

Quality Report Card

Licking Memorial Health Systems



Volume 19, Issue 8

August 2018

EMERGENCY CARE

Pain Medication Guidelines for Emergency Departments

After drug overdoses became the leading cause of injury-related deaths in Ohio, state lawmakers began working to establish an approach to prevent overdose deaths and promote responsible use of opioids. The Governor's Cabinet Opiate Action Team (GCOAT) was established in 2011, and the organization quickly implemented guidelines for emergency departments and medical providers to address prescription opioid misuse. The Licking Memorial Hospital (LMH) Emergency Department (ED) carefully adheres to these guidelines to facilitate a reduction in the supply of opioids and focus on drug abuse prevention. Physicians and providers consider non-opioid pain treatment alternatives, and are discouraged from prescribing pain medication for chronic conditions.

According to Ohio Guidelines for Emergency and Acute Care Facility Opioid and Other Controlled Substances (OOCS) Prescribing, prescriptions for chronic pain typically will not be provided if a patient has previously presented with the same problem or received an opioid or other controlled substance from another provider within the last month. Emergency medical clinicians will not routinely provide:

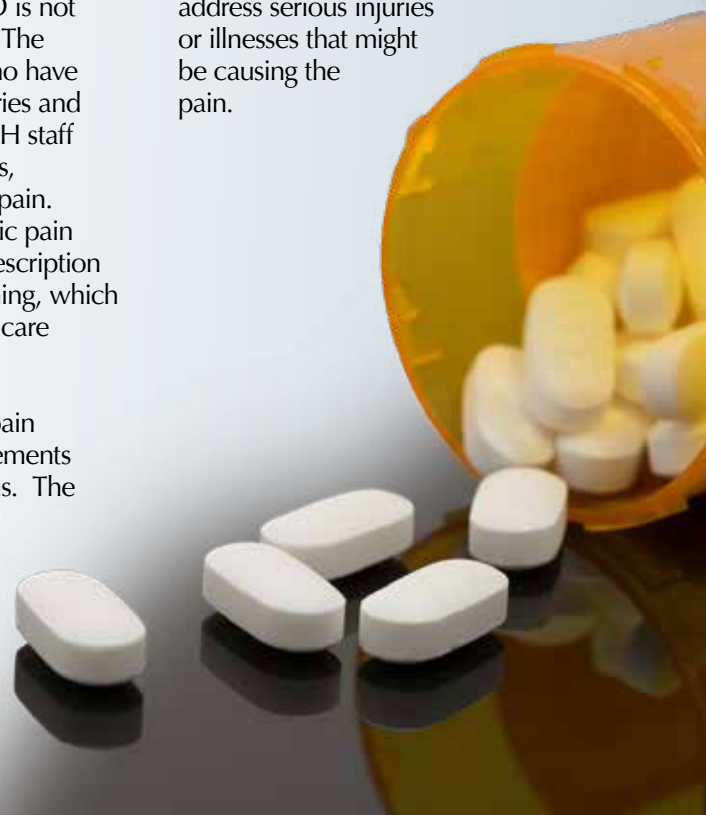
1. Replacement prescriptions for OOCS that were lost, destroyed or stolen.

2. Replacement doses of Suboxone, Subutex or Methadone for patients in a treatment program.
3. Long-acting or controlled-release opioids (such as OxyContin®, fentanyl patches and Methadone).

LMH's Emergency Medicine physicians and nurse practitioners are encouraged to provide the most appropriate care to meet the unique needs of each patient. When a patient enters the ED due to pain, the first concern is to determine the cause of that pain and directly address the issue, such as a broken bone. The ED is not intended to treat chronic pain. The service is meant for patients who have life-threatening illnesses or injuries and need intensive care. While LMH staff members care about all patients, it is difficult to address chronic pain. Managing sub-acute and chronic pain requires close monitoring of prescription medications and detailed planning, which are best provided by a primary care physician.

The guidelines for prescribing pain medication also include requirements for monitoring such medications. The Ohio Automated Rx Reporting System (OARRS) database was established to allow physicians quick access to prescription information.

Anyone receiving a prescription for opioids or other controlled substances is entered into the database allowing staff members at LMH to determine if a patient has been taking a controlled substance. The state guidelines are meant to establish safety checkpoints on prescription opioids for long-term pain and help ensure that treatment is improving patients' quality of life without increasing the risk of opioid misuse and addiction. For patients experiencing pain, the ED is always available to provide appropriate treatment. The physicians are prepared to address serious injuries or illnesses that might be causing the pain.



Patient Story – Bentley Phillips



In the early morning of February 25, 4-year-old Bentley Phillips was suffering from an asthmatic flare-up and not responding to breathing treatments at home. His parents, Scott and Melissa, took him to the Licking Memorial Hospital (LMH) Emergency Department. Upon their arrival around 3:00 a.m., Bentley quickly was triaged and placed in a room. A nurse came to the room soon after they were settled and Richard J. Limperos, M.D., arrived before she could finish gathering information regarding Bentley's current symptoms and history. "The efficiency was very impressive and appreciated, especially when we were so tired and hoping for a short visit before returning home after an already long evening," Melissa commented. "Dr. Limperos quickly diagnosed Bentley and identified the care he needed. He was very knowledgeable of his condition and medication dosages and took the time to ensure all of our questions were addressed," she continued.

Chest X-rays were ordered and respiratory therapist Jon Lawton came to consult with Melissa and Scott. "He was one of the best clinicians I have met in Bentley's four years of asthma treatments," said Melissa. "He too was very knowledgeable, professional and spent time with my husband and me answering questions we had about our son's condition."

The respiratory therapist reviewed the correct usage and care of a nebulizer – a delivery device that administers medication in the form of a mist inhaled into the lungs. Nebulizers are commonly used for the treatment of various respiratory diseases or disorders. "No one had ever explained to

me that I needed to change the device filter every three months. Bentley's had not been changed in three years," she said. New filters changed on an appropriate schedule would not only decrease treatment times for Bentley, but ensure that he was receiving all the medication in each dose. He explained how and where to order new filters, along with the estimated cost.

"As a parent, you worry about giving so much medication to your young child," Melissa commented. "He assured me that it was important to give Bentley medication when he needs it to keep his asthma under control and maintain his treatment regimen. He was very supportive and explained the signs of overmedication to look for and the maximum doses to safely administer. We appreciated the extra time he spent with us."

The Phillips' visit to the ED lasted about two hours that morning. "We were so impressed with how quickly everything happened. The physicians are very familiar with the condition and we did not have to advocate to them regarding Bentley's treatments, for which we were very grateful," Melissa shared.

Bentley was diagnosed with chronic asthma at two weeks of age, shortly after being adopted by Melissa and Scott. He is under the care of a pulmonologist, takes four daily medications and uses a nebulizer regularly. However, Bentley still suffers from occasional flare-ups, typically in the spring and fall seasons, that can be very serious. During a flare-up, Bentley experiences an intense dry hacking cough, mostly at night, which is accompanied by diminished breath sounds and sometimes a runny nose. Colds and strenuous exercise tend to trigger his asthmatic flares.

Bentley has visited the LMH ED several other times as a result of his asthma. Each time, Bentley has been diagnosed and treated promptly. The family was treated well and received helpful consultations. Bentley contracted Influenza A this past spring which triggered a flare and,

subsequently, a trip to the ED. After being infected with influenza, the lungs of an asthma patient continue to be impacted for weeks longer than the usual patient. The physician on call consulted Bentley's pulmonologist and they agreed on appropriate treatment – further use of a steroid to control symptoms. When Bentley was still struggling with symptoms a few weeks later, a third trip to the ED was necessary. "The physician consulted the pediatrician on call, listened to our concerns and was very open to our suggestions," Melissa noted. Bentley was diagnosed with a sinus infection and prescribed an antibiotic which cleared up his symptoms in a few days.

Bentley is currently preparing for sinus surgery. Physicians are hopeful that the removal of his adenoids will open his airway, providing easier breathing. He also will undergo a bronchoscopy, a procedure used to visualize a patient's lungs and airways for diagnostic purposes. "We are very grateful to have such an excellent healthcare facility close to home. We have been impressed and satisfied with the outcome at each of our visits and will certainly recommend LMH for anyone needing emergency care," concluded Melissa.

The LMH Emergency Department managed 55,398 patient visits in 2017. The Emergency Department is open 24 hours a day, seven days a week, for patients who have serious or life-threatening injuries and illnesses. LMH also operates three Urgent Care facilities, conveniently located throughout the county, in Pataskala, at One Healthy Place off Broad Street, in Granville, at 14 Westgate Drive off of Route 16 and the newest location, 20 West Locust Street in Downtown Newark. Wait times in the ED can be lengthy for patients with minor symptoms, since those with the most acute conditions must be seen first. Patients with minor symptoms may find shorter wait times, as well as lower costs, at one of the Urgent Care facilities. Please visit the home page of LMH's website, www.LMHHealth.org, to check the approximate number of patients waiting at each facility.

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 2017, there were 55,398 visits to the Licking Memorial Hospital (LMH) Emergency Department (ED).

	LMH 2015	LMH 2016	LMH 2017	National
Median length of stay in the ED for all patients*	185 min.	175 min.	171 min.	286 min.⁽¹⁾
Median length of stay in the ED for patients discharged home*	170 min.	161 min.	158 min.	161 min.⁽²⁾
Median length of stay in the ED for patients admitted to the Hospital*	245 min.	230 min.	248 min.	300 min.⁽²⁾
Median length of time from arrival until seen by a physician*	27 min.	23 min.	22 min.	24 min.⁽²⁾
Median length of time from the ED physician's decision to admit a patient until the patient arrives in their Hospital room	83 min.	69 min.	86 min.	107 min.⁽¹⁾
Percentage of patients who are in the ED for more than 6 hours	5.7%	4.2%	4.4%	7.1%⁽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 2017, 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 2017, there were 18,136 visits to Licking Memorial Urgent Care – Granville, 7,889 visits to Licking Memorial Urgent Care – Pataskala and 12,740 visits to Licking Memorial Urgent Care – Downtown Newark.

	LMH 2015	LMH 2016	LMH 2017	Goal
Urgent Care - Downtown Newark time to see physician	N/A	N/A	24 min.	Less than 30 min.
Urgent Care - Granville time to see physician	19 min.	21 min.	16 min.	Less than 30 min.
Urgent Care - Pataskala time to see physician	17 min.	19 min.	18 min.	Less than 30 min.
Urgent Care - Downtown Newark average length of stay	N/A	N/A	54 min.	Less than 120 min.
Urgent Care - Granville average length of stay	49 min.	50 min.	43 min.	Less than 120 min.
Urgent Care - Pataskala average length of stay	47 min.	47 min.	45 min.	Less than 120 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 it 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 2015	LMH 2016	LMH 2017	Goal
Average time to opened artery	60 min.	53 min.	54 min.	61 min.
Percentage of patients with arteries opened within 90 minutes	100%	100%	97%	96%
	LMH 2015	LMH 2016	LMH 2017	National⁽²⁾
Median time from arrival to completion of EKG	4 min.	2 min.	3 min.	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 an 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 2015	LMH 2016	LMH 2017	Goal
ED patients who return to the ED within 24 hours of discharge	1.3%	1.4%	1.2%	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 2015	LMH 2016	LMH 2017	Goal
Patients admitted to the Hospital within 72 hours of ED visit	0.7%	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 2015	LMH 2016	LMH 2017	Goal
ED patients who leave before treatment is complete	6.3%	4.4%	4.7%	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 2015	LMH 2016	LMH 2017	Goal
Assessment of pain completed	96.4%	96.3%	96.8%	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 – Pain Management

Pain management can be simple or complex based on the cause of the pain. The treatment of pain should be guided by the history of the pain, intensity, duration, aggravating and relieving conditions, and structures involved in causing the pain. In order for a structure to cause pain, it must have a nerve supply, be susceptible to injury, and stimulation of the structure should cause pain. Pain management should identify the precise source of the problem and isolate the optimal treatment.

Before prescribing opioids, healthcare providers are encouraged by the State of Ohio to use alternatives to prescription pain medications. Opioids do not necessarily stop pain. The medication mimics endorphins in the body, creating euphoria – a feeling of happiness. Over-the-counter medications, such as acetaminophen (Tylenol) or a nonsteroidal anti-inflammatory (NSAID; Ibuprofen), can help alleviate pain or inflammation that causes pain and can be successfully used to control extremity pain.

Consider the following alternatives to pain medication:

- Interventional procedures
- Physical therapy
- Psychological counseling and support
- Massage therapy



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.

Visit us at www.LMHealth.org.

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