



Quality Report Card

Know the Symptoms of AFib

Atrial fibrillation (AFib) is an irregular, rapid heart rate caused by disorganized electrical signals that force the heart's two upper chambers, known as the atrium, to squeeze rapidly. A typical heart rate is 60 to 100 beats per minute, but AFib may cause the rate to increase to 100 to 175 beats per minute. Due to the irregular heart rate, blood may gather in the atrium and form clots, which could cause a stroke if blood flow to the brain is blocked. Strokes are a major risk for AFib patients and eventually may cause further heart complications; therefore, it is vital to know the symptoms of AFib, including:

- Dizziness
- Palpitations, which are sensations of a rapid, uncomfortable, irregular heartbeat
- Weakness
- Reduced ability to exercise
- Chest pain
- Fatigue
- Shortness of breath
- Lightheadedness

AFib is not always easy to detect. Some patients may not experience symptoms of the condition, and only discover the irregular heartbeat during a routine checkup. On the other hand, some patients report feeling the heart flutter or a thump in the chest. Other symptoms can include general fatigue, fatigue while exercising, weakness, faintness or confusion, dizziness, and shortness of breath. If you are experiencing chest pain or pressure, call 911 immediately.

An echocardiogram or electrocardiogram may be performed to diagnose an irregular heartbeat. There are many treatment options for AFib that aim to control or slow down the heart rate. Certain heart rate medicines can be used to slow the heartbeat. Another option, chemical cardioversion, uses medicine to slow the electrical signals from the brain to the heart. If medications are ineffective, a physician may utilize electrical cardioversion to give the heart an electrical shock to resume a normal rhythm.

There are a number of risk factors that may cause AFib, including a history of heart attacks, sleep apnea, high blood pressure, coronary heart disease and lung disease. Some circumstances may create an unavoidable risk of AFib, including heart

defects at birth, an overactive thyroid gland, metabolic imbalance and family history. Those older in age also may be at risk for AFib.

Although AFib may be unavoidable, eating a heart-healthy diet that includes fish, nuts, berries, seeds, oats, legumes and vegetables may help to lower the risks. Other preventative measures include increasing exercise, avoiding smoking, limiting caffeine and alcohol, and reducing stress.



Patient Story – Dan Omlor



The warning signs of a possible cardiac event were present for months, but Dan Omlor kept making excuses. He could not walk far without shortness of breath, and he breathed heavily when he climbed stairs. There were episodes of lightheadedness, and pressure and tightness in Dan's chest, but he told his family it was nothing of concern because he was just out of shape. Dan had experienced heart trouble in the past that required placing a stent in his heart to open a blocked vessel, but he had not seen a specialist for some time. After his physician had moved from the area, Dan had not attempted to find another cardiologist for follow-up care. When Dan mentioned his symptoms to a group of friends, they highly recommended that he visit cardiologist Hassan Rajjoub, M.D., at Licking Memorial Hospital (LMH). "Everyone I talked with had glowing reviews about Dr. Rajjoub," said Dan. "He is well respected and appreciated throughout the community. Everything I heard was positive." Dan scheduled a consultation with Dr. Rajjoub on June 25.

During the visit, Dan and Dr. Rajjoub discussed his prior procedure and background. When Dan told Dr. Rajjoub about the current issues, Dr. Rajjoub scheduled a heart catheterization right away. "He was very pleasant and kind. He made me feel so comfortable, and I believe he saved my life," explained Dan. On June 27, Dan returned to LMH to receive the heart catheterization. After a short time, Dr. Rajjoub sought out Dan's wife, Joan, and daughter, Jodi, in the waiting

room to explain that Dan would not be going home. The heart catheterization revealed Dan had a blockage that required bypass surgery. He needed to be transported to Riverside Hospital in Columbus right away for the operation.

With all the information and images from Dr. Rajjoub, the surgeon at Riverside felt that the bypass surgery should be performed immediately. "I do not want to imagine what would have happened if Dr. Rajjoub or the surgeon had waited. It was too close," Joan said. "The surgeon said even though it was late in the day, he felt waiting until the next day would be risky for Dan." Dan has little recollection of the day of his surgery, but he does remember Dr. Rajjoub's calming demeanor which set his mind at ease. "I believe Dr. Rajjoub and the surgeon at Riverside have a very good working relationship. The communication was outstanding, and both physicians were so reassuring. You can tell they both enjoy their profession and caring for people," Dan said.

When Dan returned to his own house, members of Licking Memorial Rehabilitation Services began in-home care. For six weeks, therapists worked with Dan, assisting him in everyday tasks and building his strength. Dan always has been active and rarely felt ill, so it was difficult to rely on others for assistance. "The therapists that visited Dan were very good. They knew when he needed a little push to work harder, and when to encourage him not to push too far," Joan commented.

When Dan was strong enough, he began visiting the Cardiac Pulmonary Rehabilitation Clinic at LMH. "The staff in the Clinic are very knowledgeable. They make the exercise fun. They track my progress during my activities and constantly check the data to make sure I am not overexerting myself," Dan said. "They increase my activity a little

at a time and I am feeling great." Dan cannot lift objects weighing more than 20 pounds and has to be careful not to perform movements that might pull the muscles in his chest. He is temporarily prohibited from participating in his favorite sports – golf and fishing – but plans to continue following orders from the staff at the Rehabilitation Clinic and Dr. Rajjoub to build his endurance and strength so he can golf with his friends when the weather warms again.

Dan also looks forward to spending more time with his family. During his recovery, his daughters, Jodi and Beth, assisted in his care. Jodi lives in Newark, and Beth lives in Dover, Delaware, with her husband and children, Evan and Katie. "My wife and daughters were good nurses. I really appreciated them caring for me, and my grandchildren were the best medicine," Dan shared. He and Joan have been married for 52 years. He grew up in Mount Vernon, Ohio, and moved to Newark in 1970 to take a job with State Farm. He retired from State Farm 17 years ago, and has enjoyed traveling and working around his house. Joan is a volunteer at LMH.

Dan's family is grateful to see his ornery side return as he grows ever stronger. They are convinced that Dr. Rajjoub saved Dan's life by quickly recognizing the signs of a blockage, and making the decision to send him for surgery. Dan is grateful to be able to share his story, and has valuable advice for anyone experiencing chest discomfort. "Listen to your body. Do not wait," Dan declared. "Also, be sure to see a physician regularly for check-ups."

LMH takes great pride in providing excellent cardiovascular services to the community, specializing in providing timely lifesaving techniques and the latest technology for patients with the risk of cardiovascular disease. The Cardiovascular team provides a full

Heart 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. The first step in heart attack treatment is to confirm that the patient is truly experiencing the symptoms of an attack. An electrocardiogram (EKG) measures the electrical activity of the heart and can determine if a heart attack is occurring.

	LMH 2016	LMH 2017	LMH 2018	National Average ⁽¹⁾
Median time from arrival to completion of EKG	1 minute	2 minutes	2 minutes	8 minutes

2. In patients having a heart attack, emergency angioplasty restores blood flow to the heart muscle by re-opening blocked or clogged arteries. This is completed by inserting a catheter into the artery that feeds the heart, inflating a balloon and placing a stent inside the artery to keep it open. This procedure can help reduce damage to the heart muscle, and has the best results when performed within 90 minutes after arriving in the Emergency Department (ED). Licking Memorial Hospital (LMH) began performing this procedure in 2008.

	LMH 2016	LMH 2017	LMH 2018	National Goal ⁽²⁾
Mean time from arrival until balloon angioplasty performed	55 minutes	54 minutes	55 minutes	90 minutes
Time to balloon within 90 minutes	100%	97%	100%	95%

3. Emergency Medical Services (EMS) are often the first to evaluate and treat patients experiencing heart attack symptoms. EMS acquires a baseline EKG to wirelessly transmit to the LMH ED physician for interpretation and early identification, so that the Catheterization Lab team can be alerted quickly. Medical contact to reperfusion refers to the time it takes in minutes from the first medical contact by EMS with a patient experiencing heart attack symptoms, to the opening of the artery to allow blood flow back to the heart muscle.

	LMH 2016	LMH 2017	LMH 2018	National Goal ⁽²⁾
Medical contact to reperfusion	75 minutes	76 minutes	78 minutes	Less than 90 minutes

4. Licking Memorial Health Professionals (LMHP) physicians also monitor the usage of antiplatelet drugs, such as aspirin or an antithrombotic drug, in patients with coronary artery disease (CAD). The usage of these medications lowers the risk of myocardial infarction (MI) or death in patients with CAD.

	LMHP 2016	LMHP 2017	LMHP 2018	LMHP Goal ⁽³⁾
LMHP CAD patients with aspirin and/or antithrombotic prescribed	93%	94%	94%	Greater than 85%

5. LMHP physicians monitor the cholesterol levels, specifically the LDL (bad cholesterol) levels of their patients with diagnoses of CAD. Elevated LDL cholesterol level is a risk factor for MI, but is reversible through medication, diet and exercise.

	LMHP 2016	LMHP 2017	LMHP 2018	LMHP Goal ⁽³⁾
LMHP CAD patients with LDL less than or equal to 100 mg/dl	65%	63%	67%	Greater than 50%

Data Footnotes: (1) Hospitalcompare.hhs.gov national benchmarks. (2) American Heart Association website (3) Benchmark indicates LMHP Goal.



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spectrum of diagnostic and treatment services performed by experienced cardiac nurses and cardiologists in a serene environment. The LMH Cardiac Imaging Lab has received the Mission: Lifeline® Gold Receiving Quality Achievement Award for implementing specific quality improvement measures outlined by the American Heart Association for the treatment of patients who suffer severe heart attacks, and is nationally accredited by the Intersocietal Commission for the Accreditation of Echocardiography Laboratories in echocardiography and adult stress echocardiography. The Cardiac Rehabilitation Program focuses on complete cardiac patient care, including the development of an individualized health and fitness plan, and is designed to restore and enhance both the physical and psychological health of patients. The Program is certified by the American Association of Cardiovascular and Pulmonary Rehabilitation, and has met quality standards required by the Association to ensure the highest level of patient care.

Health Tips – Sleep Apnea and AFib

Sleep apnea not only disrupts sleep patterns, but also can stress the heart. Sleep apnea occurs when a person's breathing is interrupted repeatedly for 10 or more seconds during sleep. On average, these episodes occur at least five times per hour and possibly hundreds of times every night. The most common form of the condition is obstructive sleep apnea, which is a result of an issue in the upper airway. Enlarged or swollen tissues relax during sleep and block the passage of air leading to gasping or loud snoring. Sleep apnea causes low oxygen levels that leave the brain vulnerable to stroke. When breathing stops, the body asserts strong efforts to open the airway and resume the airflow. As the body struggles to breathe, the nervous system releases surges of stress hormones that elevate blood pressure levels and lead to heart rate fluctuations. Over time, untreated sleep conditions may lead to systemic heart problems with uncontrolled high blood pressure (hypertension) and a heart arrhythmia condition called atrial fibrillation (AFib). Hypertension and AFib also are two well-known risk factors for stroke and create a major concern for the heart.

A stroke is a medical emergency that requires prompt treatment in order to minimize brain and heart damage. Therefore, sleep apnea could lead to severe complications if a stroke occurs because it may be several hours before a victim is aware of the issue. Talk to a primary physician about a sleep study for a proper diagnosis of a sleep disorder.



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Please take a few minutes to read this month's report on **Heart Care**. You'll soon discover why Licking Memorial Hospital is measurably different ... for your health!

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