



Licking Memorial Health Systems

1320 West Main Street
Newark, Ohio 43055

Please take a few minutes to read this month's report on **Patient Safety**.

You'll soon discover why Licking Memorial Hospital is measurably different ... for your health!

Visit us at www.LMHealth.org.

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Quality Report Card

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Health Tips – Proper Disposal of Medications

Prescription medications are effective in treating illness and disease; however, those same medications can be dangerous if taken after their expiration date or by someone other than the patient for whom they were prescribed. The U.S. Food and Drug Administration (FDA) urges patients to check their homes for expired or unused prescription medicines and dispose of them properly.

The RxCollect program, sponsored by Pathways of Licking County, provides convenient drop-off locations for residents to dispose of expired/unused medications anonymously. Safe drop-off boxes are located in the lobbies of the Licking County Sheriff's Office, the Newark Police Department and the Pataskala Police Department for drop-off whenever the lobbies are open. Prescription and over-the-counter drugs are collected and incinerated for safe disposal.

Tips for the safe disposal of unused/expired medications:

- Pills and capsules should be removed from bottles and placed in a sealed plastic bag before taking to RxCollect sites.
- Liquid medications should be discarded by pouring into absorbent shredded paper or kitty litter before placing in household trash.
- Inhalers and aerosols should not be placed in RxCollect boxes. They should be placed in household trash.
- Hypodermic needles and other "sharps" should not be placed in RxCollect boxes. They should be sealed in sturdy containers such as liquid detergent bottles, before discarding in household trash.
- All personal information should be removed from prescription containers before discarding in household trash.

Patient Safety – 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.

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

1 The Institute of Medicine published a report in 2000 that highlighted the stunning effects of medication errors. The report set forth a national agenda for reducing errors and improving patient safety by designing a safer health system. Although the medication error rate at Licking Memorial Hospital (LMH) is significantly better than the national benchmark, we make continuous efforts to improve the process. LMH dispensed nearly 850,000 doses of medication in 2011.

	LMH 2009	LMH 2010	LMH 2011	National ⁽¹⁾
Medication errors	0.012%	0.014%	0.013%	0.310%

2 Protecting patients from hospital-acquired infections is a primary patient safety goal. LMH has an ongoing program to prevent and treat infections in patients. Per the Centers for Disease Control and Prevention (CDC) recommendations, LMH tracks high-risk patients, including those with an increased risk of infection due to the presence of an invasive device, such as a ventilator, catheter or central venous line. The following data reflects how many infections occurred during 1,000 patient days compared to the national benchmarks.

	LMH 2009	LMH 2010	LMH 2011	National ⁽²⁾
Pneumonia Infection rate of ICU patients on ventilators	1.3	1.3	1.5	1.9
Urinary tract infection rate for ICU patients with urinary catheters	1.4	0.0	0.9	3.7
Bloodstream infection rate for ICU patients with central venous catheters	0	1.5	0	1.9

3 LMH conducts a comprehensive assessment to determine if a patient is at risk for a fall at admission and during the Hospital stay. Personal alarms and bed sensors help alert staff to a potential fall.

	LMH 2009	LMH 2010	LMH 2011	Goal
Inpatient falls	0.36%	0.21%	0.30%	less than 0.30%

4 Coumadin is a blood thinner (anticoagulant) used to help prevent and treat blood clots. The most common side effect of Coumadin is bleeding in any tissue or organ. It is important for patients to have their blood tested regularly. The blood test, called prothrombin time (PT) and International Normalized Ratio (INR), helps the physician determine how fast the blood is clotting and whether the dosage of Coumadin should change. The testing is very important and must be accomplished at recommended periodic intervals in order to keep the PT/INR result in the best and safest range for the medical condition. Licking Memorial Health Professionals (LMHP) has adopted this recommendation as a safety measure.

	LMHP 2009	LMHP 2010	LMHP 2011	Goal
LMHP patients on Coumadin with PT/INR in last two months	96%	96%	95%	greater than 90%

5 Metformin (trade name Glucophage) is a medication that is used in the treatment of diabetes mellitus and polycystic ovarian disease. It is an effective medication for treatment of both of these unrelated disease processes, but must be used cautiously in patients with compromised renal (kidney) function. It is recommended to monitor renal function prior to initiation of therapy and at least annually thereafter. Licking Memorial Health Professionals (LMHP) has adopted this recommendation as a safety measure.

	LMHP 2009	LMHP 2010	LMHP 2011	Goal
LMHP patients on Metformin with creatinine within last year	91%	91%	95%	greater than 90%

6 Venous thromboembolism (VTE) is a potentially life-threatening condition that results when a blood clot forms within a vein. If the clot becomes dislodged, it can travel to the lungs and cause serious harm or even death. The risk of developing a clot can be high with some studies estimating that approximately 10 to 20 percent of all hospitalized patients develop a clot. Risks are even higher for patients undergoing surgery, those who have suffered a stroke, and in cancer and trauma patients. Often, patients will have no symptoms when a clot has formed. By using preventive measures, such as blood thinners or mechanical devices, the risk for developing a clot can be significantly reduced. One study⁽³⁾ indicated that nationally, only about 34 percent of hospitalized patients at risk for developing clots receive these preventive measures. Due to the great risk of blood clots for patients, LMH has adopted a prevention protocol that applies to nearly all patients admitted to the Hospital to reduce their risk.

	LMH 2009	LMH 2010	LMH 2011 ⁽⁴⁾	Goal
Medical patients receiving VTE prophylaxis by end of Hospital day 2	85%	89%	95%	greater than 90.5%

7 LMHS recognizes the importance of keeping our staff healthy and lessening the likelihood that they will infect our patients with influenza while under their care. The Health Systems is committed to providing and encouraging free, easily accessible flu vaccines to all employees.

	LMHS 2009	LMHS 2010	LMHS 2011	LMHS Goal	National ⁽⁵⁾
LMHS employees receiving the seasonal influenza vaccine	85%	85%	86%	greater than 80%	62%

Data Footnotes: (1) *To Err Is Human – Building a Safer Health System*, National Academy Press, Washington D.C., 2000. (2) CDC National Healthcare Safety Network pooled median (ICU only) from January 2006 through December 2007, issued November 2008. (3) Anderson, FA IMPROVE; Blood 2003. (4) 2009 data reflects only fourth quarter data using new CMS specifications. (5) Centers for Disease Control and Prevention (CDC). Interim Results: Seasonal Influenza Vaccination Coverage Among Health-Care Personnel. *MMWR* April 2, 2010 / 59(12); 357-362.

Patient Story – Barbara and George Fenton

Barbara and George Fenton of Newark recently celebrated their 60th anniversary, surrounded by a large gathering of friends and family. The couple originally met as teenagers at a dance in Akron, Ohio. “We did not like each other,” Barbara joked. “I drove her to her house, anyway,” George countered.



Barbara and George Fenton of Newark recently celebrated their 60th wedding anniversary. The Fentons both visit the Anticoagulation Clinic at LMH regularly to ensure their medications are properly managed.

It did not take long for the two to overcome their differences, and today they are still sharing a ride as they visit the Anticoagulation Clinic at Licking Memorial Hospital (LMH). They attend the clinic monthly to ensure that their medications are safely adjusted. The Fentons receive regular testing of their blood's clotting time since they both take Coumadin®, a prescription blood-thinner used to reduce the risk of forming dangerous blood clots that can cause a deadly heart attack or stroke.

George began visiting the LMH Anticoagulation Clinic several years ago after a cardiac stress test showed that the bottom chamber of his heart was not pumping blood efficiently. He had a heart pacemaker implanted and started taking Coumadin after being diagnosed with atrial fibrillation. “In the beginning, it took a little adjusting to get the dosage of Coumadin just right, but within two to three months, we found the proper

balance, and it has stayed the same ever since,” he said.

“A couple of years ago, I began to have an irregular, rapid heartbeat, and I was diagnosed with atrial fibrillation, too,” Barbara stated. “Then, my cardiologist referred me to the Anticoagulation Clinic. I did not mind at all because I was already very familiar with the staff from George's visits, and they are very nice and accommodating. I felt quite comfortable going there.”

The LMH Anticoagulation Clinic, located on LMH's sixth floor, is directed by a physician and staffed by clinical pharmacists and registered nurses with specific training in anticoagulation therapy. Their purpose is to set up a treatment and management plan for patients who have been prescribed blood-thinning medications, such as Coumadin, Lovenox® or heparin.

“Blood-thinning medications are valuable tools in reducing blood clots, heart attacks and strokes in at-risk patients,” explained Jason Sturgeon, R.Ph., Outpatient Pharmacy Clinic Manager. “However, many factors, such as certain foods or other medications, can significantly alter these medications’ effect, so it is important to closely monitor patients’ blood-clotting levels.”

Patient Story – Barbara and George Fenton (continued from previous page)

“The staff has provided us with a great deal of education,” Barbara remarked. “They stressed that we need to limit certain foods, such as greens and cranberries, because of the effect they will have on the Coumadin that we take.”

George added, “Each visit, they take our vital signs, do a quick finger prick for a small blood sample, ask about any new medications, and even inquire about our activity level. We learn the results of the finger prick test before we leave so we know if any adjustments need to be made. They never keep us waiting, and it is all done very quickly so I can get to my job at the Licking County Aging Program where I drive a bus.”

“We always consult with the Clinic before we have any medical procedures or begin new medications,” Barbara said. “There have been a couple of times that a new prescription could have been a problem, but the Clinic’s staff caught it and recommended an alternate medication. It has worked very well for us.”

Appointments with LMH's Anticoagulation Clinic are made following a referral from the patient’s physician, and the staff is available for telephone consultations with established patients. Most major health insurance plans cover the costs of the Clinic’s services. Please call (740) 348-1898 for more information.

Medication Reconciliation Enhances Patient Safety

Beneficial medications that can cure disease, promote healing or control symptoms can conversely cause harm if they are taken incorrectly. A report compiled by the Centers for Disease Control and Prevention (CDC) in 2011 showed that nearly one-half of all Americans take at least one prescription medication daily. In addition, more than 10 percent of Americans take at least five daily prescriptions, and more than 38 percent of seniors over the age of 65 also take at least five prescriptions each day. The likelihood of taking medications improperly rises along with the number of drugs taken, putting those patients at risk for serious injury, possibly even death.

Licking Memorial Hospital (LMH) has established a medication reconciliation program to prevent patients from incorrect medication usage. The program is designed to detect incorrect dosages, improper combinations of prescription and/or over-the-counter drugs, and possible confusion of medication names.

In 2008, LMH became one of the few U.S. hospitals at that time to employ a full-time pharmacist in the Emergency Department (ED) to facilitate the medication reconciliation process for patients who are being admitted to the Hospital. “LMH is still in the forefront of community hospitals by having a pharmacist assigned to the ED. The process has been so successful that we added another pharmacist and two certified pharmacy technicians,” Debbie Young, Vice President Patient Care Services, stated. “Medication reconciliation is critically important because the physician needs to know exactly which medications the patient is taking. The list of medications may give the physician a clue about the cause of the patient’s emergency, and guides the physician about which new medications can be used safely to treat the patient’s current condition.”

LMH Pharmacist Janine Shipley, R.Ph., explained, “In many instances, we find that patients arrive at the ED without their medication lists. They may not be able to recall the precise names and dosages of their medications, or they may forget to tell the staff about insulin, inhalers, and over-the-counter drugs they are taking. Much of that information will be available to the staff if the patient’s information is on the electronic medical record, but physicians need to know the complete, up-to-date

medication list in order to provide good care. The medication reconciliation process compiles a comprehensive list of medications, checks the dosage guidelines, and scrutinizes the list for possible contraindications and duplications of ingredients. For example, the patient may have been taking Tylenol® for a fever, Nyquil® for a cold and Vicodin® for pain, not realizing that all three drugs contain acetaminophen, which can cause liver damage in high doses.”

Janine also devotes time to discussing medication routines with patients. She said, “Sometimes, patients are embarrassed to tell us the truth about the way they take medications. For example, they may take less of an expensive drug than the physician prescribed as an effort to save money, or they may discontinue a prescription without telling their physician because of undesirable side effects. Pharmacists and Certified Pharmacy Technicians talk with patients in the ED prior to their Hospital admission to get additional details which help to create a realistic picture of how they are actually taking their medications. The pharmacist then completes a report that includes the medication list, the allergy list and reasons why the patient may not be taking medications as prescribed. This information is shared with the inpatient physicians.

Medication reconciliation takes place every day in the Hospital for inpatients. Pharmacists, nurses and physicians are all involved in reviewing the individual drug regimens to ensure that new prescriptions fit safely into the patient’s treatment plan. Upon discharge from LMH, patients receive a complete, updated list of their new medications.

