



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.

Pneumonia Care... How do we compare?

Influenza and pneumonia are the sixth leading cause of death in the United States. Pneumonia is a serious infection of the lungs usually caused by bacteria or a virus. The infection makes it difficult for an individual to breathe and can become very serious. Licking Memorial Hospital closely follows national guidelines for the treatment of pneumonia.¹

1. National pneumonia treatment guidelines recommend that one dose of an antibiotic be given to pneumonia patients within 8 hours of arrival to the hospital. This "door-to-antibiotic time" includes diagnostic testing.¹ LMH participated in the 1999 Ohio Pneumonia Project, which measured door-to-antibiotic times for hospitals throughout the state.²

% of patients receiving antibiotic dose within 8 hours	LMH Avg. 83.3%	State Avg. 81.8%
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2. Health care quality experts are encouraging hospitals to reduce their door-to-antibiotic time for pneumonia patients from 8 hours to within 2 to 4 hours of patient arrival.³ LMH recently conducted an independent study to see how it is measuring up.

% of all LMH pneumonia patients receiving antibiotic dose within 4 hours	LMH Avg. 62.2 % ⁴	LMH Goal 100%
Avg. door-to-antibiotic time for all LMH pneumonia patients	4.4 Hours ⁴	< 4 Hours
Avg. door-to-antibiotic time in the LMH Emergency Department alone	3.3 Hours ⁴	< 4 Hours

Quality Note: LMH launched a quality initiative in October of 2000 to reduce door-to-antibiotic time from 4 to 2 hours.

3. The national pneumonia treatment guidelines recommend that certain antibiotics be given to a patient within 24 hours¹. As part of the 1999 Ohio Pneumonia Project, LMH was measured against hospitals throughout the state.²

Recommended antibiotic administered within 24 hours	LMH Avg. 73%	State Avg. 72%
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4. Based on the results of the Ohio Pneumonia Project², LMH adopted a clinical practice guideline, implemented standing physician orders and limited the pharmacy's antibiotic supply to 4 of the nationally recommended antibiotics. (There were previously 15 types available.) Through these efforts, LMH has been able to greatly improve its compliance with the national pneumonia treatment guidelines¹.

Recommended antibiotic administered within 24 hours	LMH Avg. ⁴ 95.2%	National Antibiotic Guideline 100%
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5. According to the national pneumonia treatment guidelines¹, a blood culture should be collected before any antibiotics are given to a pneumonia patient in order to obtain the best sample of the microorganism causing the pneumonia. The Ohio Pneumonia Project showed the following²:

% of patients receiving blood cultures prior to antibiotics	LMH Avg. 69.6%	State Avg. 82.1%
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6. According to the national pneumonia treatment guidelines¹, hospitalized patients with a condition that puts them at risk for developing complications from the flu or pneumonia should be screened for, or given, a vaccine while in the hospital. The Ohio Pneumonia Project reported the following²:

% of high-risk patients screened/given flu vaccine	LMH Avg. 2.4%	State Avg. 24.3%
% of high-risk patients screened/given pneumonia vaccine	LMH Avg. 4.9%	State Avg. 12.9%

Quality Note: In August of this year, LMH instituted a standardized protocol for screening and ordering influenza (flu) and pneumococcal vaccines to reach more patients.

7. Those with chronic illness are at high risk for pneumonia. LMH community case managers monitor the health of approximately 850 individuals with a chronic medical condition. As part of their health watch, they track the number of their patients who develop community-acquired pneumonia.

Number of case managed patients developing community-acquired pneumonia per month	LMH Avg. ⁵ 2	LMH Goal ⁵ 3 or less
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¹ National pneumonia treatment guidelines have been established by an expert panel with representatives from: the American Thoracic Society (ATS), the Infectious Diseases Society of America (IDSA), the Pneumonia Patient Outcomes Research Team (PORT) and the Health Care Financing Administration (HCFA) Medicare Quality Indicator System (MQIS) Project.

² Statistics taken from the 1999 Ohio Pneumonia Project conducted by KeyPRO, a quality review organization under contract with Medicare. Study period was October-December, 1999. Results were released to hospitals in April, 2000.

³ Clinical Resource Management, Volume 1, Number 3, March 2000, published by National Health Information.

⁴ Statistics based on LMH patient data for most recent quarter, July-September, 2000.

⁵ Statistics taken from LMH patient data from January-August, 2000. The monthly average for the last six months of 1999 was 4 individuals. The Community Case Management Department set a goal to reduce the number to 3 or less in 2000. Community-acquired pneumonia is not a reportable illness.

SUCCESS STORY

When the flu is frightening...

For most people, the common flu is more of a nuisance than a health hazard. For individuals like Gladys Walters, catching the flu can actually be life-threatening.

Gladys suffers from chronic obstructive pulmonary disease or COPD. Like many who have a chronic health condition, Gladys fears getting the flu because of the severe health consequences it can pose.

Just a few years ago, Gladys had a simple cold. "The next thing I knew I was in the hospital because I couldn't breathe. I was there for almost two weeks with pneumonia," she recounted.

Having asthma since age 11, Gladys has spent most of her life dealing with health issues. Now chronic bronchitis and emphysema join her ongoing respiratory concerns.

In recent years, Gladys would be hospitalized every few months for a health problem. However, she has been able to stabilize her health by obtaining flu shots every year and a pneumonia vaccine every five years.

"I haven't been in the hospital for two and a half years," she said proudly. "I seem to get less colds during the winter months, and I just feel better."

"I think everyone should get a flu shot if they can, because it really helps," she continued. "Even if you get the flu, I don't think it is as severe as it would be without the shot."

Gladys is a participant in the Licking Memorial Community Case Management Program and receives free monthly visits from a nurse for ongoing health support.

"Thanks to the vaccine and the medications I take, I have a better life for sure. It's not perfect, but it's better than a convalescent home," said the 68-year-old.

With her health in a more stable condition, Gladys is able to enjoy the simple pleasures in life. "I enjoy watching my grandchildren and just cooking and cleaning. . . I even do windows," she said with a laugh.



Gladys Walters is shown with her great grandchild Ariel, 2.

"I'm in good shape for the shape I'm in."

- Gladys Walters

Fast Facts

- Viruses, like influenza (flu), cause about half of all pneumonia cases. The other major cause of pneumonia is bacteria.
- Each year an average of 20,000 Americans die from influenza and 40,000 from pneumococcal infections (pneumonia).
- Approximately 50% of the deaths from pneumonia and flu could be prevented with a vaccination.
- This year LMHS will administer 10,700 doses of influenza (flu) vaccine through its community flu clinic, physicians' offices, the hospital and local employers.
- A recent study of 57 midwest hospitals showed LMH's mortality rate for pneumonia patients to be 3.2% compared to the group's average of 5.3%. The study was conducted by MIDAS, a national clinical data management company.

Visit www.lmhealth.org to review other LMHS quality report cards. Also, if you have a suggestion on how we can improve our care, please call our Performance Improvement Line, 348-4641.

An Ounce of Prevention

by Dr. Craig Cairns

Many people do not appreciate the seriousness of influenza or pneumonia. Influenza is frequently regarded as "just a bad cold" and pneumonia as a disease that is easily treated with antibiotic therapy. Regrettably, this is not the case. Both are serious illnesses and represent major causes of mortality in our country. (See Fast Facts.)



Dr. Craig Cairns

The good news is that vaccines are available to prevent both of these diseases. The bad news is that people do not take advantage of these immunizations. Immunization rates for persons older than 65 years are presently at their highest level, however, only 63% of this high-risk population receives influenza vaccine and 42% are immunized against pneumococcal pneumonia.

Almost all managed care insurance plans cover the cost of these immunizations and, in fact, these companies are graded on their immunization rates. 94% of people aged 65 or older are covered by Medicare part B that includes immunization benefits.

If you are in a high-risk group, we urge you to become immunized against both influenza and pneumonia.* Those at high risk for complications from the flu include:

Don't Let the Flu Bug Bite You!

If you are considered high risk for complications from the flu, visit the LMHS Flu Clinic

November 2 through December 7

88 McMillen Drive

Tuesdays and Thursdays, 8:00 a.m. - 4:00 p.m.

Saturdays, 8:00 a.m. - 12:00 noon

\$10 fee.

Medicare, Medicaid and other forms of insurance accepted.

- Persons 65 years of age or older.
- Residents of nursing homes or other chronic-care facilities.
- Adults with a chronic medical condition, including diabetes, kidney failure, heart disease or asthma.
- Pregnant women who will be in the second or third trimester during flu season.

*The Advisory Committee on Immunization Practices recommends a pneumococcal vaccine for many of these same high-risk groups, plus those with chronic liver disease (like cirrhosis), cerebrospinal fluid leaks, and those who do not have a functioning spleen.