke also is not uncommon – especially if physical impairments have resulted. Learning to live with diminished physical ability is difficult. Bathing, dressing and grooming yourself may be challenging. Going to work and participating in hobbies and other pleasurable activities may no longer be possible. This inability to complete everyday tasks can make you feel inadequate and could lead to depression.

Signs of clinical depression include: sleep disturbances, radical changes in eating patterns, lethargy, social withdrawal, irritability, fatigue, self-loathing, and suicidal thoughts. Medication and/or psychological counseling may be prescribed to combat depression.

Emotional Inconsistency

Not all emotionally expressed responses to stroke are felt by the survivor. Control over emotional responses can be decreased or even lost following a stroke. You may find yourself crying for no apparent reason, and/or you may inexplicably switch from laughing to crying (or vice versa). This inconsistency in emotional response is called emotional lability.

Additionally, you may become frustrated by the inability to control displays of emotion, resulting in even greater

emotional response. Medication may be prescribed to improve control of emotional response.

Recovery and Adjustment

Your health care providers will let you know what to expect as you recover. For some, physical and mental limitations may be permanent. For others, improvement may come about gradually. Follow your health care providers' instructions for appropriate therapies. Set realistic goals, and don't give up.

In order to improve emotional well-being, you must learn to adapt to physical and mental disabilities resulting from stroke. It is hard to accept limitations and challenges, but it is an important step in recovery.

Family and caregivers are asked to offer encouragement and to recognize your limitations. Seeing the effects of your stroke can be frustrating to them, too. They may find it difficult to fathom that what once were simple tasks are now major challenges.

Social contact with family and friends should be maintained as much as possible. Being surrounded by loved ones who offer positive encouragement can aid in your physical, mental and emotional recovery.