

Quality Report Card



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EMERGENCY CARE

Suicide-Safe Rooms in the Emergency Department Provide Patient Protection

Licking Memorial Health Systems (LMHS) is dedicated to promoting patient safety while delivering the highest quality care. Patients experiencing a mental health crisis are in acute emotional pain and deserve care that is empathetic and patient-centered. Last year, Licking Memorial Hospital (LMH) renovated four rooms in the Emergency Department (ED) that are specifically designed for patients who arrive exhibiting suicidal thoughts or behavior. In 2019, the LMH ED saw 1,198 high-risk individuals and 576 low-risk patients, and medical staff realized that time and resources were being lost in converting and re-converting emergency rooms to suicide-safe rooms.

Items in a standard ED room that are unable to be removed, such as electrical outlets and wiring, may pose a threat to a patient who is contemplating suicide. Equipment that can be removed from a room is at risk of getting lost or damaged. It takes approximately 30 minutes to convert a regular ED room into a room that is safe for an at-risk patient. Once that patient has been discharged from the ED, it takes the same amount of time to convert it back to a standard room.

Each safe room contains a box-frame bed with no ligature points. The mattress is made of a tamper-resistant material with the pillow contained inside. Door handles are designed to prevent any ligatures being tied to the knobs. The door contains no locking mechanism and swings in both directions to prevent barricading. The rooms contain no fixtures on the walls and no electrical outlets, phone jacks or any

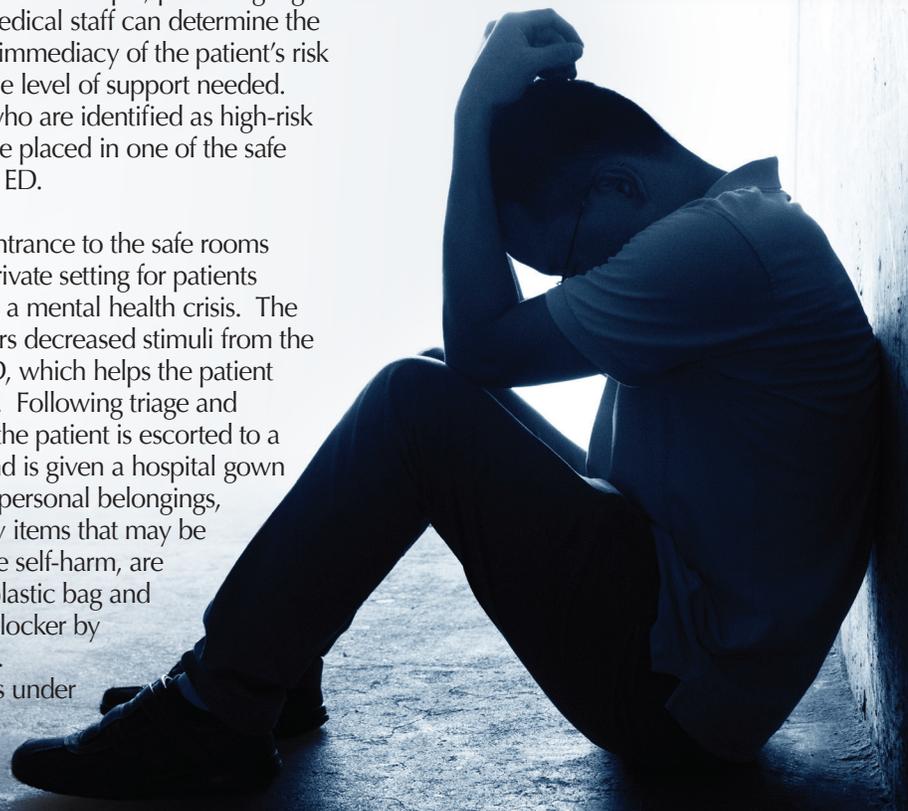
type of wiring that could be used as a ligature. There is a television on the wall encased in polycarbonate resin thermoplastic – a material that is difficult to break and produces no shards. The box is affixed with tamper-resistant screws to prevent an individual from using such as a cutting device.

A patient who visits the ED exhibiting suicidal thoughts or behavior is immediately triaged and assessed by medical staff using the Columbia Suicide Severity Rating Scale (C-SSRS). The C-SSRS is a unique measure to identify and evaluate individuals at risk for suicide. Through a series of simple, plain-language questions, medical staff can determine the severity and immediacy of the patient's risk and gauge the level of support needed. Individuals who are identified as high-risk for suicide are placed in one of the safe rooms in the ED.

A separate entrance to the safe rooms provides a private setting for patients experiencing a mental health crisis. The isolation offers decreased stimuli from the rest of the ED, which helps the patient remain calm. Following triage and assessment, the patient is escorted to a safe room and is given a hospital gown to wear. All personal belongings, including any items that may be used to cause self-harm, are placed in a plastic bag and secured in a locker by medical staff. The patient is under constant

monitoring at all times while in the safe room.

A licensed social worker will perform a comprehensive assessment of the patient to evaluate the severity of suicide risk and recommend appropriate treatment, such as a safety plan coupled with outpatient services or involuntary psychiatric hospitalization. LMHS offers inpatient and outpatient behavioral health services to adults experiencing a mental health crisis. Information for all behavioral health services may be accessed by calling (220) 564-HEAL (4325).



Patient Story – Robert “Larry” Thompson



Robert “Larry” Thompson is not one to complain. The lifelong Licking County resident is known by his friends and family as a strong man who worked hard at the same job for over 50 years. After graduation from a local vocational school, Larry went to work at the former Rockwell Plant in Heath. He met his wife, Linda, through mutual friends a year later and the two were married within six months. The couple raised their three children in the area and now are enjoying watching their grandchildren and great-grandchildren grow up in Licking County as well.

Larry retired in 2015 when the automotive, aviation, and electronic components manufacturing plant where he worked was shutting down. Retirement has allowed Larry to spend more time doing the things he enjoys, such as riding his motorcycle and spending time with his family. Every year, he travels to Florida for Bike Week. He had always done his best to maintain his health.

During Labor Day weekend in 2019, Larry and Linda attended Swapper’s Day in Johnstown. The couple enjoyed the outing and Larry seemed perfectly fine. The next morning around 5:00 a.m., Larry woke Linda complaining of severe pain in his stomach. Linda called 911 to have an ambulance sent to their home because she could tell from his pale face and discomfort that something was terribly wrong. Upon arriving at the Licking Memorial Emergency Department (ED), Richard J. Limperos, M.D., quickly recognized the symptoms of an abdominal aortic aneurysm (AAA).

The aorta, the largest blood vessel in the body, runs from the heart through the center of the chest and abdomen and supplies blood to the body. If the wall of the aorta weakens, it can develop an aneurysm – an enlarged area that may rupture and cause life-threatening bleeding. An AAA often grows slowly without symptoms, making detection difficult. A number of factors can play a role in developing an aortic aneurysm, including:

- Hardening of the arteries (atherosclerosis) due to a buildup of fat and other substances on the lining of a blood vessel
- High blood pressure that can damage and weaken the walls of the aorta
- Blood vessel diseases that cause inflammation
- Infection in the aorta
- Trauma, such as being in a car accident

For Larry, the AAA ruptured and he was bleeding into his stomach cavity. “One look at Larry’s swelled stomach and Dr. Limperos knew exactly what was wrong and went right to work,” Linda shared. Dr. Limperos performed a bedside ultrasound, offering a rapid diagnosis which is critical in time-sensitive cases such as an AAA. The staff quickly worked to stabilize Larry so that he could be taken by helicopter to a hospital in Columbus for surgery. At the time, a vascular surgeon who could perform the needed repair to the aorta was not available at LMH. Time was of the essence to save Larry’s life, and the staff took all the steps necessary to prepare Larry for the required surgery. “I truly believe LMH ED, you, and the nurses with him that morning, played a crucial role in saving my father-in-law’s life. Our family cannot thank you enough for your diligence and urgency,” said Beth Kieber, Larry’s daughter-in-law, in an email to Dr. Limperos.

Dr. Limperos and the LMH staff explained to the family that the AAA surgery was a difficult procedure and there was only

a 30 percent chance that Larry would survive. “I do not think I even really have the words to say what our family is feeling, but we are incredibly grateful to you for the care you provided Larry, even though it was a very short time. I believe you were the reason Larry survived to make it into surgery. Thank you for the role you played in saving his life,” Beth wrote. Linda also said she is grateful for and could not have asked for better treatment for her husband.

Once stabilized, Larry was transferred to Riverside where he underwent a five-and-a-half hour surgery to remove the damaged section of the aorta and replace it with a synthetic tube. After the surgery, Larry spent another month in the hospital in Columbus to recover. He was then transferred to the Acute Inpatient Rehabilitation unit at LMH where he stayed for a week to develop the skills necessary to return home. Once back in his own home, members of Licking Memorial Home Care Services visited Larry to change his bandages and continue his care. Larry continues to recover and is excited to return to riding his motorcycle and spending time with his family.

Patients brought to the LMH ED with an AAA no longer need to be transferred to a Columbus hospital for surgery. In February, Licking Memorial Vascular Surgery began treating patients with conditions that affect the circulatory system, primarily diseases of the arteries and veins that affect blood circulation. Vascular Surgery is staffed by two qualified vascular surgeons, trained to diagnose and treat these disorders, excluding the intracranial and coronary arteries. They also perform wound care of the lower extremities. Services offered at Licking Memorial Vascular Surgery include AAA repair. For more information about Licking Memorial Vascular Surgery, call (220) 564-1965. The office is located at 1371 West Main Street in Newark.

Emergency 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. During 2019, there were 51,416 visits to the Licking Memorial Hospital (LMH) Emergency Department (ED).

	LMH 2017	LMH 2018	LMH 2019	Goal
Median length of stay in the ED for all patients*	171 min.	193 min.	194 min.	191 min.
Median length of time from arrival until seen by a physician*	22 min.	24 min.	21 min.	less than 28 min. ⁽²⁾
Median length of stay in the ED for patients discharged home*	158 min.	174 min.	175 min.	National 175 min. ⁽²⁾
Median length of stay in the ED for patients admitted to the Hospital*	248 min.	274 min.	275 min.	302 min. ⁽²⁾
Median length of time from the ED physician's decision to admit a patient until the patient arrives in their Hospital room	71 min.	86 min.	81 min.	120 min. ⁽²⁾
Percentage of patients who are in the ED for more than 6 hours	3.7%	4.8%	5.3%	5.7% ⁽¹⁾

***LMH data represented on this table reflect nearly 100 percent of all ED visits, while goals reference Centers for Medicare & Medicaid Services hospital comparative data, which use a small sampling of all U.S. emergency department patients.**

2. In 2019, LMH operated three Urgent Care facilities: Licking Memorial Urgent Care – Pataskala, Licking Memorial Urgent Care – Granville and Licking Memorial Urgent Care – Downtown Newark. Patients are encouraged to visit Urgent Care rather than the ED when they have illnesses and injuries that are not life-threatening, but need immediate attention, such as ear infections, minor fractures and minor animal bites. Urgent Care visits usually require less time and lower costs than visits to the ED. During 2019, there were 16,633 visits to Licking Memorial Urgent Care – Granville, 7,531 visits to Licking Memorial Urgent Care – Pataskala and 18,798 visits to Licking Memorial Urgent Care – Downtown Newark.

	LMH 2017	LMH 2018	LMH 2019	Goal
Urgent Care – Downtown Newark time to see physician	23 min.	19 min.	12 min.	Less than 30 min.
Urgent Care – Downtown Newark median length of stay	53 min.	48 min.	44 min.	Less than 60 min.
Urgent Care – Granville time to see physician	14 min.	11 min.	9 min.	Less than 30 min.
Urgent Care – Granville median length of stay	41 min.	40 min.	36 min.	Less than 60 min.
Urgent Care – Pataskala time to see physician	17 min.	15 min.	14 min.	Less than 30 min.
Urgent Care – Pataskala median length of stay	44 min.	43 min.	44 min.	Less than 60 min.

3. Emergency angioplasty restores blood flow in a blocked heart artery by inserting a catheter with a balloon into the artery to open the vessel. The procedure has been proven to save lives during a heart attack and is most effective when performed within 90 minutes of the patient's arrival to the ED to minimize irreversible damage from the heart attack.

	LMH 2017	LMH 2018	LMH 2019	Goal
Median time to opened artery	54 min.	58 min.	55 min.	61 min.
Percentage of patients with arteries opened within 90 minutes	97%	100%	99%	96%
Median time from arrival to completion of EKG	2 min.	2 min.	2 min.	National ⁽²⁾ 7 min.

4. Patients who are seen in the ED and return home sometimes can develop further problems that warrant a return to the ED. A high number of patients who return to the ED within 24 hours after being seen can possibly signal a problem with patient care and the ED's ability to accurately diagnose and treat a patient's condition. For this reason, LMH measures the rate of patients who return to the ED within 24 hours to ensure that they have their conditions managed correctly. LMH sets aggressively stringent goals for this, as listed below.

	LMH 2017	LMH 2018	LMH 2019	Goal
ED patients who return to the ED within 24 hours of discharge	1.2%	1.1%	1.4%	Less than 2%

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



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5. A high rate of patients who return to the Hospital within 72 hours after an ED visit and are admitted can possibly signal a problem with patient care. These cases are very heavily reviewed and scrutinized, and LMH sets aggressively stringent goals for this indicator, as listed below.

	LMH 2017	LMH 2018	LMH 2018	Goal
Patients admitted to the Hospital within 72 hours of ED visit	0.6%	0.7%	0.6%	Less than 1%

6. For personal reasons, some patients may elect to leave the ED prior to completing any recommended treatment. Doing so can place the patient at serious health risk. As a measure of ensuring patient safety, LMH measures the percentage of patients who elect to leave the ED prior to completing their treatment.

	LMH 2017	LMH 2018	LMH 2019	Goal
ED patients who leave before treatment is complete	4.7%	5.6%	5.0%	Less than 3%

7. Understanding a patient’s pain level is important to LMH, and patients who arrive in the ED will be asked to describe their level of pain when first seen by a doctor or nurse. This helps to ensure quick identification of patients experiencing pain which allows for faster pain control.

	LMH 2017	LMH 2018	LMH 2019	Goal
Assessment of pain completed	96.8%	95.4%	92.4%	Greater than 95%

Data Footnotes: (1) Comparative data from the Midas Comparative Database. (2) Hospitalcompare.hhs.gov national benchmarks.

*LMH data represented on this table reflects nearly 100% of all ED visits, while goals reference CMS hospital comparative data, which uses a small sampling of all U.S. emergency department patients.

Health Tips – Using Fentanyl Test Strips as a Harm Reduction Practice

The opioid epidemic is an ongoing public health crisis in the United States, and overdoses involving drugs that contain fentanyl are increasing at an alarming rate. Fentanyl is a synthetic opioid that is 80 to 100 times stronger than morphine. It is a prescription drug used to treat patients who are in severe pain. Synthetic opioids, such as fentanyl, now are the most common substances involved in drug overdose deaths in the United States.

Rapid fentanyl test strips (FTS) are an emerging harm reduction method that may help inform people who use drugs about their risk of fentanyl exposure prior to consumption. FTS detect the presence of fentanyl in illegal drugs and can be used in a private setting, which may encourage those who use drugs to be proactive in testing their supply.

Because of fentanyl’s potency, it is a dangerous additive that drug dealers often mix with other drugs, such as heroin, cocaine, methamphetamine and MDMA. Sellers may not disclose the fact that their product contains fentanyl; therefore, individuals taking these drugs may not be aware of the increased risk of overdose due to the presence of fentanyl. Those who use an FTS and receive a positive test result may be more likely to change their drug use behavior – including not using the drug at all – than a person who is unaware that their drug is contaminated with fentanyl.

FTS are offered at Licking Memorial Urgent Care locations in Newark, Pataskala and Granville. Individuals may visit an Urgent Care and ask for the strips at the front desk. The test strips are provided with a contact number for Shepherd Hill, the treatment center associated with Licking Memorial Hospital. Shepherd Hill offers a variety of services for individuals who are struggling with drug addiction. For more information about addiction medicine services, contact (220) 564-HEAL (4325) or visit www.shepherdhill.net.



Licking Memorial Health Systems
1320 West Main Street
Newark, Ohio 43055

Visit us at www.LMHealth.org.

Please take a few minutes to read this month’s report on **Emergency Care**. You’ll 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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