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Licking Memorial Health Systems

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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**

December 2002
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***Patient
Safety***

measurably
different
for your
health!



HEALTH TIPS

The Joint Commission on Accreditation of Healthcare Organizations sponsors a "Speak Up" program to urge patients to get involved in their own care. Its suggestions include the following:

- Pay attention to the care you are receiving. Make sure you're getting the right tests and treatments from the right people.
- Educate yourself about the medical tests you are undergoing, your diagnosis and your treatment plan.
- Participate in decisions about your treatment.
- Speak up if you have questions or concerns.

...a community report on patient care quality.



Patient Safety: 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 Institute of Medicine published a report in 2000 that highlighted the stunning effects of medication errors. The report sets forth a national agenda for reducing medical errors and improving patient safety by designing a safer health system. Although LMH's medication error rate is better than the national benchmark, we make continuous efforts to improve the process.

	LMH 2001	LMH 1/02-10/02	National Benchmark ⁽¹⁾
% Medication errors	.03%	.03%	.31%

LMH dispensed more than 2.1 million doses of medication from January through October 2002.

2 Although all adverse drug reactions cannot be anticipated, a thorough assessment of a patient's allergies and past drug reactions can help ensure appropriate use of medications.

	LMH 2001	LMH 1/02-10/02	LMH Goal
% Patients with an adverse drug reaction	1.5%	2.2%	<3.0%

3 Protecting patients from hospital-acquired infections is a primary patient safety goal. LMH has an ongoing program to prevent and treat infections in patients. Per the Centers for Disease Control recommendations, LMH tracks high-risk patients, including those with an increased exposure to infection due to the presence of an invasive device, such as a ventilator, catheter or central venous line. The infection rates below are for Intensive Care Unit patients.

	LMH 2001	LMH 1/02-10/02	National Benchmark ⁽²⁾
Infection rate for pneumonia in patients on ventilators	3.7	6.2	6.2
Urinary tract infection rate for patients with urinary catheters	3.8	6.1	3.9
Bloodstream infection rate for patients with central venous catheters	2.9	3.1	3.8

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A study published in the *New England Journal of Medicine* last May reported that patients are safer and less likely to experience serious complications when they are treated in hospitals with more registered nurses on staff. ⁽³⁾ LMH recruits clinical graduates from area nursing schools for open positions at the hospital.

Vacancy rate for nurses

LMH 2001	LMH 1/02-10/02
8.9%	5.0%
State Benchmark ⁽⁴⁾	LMH Goal
13%	<8%

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Conscious sedation allows patients to tolerate unpleasant procedures while maintaining adequate breathing and the ability to respond to stimulation. An adverse event during conscious sedation may include an unplanned admission to the Intensive Care Unit, recovery time longer than three hours, the need for mechanical respiratory support, or some other unplanned event.

% Adverse events due to conscious sedation

LMH 2001	LMH 1/02-10/02
.15%	.08%
	LMH Goal
	<.1%

(continued on inside)

Data Footnotes:

- (1) To Err is Human – Building a Safer Health System, National Academy Press, Washington D.C., 2000.
 (2) CDC National Nosocomial Infections Surveillance System pooled mean from January 1992 through June 2001.
 (3) Nurse Staffing Levels and the Quality of Care in Hospitals, *New England Journal of Medicine*, May 30, 2002.
 (4) Ohio Hospital Association – HealthBeat – June, 2002.



Shirley Larsen feels well enough while receiving cancer treatment to work in her yard, put together jigsaw puzzles and arrange photo albums. She especially loves playing with her English Springer Spaniels, Mattie and Brit.

**// This is my lifeline.
I am interested in making
sure they're doing
what they're supposed
to be doing. //**

Finding Confidence in Patient Safety

A PATIENT'S STORY

Shirley Larsen was more than a little apprehensive the first time she went to the hospital for chemotherapy. "I was so scared," the 62-year-old Newark resident said, "but everything went really well."

Over the year that she's received treatment at Licking Memorial Hospital (LMH), Shirley has remained at ease because she has trust in her caregivers. Shirley says she has regularly noticed staff checking and re-checking medication orders for her and other chemotherapy patients.

LMH Oncology staff nurse Rose Kelly said a five-point checklist is followed before any chemotherapy medication is administered. The system begins with the orders received from the physician, continues with the hospital pharmacy, and ends with the nurse who will administer the treatment.

"They check everything," Shirley said. "This is my lifeline. I am interested in making sure they're doing what they're supposed to be doing." She goes to LMH for treatment once a week for three consecutive weeks and then typically is off the medication for two weeks. Once a month, she has a physical examination with Licking Memorial Health Professional oncologist/hematologist Jacqueline Jones, M.D.

While receiving chemotherapy, Shirley has noticed nurses

confirming doctors' written orders with those entered into the computer. She's also watched as new medication stock is carefully rotated into the current supply. This system of making sure patients receive proper treatment is just part of the reason Shirley feels comfortable at LMH. Everyone from the nurses and her physician to volunteers has shown an interest in her welfare, she said. Once, when Shirley's chemotherapy schedule was changed, a regular LMH Oncology volunteer later voiced concern. "It's almost like a family," Shirley said.

Her husband, Dick, who accompanies her to treatment, also has noticed a strong focus on patient care and safety. "She has undying faith in these people," Dick said, "and her mental state of being is very important right now."

He notes that he has been very pleased with the care his wife has received. "There is no other place she'd want to be, and as long as she's happy where she is, we're not changing anything. They've done her well."

Shirley, who is retired, said the LMH Oncology staff members have helped her remain active. "I love each and every one of them," she said. "I feel wonderful. I do most everything I want to do - shop, garden, laundry. I can do just about everything I've always done."

How do we compare? (continued)

6

LMH conducts comprehensive assessments at admission and during the hospital stay to determine if a patient is at risk for a fall. Personal alarms and bed sensors help alert the staff to a potential fall.

% Inpatient falls per 100 patient days

LMH 2001	LMH 1/02-10/02
.37%	.29%
National Benchmark ⁽⁵⁾	
.37%	

7

There are many possible causes for unscheduled returns to a hospital, including premature discharge, inadequate discharge planning, patient non-compliance, or insufficient patient education. Although some returns may be unavoidable, LMH monitors the frequency of those returns.

Unexpected returns to ED within 24 hours of ED discharge

LMH 2001	LMH 1/02-10-02
1.4%	1.4%
National Benchmark ⁽⁵⁾	
.94%	

Unscheduled readmissions to LMH within 31 days of discharge

LMH 2001	LMH 1/02-10-02
7.1%	5.4%
National Benchmark ⁽⁵⁾	
4.6%	

Data Footnotes (continued):

⁽⁵⁾ National benchmark from second quarter 2002 data. The Association of Maryland Hospitals & Health Systems QI Project. 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 the internal use by QI Project participants and MHA accepts no responsibility for any claims relating to its public use or disclosure. The aggregate data are proprietary to MHA and protected by copyright laws.



Medication Safety Begins with You

MEDICATIONS CONTAIN POWERFUL CHEMICALS THAT CAUSE CHANGES IN YOUR BODY. IT IS ESSENTIAL TO USE THEM CORRECTLY.

Your doctor, nurse and pharmacist are trained to help you use your medication safely. But you, as a patient or family member, are the most important member of the health care team. You share the responsibility for safe medication use. Make sure you know your medications, how to take them and why you take them. If there is anything you don't understand about your medications, keep asking questions until you do. Here are some specific things you can do.

Ask Your Doctor

- What is the name of the medicine?
Is this the brand or generic name?
- What does the medication do?
How will I know when it is working?
- What side effects should I expect?
What do I do if they occur?
- When should I start to feel better?
- Does this new medication replace anything else I am taking?
- What do I do if I miss a dose?

Ask Your Pharmacist

- How should I take this medicine and for how long?
- Are there any side effects?
- Should I avoid alcohol, certain foods or activities while taking this medicine?
- How will this medicine interact with other medications I am taking?
- Could I have some written information about the medicine?
- What should I do if I run out of this medication? Can I get a refill? When?

Organize Your Medications

- Make a list of all the medications you are taking and put a copy of the list where others can find it in case of emergency. Be sure to include all over-the-counter medications, herbal supplements, and weight gain or loss products.
- Throw away all products that are out-

dated or have not been used in a while. Ask your pharmacist how to properly dispose of these medications.

- Store your medications in a dry area that does not have changes in temperature.
- Keep your medications out of reach of children and pets.
- Keep your medications in their original bottles/containers.
- Each time you take your medication, read the label and make sure you are taking it correctly.
- Never share your medications with others or take another person's medications.

Be Your Own Health Care Champion

- Get medical help right away if you develop itching or swelling or if you have trouble breathing after taking a new medication.
- Take notes about what you learn at your doctor's office and pharmacy.
- Try to use the same pharmacy or drugstore for all your prescriptions so your pharmacist has a complete record of all your medications.
- Always check prescriptions before you leave the store to make sure the medication is for you and is labeled clearly.

Source: Ohio Patient Safety Institute

More Resources . . .
Ohio Patient Safety Institute
www.ohiopatientsafety.org

20 Tips to Help Prevent Medical Errors
www.ahrq.gov/consumer/20tips.htm

Partners in Quality: Taking an Active Role in Your Health Care
www.haponline.org/downloads/99consbro.pdf