



**Licking Memorial  
Health Systems**

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Please take a few minutes to read this month's

Report on **Respiratory Care.**

You'll soon discover why

Licking Memorial Hospital is  
measurably different ... for your health!

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# Community Report Card

## Licking Memorial Health Systems

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# Respiratory Care ...

a community report on patient care quality.

### HEALTH TIPS

Indoor air pollution can irritate anyone. However, people with respiratory problems can be especially troubled by indoor irritants. Following are some common indoor irritants and ways to eliminate them:

- **Household fumes:** Install exhaust fans in your kitchen, bathrooms and any work areas where fumes accumulate. Open windows frequently, and clean fans regularly.
- **Dust and dirt:** In addition to regular vacuuming, combat dust and dirt by cleaning heat exchangers, dryer filters and refrigerator coils.
- **Tobacco smoke:** Do not allow anyone to smoke in your home.



# Respiratory Care – How Do We Compare?

At Licking Memorial Hospital (LMH), 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 Respiratory patients who are admitted to LMH receive a consistent, thorough assessment of their conditions. To initiate prompt and appropriate care, patient assessments need to be completed in a timely manner.

	LMH 2003	LMH 2004	LMH 2005	Goal
% of respiratory assessments conducted within four hours of admission	98%	97%	97%	greater than 95%

- 2 When a patient is suspected of having respiratory failure, an Arterial Blood Gas (ABG) test is performed to see how well the lungs are functioning. The test primarily measures how well the body is taking in oxygen and ridding itself of carbon dioxide. Any result from an Arterial Blood Gas that has a Critical Value is reported directly to a responsible licensed caregiver within 15 minutes. Critical Values are those results that fall outside the normal range for that value and usually require immediate medical intervention.

	LMH 2003	LMH 2004	LMH 2005	Goal
Turnaround time for emergency ABGs	10 Minutes	10 Minutes	10 Minutes	Less than 12 minutes
Critical results are called on ABG results	100%	100%	100%	100%

- 3 Pulmonary rehabilitation is a comprehensive program that helps people with respiratory problems improve their respiratory health. LMH tracks the percentage of program participants who reach their personal goals and increase their activity levels.

	LMH 2003	LMH 2004	LMH 2005	Goal
% Who met their personal goals	90%	100%	100%	100%
% Increased exercise activity	90%	100%	100%	100%
% Increased activities of daily living	90%	100%	100%	100%

- 4 When people with Chronic Obstructive Pulmonary Disease (COPD) or asthma require hospitalization, treatment programs that recognize their special needs often help shorten their hospital stays. After hospitalization, patients continue therapy in appropriate rehabilitation settings.

	LMH 2003	LMH 2004	LMH 2005	Benchmark <sup>(1)</sup>
COPD average length of stay	3.2	3.1	3.3	4.5 Days
Asthma average length of stay	2.8	2.6	2.6	2.9 Days

- 5 LMH uses a clinical practice guideline to make sure asthma patients receive all appropriate care for their condition. One quality measure on the guideline is the use of a peak flow meter to help determine the severity of and improvements in a patient's breathing problem.

	LMH 2003	LMH 2004	LMH 2005	Goal
Asthma protocol followed in ED	92%	91%	94%	greater than 90%

- 6 Smoking increases patients' health risks, including their odds of facing acute myocardial infarction (AMI), pneumonia and heart failure. LMH offers smoking cessation counseling to patients in hopes of lowering their risk for continued smoking-related health problems.

	LMH 2003	LMH 2004	LMH 2005	Goal
Smoking cessation counseling for AMI patients	85%	100%	100%	greater than 90%
Smoking cessation counseling for pneumonia patients	79%	96%	88%	greater than 90%
Smoking cessation counseling for heart failure patients	87%	97%	92%	greater than 90%

# Camp Feelin' Fine



Janice Wilden and Kevin Corl show off t-shirt creations made at the 2005 Camp Feelin' Fine.

Camp Feelin' Fine is a fun-filled day for kids ages 7 to 14 who are living with asthma. Camp is from 9:00 a.m. to 3:00 p.m. on Friday, June 30, at Infirmary Mound Park, on State Route 37 west of Newark. Attendance is free!

The Licking Memorial Hospital asthma health care team – including physicians, pharmacists, nurses and respiratory therapists – will provide educational programs, crafts, lunch and recreation throughout the day in a camp setting.

There is also the opportunity to learn more about asthma, including:

- What is asthma,
- Medications and equipment, and
- Warning signs of asthma attacks and how to respond.

To register, please call (740) 348-4191.

## A Patient at Camp

Kevin Corl was diagnosed with asthma at a young age. “Kevin had a severe asthma attack,” said his mother, Annette. His parents took him to his pediatrician Diane LeMay, M.D. As a result of his asthma diagnosis, Kevin began attending Camp Feelin' Fine. Kevin has been going to Camp Feelin' Fine for two years. His mother believes that it is good for Kevin to meet other kids who also have asthma like he does. “I think that it is good for them to realize that they are not alone,” said Annette.

Richard Baltisberger, M.D., a pediatrician with Licking Memorial Health Professionals, who serves as the medical liaison at Camp Feelin' Fine, believes that the importance of asthma camp is three-fold. First, it gives the children a sense of connection with other children who have the same diagnosis. They see that other children also have asthma and don't have to feel like they are any different than anyone else. Second, it provides an educational opportunity to the children about asthma. “We usually take 1 to 2 hours of time working on educating them about asthma and what the medications do and how to prevent attacks. The more the children know about asthma, the more likely they are to keep from having to come in the Hospital because of an attack,” said Dr. Baltisberger. Third, it encourages activity. Running and playing helps build strength in the lungs. At the camp, a lot of physical activity is built into the activities as a way to encourage lung strength.

For more information about Camp Feelin' Fine, please call (740) 348-4191. For more information about asthma, visit the health information of the Licking Memorial Web site at [www.LMHealth.org](http://www.LMHealth.org).

# Asthma in Children

Asthma is a chronic condition in which narrowing of the passages from the lungs to the nose and mouth (airways) leads to difficulty in breathing. These changes commonly occur in response to changes in the environment including weather, allergens (such as dog or cat dander, mold, or dust), foods, or respiratory infections (colds). Asthma often begins during childhood or the teen years and may last throughout the child's life. It can increase his or her risk of complications from lung and airway infections, such as bronchitis and pneumonia.

According to Richard Baltisberger, M.D., pediatrician with Licking Memorial Health Professionals, children as young as age 2 can use inhalers but need to use a spacer for them to be effective. Many different spacers are available, but some cannot be used effectively with younger children. Generally, children under age 5 are going to require a valved holding chamber spacer that has a mask. Studies have shown that even teenagers get more effective use of their inhalers with spacers. Spacers are now more simple (some look like a very small tube), but they do help facilitate the medication getting into the lungs and not just scattering in the mouth.

## Causes

Asthma is a disease of the respiratory system. It is commonly found in children, although it can also occur in adults. Among children, asthma is a leading cause of hospitalization, chronic disease and missed days of school.

Children with asthma may be able to breathe normally most of the time. When they encounter a trigger, however, an attack (exacerbation) can occur. Below is a list of common asthma triggers.

- Tobacco smoke
- Dust
- Pollen
- Exercise
- Viral infections, such as the common cold
- Animals (hair or dander)
- Chemicals in the air or in food
- Mold
- Changes in weather (frequently cold weather)
- Strong emotions
- Aspirin and other medications

In recent years, there has been a worldwide increase in the number of children with asthma. This trend has been linked to environmental factors, including air pollution. However, it is important to understand that indoor triggers can play just as much of a role as outdoor triggers in bringing on an asthma exacerbation.

Children's airways are narrower than those of adults. This means that triggers that may cause only a slight

response in an adult can be much more serious in children. In children, an asthma attack can appear suddenly with severe symptoms. For this reason, it is important that asthma be diagnosed and treated correctly. For some children, this may mean taking daily medication even during times when the child is not having symptoms of asthma.

## Treatment

Family members and their pediatrician or allergist should work together as a team to develop and carry out a plan that includes eliminating asthma triggers and monitoring symptoms, and a plan for what to do when a child's asthma starts to act up.

Children with mild asthma (infrequent attacks) may use relief medication as needed. Those with persistent asthma should take control medications on a regular basis to prevent symptoms from occurring. A severe asthma attack requires a medical evaluation and may require hospitalization, oxygen, and intravenous medications.

Although these are the same medications used to treat adults, there are different inhalers and dosages especially for children. In fact, children often use a nebulizer to take their medicine rather than an inhaler, because it can be difficult for them to use an inhaler properly.

Families can play a very important role in the control of asthma by helping get rid of the indoor triggers that worsen asthma. This is the single most important thing that a family can do to help a child with asthma.

## Prevention

There is no foolproof method to prevent asthma attacks. The best way to minimize the number of attacks is to follow the asthma plan that you develop with your doctor and to eliminate triggers (especially cigarette smoke) as discussed above. When families take control of their home environment, asthma symptoms and exacerbations can be significantly decreased.

When a child begins to develop symptoms, a severe attack can be prevented by a quick response. An asthma action plan can tell a family exactly what to do when symptoms start to increase. Following an asthma action plan can prevent severe exacerbations that otherwise might result in hospitalization. For more information about childhood asthma, be sure to talk to your child's pediatrician.