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## Licking Memorial Health Systems

1320 West Main Street  
Newark, Ohio 43055

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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**

July 2002  
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**Emergency  
Care**

measurably  
**different**  
for your  
**health!**



### HEALTH TIPS

When exercising outdoors this summer, avoid dangerous heat-related problems such as heat cramps, heat exhaustion and heat stroke by following these tips from the Mayo Clinic:

- Drink 6 to 8 ounces of water every 15 to 20 minutes; don't wait until you feel thirsty.
- Start your exercise regimen slowly; it takes about a week to get used to working out in the heat.
- Exercise in the morning or evening.
- Wear light-colored, loose-fitting clothes.

*...a community report on patient care quality.*



# Emergency 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** The number of patients receiving care in the Licking Memorial Hospital (LMH) Emergency Department is steadily increasing. In 2000, LMH had 45,760 emergency visits; in 2001, there were 49,520. Regardless of patient volume, a person who goes to an emergency department for treatment expects to receive prompt and efficient care.

	LMH 2001	LMH 1/02-5/02	LMH Goal
Average length of stay in the ED	2.3 hours	2.4 hours	<2 hours
% of patients in the ED for more than 6 hours	3.2%	3.4%	4.1% <sup>(1)</sup>

**2** Before a person sees a physician in the Emergency Department, many other tasks must be performed. These include a nursing assessment, registration, room assignment and possible test initiation. One goal for LMH is to have all patients seen by a physician within 30 minutes.

	LMH 2001	LMH 1/02-5/02	LMH Goal
Average minutes door-to-physician time	48	46	<30

**3** For patients experiencing a heart attack, stroke or pneumonia, timing is critical for effective treatment. LMH tracks the time it takes to deliver “clot-busting,” or thrombolytic, drugs for heart attack and stroke; the time to administer a CT or MRI scan for stroke; and the time to deliver antibiotics for pneumonia.

	LMH 2001	LMH 1/02-5/02	National Goal
Average minutes door-to-drug time – heart attack	32	27	<30 <sup>(2)</sup>
Average hours door-to-drug time – stroke	1.2	1.0	<3 <sup>(2)</sup>
Average minutes door-to-CT/MRI time – stroke	41	29	<100 <sup>(3)</sup>
Average hours door-to-antibiotic time – pneumonia	2.6	1.9	<2 <sup>(4)</sup>

**4**

Sometimes individuals leave the ED before treatment is complete. They may leave against medical advice, because they begin to feel better, because they decide not to seek treatment, or for other reasons.

## % of ED patients who leave before treatment is complete

LMH 2001	LMH 1/02-5/02	National <sup>(5)</sup>
2.2%	2.0%	1.7%

**5**

Nurses assess patient satisfaction in the Emergency Department by calling a random sampling of patients and asking questions about their experiences. Also, a survey that patients can fill out and send back is available in the department.

## Overall patient satisfaction with the ED

LMH 2001	LMH 1/02-5/02	National <sup>(6)</sup>
86%	89%	81%

### Data Footnotes:

(1) Benchmark from the Midas Comparative Database for most recent data from fourth quarter 2001.

(2) Recommendations of the American Heart Association.

(3) LMH goal based on benchmark of 107 minutes from The Ohio National TIA/Stroke Project.

(4) LMH goal based on Intermountain Health Care achievement.

(5) Benchmark from the most recent Maryland Hospital Association QI Project from fourth quarter 2000.

(6) Benchmark from the Press Ganey Satisfaction Measurement Company's highest national score in March 1999.



*Having a heart attack didn't keep Harold Dugan from his work as a substitute bus driver and bus-driving instructor for long.*

*He was back in the driver's seat after about a month. Harold now is eating a healthier diet and getting more exercise -- including taking walks and playing golf.*

**// I appreciate the high level of care I received in the LMH Emergency Room, but I'm trying to improve my health so I don't end up there again! //**

# Back in the Driver's Seat

## A PATIENT'S STORY

**H**arold Dugan is back in the driver's seat after suffering a heart attack in April.

The Lakewood Local School District substitute bus driver and bus-driving instructor felt ill one Tuesday – but not sick enough to stay home from work.

“When I got up that morning, I thought I just had really bad indigestion,” Harold said. “But when I got to the bus garage, a co-worker told me I didn't look so good.”

Lucky for Harold, that's not all transportation supervisor Kellie Gregg did. She consulted food coordinator Mary Jennie, and they made sure Harold took an aspirin. They also called 9-1-1.

“In just a few minutes, he got worse and worse and worse,” Kellie said. “He was short of breath, was clammy and just looked bad. He told us it felt like someone was standing on his chest.”

Harold was taken to Licking Memorial Hospital, where he was admitted because of a heart attack.

“My care at LMH was great; it couldn't have been better,” Harold said.

“They told me in the Emergency Department that my co-workers did everything exactly right at the right time.”

The 69-year-old Hebron resident was told to take things easy for about a month before returning to work. He also was sidelined from playing golf until early June.

“I missed playing golf, but at least I'm alive!” Harold said.

He continues to receive regular cardiac care through Licking Memorial Hospital and has started a self-directed walking program to improve his health.

Harold walks 1½ to 2 miles a day, four days a week. He also has cut back on the amount of food he eats and pays closer attention to cholesterol levels.

“I appreciate the high level of care I received in the LMH Emergency Room, but I'm trying to improve my health so I don't end up there again!” he said with a laugh.

## LMH Fast Track

Because some emergencies are more urgent than others, Licking Memorial Hospital has a system in place to allow for the treatment of minor emergency health problems in an area separate from the main Emergency Department.

Fast Track – an extension of the Emergency Department – is located nearby, close to the Radiology Department. It is specifically designed for the treatment of minor emergencies and is staffed by Emergency Department personnel. Hours are daily from noon to midnight.

A triage nurse who assesses each patient's condition upon arrival in the Emergency Department determines if a patient will be seen in Fast Track or the main emergency area, ensuring quality care for all patients.

Of the 49,520 patient visits to the Emergency Department in 2001, nearly one-third – 15,441 – were moved to Fast Track.

“Fast Track essentially has allowed us to operate two emergency areas simultaneously,” said M.J. Ehlermann, RN, Patient Care Manager, “helping us care for our patients appropriately and more efficiently.”

## Preparing for Emergencies

ALTHOUGH EMERGENCIES ARE UNEXPECTED EVENTS, WE CAN MAKE EFFORTS TO PREPARE FOR POSSIBLE SCENARIOS. LICKING MEMORIAL HOSPITAL (LMH) HAS TAKEN NUMEROUS MEASURES SINCE SEPT. 11 TO BETTER SERVE THE COMMUNITY IN THE EVENT OF HAZARDOUS EMERGENCIES AND/OR BIOLOGICAL ATTACKS.

### Decontamination Facility

In early November 2001, LMH opened an expanded decontamination facility on the hospital campus. The community decontamination facility gives local emergency rescue personnel and HAZMAT – which operate through Licking County Emergency Management – a permanent, readily available decontamination site. Previously, portable decontamination facilities were set up on site at disasters as needed.



The expanded facility is in addition to a previously established decontamination area located in the LMH Emergency Department (ED).

### Triage Space

A building on the hospital campus was renovated in the fall of 2001 to triage multiple victims in the event of any catastrophe that would cause overcrowding of the LMH ED. Supplies are stocked at the site and nearby.

### Bioterrorism Training

Medical staff and health system employees go through in-house bioterrorism training and education to learn about potential hazards and how to respond. Mandatory training was held for all employees in January 2002. Since then, all newly hired employees receive such education as part of the required LMH new employee orientation.

### Negative Airflow Rooms

Three new negative airflow rooms were established in the ED this spring. Additionally, the ED decontamination facility was upgraded as a constant

negative airflow area. The three new rooms are designed for negative airflow use as needed.

Use of negative airflow helps prevent

the spread of certain diseases – such as smallpox, chicken pox and tuberculosis. Germs for these and other infectious diseases are carried on droplets in the air.

### Security Improvements

Recent improvements in hospital security have included the following measures:

- increased number of police officers,
- addition of a new on-door security system – including 48 video cameras,
- implementation of an upgraded ID system for employees,
- increased monitoring of sales and service reps who enter the facility,
- increased coordination with area safety organizations, and
- storage of additional hospital supplies and safety equipment.

Pamela Watkins, LMH Vice President of Human Resources and Marketing, said such measures show how LMH is working every day to ensure the safety of the community. The process of preparing for possible emergency situations is ongoing, she added. “We continue to research and compare ourselves with other facilities’ disaster-readiness plans and try to be as proactive as possible,” Watkins said.