

6. Asthma is a condition in which swelling or inflammation can cause narrowing of the breathing tubes, making it difficult to breathe and sometimes resulting in a medical emergency. By using the correct medications, such as inhaled corticosteroids, asthma can be controlled. Use of these medications can reduce asthma-related emergency room visits, hospital admissions, and missed work/school days. Licking Memorial Pulmonology assesses all asthma patients during their office visits to ensure that they are being treated with the correct long-acting corticosteroid.

	LMHP Pulmonology 2013	LMHP Pulmonology 2014	LMHP Pulmonology 2015	National ⁽⁴⁾
Asthma patients assessed for appropriate inhaled corticosteroid	100%	99%	92%	87%

7. Licking Memorial Health Professionals (LMHP) office patients who are at high risk for these illnesses also are screened and vaccinated as appropriate. LMHP physicians strongly encourage patients over the age of 65 years to receive a one-time dose of pneumonia vaccine and an annual influenza vaccine during each “flu season,” which runs from October to March.

	LMHP 2013	LMHP 2014	LMHP 2015	National ⁽⁵⁾
Physician office patients over 65 years receiving the pneumonia vaccine	87%	87%	84%	71%
	LMHP 2012-2013	LMHP 2013-2014	LMHP 2014-2015	National ⁽⁵⁾
Physician office patients over 65 years receiving the influenza vaccine	82%	82%	82%	70%

8. LMHS is committed to providing and encouraging free, easily accessible vaccines to all employees. In order to provide the safest care to our community, LMHS recognizes the importance of keeping the staff healthy.

	LMHS 2013-2014	LMHS 2014-2015	LMHS 2015-2016	National ⁽⁶⁾	LMHS Goal
LMHS employees receiving the influenza vaccine	85%	81%	94%	79%	greater than 80%

Data Footnotes: (1) Tobacco-free status is self-reported by patients in a six-month follow-up after completing the Quit for Your Health program. (2) HospitalCompare. hhs.gov Comparative Database. (3) National Healthcare Safety Network Report, Data Summary for 2012. Devices-associated Module (Medical-Surgical ICU<15 beds). (4) National Committee for Quality Assurance (NCQA) National Committee for Quality Assurance, “The State of Health Care Quality 2013.” (5) Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2013. (6) Centers for Disease Control and Prevention, Seasonal Influenza Vaccination Coverage Among Health-Care Personnel 2012-2013. MIDAS+ CPMS Comparative Database.

Health Tips – Preventing COPD Exacerbations

The American Lung Association estimates that nearly 8 percent of adults in Ohio have been diagnosed with chronic obstructive pulmonary disease (COPD). Although there is no cure for COPD, symptoms can usually be well managed. To prevent flare-ups of worsening symptoms, known as exacerbations, patients with COPD should follow these recommendations:

1. Wash your hands frequently to prevent the spread of disease.
2. Keep follow-up appointments with your physician.
3. Take medications as directed.
4. Get an annual flu vaccine.
5. Get a pneumonia vaccine.
6. Avoid individuals who are sick.
7. Wear a scarf or respiratory mask in cold weather.
8. Wear a respiratory mask throughout periods of high pollen counts and during flu and cold season.
9. Do not smoke and avoid second-hand smoke.
10. Stay as active as possible.



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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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RESPIRATORY CARE

COPD Home Visit Program

In an effort to improve the lives of community residents who have been discharged from the Hospital with a diagnosis of chronic obstructive pulmonary disease (COPD), Licking Memorial Hospital (LMH) now offers the COPD Home Visit program. With the new initiative, COPD patients may receive personalized assistance from a registered nurse, respiratory therapist and dietitian to help them develop better management of their symptoms.

COPD is a progressive lung condition that affects an individual's ability to breathe. It encompasses two serious respiratory diseases – chronic bronchitis and emphysema – COPD patients may have either or both of these conditions. With COPD, the stretchy tissue in the lungs loses its elasticity, and it becomes increasingly difficult for the lungs to expel carbon dioxide.

Symptoms of COPD may include a chronic cough, coughing up mucus, shortness of breath (especially with exercise), and tightness in the chest. Many COPD patients experience exacerbations, or flare-ups, of symptoms so severe that they may require hospitalization.

Although children can develop COPD, it is far more common in older adults, and usually is caused by tobacco smoking, second-hand smoke, industrial air pollutants or asthma. There is no cure for COPD, other than a lung transplant, but medications and exercise can manage symptoms effectively and slow the disease's progression.

LMH developed the COPD Home Visit program in 2015 to help patients improve their disease management and reduce the need for hospital re-admissions. "COPD is a complicated disease, and patients often are overwhelmed by all the details of their own care," said Mary Reid, R.N. "I offer them one-on-one education to understand their symptoms and medications. I also can provide assistance in a wide range of services that will help them manage their health at home."

In most cases, Mary introduces herself to COPD patients while they are still in the Hospital or within a day or two after discharge to explain the free COPD Home Visit program. If the patient agrees, she schedules a home visit. She said, "The home visit is a good opportunity to monitor details that affect the patient's well-being. Together, we review the patient's medications to ensure that there is an adequate supply and they are being taken correctly. Sometimes, patients need help in making an appointment with a new primary care physician. One patient needed assistance in setting up a cell phone account. These may sound like small tasks, but a trip to a store or a long phone call may be very difficult for a patient who was just discharged from the Hospital and is not feeling well."

Severe COPD exacerbations can be caused by factors as simple as the common cold or a poorly ventilated wood stove. "Our COPD Home Visit staff ends up doing a lot of education and problem solving," remarked Debbie Young, Vice President Patient Services. "The goal of the program is to keep our patients out of the



Hospital because frequent hospitalizations may indicate that the patient's respiratory condition is not being managed well."

The COPD Home Visit program may include sessions with a respiratory therapist and dietitian. The program's staff also offers education and advice to the patient's family and caregivers. "Overall, we identify what is needed for our patients to be successful in managing their COPD at home," Mary summarized. "Then we cheer them on when they find that success."

In the first year of the program, the COPD Home Visit program conducted nearly 150 visits. LMH also offers pulmonary rehabilitation at a nominal fee for patients who have been diagnosed with a chronic respiratory condition, and Licking Memorial Health Systems offers free tobacco cessation products and counseling through the Quit for Your Health program.

Patient Story – Charlotte McTerrell Dynes



Licking Memorial Pulmonology. She also received an introductory visit from Mary Reid, R.N., under a new COPD Home Visit program at LMH.

Statistically, one of every five patients in the U.S. who are hospitalized for a COPD complication will be rehospitalized within 30 days (for any reason, including diagnoses that are unrelated to COPD). LMH's new COPD Home Visit program is designed to help patients improve their COPD self-management and avoid preventable hospitalizations.

"Mary talked to me about the way that medications and exercise affect COPD. She said that I should call her any time that I had questions or needed help," Charlotte recalled. "One of my biggest problems at the time was that I needed a primary care physician right away in addition to Dr. Kebede, my pulmonologist. Mary is always very helpful – she was able to make an appointment with a local family practice physician for me. There have been times that I called Mary about breathing problems, and she made suggestions that saved me from needing to go to the Hospital."

To improve her overall strength and reduce shortness of breath, Charlotte attended Pulmonary Rehabilitation sessions at LMH two times a week for 8 weeks. "I liked exercising under the supervision of a Respiratory Department staff member," she said. "It gave me the confidence to push myself with more intensity without fear. When I graduated from the program, the staff presented me with a Rehabilitation graduate t-shirt that I enjoy wearing around the house."

As part of the COPD Home Visit program, Respiratory Therapy Educator Stephanie Coyle, R.T., also visits Charlotte at home to reinforce the importance of regular exercise and to monitor her oxygen treatment techniques. Charlotte said, "The COPD Home Visit program has

been very valuable in helping me manage my condition. It helps just to have someone to talk to about my health between doctors' appointments."

In March 2016, exactly one year after her first hospitalization at LMH, Charlotte became sick as she recovered from a cold. "I started getting really tired. Then my lower back began to hurt, and I had shortness of breath. I had to stop talking to take a breath after every other word. I went to the Hospital, and the doctors found that my oxygen level was low. After three days, I was able to return home. If it had not been for all the education I received, I may have waited much longer before seeking help."

During her career as an EEG technician, Charlotte learned the impact that healthcare personnel can have on a patient's experience. "Mary and Stephanie have helped me a lot – they're both jewels. In fact, everyone at LMH has always been very courteous and friendly, and the Hospital is an excellent facility. That means a lot to patients," she commented. "I give LMH an A-plus rating!"

Charlotte has come a long way since her relocation to Newark a little more than one year ago. She remembers feeling isolated and anxious about her new surroundings, but she soon became involved in the community and met many new friends. "That's one thing about Ohio," she said. "You have the nicest people."

Charlotte now finds joy in her life by spending time with her family and comforting others who are sick or lonely. Through the Christian Life Center in Heath, she volunteers with Helping Hands Ministry, making phone calls and visits, as well as sending greeting cards to mark special occasions.

Now that she has settled in, Charlotte McTerrell Dynes enjoys living in Ohio, but her first weeks as a Newark resident were troublesome. During her relocation from California in March 2015, many of Charlotte's personal items were lost or broken. Then, before she had an opportunity to become established with new medical providers, symptoms of her chronic obstructive pulmonary disease (COPD) flared up and she was admitted to Licking Memorial Hospital (LMH).

Charlotte, a 67-year-old retired electroencephalogram (EEG) technician, had been diagnosed with COPD in her late 50s. Her symptoms were mild at first, but worsened after her husband's death in 2013. Her physician advised that California's desert dust was aggravating her respiratory condition, so Charlotte decided to sell her house and move to Ohio where two of her three children already lived.

The combination of packing up the contents of her California house, traveling cross country, moving into a new house and suffering the loss of cherished possessions proved to be detrimental to Charlotte's health. "When I become stressed or anxious, it affects my COPD, and I start to cough," she explained. Charlotte kept taking her medications and night-time oxygen treatments, but her symptoms still worsened. "I had wheezing and shortness of breath. Then I started to ache in my lower back. I had been in Newark for only two weeks, so I didn't know anyone other than my family, and I did not have any doctors yet. It was scary."

Charlotte was admitted to LMH to stabilize her blood oxygen level and was visited by Asegid H. Kebede, M.D., of

Respiratory 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. Tobacco use has been linked to many serious and life-threatening conditions, such as cancer, heart disease, cardiopulmonary disease and diabetes. An estimated 25 percent of Licking County adults smoke.⁽¹⁾ LMHS offers free Quit For Your Health tobacco cessation education, counseling, and nicotine-replacement products. A similar program, Quit for You, Quit for Your Baby, adds incentives to help pregnant women stop using tobacco products. Altogether, 2,319 patients received referrals to LMHS' tobacco cessation programs in 2015.

	LMH 2013	LMH 2014	LMH 2015	LMH Goal
Six-month success rate for patients who completed Quit for Your Health ⁽¹⁾	63%	63%	61%*	greater than 25%
*Note: Due to program restructuring, no Quit for Your Health patients were seen in October and November 2014; therefore, no six-month follow-up information was collected in April and May 2015. This figure reflects 10 months' partial-year data for the months that the program was fully operational.				

2. Chronic obstructive pulmonary disease (COPD) is a serious lung condition that includes two life-threatening diagnoses, chronic bronchitis and emphysema. According to the American Lung Association, COPD is the third leading cause of death in the U.S. There is no cure for COPD, but with careful management, patients can enjoy longer and healthier lives. To monitor the quality of COPD patients' care, the Centers for Medicare/Medicaid Services tracks the death rate nationally for patients who died (for any reason, including reasons not related to COPD) within 30 days of a hospital admission.

	LMH July 1, 2011 – June 30, 2014	National ⁽²⁾
Mortality rate of COPD patients within 30 days of hospital admission	7.1%	7.7%

3. Protecting patients from hospital-acquired infections is a primary patient safety goal. LMH has many ongoing programs and safety mechanisms in place to help prevent patient infections. In accordance with the Centers for Disease Control and Prevention (CDC) recommendations, LMH monitors patients who are at high risk for infections, including those using invasive devices, such as ventilators (breathing machines). The following data reflect the number of respiratory infections associated with ventilator use, per every 1,000 patient days.

	LMH 2013	LMH 2014	LMH 2015	National ⁽³⁾
Pneumonia infection rate of Intensive Care Unit patients on ventilators per 1,000 patient days	0.0	0.0	0.0	1.1

4. Some pneumonia patients who are hospitalized require treatment with a ventilator to assist their breathing. Although the ventilator can be life-saving, it carries the risk of serious complications, such as infections, stomach ulcers, blood clots and extended dependency on the ventilator. To help prevent complications, LMH staff members follow a best-practices protocol for patients on ventilators. Known as the "ventilator bundle," these five steps are carefully documented to ensure each patient receives the best possible care.

	LMH 2013	LMH 2014	LMH 2015	LMH Goal
Head of bed elevated to 30 degrees	100%	100%	100%	greater than 90%
Oral care	99.2%	99.3%	98.2%	greater than 90%
Daily test to reduce sedation	96.6%	99.1%	99.6%	greater than 90%
Stomach ulcer prevention	99.2%	99.7%	98.7%	greater than 90%
Blood clot prevention	99.2%	99.4%	99.0%	greater than 90%

5. Hospitalized patients with a condition that puts them at risk for developing complications from pneumonia and/or influenza (flu) should be screened for vaccines while in the hospital and receive a pneumonia and/or influenza vaccine, if appropriate.

	LMH 2013	LMH 2014	LMH 2015	National ⁽²⁾
High-risk patients screened for the pneumonia vaccine	99%	99%	99%	92%
Patients screened for the influenza vaccine	98%	98%	99%	93%

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



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