



**Licking Memorial
Health Systems**
1320 West Main Street
Newark, OH 43055

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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!

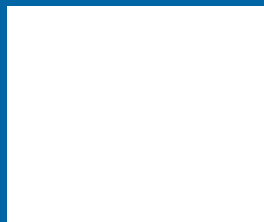
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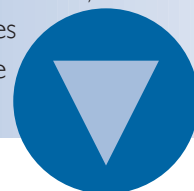
**Patient
Safety**



HEALTH TIP

Medications can be harmful – even deadly – if not taken properly. Follow your physician's orders and always ask any questions you have. The American Society of Health-Systems Pharmacists also offers this tip:

- Keep a list of all medications that you take – including prescribed drugs, non-prescription medicines, herbal supplements, home remedies and medical foods – as well as medicines that you cannot take due to allergic reactions. Share the list with your physician and/or pharmacist.



...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 2003	LMH 1/04-10/04	National ⁽¹⁾
% of medication errors	0.028%	0.026%	0.016%	0.310%

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 2003	LMH 1/04-10/04	LMH Goal
% of patients with an adverse drug reaction	2.2%	2.1%	1.2%	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. The below numbers show infections of ICU patients per 1,000 device days.

	LMH 2002 ⁽²⁾	LMH 2003 ⁽²⁾	LMH 1/04-10/04	National ⁽³⁾
Infection rate for pneumonia in patients on ventilators	7.7	2.7	0.0	5.6
Urinary tract infection rate for patients with urinary catheters	6.1	3.3	5.8	3.5
Bloodstream infection rate for patients with central venous catheters	2.6	0.0	4.1	3.3

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 2003	LMH 1/04-10/04	State ⁽⁴⁾
Vacancy rate for nurses	4.5%	3.9%	4.6%	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 2003
0.29%	0.30%
LMH 1/04-10/04	National ⁽⁵⁾
0.18%	0.36%

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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.

Unexpected returns to the ED within 24 hours of ED discharge	
LMH 2002	LMH 2003
1.4%	1.4%
LMH 1/04-10/04	National
1.5%	1.0 ⁽⁵⁾
Readmissions to LMH within 31 days of discharge	
LMH 2002	LMH 2003
12.5%	12.2%
LMH 1/04-10/04	National
10.7%	10.6% ⁽⁶⁾

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 median from January 1992 through June 2003, published August 2003.
- (4)** Ohio Hospital Association – HealthBeat, November 2003.
- (5)** National benchmark from second quarter 2004 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.
- (6)** Midas Comparative Database for second quarter 2004 for over 300 hospitals.

Repeat Questions

Promote **Patient Safety**

A P A T I E N T ' S S T O R Y



Brooke McDonald-Hall (pictured at left, center) is pleased with patient safety measures taken at the Licking Memorial Hospital Laboratory. She is pictured with lead laboratory assistant Vicki Evans (pictured at left, far left) and point of care technician Tabby Harrah (pictured at left, far right).

Although Brooke McDonald-Hall has been a regular patient in the Licking Memorial Hospital (LMH) Laboratory for six years, she is still asked her full name and date of birth every time she goes in for blood work.

“We do it for everybody – no matter what,” said LMH Director of Laboratory Lorei Reinhard. “It would be very easy not to ask Brooke, but even though we know her, we ask her for patient safety reasons.”

The national Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) requires hospitals to use two positive identifiers with each patient - regardless of how well the patient is known - in order to make sure that proper care is administered and specimens are properly labeled.

“It’s a forced double-check that helps us verify that patients, their specimens and their results all match,” Lorei said.

Brooke began receiving regular care from the LMH Laboratory six years ago when she was a candidate for pancreas transplant surgery. She has been in for blood work as frequently as three times a week and currently has her blood checked once every other week. Pancreas transplant surgery allows an eligible diabetes patient to become free of insulin injections. Brooke had the surgery two years ago, but the transplant failed. She is now awaiting a new transplant.

Although having to go to the Hospital regularly for blood work can be tedious, the 33-year-old Heath resident said the Laboratory staff makes it a positive experience. “They’re wonderful,” she said. “All the girls know me and have fun with me. They do their job well.”

Being asked her full name and date of birth with every visit isn’t annoying. “I figure they’re just doing their job,” Brooke said. “They know me, but I know they ask me those questions for my own safety.”

IV Medication Technology Enhances Patient Safety

LICKING MEMORIAL HOSPITAL (LMH) WAS ONE OF THE FIRST HOSPITALS IN THE NATION TO IMPLEMENT THE LATEST INTRAVENOUS (IV) MEDICATION TECHNOLOGY FROM ABBOTT LABORATORIES TO REDUCE MEDICATION ERRORS AND ENHANCE PATIENT SAFETY.

LMH Director of Pharmacy Services Jeff Smith said the Hospital began utilizing the IV medication technology – which utilizes Abbott's equipment and drug library software – in spring 2004. "It gives us an added degree of safety by providing clinical guidelines that improve medication management at the Hospital patient's bedside," he said. "It greatly decreases the risk of human error."

LMH uses the Abbott MedNet™ software, which works in conjunction with the company's Plum A+ IV drug-delivery medication management system. Jeff said LMH sets IV dose limits on the Plum A+ equipment, and the MedNet software is set up to alert clinicians if they have programmed a medication dosage outside a set of predetermined limits established by the Hospital.

In collaboration with LMH clinicians, Jeff utilizes the MedNet drug library software to program dose recommendations for up to 1,200 IV infusion drugs and fluids into a database.

Clinicians also can customize guidelines for up to 12 different clinical areas of the Hospital - such as the intensive care unit, emergency department and pediatrics. The overall database is then loaded into the Plum A+ device, which is used to deliver medication at the patient's bedside.

If a Hospital caregiver makes an error when programming the system at the patient's bedside, a warning signals that the dosage



Registered Nurse Sarah Dosch, R.N., prepares an IV for a patient on the fifth floor of Licking Memorial Hospital.

is outside recommended limits. In some situations, the system will prevent the caregiver from even attempting to program the device.

"We log all alarms and alerts generated from Hospital caregiver programming," Jeff said. "That enables us to identify trends in compliance with the Hospital's dosing and clinical guidelines and provides us with other quality assurance measures."

Patient safety is the ultimate goal in the implementation of this system. "LMH has made patient safety and quality care a priority in every area of the Hospital," Jeff said. "Our IV delivery system is no exception to this high standard."