

Quality Report Card

Licking Memorial Health Systems



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PEDIATRIC CARE

Injury Prevention

Injuries are the leading cause of death in children and teenagers in the United States. According to the Centers for Disease Control and Prevention (CDC), a child is treated for an injury in the emergency department (ED) every four seconds. Unintentional injuries vary by age and include falls, firearms, motor vehicle accidents, drowning, poisoning, burns, and suffocation. Although accidents do happen and minor injuries are a part of experiencing childhood, most injuries can be prevented through modifying environments and parental engagement in safety practices.

Falls are the leading cause of injury among children. In the U.S., approximately 8,000 children are treated for fall-related injuries in EDs every day. Falls often lead to serious injuries, including soft tissue injuries, fractures, and head injuries. Playgrounds, especially slides and monkey bars, are some of the most common causes of injury. Climbing on furniture and playing near unsecured windows and stairs also pose the risk for falls and injury.

Supervision is key for child safety inside and outside of the home. Infants should never be left unattended on changing tables, beds, or other furniture. Toddlers and older kids should be supervised when they are on playgrounds and around stairs, porches, or balconies. Parents can also improve home safety by teaching their children about safety practices and how to avoid unsafe situations. To prevent bathtub slips and falls, discourage standing up in the bathtub, and utilize a

non-slip bathmat on the bottom of the tub.

Other strategies to prevent fall-related injuries include installing safety gates on stairs and guards on windows for young children, and using proper safety equipment, such as helmets, knee pads, elbow pads, and wrist guards when riding bikes, roller skating, and playing sports. Trampolines also pose a high risk of injury. Trampoline owners should perform regular safety checks to ensure that all springs and bolts are present and not corroded and that safety pads cover the frame and hooks. A safety net is also recommended to prevent falls. Children should always be supervised while using the trampoline.

After falls, motor vehicle accidents are the most common non-fatal injury for teen drivers and passengers. Motor vehicles can include automobiles, motorcycles, and all-terrain vehicles. If a child is involved in a motor vehicle accident, it is important to have them examined by a physician to ensure there are no major injuries, especially if paramedics are called and recommend a visit to the ED.

The Centers for Disease Control and Prevention recommend safety measures for young adults who are driving. According to Ohio law, seat belts must always be worn. Seat belt use reduces the risk of serious injury and death by nearly half when an accident occurs. Consuming alcohol or drugs before or while driving are dangerous activities for all drivers, especially for those who are less experienced behind the wheel.

Teens should also avoid the use of anything that may cause a distraction while driving, such as cell phones, eating, or putting on makeup. Never text or use social media while driving.

Drownings are most common in children one to three years of age, and most often occur due to lack of supervision. The American Academy of Pediatrics recommends that children younger than four years old never be left unsupervised or in the care of another child while in bathtubs, pools, spas, or when near open water. Parents, guardians, and caregivers should also be trained in cardiopulmonary resuscitation (CPR) as a prevention strategy.

Mild burns are common injuries for children. However, it only takes a few seconds for a mild burn to become severe. Thermal burns are those caused when the skin comes into contact with flames or hot liquid, steam, or metals. When cooking, hot items and liquids should be placed out of reach of children and food and drinks properly cooled before serving. Screen areas around fireplaces and kerosene heaters to prohibit children from touching hot surfaces. To prevent scalding, water heaters should be kept at a temperature of less than 120 degrees. Other burns may be caused by the sun, chemicals, or friction. Place cleaning supplies and other household chemicals on a high shelf and out of reach of children. When playing outdoors, always use a sunscreen with an SPF of 30 or higher and reapply regularly.

Injury Prevention (continued on back)

Patient Story – Jameson Chadeayne

Jameson Chadeayne was only 10 months old when his parents moved to Ohio. After living for a year near Columbus, his family moved to Newark. His mother, Juliana Melnikoff, felt the smaller community offered a better environment to raise Jameson and his sister, Emery.

In January 2020, Juliana discovered that Jameson was experiencing delayed language problems. Working with the Licking County Board of Developmental Disabilities, she researched services available and discovered that the preschool that Jameson was attending had a speech therapist on staff to assist the students. However, in the spring of 2020, due to the pandemic, classes were no longer being held in-person, and the speech therapist was unavailable to assist Jameson.

“I decided to discuss Jameson’s needs with his pediatrician, Richard A. Baltisberger, M.D., or Dr. Rick, as he is known in the community,” Juliana shared. “I told him that Jameson needed outpatient speech therapy and asked for a referral. Dr. Rick referred us to Licking Memorial Hospital Rehabilitation Services, and I began taking Jameson there two to three times a week in August 2020. It was that easy.”

After meeting the speech therapist, Jameson formed a quick bond with her and enjoyed his therapy sessions. He began speech therapy with a diverse vocabulary of single words, but few word combinations to make phrases and sentences. Goals were set to assist Jameson to learn to use two to three word phrases.

Since the initial evaluation over three years ago, Jameson has improved his comprehension and expression skills to above average expectations for his age. He is able to communicate in expanded sentences, follow multi-step directions, and communicate feelings and emotions.

His current speech language pathologist, Colin Mingyar, M.A., CCC-SLP, noted that Jameson is always eager to expand his knowledge on a vast array of topics, and is poised for success in school. After testing earlier this year, Jameson graduated from speech therapy.

“The therapists have such a positive, kind attitude. They are full of sunshine and so gentle with the children. Jameson has just loved them all so much,” Juliana said.

In addition to a language delay, Jameson was diagnosed with pediatric feeding disorder. He was not consuming enough food or liquid, or a broad enough range of food, to achieve and maintain growth or meet nutritional needs. After a series of painful double ear infections between the ages of 15 months to two years, Jameson became unwilling to attempt to consume different types of food. He would only eat 10 to 15 kinds of foods offered him.

The therapists found Jameson had an oral aversion meaning he avoided foods of certain types and textures. In order to ensure that he received the proper nutrition, speech language pathologist, Sarah Hill, M.A., CCC-SLP, began working to desensitize Jameson by systematically making small changes in his diet. He now consumes a variety of foods including vegetables, pastas, meats, grains, and fruits. Meeting the goals set to address the feeding disorder, Jameson has also graduated from feeding therapy. Sarah noted that Jameson continues to try new foods.

“Jameson was well beyond a picky eater,” Juliana remembered. “He would not eat meat at all. Sarah shared with me that she had received specific training to assist children to learn ways to try new foods. I would watch her, and then do the same things at home. He still does not consume everything, but he eats so much more now than he did three years ago. I am no longer concerned about

his nutritional needs. Meal times are less stressful, and I am so grateful.”

Since discovering the language delay, Jameson’s care providers have continued to monitor his progress. He has been diagnosed with autism and at high-risk for attention-deficit/hyperactivity disorder (ADHD). He is now attending First Grade at Heath City Schools where he continues to receive assistance with speech and occupational therapy. Jameson does still visit Rehabilitation Services for occupational therapy to improve everyday skills, learning strategies, and self-care. However, he is no longer required to spend two to three days a week at the facility.

“I am so grateful for all the staff has done for him,” said Juliana. “They have watched Jameson and Emery grow up. I have made many friends there. One of the staff members even served as Jameson’s T-ball coach. It is wonderful to be surrounded by so many people who truly care about my children.”

“When I talk to people about Licking Memorial Health Systems, I have found many are just not aware of all the services available for children. Getting the assistance needed to set our children up for success is easy. A quick conversation with your pediatrician is all you need to discover what is available. I am so grateful to Dr. Rick for the referral and for all of the LMHS staff who do a wonderful job in caring for my children and the community,” Juliana proclaimed.

Licking Memorial Rehabilitation Services offers physical, occupational, and speech and language therapy at the Gib Reese Center for Physical Rehabilitation located at 1717 West Main Street in Newark and physical therapy at the Pataskala Health Campus located at One Healthy Place in Pataskala. Consultations are scheduled with a physician referral.

Pediatric 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.** Immunizations are one of the safest and most effective methods to protect children from potentially serious childhood diseases. Licking Memorial Health Professionals (LMHP) monitor the percentage of children, aged 19 months to 35 months, who receive the individual and complete set of recommended immunizations. The series is frequently referred to as the 4:3:1:3:3:1 series. It consists of the following vaccines:
- 4 doses of diphtheria, tetanus (lockjaw), and pertussis (whooping cough)
 - 3 doses of polio
 - 1 dose of measles, mumps and rubella
 - 3 doses of Haemophilus influenzae B (influenza type B)
 - 3 doses of hepatitis B
 - 1 dose of varicella (chicken pox)

	LMHP 2020	LMHP 2021	LMHP 2022	National
Childhood immunization rate (4:3:1:3:3:1 series)	82%	77%*	72%*	70% ⁽¹⁾

**In 2021 and 2022, concerns stemming from the COVID-19 pandemic led to a decrease in well-child visits and vaccinations.*

- 2.** LMHP providers follow Advisory Committee on Immunization Practices (ACIP) recommended vaccinations to prevent cervical cancer, varicella (chicken pox) and meningitis among adolescents. (In 2019, the parameters for the HPV vaccination series were changed from females, aged 13 to 17, to persons, aged 11 through 26. The vaccine can be administered to both females and males starting at age 9, and those who have not been adequately vaccinated may still receive the vaccination series until age 26.)

	LMHP 2020	LMHP 2021	LMHP 2022	National
Persons aged 11 through 26 completing HPV vaccination series	54%	61%	50%	54% ⁽³⁾
Adolescent children receiving varicella vaccination	96%	91%	91%	90% ⁽³⁾
Adolescent children receiving meningococcal vaccination	89%	83%	83%	87% ⁽³⁾

- 3.** Pharyngitis (sore throat) is a common illness in children. Most children's sore throats are caused by viral illnesses. While antibiotics are needed to treat bacterial pharyngitis, such are not useful in treating viral pharyngitis. Before antibiotics are prescribed, a simple diagnostic test needs to be performed to confirm the presence of a bacterial infection. Inappropriate use of antibiotics for viral pharyngitis is costly, ineffective and contributes to the development of drug-resistant bacterial strains. LMHP monitors and reports how many children with sore throats, aged 2 to 18 years of age, received a Group A streptococcus test before they were given a prescription for antibiotics.

	LMHP 2020	LMHP 2021	LMHP 2022	National
Children with pharyngitis receiving test before antibiotics	93%	87%	88%	84% ⁽²⁾

- 4.** Kids' Place is an accredited child advocacy center that provides a comprehensive, multi-disciplinary evaluation of children who are suspected victims of sexual and/or physical abuse and/or neglect. Services are provided in a comfortable and confidential environment. Case management and victim advocate services are also available.

	LMH 2020	LMH 2021	LMH 2022	LMH Goal
Total number of children served	179	178	165	N/A

Data Footnotes:

- (1) Centers for Disease Control and Prevention, National Immunization Survey, Vaccination Coverage Among Children Aged 19-35 Months – United States, 2017.
 (2) Centers for Disease Control and Prevention, National Immunization Survey, "Flu Vaccination Coverage, United States, 2018-2019 Influenza Season," updated September 26, 2019.
 (3) Estimated Vaccination Coverage with Selected Vaccines and Doses Among Adolescents Aged 13-17, by age at interview; National Immunization Survey-Teen (NIS-Teen), United States, 2018.

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

Most injury-related deaths of infants are a result of suffocation, which most commonly occurs when infants are placed in an unsafe sleeping position or environment. Safe sleeping practices can reduce the risk of suffocation. Always be sure to place the baby on their backs to sleep. Utilize a firm mattress in the

crib. Avoid soft bedding, such as pillows, wedges, and bumpers. Soft toys should be kept out of the sleeping area. Parents may share a room with their baby, but bed sharing is not recommended.

Parents and caregivers who follow the recommended safety guidelines can help

reduce the risk of accidents and prevent more serious injuries from occurring. If an injury does occur, parents and caregivers should remain calm and render appropriate first aid treatment. If necessary, children should be taken to an urgent care or the nearest healthcare facility.

Gun Safety

Parents and caregivers play a key role in developing safe practices and are responsible for the safety of their children. According to federal statistics, approximately 40 percent of all U.S. households have guns. Access to firearms in the home raise the risk of unintentional firearm-related death and injury among children. Every year, nearly 1,300 children die due to guns and many more are seriously injured. It is important for families who have guns in their homes to store them safely and make sure all family members know and follow the rules for safely handling a firearm.

When storing a gun at home:

- Keep the gun unloaded and locked securely in a cabinet, safe, gun vault, or storage case
- Store bullets in a separate location from the gun
- Keep keys or passcodes to locked storage hidden
- Place a gun lock on the firearm so that it is unable to be fired

Discussing gun safety regularly and repeatedly with children is recommended, and use age-appropriate language. Explain to children that they should never pick up a firearm, even if they think it is a toy and to immediately inform a trusted adult. Assure them they will not be punished for reporting a found weapon to an adult.

Licking Memorial Health Systems (LMHS) offers free gun locks to families to encourage gun safety in the home. To receive a free gun lock, ask the staff at one of the Licking Memorial Pediatrics offices.



**Licking Memorial
Health Systems**

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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 **Pediatric 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.

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