



**Licking Memorial
Health Systems**
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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
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**Emergency
Care**

measurably different for your health!



HEALTH TIPS

According to the Emergency Nurses Association, more than 500,000 people annually are treated in emergency departments for bicycle-related injuries. The association offers these tips to keep bicyclists safer this summer:

- Always wear a helmet.
- Don't drive too closely to parked cars, since doors can open suddenly.
- Communicate your moves with motorists/pedestrians through hand signals and eye contact.
- Never ride against road traffic.
- Always stop at stop signs and red lights.



...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 During 2003, there were 50,972 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 2003	LMH 01/04-5/04	LMH Goal
Average length of stay in the ED	2 hours 18 minutes	2 hours 28 minutes	2 hours 36 minutes	less than 2 hours
Average length of stay in the ED before being admitted	4 hours 42 minutes	4 hours 29 minutes	4 hours 44 minutes	less than 4 hours
% of patients in the ED for more than 6 hours	3.2%	2.8%	3.8%	6.1% ⁽¹⁾

2 As of July 2003, LMH implemented bedside registration in the Emergency Department. In the triage area, a registrar requests only enough information to issue an account number so that tests can be ordered, an armband created, a chart labeled and forms printed. The registrar completes full registration at a more convenient time for the patient, allowing for quicker delivery of patient care. One goal for LMH is to have all Emergency Department patients seen by a physician within 30 minutes of arrival.

	LMH 2002	LMH 2003	LMH 01/04-5/04	LMH Goal
Average time from arrival to physician	45 minutes	47 minutes	48 minutes	less than 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 2003	LMH 01/04-5/04	National Goal
Median door-to-drug time – heart attack	25 minutes	16 minutes	57 minutes	less than 30 minutes ⁽²⁾
Median door-to-drug time – stroke	62 minutes	84 minutes	75 minutes	less than 60 minutes ⁽³⁾
Median door-to-CT or MRI – stroke	53 minutes	50 minutes	58 minutes	less than 59 minutes ⁽⁴⁾
Median door-to-antibiotic time – pneumonia	108 minutes	142 minutes	159 minutes	less than 240 minutes ⁽⁵⁾

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

% of Emergency Department patients who leave before treatment is complete

LMH 2002	LMH 2003	LMH 01/04-5/04	National ⁽⁶⁾
1.9%	2.0%	2.5%	2.4%

Data Footnotes:

(1) Benchmark from the Midas Comparative Database for most recent data from fourth quarter 2003.

(2) Recommendations of the American Heart Association.

(3) Institute for Clinical Systems Improvement. Diagnosis and initial treatment of ischemic stroke; 2003 Oct. 65p.

(4) Benchmark from KePro National Stroke Project.

(5) National recommendation of Centers for Medicare and Medicaid Services and the Joint Commission on Accreditation of Healthcare Organizations.

(6) Benchmark from the most recent Maryland Hospital Association QI project from first quarter 2004. 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.

Comfortable with Emergency Care at LMH

A PATIENT'S STORY

Sue Miller quite obviously doesn't enjoy visiting hospital emergency rooms. However, if she needs urgent care in an ER, she prefers to receive it at Licking Memorial Hospital. "I've been to hospitals in Columbus, and I have never gotten the type of treatment I get at Licking Memorial Hospital," said Sue, 71, a lifelong Newark resident. "I really have gotten royal treatment every time I've been in the emergency room there. It's an excellent facility compared to some I've been in."

Sue, who is married, has two stepsons and five grandchildren. She recalls the first time she was injured, approximately 10 years ago, and needed treatment at LMH's emergency department. "It was winter, and I had pulled into the parking lot of my church because I had groceries for the food pantry," she said. "The last thing my husband said before I left was, 'Don't you try to carry those groceries in.' Well, I had every intention of doing so and tried to carry them but I fell on the ice and ended up on the ground. The next thing I knew there was a man standing over me telling me he was going to call the squad."

The fall left Sue with a badly damaged left knee. "The emergency room folks told me I shattered something," she said. "I didn't like that part of it at all, but the care was excellent."

She subsequently received

treatment from John D. Quimjian, MD, an orthopedist on the Active Medical Staff of Licking Memorial Hospital.

Sue has needed care at the LMH Emergency Department several other times in the years following her fall. One time I was home and was not feeling very well at all," she said. "My husband called the squad and they came and got me. I had good care at the hospital Emergency Department again."

She also recalled when illnesses and infections related to her knee problems resulted in a brief stay at a nursing home. An urgent medical situation at that facility once again resulted in a visit to the LMH Emergency Department. "It seemed like I just arrived in heaven when I got to the hospital's ED," she said. "I felt so much better about everything, nothing seemed strange. And, of course, I was treated wonderfully."

Sue later began developing problems with her ankles. After seeing a specialist in Columbus for those troubles, she visited LMH, where Scott D. Jolly, DO, a Licking Memorial Health Professional emergency room physician, cared for her. "I needed some inflatable casts because I had some broken bones in my ankle," she explained. "I was able to walk, but my ankle was still broken. Dr. Jolly's name is perfect – he was just precious. The ED was full



Sue Miller repeatedly has been pleased with the quality of care she has received from the Licking Memorial Hospital Emergency Department.

that day, but he still took a lot of time and evaluated me carefully and talked to me."

Sue said Dr. Jolly contacted Dr. Quimjian, who placed a regular hard cast on her ankle. "It was a Friday afternoon and I had to come back to Newark to get a cast put on," said Sue. "That was something very special, and I've said that a number of times. I couldn't get the care I needed in Columbus."

Sue's most recent trip to the ED was this past March. She received care on that visit from May-Lee M. Robertson, DO, a Licking Memorial Health Professional emergency room physician. "I had cataracts surgery, and the eye doctor told me not to bump my head," she said. "I didn't bump my head, but fell down instead. I wasn't able to get up at all and was in the worst pain I've ever had in my life. Again, the squad got me and took me to the ED, where I received excellent care. "I couldn't

have asked for any better care. The X-ray technicians, nurses and physicians were all just great. I had cracked my sternum, and it hurt just to breathe. But, everyone went out of their way to help me. They went above and beyond the call of duty."

Sue said she proudly touts the services that the LMH Emergency Department provides. "I've talked to so many people about that place," she boasted. "I let them know I'm a fan of LMH. Some people complain about having to wait in an ER, but I ask them, 'Did you ever stop to think they're evaluating you?' Any time I've been in the ER waiting, I always felt like I could get immediate attention if I needed it. It's perfectly obvious if I have a wait it's because there are other patients in front of me. It has nothing to do with them not taking care of me. LMH's emergency staff always smiles and says, 'We'll be with you in just a minute.' "

Award-winning Emergency Nurse

The Licking Memorial Health Systems 2004 Nursing Award for Clinical Excellence winner has been a Licking Memorial Hospital (LMH) Emergency Department nurse for 25 years. Linda Crothers-Hurst, RN, received the award during a Nurses' Day celebration at the hospital in May.

Linda started working at LMH in 1976. She worked the Medical/Surgical units until 1979, when she transferred to the Emergency Department. Linda is a 1975 Central Ohio Technical College graduate and is certified in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS). She has served on the hospital's Policy and Procedure Committee and is an active member of LMH's Personnel Relations Advisory Committee (PRAC), Providing Resources in Dedicated Employees (PRIDE) and Pain Committees.

Linda is a past LMH Cares Award recipient, and she has consistently demonstrated excellent clinical skills, leadership ability and the highest quality of care for her patients throughout her career.



Summer Safety

with Stephen Sigrist, M.D.

WHILE POISON IVY, SUNBURNS AND OTHER SUMMERTIME NUISANCES ARE CERTAINLY ANNOYING, HEAT-RELATED ILLNESSES – NAMELY HEAT EXHAUSTION AND ITS MORE DANGEROUS COUSIN, HEAT STROKE – OFTENTIMES ARE OF GREATER CONCERN.

Heat exhaustion and heat stroke are really opposite ends of a spectrum of heat-related illnesses.

Heat Exhaustion

Heat exhaustion is a syndrome characterized primarily by a state of dehydration that occurs under conditions of heat stress. It is the result of losses of both water and salt without adequate replacement. Although most commonly seen in athletes, it can happen to anyone who works in an overly hot environment without taking adequate breaks to let the body cool down and to replace fluids lost due to sweating.

There are numerous symptoms one can experience – the most common being dizziness, weakness, fatigue, headache, muscle cramps, nausea and vomiting. Body temperature is usually normal or sometimes low but can sometimes be as high as 103-104 degrees F. Victims feel cool and clammy.

To treat, get into a cool environment – preferably air conditioned – and consume large amounts of non-alcoholic beverages. Ideally, drink an electrolyte-

containing drink – such as Gatorade – or water. Mild cases of heat exhaustion can safely be treated at home. For more severe cases, seek medical attention immediately. If left untreated, heat exhaustion can progress to full heat stroke, which can be deadly.

Heat Stroke

Heat stroke is the most severe form of heat illness, and it is a life-threatening emergency. It occurs most commonly in the very young or elderly and often develops over days.

Heat stroke may occur rapidly in younger individuals exercising vigorously in a very hot environment. The hallmark signs are fever (typically greater than 104 degrees F) and altered mental status – ranging from severe confusion to coma.

Widespread damage to the internal organs – especially the brain, kidneys and liver – develops. Even with treatment, the risk of death approaches 70 percent.

Fortunately, true heat stroke is rare, but if you observe an individual who appears to be overheated develop significant confusion, call 911 immediately.