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## Licking Memorial Health Systems

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!  
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**Licking Memorial  
Health Systems**

July 2003  
Volume 4  
Number 7

**Emergency  
Care**

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

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



### HEALTH TIPS

The Emergency Nurses Association offers these drowning prevention safety tips:

- Keep small children away from buckets containing liquid. A young child can drown in as little as 2 inches of water.
- Install a latch on the outside of the bathroom to prevent young children from accessing toilets, bathtubs and basins.
- Teach children 3 and older how to swim. If you don't know how to swim, take lessons, too.
- Never drink alcohol before or while swimming, boating or doing other water sports.



# 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** During 2002, there were 48,892 patient visits to the Licking Memorial Hospital (LMH) Emergency Department. Regardless of patient volume, a person who goes to an emergency department for treatment expects to receive prompt and efficient care.

	LMH 2002	LMH 1/03-5/03	LMH Goal
Average length of stay in the ED	2.3 hours	2.3 hours	<2 hours
Average length of stay in the ED before being admitted	4.7 hours	4.3 hours	<4 hours
% of patients in the ED for more than 6 hours	3.2%	2.7%	5.2% <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 2002	LMH 1/03-5/03	LMH Goal
Average minutes registration-to-physician	45 minutes	44 minutes	<30 minutes

**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 2002	LMH 1/03-5/03	National Goal
Door-to-drug time – heart attack	25 minutes	16 minutes	<30 minutes <sup>(2)</sup>
Door-to-drug time – stroke	62 minutes	Not available <sup>(3)</sup>	<89 minutes <sup>(4)</sup>
Door-to-CT or MRI time – stroke	53 minutes	47 minutes	<59 minutes <sup>(5)</sup>
Door-to-antibiotic time – pneumonia	1.8 hours	2.3 hours	<4 hours <sup>(6)</sup>

**4**

Individuals sometimes leave the Emergency Department before their treatment is complete, even though their medical condition indicates they should stay.

% of ED patients who leave before treatment is complete		
LMH 2002	LMH 1/03-5/03	National <sup>(7)</sup>
1.9%	1.8%	2.3%

#### Data Footnotes:

**(1)** Benchmark from the Midas Comparative Database for most recent data from fourth quarter 2002.

**(2)** Recommendations of the American Heart Association.

**(3)** No stroke patients were eligible for thrombolytic drugs.

**(4)** Most recent benchmark from VHA Central Key Clinical Indicator Project.

**(5)** Benchmark from KePro National Stroke Project.

**(6)** National recommendation of CMS and JCAHO.

**(7)** Benchmark from the most recent Maryland Hospital Association QI project from first quarter 2003. 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.

# Finding Care in Emergency Treatment

## A PATIENT'S STORY



*Janet Angells recently received emergency medical care at Licking Memorial Hospital for the first time. She has been treated in numerous emergency rooms over the years and says that the LMH Emergency Department staff gave her the best emergency health care she has ever received.*

**// Going to LMH  
was so different,  
because everyone was  
so caring and nice. //**

Janet Angells, 56, has been treated in a variety of emergency rooms over the years. In March, illness led her to the Licking Memorial Hospital Emergency Department for the first time.

"It was my first visit to Licking Memorial Hospital, and I want you to know that it is the best hospital I have been in because of the kind, caring and thoughtful service that everyone gave me," Janet wrote in a thank-you letter to Mary Jane Scott, M.D., who provided her primary care in the Emergency Department.

Janet had been sick for about three weeks with what she thought was a lingering case of flu.

Although she had an appointment scheduled with her primary care physician, the pain in her chest was becoming too intense.

"I had pain every which way I moved," the Pataskala resident said. She called her doctor's office and was advised to seek emergency treatment.

Janet went to the Emergency Department at LMH. "The lady at the desk was really nice. She got me right in," Janet said. "It was like everyone was there just to help me. Throughout the

whole process, everyone was so compassionate, so caring. You don't normally get that care in emergency rooms. I know; I've been in several. I thought, 'The people in this hospital really care for me as a patient.' I was really grateful for the care they gave me."

Dr. Scott diagnosed Janet with bronchitis, pleurisy and borderline pneumonia and treated her with antibiotics and pain medication, as well as for dehydration. Janet was given six prescriptions when she left the hospital about 3 hours and 20 minutes after her treatment began.

"I felt like I had gotten 100 percent care at LMH. They were very compassionate and caring," Janet said. She received follow-up treatment from her primary care physician, Katrina Timson, M.D., of Licking Memorial Family Practice – East Main Street.

Janet was soon feeling well enough to resume working on a special project – writing a book that explores different religions.

"Going into LMH was so different, because everyone was so caring and nice," she said. "This was a new experience, and I was treated immensely well."

# Making the Most of Your Emergency Department Visit

HAVING TO GO TO A HOSPITAL FOR EMERGENCY CARE CAN BE FRIGHTENING. WHETHER YOU OR YOUR LOVED ONE IS INJURED OR ILL, IT'S HARD TO FOCUS YOUR ATTENTION ON ANYTHING OTHER THAN THE EMERGENCY AT HAND. HOWEVER, TRY TO KEEP THE FOLLOWING INFORMATION IN MIND TO MAKE THE MOST OF YOUR NEXT EMERGENCY DEPARTMENT VISIT.

## When to Go

It's best to err on the side of safety when debating whether to seek emergency care. Emergencies include life-threatening illnesses and injuries that require immediate treatment.

"Patients have to make the decision as to whether their particular illness or injury is an emergency," said LMH Emergency Department Patient Care Manager Sue Gibson, RN, BSN. "What you or I may consider to be non-emergent may be very urgent to someone else. It is all a matter of personal perception."

## What to Bring

If possible, bring along all medications you are currently taking. It is helpful to keep an up-to-date list of your medications. Knowing what prescription, over-the-counter and herbal medicines you are using helps the emergency department physicians know what may be causing certain symptoms. It also allows them to more accurately prescribe new treatments and avoid dangerous drug interactions.

If suspected poisoning is the reason for your visit, bring the substance or at least container, if possible. Tell the health care provider what was consumed, even if an illegal drug is the source. Keeping quiet could be deadly.

## When You Arrive

Upon your arrival in the Licking Memorial Hospital (LMH) Emergency Department, a triage nurse will assess

your condition to determine if you will be seen in Fast Track or the main emergency area. 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 from 2 p.m. to midnight.

## Voicing Your Concerns

If you have any concerns about the care provided to you in the emergency department, don't be afraid to speak up.

"It's best to voice your concerns while you are still in the hospital since everyone who is providing your care is right here," Gibson said. "You are always welcome to call us later, too." Gibson can be reached

at 740-348-4193, or you may call Director of Emergency and Critical Care Services Lisa Dunwoody, RN, MSN, at 740-348-4753.

If instructions for your home care are unclear to you, ask for clarification. "It is important that you understand what you need to do to get healthy," Gibson said. "Don't hesitate to ask any questions you may have."

## Follow-up Care

The emergency physician who sees you will discuss follow-up care with you. He or she may recommend that you see a specialist or suggest that you contact your primary care physician. "It is important to get follow-up care in order to make sure you are healing properly," Gibson said.

