



Quality Report Card

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HEART CARE

Treating Arrhythmias after a Heart Attack

A heart attack, or myocardial infarction (MI), is a medical emergency that occurs when the heart muscle begins to die due to severely reduced blood flow or blockage. When someone experiences a heart attack, the treatment is focused on restoring blood flow to the affected heart muscle as soon as possible to prevent further damage.

Immediate care may include clot-busting medications or opening blocked arteries with a balloon or stent. While these modern treatments have reduced the risk of serious complications after a heart attack, some patients still encounter problems such as heart arrhythmias, which can increase the risk of sudden death.

The heart is divided into four asymmetric chambers. The two upper chambers contain the right and left atrium which collect the blood coming from the body. The two lower chambers contain the right and left ventricles, which pump the blood out to the body.

For the heart to pump blood properly, the muscles of the heart must contract in rhythm at the correct moment. The heart's electrical system keeps this rhythm synchronized. An arrhythmia is an abnormal heartbeat that occurs when the heart's electrical system is disrupted, causing the heart to beat too fast, too slow, or with an irregular rhythm. Arrhythmias can occur after a heart attack because the damaged heart muscle can disrupt the electrical signals that control the heart's rhythm. The most common arrhythmias

after an MI include atrial fibrillation (AFib), bradycardia, and ventricular arrhythmias.

AFib causes rapid, irregular muscle contractions in the heart's upper chambers. Symptoms of AFib include heart palpitations, chest pain, dizziness, fatigue, and feeling out of breath. Due to the irregular heart rate, blood may gather in the atrium and form clots, which could cause a stroke if blood flow to the brain is blocked.

Bradycardia is an abnormally slow heartbeat when the patient's resting heart rate is less than 60 beats per minute. Symptoms may include chest pain, shortness of breath, fatigue, lightheadedness, and confusion.

Ventricular arrhythmia is an abnormal heartbeat that begins in the lower chambers of the heart and can be life-threatening. Ventricular tachycardia (V-tach) is a fast but regular heartbeat originating in the ventricles. Ventricular fibrillation (V-fib) occurs when the ventricles beat in an erratic, quivering way and are unable to pump blood normally. Both conditions can be life-threatening and lead to sudden cardiac arrest.

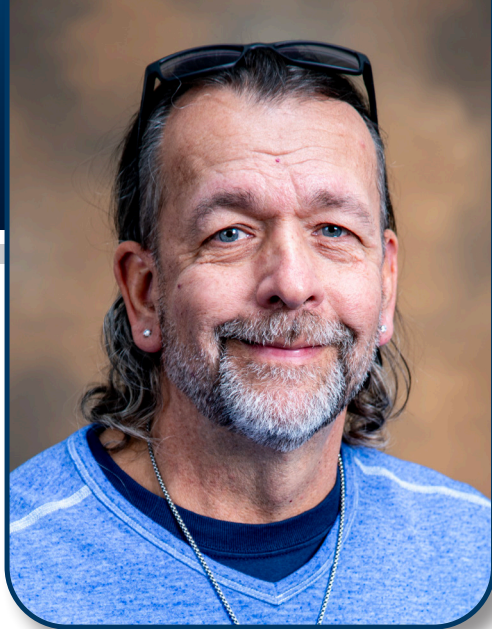
Treatment for post-MI arrhythmias depends on the type and severity and may include medications, an implantable cardiac device, or ablation therapy. An implantable cardiac device, such as a pacemaker or implantable cardioverter-defibrillator, connect to the heart and deliver electrical impulses to regulate the

heart's rhythm or deliver a shock to correct a life-threatening arrhythmia.

Ablation therapy is another procedure used to treat post-MI arrhythmias. Ablation is a minimally invasive procedure that uses heat or cold energy to create scar tissue in the heart. During the procedure, a doctor guides a catheter through a vein into the heart. A device at the tip of the catheter emits energy to destroy small areas of heart tissue that are causing the heart's electrical signals to misfire. Scar tissue blocks the faulty signals, helping to restore a regular rhythm to the heart.

Post-MI arrhythmias are a serious complication that can often be managed with prompt recognition and appropriate interventions, significantly reducing the risk of sudden cardiac death. Ongoing follow-up with a cardiologist or electrophysiologist, adhering to prescribed therapies, and lifestyle changes are essential for optimizing long-term outcomes.

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Patient Story - Albert Lewis

In May 2025, Albert “Al” Lewis experienced a heart attack. He told his wife, Marla, he was not feeling well and just needed to sit by a window and breathe in the fresh air. He and Marla were preparing to leave the house for a visit with their son in Columbus. As Marla completed her preparations, Al tried to relax and determine exactly why he did not feel quite like himself.

“There was not a feeling of pressure or pain in my chest,” Al said. “I just felt a bit off. I was unsure what was happening, and I did not want to alarm my family.”

When Marla returned to check on Al, she asked if he was feeling any better. When he said no, she asked if he thought he should go to the Emergency Department (ED) at Licking Memorial Hospital (LMH). Al agreed it might be wise to have a physician determine the cause of his sudden weakness. They got into their car and Marla began driving to LMH while trying to watch Al. He said he felt lightheaded, and then he slumped over in his seat.

“I yelled his name and pushed on his arm,” said Marla, “But there was no response. I was panicked. When I arrived at LMH, I stopped in front of the ED doors and ran in screaming for help. A nurse ran out and pulled Al from the car, placed him on the ground, and started performing CPR. That is when I was told he had no pulse. His heart stopped on the drive to the Hospital.”

LMH has a designated team of healthcare professionals specifically trained to respond when a patient is experiencing a life-threatening event such as a heart

attack. A code blue is activated and the medical emergency is announced over the public address system. The team members quickly access the patient and take action. In Al’s case, he was taken to the Cardiac Catheterization Laboratory, a special operating room equipped with the technology to perform heart procedures such as opening clogged arteries and placing stents.

“I was told they worked for 22 minutes to restart Al’s heart,” Marla remembers. “They had to use a defibrillator to shock him twice. He became responsive five hours later and by eight the next morning he was awake, taken off the ventilator, and talking. The entire team was just amazing.”

During the catheterization procedure, Hassan Rajjoub, M.D., found a 100 percent blockage in the largest artery in the heart which is often referred to as a widow-maker heart attack. According to the American Heart Association, the survival rate following a widow-maker heart attack is only 12 percent when it occurs outside of a hospital or advanced care center. Al spent eight days at LMH. During that time, the team from the Cath Lab and ED stopped by his room to check on his progress and make sure he was recovering fully.

“Everyone was so kind and hospitable, allowing my family to completely take over the waiting room during the procedure,” Marla shared. “We felt so supported and comforted by their presence. Dr. Rajjoub spoke to us and assured us he had done all he could to re-open the artery and the remainder of the recovery was up to Al.”

Al and Marla have five adult children and 10 grandchildren. They are excited for the arrival of two more grandchildren and a great-grandchild. The couple owns a tire shop in Newark. Al was able to return to work and participate in cardiac rehabilitation at LMH in the days following the procedure. In July, Al and Marla registered for Licking Memorial Health Systems’ “For Your Health” 5K Run/

Walk & 1-mile Fun Walk at The Dawes Arboretum and walked the 5K course.

As Al continues to recover, he has experienced a few other concerns with his heart. He has an enlarged aorta and was also experiencing an atrial flutter. He has visited Vascular Surgeon Mark T. DeFransco, D.O., and Electrophysiologist John J. Keller, M.D. Dr. Keller performed an ablation, a procedure using small burns on the heart cells to stop the fluttering. Since that procedure, Al has continued to do well. He and Marla make a point to visit the men and women who came to his rescue during his heart attack bringing small tokens of appreciation such as cookies or donuts. The couple also enjoyed reconnecting with the team during the annual Interventional Cardiology Reunion held at LMH.

While Al survived the heart attack and is recovering well, it is important to note that anyone experiencing symptoms of a heart attack should call 911 immediately instead of trying to travel to a hospital by themselves. Area Emergency Medical Services (EMS) squads are equipped with electrocardiogram machines and defibrillators. The EMS crew communicates with LMH and the Interventional Cardiology team is waiting when a patient arrives. The faster response to a heart attack saves precious heart tissue.



Al Lewis with Pastoral Care Director Dave Mason at the “For Your Health” 5K Run/Walk & 1-mile Fun Walk.

Heart 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.** The first step in heart attack treatment is to confirm that the patient is truly experiencing the symptoms of a heart attack upon arrival to the Emergency Department (ED). An electrocardiogram (EKG) measures the electrical activity of the heart and is one diagnostic tool used to determine if a heart attack is occurring. Performing the test promptly is critical.

	LMH 2022	LMH 2023	LMH 2024	National Average ⁽¹⁾
Median time from arrival to completion of EKG	2 minutes	2.5 minutes	2 minutes	7 minutes

- 2.** In patients having a heart attack, emergency angioplasty restores blood flow to the heart muscle by re-opening blocked or clogged arteries. This is completed by inserting a catheter into the artery that feeds the heart, inflating a balloon and placing a stent inside the artery to keep it open. This procedure can help reduce damage to the heart muscle, and has the best results when performed within 90 minutes after arriving in the Emergency Department (ED). Licking Memorial Hospital (LMH) began performing this procedure in 2008.

	LMH 2022	LMH 2023	LMH 2024	National Goal ⁽²⁾
Average time from arrival until balloon angioplasty performed	66 minutes	66 minutes	66 minutes	90 minutes
Time to balloon within 90 minutes	100%	100%	96%	95%

- 3.** Emergency Medical Services (EMS) are often the first to evaluate and treat patients experiencing heart attack symptoms. EMS acquires a baseline EKG to wirelessly transmit to the LMH ED physician for interpretation and early identification, so that the Catheterization Lab team can be alerted quickly. Medical contact to reperfusion refers to the time it takes in minutes from the first medical contact by EMS with a patient experiencing heart attack symptoms, to the opening of the artery to allow blood flow to return to the heart muscle.

	LMH 2022	LMH 2023	LMH 2024	National Goal ⁽²⁾
Medical contact to reperfusion	87 minutes	72 minutes	85 minutes	Less than 90 minutes

- 4.** When performing certain heart procedures, such as a catheterization, a cardiologist may choose to access the heart through the radial artery, located in the wrist, or the femoral artery, located in the upper thigh. Transradial artery access improves outcomes and reduces cost. Accessing the radial artery requires advanced skill; however, radial access offers quicker recovery time and decreases the risk of bleeding. LMHS' cardiologists possess the advanced skills needed for the procedure and offer the safer alternative to patients; however, it may not be an option for some patients due to a risk of spasms or the size of the artery.

	LMH 2022	LMH 2023	LMH 2024	LMH Goal
Heart catheterization procedures	554	539	556	
Percentage of radial access	98%	99%	99%	83%

- 5.** Hospitals report the rate of patients who died within 30 days of being admitted to the hospital for an acute myocardial infarction (AMI) or heart attack to Centers for Medicare & Medicaid Services. The hospital data is risk-adjusted to the complexity of each hospital's patients to calculate a rate as compared to national averages. Lower rates are better. The data reflects a three year period rather than a year-to-year calculation.

	LMH 2022 (2018-2021)	LMH 2023 (2020-2023)	LMH 2024 (2021-2024)	National Rate ⁽³⁾
AMI 30-day mortality rate	12.4%	12.6%	11.3%	12.2%

- 6.** Hospitals also report the rate of patients with AMI who are discharged and then readmitted back into the hospital within 30 days of discharge for any reason to Centers for Medicare & Medicaid Services. The hospital data is risk-adjusted to the complexity of each hospital's patients to calculate the rate of readmission. Lower rates are better. The data reflects a three year period rather than a year-to-year calculation.

	LMH 2022 (2018-2021)	LMH 2023 (2020-2023)	LMH 2024 (2021-2024)	National Rate ⁽³⁾
AMI 30-day readmission rate	15.1%	13.7%	13.3%	13.6%

7. Licking Memorial Health Professionals (LMHP) physicians monitor the usage of antiplatelet drugs, such as aspirin or an antithrombotic drug, in patients with coronary artery disease (CAD). The usage of these medications lowers the risk of acute myocardial infarction (AMI) or death in patients with CAD.

	LMHP 2022	LMHP 2023	LMHP 2024	LMHP Goal
LMHP CAD patients with aspirin and/or antithrombotic prescribed	87%	87%	85%	Greater than 85%

8. LMHP physicians monitor the cholesterol levels, specifically the LDL (bad cholesterol) levels of their patients with diagnoses of CAD. Elevated LDL cholesterol level is a risk factor for AMI, but is reversible through medication, diet, and exercise.

	LMHP 2022	LMHP 2023	LMHP 2024	LMHP Goal
LMHP CAD patients with LDL less than or equal to 100 mg/dl	71%	79%	79%	Greater than 50%

Data Footnotes: (1) *Hospitalcompare.hhs.gov national benchmarks.* (2) *American Heart Association website* (3) *National Performance from Hospital Compare Preview Report, Q3 2021 – Q2 2024.*

Call 911 If Heart Attack Symptoms Occur

A heart attack is a life-threatening emergency, and treatments available are most effective when administered as quickly as possible. Symptoms of a heart attack include chest pain or pressure, pain in the arms, neck, jaw, or stomach, shortness of breath, sweating, nausea, and light-headedness. Some may think it is faster to drive a person with mild symptoms to the hospital themselves. However, symptoms can quickly worsen, and time is of the essence. If someone is experiencing a heart attack, the best course of action is to call 911.

By calling 911, emergency medical services (EMS) providers can begin evaluating, monitoring, and treating the patient immediately upon arrival, transporting the patient to the hospital in the shortest amount of time. EMS technicians are equipped with knowledge and life-saving equipment in case the patient’s heart stops beating while being

transported to the hospital. Licking Memorial Hospital (LMH) has provided area EMS with the capability to transmit an electrocardiogram (EKG) electronically to the LMH Emergency Department. This allows the ED physician and staff to evaluate the EKG and notify the Cardiac team prior to the patient’s arrival to expedite emergency care.



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Visit us at [LMHealth.org](https://www.LMHealth.org).

Please take a few minutes to read this month’s report on **Heart Care**. You will soon discover why Licking Memorial Hospital 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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