



Licking Memorial Health Systems

1320 West Main Street
Newark, Ohio 43055

Please take a few minutes to read this month's report on **Emergency Care**.

You'll soon discover why Licking Memorial Hospital is measurably different ... for your health!

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Health Tips – Medications in the ED

Licking Memorial Hospital's Emergency Department (ED) provides excellent short-term care for patients with sudden onset of serious illnesses and injuries. However, some aspects of patient care, including medication therapy for chronic conditions, are better managed by a primary care physician. To improve their experience in the ED, patients should consider the following tips:

- Create a list (including dosages) of all the prescription drugs, over-the-counter medications, vitamins and other supplements that you take, and let your family know where to find the list in case of emergency. Bring the list with you to the emergency room. If possible, bring the medications with you, as well.
- You also need to know your allergies and bring a list to the ED. Include food, seasonal and medication allergies.
- Emergency rooms cannot fill prescriptions. If you are prescribed medication to take after your emergency room visit, you will need to fill the prescription at a retail pharmacy. You should know the location of a 24-hour pharmacy that is convenient to you in case of an emergency on weekends, holidays or late nights.
- Emergency rooms cannot refill lost, stolen, or expired prescriptions.
- The ED is not the appropriate place to get refills on chronic pain medication. Changes in state law have placed significant restrictions on those prescriptions. Chronic pain and chronic illnesses are better addressed by your primary care physician.

Emergency Care – How do we compare?

At Licking Memorial Health Systems (LMHS), 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 healthcare choices.

Check out our Quality Report Cards online at www.LMHealth.org.

1 During 2011, there were 58,559 visits to the Licking Memorial Hospital (LMH) Emergency Department (ED).

	LMH 2009	LMH 2010	LMH 2011	Goal
Average length of stay in the ED	2 hr. 53 min.	2 hr. 38 min.	2 hr. 33 min.	less than 3 hr. 18 min. ⁽¹⁾
Average length of stay in the ED before being admitted	3 hr. 55 min.	3 hr. 36 min.	3 hr. 43 min.	less than 4 hr.
Patients in the ED for more than 6 hours	3.1%	2.0%	2.4%	less than 6%
Average arrival-to-physician time	1 hr. 10 min.	59 min.	1 hr.	less than 56 min. ⁽¹⁾

2 In 2009, LMH opened Licking Memorial Urgent Care at the Pataskala Health Campus. Patients are encouraged to visit Urgent Care rather than the Emergency Department when they have illnesses and injuries that are not life threatening, but need immediate attention, such as ear infections, minor fractures and minor animal bites. Urgent Care visits usually require less time and lower costs than visits to the ED.

	LMH 2009	LMH 2010	LMH 2011	Goal
Urgent Care door-to-doctor time	32 min.	25 min.	24 min.	less than 30 min.
Urgent Care average length of stay	63 min.	60 min.	61 min.	less than 120 min.

3 Emergency angioplasty restores blood flow in a blocked heart artery by inserting a catheter into the artery to implant a stent. The procedure has been proven to save lives during a heart attack, and it is most effective when performed within 90 minutes of the patient's arrival to the ED to minimize irreversible damage from the heart attack.

	LMH 2009	LMH 2010	LMH 2011	National
Average time to balloon	67 min.	75 min.	56 min.	63 min. ⁽²⁾
Time to balloon within 90 minutes	94%	83%	97%	92% ⁽³⁾

4 For patients presenting with pneumonia, timing is critical for effective treatment. LMH tracks the time it takes to deliver antibiotics.

	LMH 2009	LMH 2010	LMH 2011	National ⁽³⁾
Pneumonia patients receiving antibiotic dose within 6 hours	97%	99%	98%	96%

5 Unscheduled returns to the ED might signal a problem in patient care, such as diagnosing or treating the illness during the initial visit. The majority of return visits, however, are due to the progression and/or worsening of the initial disease diagnosis, the inability of the patient to access close follow-up care on an outpatient basis as directed, the patient's inability to follow discharge instructions, or finally accepting the fact that the patient needs admission. Minimizing this problem reduces costs, but the ED remains the safety net for the community and, at times, the convenient choice.

	LMH 2009	LMH 2010	LMH 2011	Goal
ED patients who return to the ED within 24 hours of discharge	1.4%	1.4%	1.4%	less than 2%

6 An unscheduled admission to the hospital within 72 hours after an ED visit might signal a problem in patient care, the natural progression of the disease, patient non-compliance with discharge instructions, the inability to follow those instructions or finally agreeing to the admission refused on the initial visit. Careful review of the data helps identify ways to improve care, as well as enhances the use of community agencies and services to reduce the unnecessary use of limited resources.

	LMH 2009	LMH 2010	LMH 2011	Goal
Patients admitted to the Hospital within 72 hours of ED visit	0.74%	0.72%	0.70%	less than 1%

7 A study published in the New England Journal of Medicine⁽⁴⁾ 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. A vacancy rate shows how many registered nurse (R.N.) positions need to be filled.

	LMH 2009	LMH 2010	LMH 2011	Goal
R.N. vacancy rate in the ED	3%	0%	0%	less than 5%

8 For personal reasons, some patients may elect to leave the Emergency Department prior to completing any recommended treatment. Doing so can place the patient at serious health risks. As a measure of ensuring patient safety, LMH measures the percentage of patients who elect to leave the Emergency Department prior to completing their treatment.

	LMH 2009	LMH 2010	LMH 2011	Goal
ED patients who left before treatment was complete	4.0%	3.3%	4.1%	less than 3%

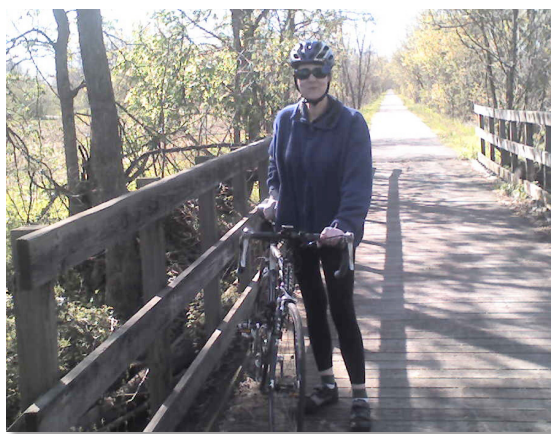
9 Pain is sometimes called the “fifth vital sign.” Patients who visit the ED will be asked at triage to rate their level of pain. This will be completed by using the “faces” pain scale for children or the traditional range of 0 to 10 for adults. Both scales are excellent tools for communicating an individual’s level of pain.

	LMH 2009	LMH 2010	LMH 2011	Goal
Assessment of pain completed	97%	98%	97%	greater than 95%

Data Footnotes: (1) National Hospital Ambulatory Medical Care Survey: 2005 Emergency Department Summary. Number 386. (2) Comparative data from the Midas Comparative Database. (3) Hospitalcompare.hhs.gov national benchmarks. (4) Nurse-Staffing Levels and the Quality of Care in Hospitals;” New England Journal of Medicine, May 2002.

Patient Story - Donna Alvarado

Lying on the icy wooden bridge near Alexandria immediately after a bicycling accident, Donna Alvarado was more concerned about the condition of her 27-speed racing bicycle than she was about possible injury. A Granville resident, Donna and her friend Harlene were taking advantage of the unusually balmy weather on the morning of January 12 to train for an upcoming bicycling event. An experienced cyclist, Donna had participated in many long-distance events before, including rides across Alaska and the Rocky Mountains in Colorado.



Two months after Donna Alvarado broke her pelvis in a bicycling accident, she returned to the scene of the crash, grateful for the care she received at LMH.

but I assured her that I was in good hands with the Hospital staff. This level of care is what they do – every shift, every day,” Donna said.

“I did not have to wait very long. I received a wheelchair immediately and got registered,” Donna recalled. “The triage process was efficient, and Dr. Jones (Emergency Medicine Physician Randy Jones, M.D.) ordered X-rays. The staff checked on me frequently to ensure that I was comfortable. I was not in much pain, as long as I was not moving.”

“Safety is my first concern,” Donna stated. “I always wear a helmet, even during a leisurely ride, because you never know what can happen. That morning, it was 44 degrees outside. Most of the bike path was clear, but as we crossed an icy patch on a bridge near Raccoon Valley Road, my front wheel turned, and I went down. I hit the ground hard – with my head and hip taking most of the impact. There is no doubt that the helmet saved me from more serious injury.”

Harlene was instantly by her side. After ensuring that Donna would be okay by herself for a few minutes, she rode back to get her car so that she could drive Donna to the Emergency Department at Licking Memorial Hospital (LMH). “I did not realize how seriously I was injured,” Donna recalled, “I was dazed at first, and I thought that I might have a torn ligament.”

Donna had accompanied family members and friends to emergency room visits at other hospitals in the past, but she had never had a serious injury or illness. “I have seen numerous other emergency rooms, and my mother was an emergency room nurse, so I thought I knew what to expect. Harlene was very concerned and wanted to wait with me,

Donna’s impression of an emergency room visit soon changed. “I was so very grateful for the personal attention that I received,” she commented. “My nurse kept checking that I had anything that I needed. I was also impressed by the facility. The X-ray was performed right in the Emergency Department, and the individual patient exam rooms were very private, with sliding glass doors. The other emergency rooms I had seen used curtains to separate patients, which offered no privacy. The fact that LMH designed the patient exam rooms with the patient’s privacy and comfort in mind is a huge improvement!”

Dr. Jones soon had Donna’s X-ray results. “He told me that there was good news and bad news. The good news was that I did not have a hip fracture which would have required surgery,” Donna said. “The bad news was that I had broken my pelvis. Dr. Jones explained that it was a stable fracture which did not require any sort of cast or brace, but I would need to be on crutches for six to eight weeks.”

An ED technician brought Donna a set of crutches so that she could learn to use them before leaving the Hospital. “I had never used crutches before, so the technician gave

Patient Story – Donna Alvarado (continued from previous page)

me some simple instructions and watched while I practiced. Being able to walk assisted on my own was a condition for getting discharged,” she said.

“I thought how fortunate I was that my injury occurred near a community hospital that could give me that level of personalized care,” Donna recalled. “The staff’s skill and professionalism were outstanding on every level. I would recommend Licking Memorial Hospital to anyone who needs emergency care.”

True to Dr. Jones’ prognosis, at the end of March, Donna was able to revisit the bike path. Her bicycle had suffered

very minor damage in the crash, and she was eager to get back to riding. “I love the sport as much as ever,” she said. “If anything, I am now even more committed to being physically fit and active and maintaining my bone health.

As she ventured out on that first bike ride in two months, Donna stopped on the bridge near Raccoon Valley Road to reflect on her recent experience. A passing bicyclist captured the moment with a photograph which reminds Donna of the excellent care she received from the LMH ED staff when she needed it and of the remarkable healing properties of the human body.

When to Visit an Emergency Room

The Emergency Department (ED) at Licking Memorial Hospital (LMH) is always open to patients who need immediate care for serious or life-threatening injuries and illnesses, even throughout weekends, holidays, extreme weather and power outages. The demand for emergency care at LMH has risen dramatically in the past five years – from 52,220 ED visits in 2006, to 58,559 visits in 2011 – a 12 percent increase. It has been estimated that nationwide, nearly 8 percent of patient visits to emergency rooms would have required less expense and time at a primary care physician’s office setting or an urgent care facility.

“Emergency care is necessary for severe injuries and illnesses,” stated May-Lee Robertson, D.O., Medical Director of the Emergency Department at LMH. “However, some patients use the ED for minor injuries and illnesses that could easily be treated in a family practice physician’s office or urgent care facility. A visit to the ED is more expensive because of the high-tech equipment and additional staffing that are required. In some cases, insurance companies may refuse coverage for treatment of minor illnesses and injuries that are treated in the ED. We certainly do not want to discourage patients from coming to the ED for any illness, especially serious or life-threatening conditions, but for minor complaints, such as earaches or sprains, the lower co-pay and faster treatment may make Urgent Care a better treatment option.” Licking Memorial Urgent Care in Pataskala is open from 12:00 Noon to 8:00 p.m., Monday through Saturday, 12:00 Noon to 6:00 p.m. on Sunday, and is closed on holidays.

The following conditions are some of the true medical emergencies and require immediate care at an emergency room:

- Seizures
- Poisoning
- Drug overdose
- Heavy bleeding
- Difficulty breathing
- Severe head injuries
- Severe dizziness
- Stroke-like symptoms (facial droop or one-sided extremity weakness)
- Chest pain
- Severe injury or bone fractures with open or noted deformity

Patients with less severe illnesses or injuries are advised that they may receive less expensive and more expedient care from

their primary care physician (PCP). If the PCP is not available, patients may choose to seek care at Licking Memorial Urgent Care, located at One Healthy Place in Pataskala. A second Licking Memorial Urgent Care facility will open later this fall at 14 Westgate Drive in Granville.



“Of course, the ED is there for our community 24-hours a day, so that we are always available in families’ time of need,” Dr. Robertson explained. “For example, a child’s earache at 2:00 a.m. is not a serious medical emergency by definition, but it is an urgent matter to the loving parents who are distraught over their child’s pain. We understand that sometimes the ED is the best option for ‘minor’ illnesses and injuries. We simply want to inform patients of their options for cost and convenience.”

Conditions that can usually be treated at an urgent care facility include:

- Sore throat
- Ear infections
- Minor allergies
- Minor fractures
- Sprains
- Minor fever
- Diarrhea
- Minor burns
- Colds, flu and coughing
- Urinary tract infections
- Skin rashes
- Minor cuts that require stitches
- Minor eye injuries or pink eye
- Minor animal bites
- Insect stings (without allergic reaction)
- Nausea (without persistent vomiting)