

Quality Report Card

Licking Memorial Health Systems



Volume 27, Issue 5

MAY 2026

RESPIRATORY CARE

Sleep Apnea

In addition to a healthy diet and exercise, sleep is a critical component of a person's health and well-being. Sleep provides time for the body to repair cells, tissue, and blood vessels, strengthens the immune system, improves mood, and increases energy and brain function. However, chronic conditions such as sleep apnea can disrupt essential rest, leading to long-term health complications if left untreated. Fortunately, sleep apnea can be managed through lifestyle changes, medication, and the use of specialized breathing devices.

Sleep apnea occurs when a person's breathing is interrupted repeatedly for 10 or more seconds during sleep. On average, these episodes occur 5 to 30 times per hour every night. Sleep apnea is associated with a number of serious health complications, including coronary heart disease, heart failure, irregular heartbeat, and stroke.

The most common form of sleep apnea is obstructive sleep apnea, a result of an issue in the upper airway. Enlarged or swollen tissues collapse or relax during sleep and block the passage of air leading to gasping or loud snoring. When breathing stops, the body asserts strong efforts to open the airway and resume the airflow. The condition causes low oxygen levels that leave the brain vulnerable to stroke. As the body struggles to breathe, the nervous system releases surges of stress hormones which elevate blood pressure levels and lead to fluctuations of the heart rate.

Common symptoms of obstructive sleep apnea include loud snoring, gasping for

air during sleep, waking up with a dry mouth, morning headaches, trouble staying asleep, excessive daytime sleepiness, difficulty focusing while awake, and irritability. Other people, such as a partner or spouse, may report that the individual stops breathing during periods of sleep.

Anyone can develop obstructive sleep apnea; however, obesity increases the risk of the condition. Other risk factors include family history, large tonsils or adenoids, age, smoking, alcohol use, and medical conditions such as high blood pressure, heart failure, and type 2 diabetes. Men are two to three times more likely to have sleep apnea than women. A woman's risk is increased if they are overweight or they have gone through menopause.

Diagnosing obstructive sleep apnea begins with visiting a physician who will inquire about a person's sleep history and symptoms. Individuals may be referred to a sleep specialist. They can conduct a series of tests and checkups to detect sleep apnea. Such tests may include a sleep study where the person is attached to equipment that monitors breathing patterns while asleep.

Obstructive sleep apnea can be treated with positive airway pressure (PAP) therapies, which can prevent breathing stoppage. A continuous positive airway pressure (CPAP) device is a wearable machine that delivers air pressure

through a mask while asleep. The air pressure in a CPAP is slightly greater than the surrounding air, which helps to keep upper airway passages open, preventing apnea and snoring.

Oral appliances may also be used to prevent sleep apnea for individuals who find the CPAP to be uncomfortable and burdensome. Oral appliances are dental devices that bring the jaw or tongue forward, creating more space for airflow in the back of the throat. A custom-fit oral appliance offers the best results for obstructive sleep apnea and requires a referral to a dentist. "Boil and bite" models, which make an impression of the user's teeth, can be purchased without a prescription.

Individuals who are experiencing symptoms of sleep apnea or who have a sleep partner who has noticed abnormal breathing patterns should consult with a physician. Sleep apnea is a common but manageable condition. Lifestyle changes and consistent use of treatment devices can help improve a person's sleep routine, resulting in more restful sleep.



Measurably Different ... for Your Health!

Patient Story – Melinda Scott



Although COPD is a condition that can worsen over time, COPD is treatable. With proper management, most people with COPD can control symptoms and improve quality of life. Proper management also lowers the risk of other conditions linked to COPD, such as heart disease and lung cancer. Melinda did quit smoking and was trying her best to control her symptoms. However, she felt the disease was progressively getting worse and needed supplemental oxygen or to use an inhaler when walking even short distances.

“I was struggling to walk from the parking lot into work every day,” Melinda shared. “I could not walk up and down the stairs without oxygen. I was so frustrated. I wanted to manage the condition better, so I visited Mohammad K. Islam, M.D., at Licking Memorial Pulmonology to discuss a treatment plan. Dr. Islam was very knowledgeable and in addition to medication therapy, he suggested Pulmonary Rehabilitation.”

Licking Memorial Hospital’s Respiratory Therapy Department provides Pulmonary Rehabilitation. Patients are monitored as they exercise and education about COPD and other lung diseases is offered twice a week. Melinda participated in the program for eight weeks.

“They test your lung function when you start the program by calculating how many steps you take on the treadmill before you need to use the inhaler or oxygen,” Melinda explained. “I did not make it far before I was gasping for air. However, the team is fantastic and very encouraging, and began working with me to strengthen my lungs. I learned to use the exercise bands, walked on a treadmill, and used the stationary bicycles. They also assisted in creating a plan to continue exercising and making healthy life choices going forward. After completing the eight weeks, I was able to use the treadmill without oxygen and walk up and down the stairs without stopping.”

Melinda now feels more confident about walking at work and keeping up with her five grandchildren. Her husband, Dale, daughters, Mindy Cunningham, Casey Adams, and Stephanie Scott, and son, Sheldon Scott, have provided support and care throughout her health journey. She continues visiting Dr. Islam for her medication therapy and is grateful for his staff as well.

A lifelong resident of Licking County, Melinda Scott grew up on a farm. She raised her two daughters and two stepchildren in and around Newark. For 40 years, Melinda smoked cigarettes. As a result, she was diagnosed with chronic obstructive pulmonary disease (COPD) approximately eight years ago. COPD is an ongoing lung condition caused by damage to the lungs that results in swelling and irritation, also called inflammation, inside the airways that obstructs airflow into and out of the lungs. Symptoms include trouble breathing, a daily cough that brings up mucus, and a tight, whistling sound in the lungs called wheezing. COPD is most often caused by long-term exposure to irritating smoke, fumes, dust, chemicals, and most commonly cigarette smoke.

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 to benchmark measures. Then, we publish the information 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 21 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. In 2025, 1,384 visits were made to one of LMHS’ tobacco cessation programs.

	LMH 2023	LMH 2024	LMH 2025	LMH Goal ⁽¹⁾
Six-month success rate for patients who completed Quit for Your Health ⁽²⁾	90%	92%	100%	70%

Respiratory Care – How do we compare? (Continued)

2. Chronic obstructive pulmonary disease (COPD) is a serious, progressive 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, and patients will progress to more serious respiratory compromise over time; however, with careful management, patients can enjoy longer and healthier lives. An admission to the hospital for a COPD patient typically means that their chronic respiratory issues have exacerbated to an immediate, acute condition requiring hospitalization. To monitor the quality of a COPD patient’s care, the Centers for Medicare/Medicaid Services tracks the death rate nationally for patients who die from COPD within 30 days of hospital admission.

	LMH 2023	LMH 2024	LMH 2025	National ⁽²⁾
Mortality rate of COPD patients within 30 days of hospital admission	8.3%	9.8%	8.5%	8.8%

3. 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 2023	LMH 2024	LMH 2025	LMH Goal
Head of bed elevated to 30 degrees	100%	100%	100%	greater than 90%
Oral care	100%	100%	100%	greater than 90%
Daily test to reduce sedation	100%	100%	100%	greater than 90%
Stomach ulcer prevention	100%	100%	100%	greater than 90%
Blood clot prevention	100%	100%	100%	greater than 90%

4. Readmission rates within 30 days of Hospital discharge is a commonly-reported measure of patient outcomes, and assists in determining possible deficiencies in the transition from hospital-to-home, the effectiveness of patient education, and management of the patient’s aftercare when they return home. COPD and pneumonia are among the leading causes of hospitalization and are associated with high rates of potentially preventable readmissions. Monitoring and analyzing readmission rates provides valuable insight into clinical performance and opportunities for improvement.

	LMH 2023	LMH 2024	LMH 2025	National ⁽²⁾
COPD 30-day readmission rate (Patients 65 and older)	18.2%	18.2%	18.5%	18.5%
Pneumonia readmission rate (Patients 65 and older)	17.8%	15.3%	12.9%	16.4%

5. 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 rate of respiratory infections associated with ventilator use, per every 1,000 patient days.

	LMH 2023	LMH 2024	LMH 2025	LMH Goal
Pneumonia infection rate of Intensive Care Unit patients on ventilators per 1,000 ventilator days	0.0	0.0	0.0	0.0

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



Check out our Quality Report Cards online at [LMHealth.org](https://www.LMHealth.org).

Respiratory Care – How do we compare? (Continued)

6. Postoperative patients are at risk of developing serious, potentially preventable complications such as respiratory failure, or a blood clot in their lungs (pulmonary embolism) or legs (deep vein thrombosis – DVT). The Centers for Medicare and Medicaid Services (CMS) tracks data from healthcare facilities and reports the rate that reflect eligible discharges in which a patient experienced respiratory failure, pulmonary embolism, or a DVT.

	LMH 2023	LMH 2024	LMH 2025	National ⁽²⁾
Postoperative respiratory failure	8.76	10.65	10.14	9.42
Postoperative pulmonary embolism/DVT	4.36	3.82	2.83	3.52

7. Licking Memorial Health Professionals (LMHP) office patients who are at high risk for these pneumonia and influenza 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 2023	LMHP 2024	LMHP 2025	National ⁽³⁾
Physician office patients over 65 years receiving the pneumonia vaccine	75%	75%	76%	73%
Physician office patients over 65 years receiving the influenza vaccine	57%	53%	53%	69.7%

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 national benchmarks
- (3) Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Retrieved from <https://www.cdc.gov/brfss/brfssprevalence/> [2019 BRFSS Prevalence & Trends Data].

Sleep Studies: What to Expect

A sleep study, also known as polysomnography, is a diagnostic test used to diagnose sleep disorders, such as sleep apnea, narcolepsy, insomnia, and sleepwalking. Healthcare providers recommend the test to patients who have symptoms of conditions that affect their sleep. The study monitors breathing patterns while asleep and measures heart, lung, and brain activity, arm and leg movements, and blood oxygen levels. The following tips can help individuals prepare for a sleep study:

- Bathe or shower beforehand, but do not use oils, lotions, or other products

that could prevent sensors from adhering to the skin.

- Avoid napping during the day to ensure sleepiness for the study.
- Limit food and beverages that contain caffeine and other stimulants.
- Do not drink alcohol for at least 24 hours before the study, as it can mask certain disorders.
- Pack comfortable sleepwear, personal toiletries, all regular medications taken at night or in the morning, a favorite pillow or blanket, and a book or music for relaxation before sleep.

- Notify the provider of any skin allergies to avoid an allergic reaction to the adhesives on the sensors.

It is normal for people not to sleep as well or as long as they usually do because they are in an unfamiliar place. A few hours is enough to collect sufficient sleep data. Sleep study results are available in one to three weeks. The report will be prepared and sent to the patient’s healthcare provider for a follow-up appointment.



Licking Memorial Health Systems

1320 West Main Street
Newark, Ohio 43055

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

The articles contained in this publication should not be considered specific medical advice as each individual circumstance is different. Should you need medical advice, consult your physician. Entire publication copyrighted 2026 Licking Memorial Health Systems. All rights reserved.

Visit us at LMHealth.org.