



**Licking Memorial
Health Systems**

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Newark, Ohio 43055

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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**

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**Patient
Safety**

measurably
different
for your
health!



HEALTH TIPS

The Agency for Healthcare Research and Quality, Department of Health and Human Services, offers these tips for when you are talking with your physician:

- Don't wait to be asked questions. Tell your doctor pertinent personal information, even if it makes you uncomfortable.
- Take notes on what your doctor tells you. Ask for written instructions.
- Follow up. Call your doctor's office if you have questions or if your symptoms change. If you have been told to see a specialist, make an appointment.



...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 set forth a national agenda for reducing 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 2002	LMH 1/03-10/03	National ⁽¹⁾
% of medication errors	0.03%	0.03%	0.31%

LMH has dispensed more than 2.8 million doses of medication so far this year.

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 2002	LMH 1/03-10/03	LMH Goal
% of patients with an adverse drug reaction	2.2%	2.2%	less than 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 of 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.

	LMH 2002 ⁽²⁾	LMH 1/03-10/03 ⁽²⁾	National ⁽³⁾
Infection rate for pneumonia in ICU patients on ventilators	7.7	3.5	5.3
Urinary tract infection rate for ICU patients with urinary catheters	6.1	3.0	3.8
Bloodstream infection rate for ICU patients with central venous catheters	2.6	0.0	3.8

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

	LMH 2002	LMH 1/03-10/03	State ⁽⁴⁾
Vacancy rate for nurses	4.5%	3.5%	6.1%

5

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

% of inpatient falls per 100 patient days		
LMH 2002	LMH 1/03-10/03	National ⁽⁵⁾
0.29%	0.32%	0.38%

6

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

% of unexpected returns to Emergency Department (ED) within 24 hours of ED discharge		
LMH 2002	LMH 1/03-10/03	National ⁽⁵⁾
1.4%	1.4%	0.95%

% of unscheduled readmissions to LMH within 31 days of discharge		
LMH 2002	LMH 1/03-10/03	National ⁽⁵⁾
5.7%	6.1%	4.8%

Data Footnotes:

(1) To Err is Human – Building a Safer Health System, National Academy Press, Washington D.C., 2000.

(2) LMH infection data is comprised of selected months of surveillance.

(3) CDC National Nosocomial Infections Surveillance System pooled mean from January 1992 through June 2002, published December 2002. Rate is per 1,000 device days.

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Remaining Positive after Diagnosis

A PATIENT'S STORY

Newark native Brandy Lawson was nearing the end of her first year at Capital University in Columbus when her right foot began to itch. What seemed like a minor annoyance would later mark her first symptom of Reflex Sympathetic Dystrophy (RSD) – a disorder characterized by chronic and severe pain.

The diagnosis was made by Mourad Abdelmessih, M.D., a neurologist, and confirmed by Evelina Worwag, M.D., of the Licking Memorial Pain Clinic. Brandy was referred to Dr. Abdelmessih by her primary care physician, Douglas Schram, D.O., of Licking Valley Medical Center. “This is one example of how a group of physicians working together can improve a patient's condition,” Dr. Worwag said. “We got this case that could become very serious – to the point of loss of a limb – and we stopped the progression.”

She treated Brandy's RSD with a nerve block and other medication. “Dr. Abdelmessih and Dr. Worwag were so efficient in getting me in,” Brandy said. “I was really pleased with how everything went.”

Also known as Complex Regional Pain Syndrome (CRPS), the incurable disorder usually develops in a foot or hand after an injury or a surgery that may involve nerve damage. The primary symptom is extreme pain – oftentimes

described as burning. Other symptoms can include sensitivity to touch, skin changes, swelling, weakness and decreased function.

Brandy's History with RSD

After about a week of itching, Brandy's foot began to burn slightly. There were no signs of injury, insect bites or skin irritants, and the former Licking Valley High School cheerleader was otherwise healthy. Within days, the burning had surpassed Brandy's pain tolerance level. “The burning was uncontrollable. I would just cry,” she said. “It was absolutely horrible. My mom – poor woman – couldn't do anything for me.”

When Dr. Worwag first saw Brandy's foot, it had swelled to more than twice its normal size, was cold and discolored. “This is a dreadful condition,” Dr. Worwag said. “With RSD, the blood vessels do not open and constrict according to the body's needs, and the nervous system cannot reboot itself on its own.”

After treatment, Brandy began using stretching, yoga and Pilates to help regain normal sensation in her foot. Months after the onset of RSD, her foot continued to heal. “It's numb right now,” Brandy said. “That doesn't bother me too much – not after the burning.” Although she could again someday be affected by RSD, Brandy is upbeat: “I'm a positive person. If it happens again, I'll just deal with it.”



After being treated for Reflex Sympathetic Dystrophy (RSD) earlier this year, Licking Valley High School graduate Brandy Lawson began using yoga to help regain normal sensation in her foot. The Capital University student received the diagnosis of RSD and treatment for the disorder from Licking Memorial.

// Dr. Abdelmessih and Dr. Worwag were so efficient at getting me in. I was really pleased with how everything went. //

How do we compare? (continued)

Data Footnotes:

(4) Ohio Hospital Association – HealthBeat – November, 2003.
(5) National benchmark from second quarter 2003 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 internal use by QI Project participants.

Correction:

The November 2003 Report Card on Surgical Care included incorrect data. The correct data is printed below.

Licking Memorial Hospital patients who have had total joint surgeries – including hip and knee operations – tend to be able to return home to recover more quickly than patients undergoing the same procedures elsewhere. Offering physical therapy on weekends and new medications are two factors that have lessened hospital stays for these patients.

% of primary total joint with length of stay greater than 6 days

LMH 2002	LMH 1/03-8/03
2.0%	3.1%

National ⁽¹⁾
6.1%

Data Footnote:

(1) Midas+ Comparative Database with more than 310 participating hospitals.

Bar-coding Technology Promotes Patient Safety

THE PYXIS VERI5 – A HANDHELD SCANNER – ALLOWS LICKING MEMORIAL HOSPITAL NURSING STAFF MEMBERS TO VERIFY PROPER MEDICATION ADMINISTRATION ELECTRONICALLY. TECHNOLOGY DEVELOPED BY THE SAN DIEGO-BASED PYXIS CORPORATION IS USED TO READ BAR CODING ON PATIENTS' WRISTBANDS, NURSES' IDENTIFICATION BADGES AND MEDICATION LABELS.

This past summer, Licking Memorial Hospital (LMH) became the first hospital in the country to implement use of Pyxis Corporation's fully automated system of dispensing and verifying medication on all inpatient nursing units.

LMH Director of Pharmacy Jeff Smith, R.Ph., explains that "Veri5" refers to a five-part verification process. "Veri5 verifies that the nurse has the right patient, the right drug, the right dose, the right route and the right time," Smith said. "This system will stop errors because warnings notify nurses if any of the five checkpoints are not being met."

While the national medication error rate is 0.31 percent ¹, the rate for LMH is 0.035 percent. "That is a low rate, but it's not 0.00," Smith said. "Veri5 alerts our nurses of potential medication errors so that we can provide even better patient care."

Patient safety is the driving force behind the addition of the Pyxis Veri5 system at LMH. "Patient safety is our No. 1 concern," said Debbie Young, Licking

Memorial Health Systems Vice President of Patient Care. "We are pleased and excited to be able to use such advanced technology in our everyday care of patients."

Smith notes that Licking Memorial Hospital hopes to expand use of the technology to outpatient areas. "The Pyxis Corporation – in cooperation with Licking Memorial – is developing a Pyxis Veri5-type product to be used in our outpatient areas, including the Emergency Department," he said.

(1) To Err is Human – Building a Safer Health System, National Academy Press, Washington, D.C., 2000.



100 Top Hospitals® Fast Facts

- In 2001, approximately 32 more lives were saved at LMH than at non-winning medium-size hospitals.
- Five-year improvement in survival is 0.92 percent for 100 Top Hospitals, compared to 0.56 percent for non-winning hospitals.
- Average length of stay for patients at a 100 Top Hospital is 3.6 days, compared with 3.94 days at a non-winning hospital.
- Top 100 Hospitals treat significantly more patients. Average admissions per bed for Top 100 Hospitals is 53.37, compared to

- 44.37 for non-winning hospitals.
- Top 100 Hospitals have higher RN staffing ratios, greater use of intensivists, and more community outreach.
- Top 100 Hospitals have significantly fewer avoidable medical errors and use antibiotics more judiciously.
- Hospitals that are high performers report value to their communities. LMH publishes Community Report Cards covering all treatment and all levels of performance. LMH is committed to improving the health of the community.

- LMH is one of 1,041 hospitals in the medium-size (100- to 249-bed) hospital category.
- Only 43 hospitals nationwide have earned a Top 100 Award five or more times, and LMH is one of only seven medium-size community hospitals to win five times.
- Top 100 Hospitals treat sicker patients and save more lives. The 2001 Survival Rate for patients at 100 Top Hospitals was 96.49 percent, compared with 95.81 percent for patients at non-winning hospitals.

Criteria for award selection include:

- Quality**
 - risk-adjusted mortality
 - risk-adjusted complications
- Financial**
 - profitability
 - expense per adjusted discharge
- Efficiency**
 - average length of stay
 - productivity
- Adjustment to Competition and Environment**
 - proportion of outpatient revenue to inpatient revenue

Source: Solucient