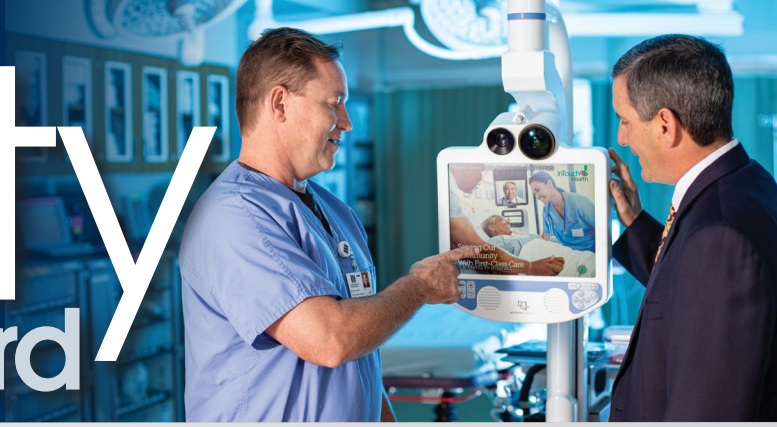
Licking Memorial Health Systems

Quality Report Card



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Chest Pain: When Is It Serious?

Chest pain is one of the most common and critical reasons that people seek care in the emergency department. Each year, more than 6.5 million emergency department visits in the United States are related to chest pain, making timely recognition and treatment extremely important. Cardiac-related conditions remain among the leading causes of death, and patients experiencing chest pain need fast, accurate, and coordinated evaluation to reduce the risk of serious complications.

Chest discomfort of any kind – including pain, tightness, pressure, squeezing, or burning – should never be ignored. Although many people equate chest pain with a heart attack, the pain can also signal other serious conditions such as angina, pulmonary embolism, or aortic dissection. The underlying cause of chest pain varies based on an individual's health history and risk factors for heart disease. In some cases, symptoms may stem from non-cardiac conditions such as gastroesophageal reflux disease (GERD), panic attacks, swollen chest cartilage, or pneumonia. Individuals who experience chest pain should contact their physician as soon as possible to determine the cause, even if the pain is not severe.

Chest pain that is new, comes on suddenly, or lasts for more than five minutes and does not go away after resting or taking medication could indicate a heart attack or other life-threatening emergency. Other warning signs include shortness of breath, pain in the jaw, neck, back, or one or both arms, as well as nausea, weakness, dizziness, or fainting. Anyone experiencing these symptoms should call 911 immediately.

Calling 911 allows emergency medical services (EMS) providers to begin evaluating, monitoring, and treating a patient as soon as they arrive. EMS professionals can quickly transport patients to the Hospital while using lifesaving equipment and clinical expertise to respond if the patient's condition worsens during transport. Licking Memorial Hospital (LMH) has equipped area EMS agencies with the ability to electronically transmit electrocardiograms (EKGs) to the LMH Emergency Department before arrival. This enables emergency physicians and staff to review the EKG in advance and alert the cardiac team to expedite treatment if necessary.

Licking Memorial Health Systems (LMHS) recently received Advanced Chest Pain Certification from DNV, a global independent certification, assurance, and risk management organization that operates in more than 100 countries and helps advance safety, quality, and sustainable performance across industries. The certification affirms an organization's excellence in chest pain diagnosis and treatment, inclusive of initial diagnostic services and therapies related to the complex specialty of chest pain.

Providing consistent care for chest pain can be challenging. Differences in triage, diagnosis, and treatment approaches across departments may contribute to delays, missed diagnoses, or unnecessary admissions. As part of the survey process, DNV evaluated LMHS' quality management system, program administration, staffing, infection prevention and control practices, service delivery, and multidisciplinary approach to patient care. Achieving this certification demonstrates a commitment to excellence and that LMH provides the highest level of care that a hospital is designed to offer.

Patient Story – McKenna Ansel

Chelsea David grew up in Licking County and has relied on Licking Memorial Health Systems (LMHS) for quality care for herself and her family. Her children were born at Licking Memorial Hospital (LMH) and receive wellness checkups at Licking Memorial Pediatrics – Tamarack. Her 8-year-old daughter, McKenna Ansel, tested positive for influenza B earlier this year and was home recovering when she began experiencing unusual symptoms.

"McKenna kept saying her heart was beating too fast and her arm hurt," Chelsea said. "She could not eat, and I knew it was more than just the flu causing these symptoms. Something was seriously wrong with my child."

The complaints about her heart were concerning to Chelsea, and she decided to take McKenna to the LMH Emergency Department (ED). Upon arrival, McKenna was registered, triaged quickly, and taken to a room for evaluation. Nurse Yulia Casto checked on McKenna and quickly realized the seriousness of the situation. She reported her concerns to Ryan W. Longstreth, M.D., who examined McKenna and began searching for the cause of her symptoms.

Many illnesses, especially those involving viruses or infection, present with similar symptoms such as fever, headache, or sore throat. Diagnosing a patient can be challenging and requires laboratory testing for confirmation. Dr. Longstreth began the process by ordering standard blood tests; however, the testing did not provide a clear indication of a specific illness that could cause McKenna to experience chest and arm pain.

"The entire staff was working so hard to comfort McKenna and assist in any way possible. The Clinical Supervisor, John Sharp, jumped in to assist in placing several IVs because McKenna was so dehydrated," Chelsea shared. "They are an amazing team filled with compassion and kindness for their patients. Dr. Longstreth refused to give up and stayed the course throughout the process. He was determined to find out why McKenna was experiencing heart palpitations, and his perseverance saved her life."

After more comprehensive testing, Dr. Longstreth was able to diagnose McKenna with myocarditis, an inflammation of the heart muscle, or myocardium. The inflammation, which is typically caused by viral infections, weakens the heart muscle reducing the ability of the heart to pump blood. Myocarditis is classified as a rare disease and challenging to diagnose due to the lack of specific symptoms. The infection was severe and required immediate treatment. Realizing the necessity for specialized care, a medical helicopter transported McKenna to a children's hospital in Columbus for treatment.

"The situation was frightening, but Dr. Longstreth and the nurses at LMH encouraged and supported us," Chelsea remembers. "They were all so nice, and we could not have asked for a better team to care for our child. I truly believe they saved McKenna's life that day because she had been diagnosed with the flu, and the staff could have easily sent her home to rest. Instead, Dr. Longstreth listened to our concerns and exhausted all options to determine that there was a severe infection."

Once taken to the children's hospital, McKenna had to be placed on Extracorporeal Membrane Oxygenation (ECMO), a life-support therapy for patients with severe, life-threatening heart or lung failure. The equipment functions as a temporary external heart-lung machine, pumping blood out of the body to an artificial lung that oxygenates the blood, removes carbon dioxide, and pumps it back into the body. ECMO does not cure the underlying disease; instead, the equipment undertakes the workload of the heart and lungs, allowing the patient's organs to rest and heal.

"We had no idea of the severity of her condition until she was placed on ECMO. We are amazed at how lucky we were to have the team of nurses and Dr. Longstreth on duty that day," Chelsea said. "There is no way for me or my family to ever repay the people who cared for McKenna."

Since her recovery, Chelsea took McKenna to visit Dr. Longstreth and the staff in the ED. The family wanted to share their appreciation with the team that worked so hard to assist in diagnosing and caring for McKenna. McKenna enjoys being part of the Newark Junior Cats Cheer team and watching her brother, Murphy, participate in T-ball. The family is pleased to share about the positive experience and the great care they receive at all the LMHS facilities.

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 to benchmark measures. Then, we publish the information so you can draw your own conclusions regarding your healthcare choices.

1. Licking Memorial Hospital (LMH) Emergency Department (ED) length of stay and efficiency measures are shared to provide the community with useful information regarding treatment times. For real-time updates on the ED wait times, visit LMHealth.org. During 2025, there were 51,548 visits to the ED.

	LMH 2023	LMH 2024	LMH 2025	Goal
Median length of stay in the ED for all patients*	187 min.	198 min.	178 min.	**Less than 189 min.**
Median length of time from arrival until seen by a physician*	18 min.	18 min.	17 min.	**Less than 24 min.**
Median length of stay in the ED for patients discharged home*	189 min.	212 min.	191 min.	**203 min.**(1)
Percentage of patients who are in the ED for more than 6 hours*	6.3%	5.9%	6.1%	**7.8%**(2)

**LMH data represented on this table reflects nearly 100% of all ED visits, while goals reference CMS hospital comparative data, which uses a small sampling of all U.S. emergency department patients.*

2. LMH operates three Urgent Care facilities: Licking Memorial Urgent Care – Pataskala, Licking Memorial Urgent Care – Granville, and Licking Memorial Urgent Care – Downtown Newark. Patients are encouraged to visit Urgent Care rather than the ED 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 offer lower costs than visits to the ED. During 2025, there were 15,829 visits to Licking Memorial Urgent Care – Granville, 8,383 visits to Licking Memorial Urgent Care – Pataskala, and 23,622 visits to Licking Memorial Urgent Care – Downtown Newark.

	LMH 2023	LMH 2024	LMH 2025	Goal
Urgent Care – Downtown Newark: median length of stay	47 min.	47 min.	49 min.	**Less than 60 min.**
Urgent Care – Granville: median length of stay	31 min.	31 min.	34 min.	**Less than 60 min.**
Urgent Care – Pataskala: median length of stay	38 min.	36 min.	36 min.	**Less than 60 min.**

3. Sepsis is a life-threatening condition that occurs when the body's immune system has an extreme reaction to an infection. Sepsis can lead to widespread inflammation in the body, including damage to vital organs. Sepsis is the most common cause of death in hospitals, and also is the most frequent cause of hospital readmissions. Prompt recognition of sepsis and immediate treatment can significantly reduce the likelihood of death in sepsis patients, and long-term complications. Best practices for treating sepsis have been identified, and hospitals across the United States are measured on adherence to the recommendations, which is commonly referred to as the "sepsis bundle." Higher bundle compliance scores can result in better patient outcomes, lower death rates, and fewer readmissions. LMH has been aggressively targeting sepsis care for continual improvement, and boasts some of the highest sepsis bundle scores in Ohio, as well as the Nation. Out of 3,106 hospitals nationally, only 300 scored 83 percent or better which places LMH in the top 10 percent in the country.

	LMH 2023	LMH 2024	LMH 2025	National
"Sepsis bundle" compliance	81%	84%	83%	**64%**

4. Emergency angioplasty restores blood flow in a blocked heart artery by inserting a catheter with a balloon into the artery to re-open the vessel. The procedure has been proven to save lives during a heart attack and 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 2023	LMH 2024	LMH 2025	Goal
Median time to opened artery	60 min.	64 min.	68 min.	**90 min.**
Percentage of patients with arteries opened within 90 minutes	98%	96%	96%	**96%**
	LMH 2023	**LMH 2024**	**LMH 2025**	**National**(1)
Median time from arrival to completion of EKG	4 min.	3 min.	2 min.	**7 min.**

Emergency Care – How do we compare? (continued on back)

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

Emergency Care – How do we compare? (continued from inside)

5. Patients who are seen in the ED and return home can sometimes develop further problems that warrant a return to the Hospital. Returning to the ED within 24 hours may indicate a potential problem with initial diagnosis and treatment of a patient's condition. For this reason, LMH measures the rate of unplanned returns to the ED. LMH sets an aggressively stringent goal for this, as listed below.

	LMH 2023	LMH 2024	LMH 2025	Goal
ED patients who return to the ED within 24 hours of discharge	1.1%	0.9%	0.9%	**Less than 2%**

6. A high rate of patients who return to the Hospital within 72 hours after an ED visit and are admitted can possibly signal a problem with patient care. These cases are very heavily reviewed and scrutinized, and LMH sets an aggressively stringent goal for this indicator, as listed below.

	LMH 2023	LMH 2024	LMH 2025	Goal
Patients admitted to the Hospital within 72 hours of ED visit	0.7%	0.8%	0.8%	**Less than 1%**

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

	LMH 2023	LMH 2024	LMH 2025	Goal
ED patients who leave before treatment is complete	1.7%	1.5%	1.4%	**Less than 3%**

Data Footnotes: *(1) Hospitalcompare.hhs.gov national benchmarks. (2) Comparative data from the Midas Comparative Database.*

Warning Signs and Symptoms of a Heart Attack or Stroke

A heart attack and stroke are both critical medical emergencies, and treatments available are most effective when administered as quickly as possible. It is important to know and recognize the warning signs and symptoms of each condition and call 911 immediately if someone is experiencing the symptoms of a heart attack or stroke.

Heart Attack Symptoms

- Chest pain or discomfort
- Pain or discomfort in one or both arms, the back, neck, jaw, and stomach
- Shortness of breath
- Nausea
- Sweating
- Lightheadedness
- Sudden loss of responsiveness – person may be in cardiac arrest

Stroke Symptoms – B.E.F.A.S.T.

- Balance: Is the person suddenly having difficulty with balance or coordination?
- Eyes: Is there sudden blurred, double, or lost vision?
- Face drooping: Does one side of the face droop or is it numb? Ask the person to smile. Is the person's smile uneven?
- Arm weakness: Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?
- Speech difficulty: Is speech slurred? Are they unable to speak or difficult to understand? Ask the person to repeat a simple sentence like, "The sky is blue." Is the sentence repeated correctly?
- Time to call 911: If the person shows any of these symptoms, even if the symptoms go away, call 911 and get them to the hospital immediately.

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Visit us at LMHealth.org.

Please take a few minutes to read this month's report on **Emergency Care.** You will soon discover why Licking Memorial Health Systems is measurably different ... for your health!

The Quality Report Card is a publication of the LMHS Public Relations Department. Please contact the Public Relations Department at (220) 564-1561 to receive future mailings.