

Quality Report Card



When to Call 911

A medical crisis can quickly turn life-threatening, making it difficult for some to think clearly about the best way to get treatment for themselves or a loved one. The Licking Memorial Hospital (LMH) Emergency Department always is open to patients who need immediate care for serious injuries and illnesses, but it is important to know when to drive to the hospital or call for an ambulance. Calling 911 may seem like an overreaction, but in certain cases, it could save a life.

The first concern about driving to the hospital is speed and attention. If a person is too sick, hurt or distraught to drive, calling for help reduces the chance of an accident while traveling to the hospital. An ambulance is the safest way to travel to the Emergency Department because

first responders are highly trained for emergent situations and have quick access to the hospital.

Second, some medical emergencies require treatment as quickly as possible. At LMH, fifty percent of patients experiencing a serious heart attack arrive by private vehicle. Those patients have a better chance of survival if treatment can be started right away. Paramedics and emergency medical technicians (EMTs) have the knowledge and equipment needed to monitor the heart and keep the patient stabilized until they arrive at the hospital. They also can better communicate the needs of the patient to hospital staff before arrival.

The same is true for a patient having a stroke. The EMTs can begin evaluating the patient and offer treatment to reduce the damage to the brain caused by the stroke. Always call 911 if you suspect a heart attack or stroke.

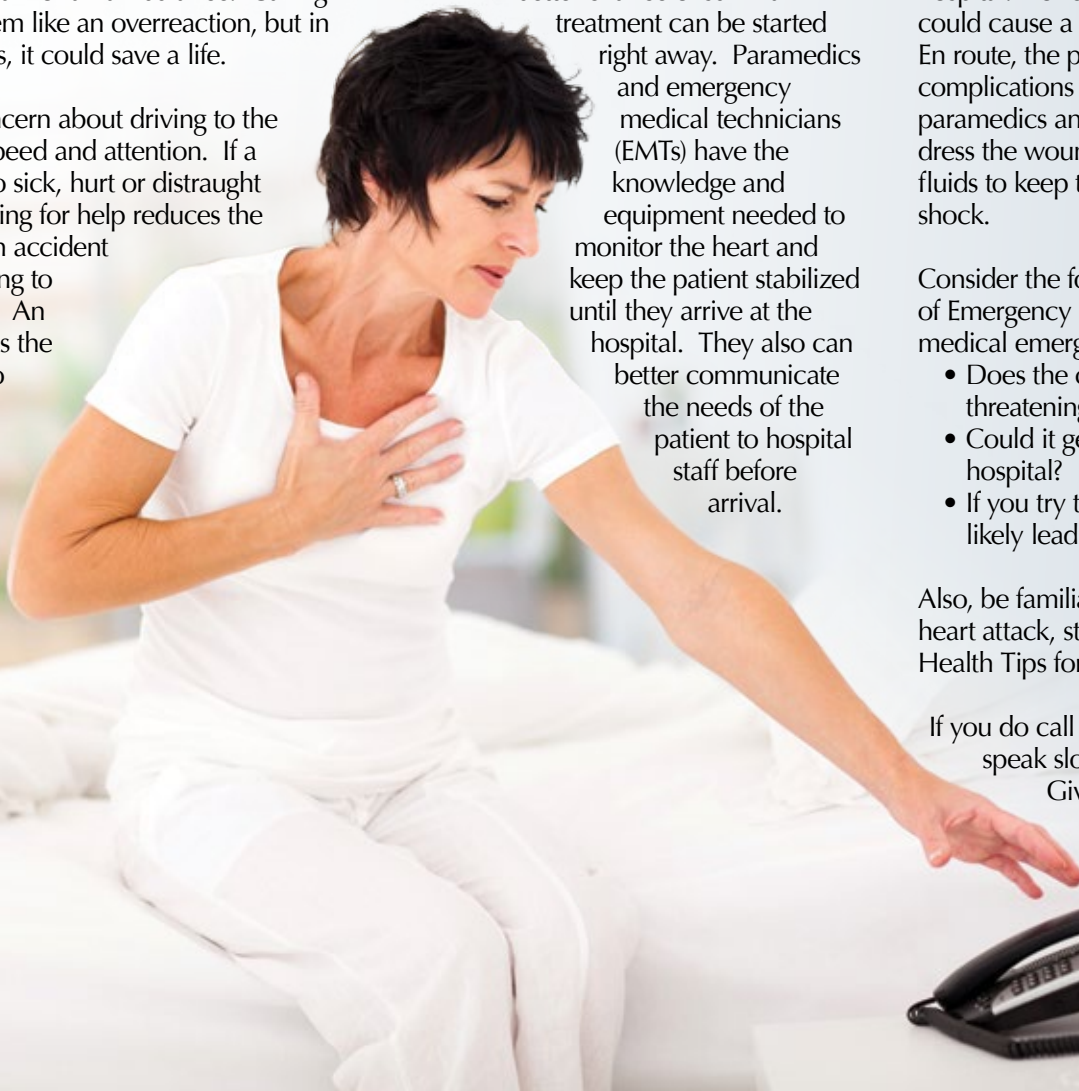
Third, a patient who is seriously injured or ill could get worse on the way to the hospital. For example, a severe laceration could cause a person to bleed heavily. En route, the patient could experience complications from blood loss. Again, paramedics and EMTs would be able to dress the wound and start intravenous fluids to keep the patient from going into shock.

Consider the following American College of Emergency Physicians guidelines about medical emergencies before calling 911:

- Does the condition seem life-threatening?
- Could it get worse on the way to the hospital?
- If you try to move the person, will it likely lead to more harm?

Also, be familiar with the symptoms of heart attack, stroke and sepsis. (See Health Tips for more information.)

If you do call an ambulance, be sure to speak slowly, calmly and clearly. Give as much information as you can about the patient and your location. Stay on the line with the dispatcher until help arrives.





Patient Story – Maggie Barno

After suffering from intense sinus symptoms for several weeks, Maggie Barno visited Licking Memorial Urgent Care – Granville this past February. She was examined and received a prescription with orders to return if her symptoms did not improve. Unfortunately, Maggie was back in the office just a few days later, assuming her illness had progressed into bronchitis. Her cough had become extremely disruptive, uncomfortable and caused labored breathing. Concerned with her decline despite antibiotics and additional symptoms, medical staff recommended she immediately be seen at the Licking Memorial Hospital (LMH) Emergency Department (ED). Maggie's examination indicated pneumonia and the staff stressed the urgency of the situation. "I was prepared to receive some fluids and go home, but as I waited, I could feel myself losing energy quickly and came to the realization that my condition was much worse than I had thought," she explained.

Maggie praised the Emergency Department staff that cared for her, especially Randy Jones, M.D., Paige Brownlee, Dan Fandrey and Seth Montgomery. "Everyone was wonderful, very kind and considerate. I received such a high level of attention," she shared. "I felt like I was the only patient they had that day and that means so much."

After a chest X-ray, Jamie Rhodes, D.O., confirmed a diagnosis of pneumonia, an inflammatory condition of the lung affecting primarily the microscopic air sacs known as alveoli. Usually caused by infection with viruses or bacteria, typical signs and symptoms of pneumonia include a varying severity and combination of productive or dry cough, chest pain, fever and difficulty breathing. Blood work and several breathing treatments followed before Maggie was admitted.

She spent six days in the Hospital, was prescribed two antibiotics and received breathing treatments every three hours. "I experienced positive encounters with everyone – the 5-South staff, radiology, respiratory therapy, culinary services and the chaplains." Maggie's excessive coughing had induced laryngitis, so she was forced to whisper throughout her stay. "The nurses were so patient with me, readily coming closer so that they could hear what I had to say." Since she could not talk audibly, staff also assisted Maggie with her meal orders.

Licking Memorial Pulmonologist Asegid Kebede, M.D., saw Maggie during her stay at LMH. The Hospitalist prescribed medication to be utilized with a nebulizer – a delivery device that administers medication in the form of a mist inhaled into the lungs. Nebulizers are commonly used for the treatment of various respiratory diseases or disorders.

LMH medical staff scheduled a follow-up with Dr. Kebede and suggested she also see her family physician Michael Barth, M.D., upon her release. During

that appointment, Dr. Kebede performed a lung evaluation and follow-up chest X-ray. He recommended that she contact him immediately at the onset of a cough in the future.

Approximately six weeks after becoming ill, Maggie returned to work. She is a part-time marketing associate for local State Farm Agent Aaron May. She also serves as the Granville Township Clerk and is the past Executive Director of the Granville Area Chamber of Commerce, where she remains an active member. Appointed to the Licking Memorial Hospital Development Council in 2011, Maggie recently volunteered at the annual Golf Gala.

The LMH ED managed 55,991 patient visits in 2016. The Emergency Department is open 24 hours a day, seven days a week, for patients who have serious or life-threatening injuries and illnesses. LMH also operates three urgent care facilities, conveniently located throughout the county, in Pataskala, at One Healthy Place off Broad Street, in Granville, at 14 Westgate Drive off of Route 16 and the newest location, 20 West Locust Street in Downtown Newark. Wait times in the ED can be lengthy for patients with minor symptoms, since those with the most acute conditions must be seen first. Patients with minor symptoms may find shorter wait times, as well as lower costs, at one of the Urgent Care facilities. Please visit the home page of LMH's website, www.LMHealth.org, to check the approximate number of patients waiting at each facility.

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.

1. During 2016, there were 55,991 visits to the Licking Memorial Hospital (LMH) Emergency Department (ED).

	LMH 2014	LMH 2015	LMH 2016	National ⁽¹⁾
Median length of stay in the ED for all patients*	175 min.	185 min.	175 min.	279 min. ⁽¹⁾
Median length of stay in the ED for patients discharged home*	160 min.	170 min.	161 min.	160 min. ⁽²⁾
Median length of stay in the ED for patients admitted to the Hospital*	245 min.	245 min.	230 min.	295 min. ⁽²⁾
Median length of time from arrival until seen by a physician*	31 min.	27 min.	23 min.	27 min. ⁽²⁾
Median length of time from the ED physician's decision to admit a patient until the patient arrives in their Hospital room	84 min.	83 min.	69 min.	115 min. ⁽²⁾
Percentage of patients who are in the ED for more than 6 hours	5.3%	5.7%	4.2%	7.1% ⁽¹⁾

***LMH data represented on this table reflect nearly 100 percent of all ED visits, while goals reference Centers for Medicare & Medicaid Services hospital comparative data, which use a small sampling of all U.S. emergency department patients.**

2. In 2016, LMH operated two urgent care facilities: Licking Memorial Urgent Care – Pataskala and Licking Memorial Urgent Care – Granville. 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 lower costs than visits to the ED. During 2016, there were 23,624 visits to Licking Memorial Urgent Care – Granville, and 8,275 visits to Licking Memorial Urgent Care – Pataskala.

	LMH 2014	LMH 2015	LMH 2016	Goal
Granville Urgent Care time to see physician	26 min.	19 min.	21 min.	less than 30 min.
Pataskala Urgent Care time to see physician	19 min.	17 min.	19 min.	less than 30 min.
Granville Urgent Care average length of stay	54 min.	49 min.	50 min.	less than 120 min.
Pataskala Urgent Care average length of stay	48 min.	47 min.	47 min.	less than 120 min.

3. Emergency angioplasty restores blood flow in a blocked heart artery by inserting a catheter with a balloon into the artery to open the vessel. 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 2014	LMH 2015	LMH 2016	Goal
Average time to opened artery	56 min.	60 min.	53 min.	61 min.
Percentage of patients with arteries opened within 90 minutes	100%	100%	100%	96%
	LMH 2014	LMH 2015	LMH 2016	National ⁽²⁾
Median time from arrival to completion of EKG	2.0 min.	4.0 min.	2.0 min.	7 min.

4. Patients who are seen in the ED and return home sometimes can develop further problems that warrant a return to the ED. A high number of patients who return to the ED within 24 hours after being seen can possibly signal a problem with patient care and an ED's ability to accurately diagnose and treat a patient's condition. For this reason, LMH measures the rate of patients who return to the ED within 24 hours to ensure that they have their conditions managed correctly. LMH sets aggressively stringent goals for this, as listed below.

	LMH 2014	LMH 2015	LMH 2016	Goal
ED patients who return to the ED within 24 hours of discharge	1.2%	1.3%	1.4%	less than 2%

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



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5. 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 aggressively stringent goals for this indicator, as listed below.

	LMH 2014	LMH 2015	LMH 2016	Goal
Patients admitted to the Hospital within 72 hours of ED visit	0.7%	0.7%	0.7%	less than 1%

6. 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 2014	LMH 2015	LMH 2016	Goal
ED patients who leave before treatment is complete	6.6%	6.3%	4.4%	less than 3%

7. Understanding a patient’s pain level is important to LMH, and patients who arrive in the ED will be asked to describe their level of pain when first seen by a doctor or nurse. This helps to ensure quick identification of patients experiencing pain which allows for faster pain control.

	LMH 2014	LMH 2015	LMH 2016	Goal
Assessment of pain completed	95%	96.4%	96.3%	greater than 95%

Data Footnotes: (1) Comparative data from the Midas Comparative Database. (2) Centers for Medicare/Medicaid Services, HospitalCompare Website results.

Health Tips – Reasons and Symptoms to go to the Emergency Department

Consider the following reasons, symptoms and signs that point to a medical emergency that should be treated at the Emergency Department:

- Chest pain
- Shortness of breath or difficulty breathing
- Pain or pressure in the chest
- Injuries
- Lacerations
- Abdominal pain lasting more than 3 hours
- Confusion
- High fever
- Severe nausea, vomiting or diarrhea

Call 911 if you suspect a **heart attack**: chest pain or discomfort, shortness of breath, cold sweat, nausea or lightheadedness.

Stroke – act F.A.S.T.: **F**ace drooping, **A**rm weakness or numbness, **S**peech difficulty, **T**ime to call 911.

Think Sepsis: **S**hivering and fever, **E**xtrême pain, **P**ale or discolored skin, **S**leepy or confused, **“I feel like I might die,”** **S**hort of breath.



Licking Memorial Health Systems

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Visit us at www.LMHealth.org.

Please take a few minutes to read this month’s report on **Emergency Care**. You’ll 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) 564-1572 to receive future mailings.

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