



# 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.

## Emergency Care How do we compare?

### 1. Average length of patient stay in the emergency department.

<b>LMH Goal</b> < 4 hours	<b>LMH Average<sup>1</sup></b> 2.28 hours
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### 2. % of emergency patients with lengths of stay greater than 6 hours.

<b>National Average<sup>2</sup></b> 2.5%	<b>LMH Average<sup>2</sup></b> 1.6%
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### 3. "Door-to-doc-time" refers to the time from patient arrival in the emergency department to physician exam. This time includes a nursing assessment, patient registration, room assignment and test initiation. It may also include an exam by a physician's assistant.

<b>LMH Goal</b> < 30 minutes	<b>LMH Average<sup>1</sup></b> 53 minutes
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### 4. To expedite care, x-rays are read by emergency department physicians. Radiologists then do a double check to ensure the interpretation is accurate. A quality indicator is the % of x-rays incorrectly read the first time ie. discrepancies found between the first and second x-ray interpretations.

% of x-ray discrepancies	<b>National Average<sup>2</sup></b> .26%	<b>LMH Average<sup>2</sup></b> .30%
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### 5. Sometimes patients leave an emergency department prior to the completion of treatment for various reasons, including the disappearance of symptoms.

% of E.D. patients leaving without completing treatment	<b>National Average<sup>2</sup></b> 1.24%	<b>LMH Average<sup>2</sup></b> 1.15%
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### 6. "Door-to-drug time" refers to the time from patient arrival in the emergency department to administration of clot-busting (thrombolytic) drugs.

Door-to-drug time - heart	<b>National Standard<sup>3</sup></b> 30 minutes or less	<b>LMH Average<sup>4</sup></b> 27.2 minutes
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Door-to-drug time - stroke	<b>National Standard<sup>5</sup></b> < 3 hours	<b>LMH Average<sup>6</sup></b> 1.5 hours
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### 7. LMH routinely measures the satisfaction level of its emergency department patients. One area consistently measured is patient satisfaction with the technical skills of the E.D. staff.

	<b>% Satisfied<sup>7</sup></b>
Nurses technical skill	94.5%
Physicians technical skill	91%

1 Began measuring in March of 2000. Based on LMH patient data for second quarter of 2000.  
2 Maryland Hospital Association national quality study for first quarter of 2000 (most recent report) and LMH patient data for same time period.  
3 Recommendation of the American Heart Association: American College of Cardiology, 1999.  
4 LMH patient data based on a random sample of 33 percent of heart attack patients seen in 1999.  
5 National goal of stroke project sponsored by Voluntary Hospitals of America.  
6 Based on the 6 patients receiving thrombolytic treatment since LMH Stroke Team initiative introduced January 1, 2000.  
7 LMH patient satisfaction survey results from January 1 - June 30, 2000. Daily random sample of approximately 6% of total patient population.

## SUCCESS STORY

### In a matter of minutes . . .

On a lazy Sunday afternoon in May, the Hewitt family learned how quickly a normal day can turn into a medical emergency.

Four-year-old Trenton Hewitt was enjoying the warm weather by riding around the backyard in a miniature motorized vehicle. His parents, Janet and Andy, were nearby watching, thinking he was safe in his protective helmet. However, a sharp turn abruptly flipped both he and his vehicle on their sides.

While shaken, Trenton only suffered a minor scrape to his shoulder. Unfortunately, his quick recovery would not stand the test of time. Within minutes, Trenton was rubbing his chest and complaining of pain.

"At first there weren't any physical signs that anything was wrong, but as the minutes passed, he began to have difficulty breathing," Janet recalled. She decided to play it safe and take Trenton to the Emergency Department.

"I knew when they immediately took him back to the Emergency Department that something more serious was wrong," she said.

Trenton's left lung had been punctured during the fall and was already one-third full of fluids when he arrived at the E.D.

"You have to act quickly when it comes to kids because they can become critically ill real fast," explained Larry Crouse, who was one of a team of five nurses who cared for Trenton.

Immediately he was given oxygen to help his breathing and an I.V. to help replenish his fluids. Then a chest tube was inserted into his lung to remove the rising fluids and relieve the pressure on the lung.

"It was frightening to see all of these nurses and doctors working on Trenton, but they were wonderful about explaining to me everything they were doing so I would understand what was happening," Janet said. "You just feel so helpless."

Once stabilized, Trenton was air-flighted to Children's Hospital for observation and he returned home three days later.

Trenton's lung has healed, and he is back to his normal energetic self and is able to do whatever mom permits. "For the time being, I'm going to be very protective," she said.



*"A small child can't always tell you what is wrong. You have to watch carefully and be ready to react."*

*-Janet Hewitt*

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



### 'First-come, First-served' Doesn't Work in E.D.

Whether you're going to a fast food restaurant, department store or the grocery, the system for deciding how individuals are waited on is the same - first-come, first-served.

"We are a 'take your turn' society, which makes it understandably difficult for people who come to the Emergency Department expecting the same," explained Larry Crouse, LMH nurse.

"In the E.D., we use a triage system to determine what order patients will be seen," he continued. "Rather than treating patients in the order they arrive, patients are seen according to the severity of their illness or injury."

Triage, pronounced tree-ahj, is a French word meaning "to sort." The term was first used for medical purposes during war times as a way of quickly processing large numbers of incoming wounded.

When a person arrives in the Licking Memorial Emergency Department, they are immediately triaged by a registered nurse. The nurse checks a patient's blood pressure, temperature, pulse and respiratory rate and evaluates any areas of pain. Verbal information about medications and health history also is used to determine the level of care a person may require and how quickly they need to be seen.

"If you went to an E.D. with chest pain, you would expect to go to the front of the line. The triage system enables us to do that," Larry added.

To help expedite emergency care for those with less severe illnesses and injuries, the hospital opened a Fast Track area several years ago. This five-bed station is open noon - midnight and enables the department to offer quicker service to these patients while reserving the main E.D. for more severe emergencies.

### Fast Facts

- The LMH Emergency Department has seen a steady increase in visits over the past three years: 39,084 - 1997, 41,509 - 1998 and 44,744 - 1999.
- 91% of the LMH Emergency Department nurses have certification in Advanced Cardiac Life Support (ACLS).
- 25% of the LMH Emergency Department nurses have certification in Pediatric Advanced Cardiac Life Support (PALS).
- The LMH Emergency Department is staffed by seven full-time dedicated emergency physicians: Dr. Edward Carlin, Dr. May-Lee Robertson, Dr. Mary Jane Scott, Dr. Stephen Sigrist, Dr. Gary Sutliff, Dr. Thomas Wood and Dr. Michael McFarlane.