

Non-Profit Org.  
U.S. Postage  
**PAID**  
Newark, Ohio  
Permit No. 39

## Licking Memorial Health Systems

1320 West Main Street  
Newark, Ohio 43055

*Return Service Requested*

**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!**

**Visit us at [www.lmhhealth.org](http://www.lmhhealth.org)**

**Call our Health Line at  
348-4YOU.**



**Licking Memorial  
Health Systems**

November 2001

Volume 2

Number 11

**Surgical  
Care**

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



### HEALTH TIPS

*If your physician has scheduled you for surgery, follow these tips to help alleviate concerns you may have:*

- Follow your doctor's instructions exactly.
- Contact your doctor's office in advance with any questions.
- Make sure your home is ready for your return. For example, arrange to have your steps and walks cleared of snow and have some meals cooked ahead of time.

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



# 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** Unscheduled returns to the operating room (OR) may result from problems involving surgical technique, anesthesia, or infection control. Unscheduled returns may also follow operative procedures where the possibility of an unsuccessful outcome was recognized in advance.

	LMH 2000	LMH 1/01-6/01	National Benchmark <sup>(1)</sup>
% Unscheduled returns to the OR	<b>1.2%</b>	<b>.82%</b>	<b>0.9%</b>

**2** Treating patients in the most appropriate setting is an important issue in today's health care environment. It is important to monitor if outpatient operative procedures require inpatient admissions, as these unplanned admissions may indicate inappropriate use of outpatient services.

	LMH 2000	LMH 1/01-6/01	National Benchmark <sup>(1)</sup>
% Unscheduled admissions	<b>0.16%</b>	<b>0.15%</b>	<b>1.74%</b>

**3** Approximately 23 million people undergo surgery each year in the United States. Despite the use of pain medications, at least 40-50% of surgery patients report inadequate pain relief. <sup>(2)</sup>

	LMH <sup>(3)</sup>	LMH Goal
% Patients said pain handled appropriately in surgery	<b>90.3%</b>	<b>&gt;90%</b>

**4** Conscious sedation is a state that allows patients to tolerate unpleasant procedures while maintaining adequate breathing and the ability to respond to stimulation. Most of the drugs used in conscious sedation can be reversed fully or partially, and the reversal might become necessary for a variety of reasons. However, careful patient assessments and monitoring reduce the need for reversal agents and increase positive patient outcomes. Therefore, minimal use of reversal agents is a good indicator of quality in conscious sedation.

	LMH 2000 <sup>(4)</sup>	LMH 1/01-6/01	National Benchmark <sup>(1)</sup>
% Use of reversal agent- GI Lab	<b>1.4%</b>	<b>.95%</b>	<b>1.2%</b>
% Use of reversal agent- Special Care Unit	<b>5.3%</b>	<b>0.0%</b>	<b>0.86%</b>

**5** Infections after surgery have a significant impact on the cost and quality of health care. By monitoring infection rates, the infection surveillance program can identify potential problems in surgical practice for selected procedures. One of the rates of infection LMH monitors is colon surgery infection rate.

	LMH 2000	LMH 1/01-6/01	National Benchmark <sup>(5)</sup>
% of colon surgeries, risk 0, <sup>(6)</sup> with infections	<b>12.7%</b>	<b>0.0%</b>	<b>4.1%</b>
% of colon surgeries, risk 1, <sup>(6)</sup> with infections	<b>1.7%</b>	<b>7.1%</b>	<b>5.8%</b>

## 6

The health care team at Licking Memorial Hospital follows a multiple-step process to prevent wrong-site surgery (e.g. surgery performed on the left foot instead of the right). This process includes left or right designation at the time the surgery is scheduled, verification of the site on the day of surgery with the patient and the patient's current medical record, marking the site in some cases, and final verification in the operating room.

Number of surgeries	
LMH 2000	LMH 1/01-6/01
<b>6242</b>	<b>2988</b>
Number of wrong-site surgeries	
LMH 2000	LMH 1/01-6/01
<b>0</b>	<b>0</b>
	LMH Goal
<b>0</b>	

### Data Footnotes:

**(1)** National benchmark from fourth quarter 2000 data, The Association of Maryland Hospitals & Health Systems QI Project.

**(2)** Devine EC. *Effects of psycho-educational care for adult surgical patients: a meta-analysis of 191 studies.* Patient Educ Couns 1992;19:129-142.

**(3)** Measurement created in March 2001, and reflects March through June data.

**(4)** Measurement created in February 2000, and reflects February through December data.

**(5)** Most recent NNIS Benchmark Rate issued in December 2000, reflecting January 1992-April 2000 data.

**(6)** The risk for infection is determined on a 0-3 scale, with risk 0 being low risk, risk 1 being moderate risk, and risk 3 being higher risk.



*Jane Dunlap returned home the same day she had laparoscopic gall bladder surgery at Licking Memorial Hospital. It wasn't long before she was back to the things she most enjoys – including gardening.*

“

**You're always more comfortable at home anyway, although I had great care at the hospital.**

”

# Quickly headed back to Health

## A PATIENT'S STORY

**S**urgery is no laughing matter, unless you're Jane Dunlap. The 62-year-old Utica resident had an operation at Licking Memorial Hospital (LMH) this past fall to remove her gall bladder.

"I had super care. Everybody was very nice, very friendly," Jane said. "As a matter of fact, we did a lot of laughing." And because her pain level was well monitored and medication was administered quickly, Jane said she "didn't feel any pain."

Jane has a family history of gall bladder problems, so she wasn't too surprised when she learned she would need to have hers removed. "I was going to have surgery; there were no other options," Jane said of her treatment.

She had been extremely nauseous for a few months and was losing weight because food was not appealing. "I was so run down," Jane recalled. "It was just terrible." But after having laparoscopic surgery to remove her gall bladder, she was home quickly and beginning to heal.

General surgeon Larry Pasley, M.D., performed the procedure, in which a camera is inserted into the abdomen

near the navel. Narrow surgical instruments that are inserted into small puncture holes are used to remove the gall bladder. Patients who undergo this laparoscopic surgery often return home the same day and can resume their normal activities and return to their normal diet quickly, Dr. Pasley said.

Laparoscopic surgery isn't always an option. Patients whose gall bladders are infected or extremely inflamed, and those who have large gallstones, may have to undergo open cholecystectomy – which is abdominal surgery. Following this procedure, patients probably will be hospitalized for at least five days, will not be able to return to a regular diet for a week, and might be unable to resume normal activities for at least a month, Dr. Pasley said.

Since Jane was able to undergo the laparoscopic procedure, she was able to be back to Utica within hours of having her gall bladder removed. "You're always more comfortable at home anyway, although I had great care at the hospital," she said. Before long, Jane was back to work in her flower garden, enjoying autumn.

## TECHNOLOGY and SURGICAL CARE

**Each year the health care industry makes improvements in technology to better diagnose and treat illnesses. LMH is committed to having the best technology available, especially for surgical care.**

**For example**, over the past year, the Radiology Department purchased four new ultrasound units for the Radiology and Vascular Laboratory Departments, as well as two for the Women's Health Center on McMillen Drive. The total cost was approximately \$583,200 for all six units.

The Radiology Department also purchased a new CT scanner with ancillary equipment and renovated the CT scanner room for a total cost of nearly \$1,000,000.

In the GI Endoscopy Laboratory, \$248,200 was spent over the past year on the latest technology available for the endoscopy procedures performed.

- We purchased three new complete video systems, including seven new endoscopes.
- A special water filtration system was installed to decrease even further the risk of bacterial infection.
- Other purchases included a cautery unit and two new automatic endoscope washers.

## Measuring Patients' Pain

THERMOMETER READINGS AND STETHOSCOPES GIVE NURSES SOME INDICATION ABOUT HOW MUCH PAIN A PATIENT MAY BE FEELING, BUT THE ONLY WAY TO KNOW FOR CERTAIN IS TO ASK. AT LMHS, WE DO.

Before a patient undergoes surgery, a pre-admission/pre-operative nurse explains pain management.

Adult patients are asked to use a pain scale ranging from zero to 10 – with zero meaning no pain and 10 meaning the worst pain imaginable – to evaluate their pain. For children, a happy/unhappy face scale is used. The nurse then asks the adult patient to set a goal for post-operative pain. The goal – which can be changed at any time by the patient – is the pain scale level the patient thinks would be tolerable after surgery.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires that a pain assessment be completed upon admission. This assessment includes:

- Location of pain,
- Type/quality – such as burning, aching, throbbing, stinging,
- Patterns of radiation to other areas of the body,
- Duration – constant or intermittent,
- Intensity,
- Triggering/alleviating factors, and
- Past and present pain management regimens.

Surgical patients are assessed for pain during their pre-admission visit and on the day of surgery, both before and after surgery.

In the post-anesthesia care unit, the nurse assesses the patient within 15 minutes after administering pain medications and/or other interventions – such as warm blankets, ice bags and positioning – to assure that the pain level is tolerable or decreasing. If the pain is not tolerable, the anesthesia provider is notified for further orders. Pain medications are usually administered intravenously to decrease the pain quickly.

In the outpatient surgery unit, the patient's pain is reevaluated upon arrival. If not tolerable, the nurse administers pain medication, usually by mouth, and will reevaluate the pain within one hour.

Inpatients may receive pain medication by means of patient-controlled analgesia, through which they may push a button to administer more medication intravenously by a special pump.

The nurse reevaluates the patient's pain level within an hour and, if the pain is not tolerable, will contact the surgeon for further orders.

Also, some inpatients receive pain medication through an epidural by a special pump. If the patient's pain is not tolerable, the nurse contacts the anesthesiologist for further advice.

Upon dismissal, the nurse instructs the patient to contact the surgeon if he or she has severe pain that is not relieved enough by pain medication or other interventions.

During a post-operative telephone call to the outpatient surgery patient, a nurse assesses the patient's ability to rest and again records the individual's pain level.

Monitoring surgery patients' pain level before and after surgery is one example of how Licking Memorial Health Systems is measurably different for your health!

