

# Quality Report Card



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EMERGENCY CARE

## Case Management in the Emergency Department

The Emergency Department (ED) at Licking Memorial Hospital (LMH) is open around the clock to offer immediate care for patients who have serious or life-threatening injuries or illnesses. The ED staff performs an evaluation to determine the patient's treatment during the visit. LMH Case Management staff members also assess individual cases to assist in establishing the patient's needs following discharge and ensure they are placed in the correct billing status – inpatient or observation – if they are staying in the hospital. A visit to the ED can be costly for patients as insurance providers, such as Medicare and Medicaid, often require justification for immediate treatment. Case Management staff serve as advocates for the patients in both situations.

The members of the Case Management team who work in the ED are licensed social workers and registered nurses. Their roles are different with some occasional coordination between the two disciplines. High risk patients are screened prior to leaving the ED to determine if they need a formalized discharge plan. Planning for the next step in care can include referrals for equipment, nursing homes, acute rehabilitation, home healthcare, specialists or to address other needs where the community provides resources. The social workers also are prepared to assist patients facing mental health or substance abuse issues. Serving in the ED allows the social workers the opportunity to educate patients and offer emotional support when needed.

ED medical staff often suggest a follow-up visit with the patient's primary care physician to make certain the patient has recovered and needs no further treatment. Patients with no primary care physician may not receive follow-up care which could result in repeated visits to the ED. To prevent a return to the ED, Case Management discusses health risks with the patient and works to devise a plan for a healthy recovery. They offer education on good practices for care at home and also provide resources for assistance in the community. Case Management staff

considers the age, condition and needs of the patient when offering such education and support. Case Management staff assist with setting up appointments or may refer patients to a follow-up clinic for those who meet certain criteria and have no primary physician. The goal of Case Management is to provide patients a smooth transition through the different phases of recovery when experiencing a crisis such as an illness, serve as a patient advocate, and to offer information on the resources and services available to each individual based on the individual's needs.



# Patient Story – Darrin Logan



On the morning of January 21, Darrin Logan and his son, Daniel, headed to Newark High School for their morning workout. Darrin kept active with regular crossfit and cardio exercise. However, part way through their session, he noticed he was not feeling well and knew something was wrong.

“After completing the crossfit portion of our workout, I started on the treadmill and did not feel well. I had a feeling in my chest I had never felt before, not like heartburn or indigestion,” Darrin explained. “I did not make the connection then, but I had experienced that same feeling in my chest just a few days earlier. I also had tingling in both of my arms from my shoulder to my elbow.”

Daniel, Newark High School Athletic Strength and Conditioning coach, noticed the red flags of his father’s symptoms and watched him closely as they headed home. “Fortunately, we live right down the street, and I just kept telling myself, ‘I can make it back home, it is not that far,’” said Darrin. His vision began to blur just as they reached the driveway. He put the car in park, passed out and suffered a seizure. Daniel immediately called 911.

Darrin lost consciousness for approximately 20 seconds. When he awoke, he was aware of his surroundings and could hear his son talking to Emergency Medical Services (EMS). “I was making a concerted effort to tell Daniel how I felt, so he could relay as much information as possible about my condition and symptoms. This reaction was natural due to my position. I knew that the more information we could provide, the better the outcome,” Darrin stated.

When EMS arrived, there was an immediate recognition between Darrin and the

paramedics. While they did not know one another personally, they were familiar with one another from working together. “I could see the overwhelming concern in his eyes and I knew they were going to do everything in their power to help me, including something as simple as helping me remove my favorite sweatshirt, so that it would not have to be cut off,” shared Darrin.

He remembers an oxygen mask being placed over his nose and mouth before losing consciousness again, this time waking up in the Licking Memorial Hospital (LMH) Emergency Department (ED) trauma room. His heart stopped in the squad and paramedics performed CPR and used a defibrillator to attempt to regain a heart rhythm, but there was no heartbeat for the entire trip to LMH. Usually, there are two EMS staff on an ambulance, one of them the driver. Fortunately, for Darrin, there happened to be four on board that day, and the extra hands available provided much-needed treatment. EMS alerted physicians in advance and also performed an EKG in transit.

“Upon my arrival at the Hospital, an LMH employee jumped on my gurney as they were rolling me in and continued CPR,” said Darrin. “There were so many staff ready to help me and I saw them gathered around me when I awoke. In fact, I regained consciousness so suddenly and with such force, that I knocked the employee performing CPR completely off of me, sat up and spoke to the staff,” he explained. This experience was not only dramatic and alarming for Darrin, but also for the employees, since his heart had been stopped for such an extended period of time. “Several members of the trauma team came to visit me the next day and see with their own eyes that I was alright. Their care and concern was amazing.” Even though Darrin was coherent, in his mind he could not understand what was happening. He recalls telling himself, “‘If I could just remember how I got here then I would know what was going on.’ But I could not piece it together; nothing was making sense,” he shared.

While Darrin was being moved to the Catheterization Lab, physicians offered his wife and son the opportunity to talk with him for a few moments. “Coleena and Daniel explained the situation to me multiple

times and finally it clicked. The next thing I remember is waking up in the Intensive Care Unit (ICU). I took a deep breath and I felt great!” he said. Hassan Rajjoub, M.D., and Leslie Solomon, APRN-CNP, of Licking Memorial Cardiology, and the Cath Lab team had performed a life-saving procedure. Darrin had a full blockage in his main artery. The clot was removed and two stents were placed, to restore oxygen-rich blood flow back to the heart muscle. “The entire Cath Lab Team is incredibly skilled and took outstanding care of me,” he said. “Remarkably, the only noticeable evidence is a small scar on my wrist from the incision marking the entrance used for the procedure.”

Darrin spent three days at LMH. “I could not be more pleased with my care, from the moment I arrived in the ED to the day I was discharged home. The staff was attentive, kind and respectful,” he shared.

Darrin realizes he missed several signs leading up to his cardiac event. “For approximately the past two years, I noticed workouts had become more difficult. I figured that I was getting older, and just needed to work harder, not that I had a problem with my heart,” he admitted. He is very grateful for the life-saving care he received in the ED as well as the Cath Lab. Darrin is recovering well. After completing 20 sessions of cardiac rehabilitation, he has started running and regular workouts again.

A Newark native, Darrin is a 1984 graduate of Newark High School. He has served 25 years with the Newark Police Department and was promoted to his current role as Deputy Chief of the Detective Bureau in 2016. Darrin served his country for four years in Germany with the Army. He has three children, Daniel, who also is a Newark City Schools Elementary Linkage Coordinator; Brandon, a University of Cincinnati biomedical engineering student; and Mylaura, a senior at Newark High School.

The LMH ED managed 52,879 patient visits in 2018. The Department is open 24 hours a day, seven days a week, for patients who have serious or life-threatening injuries and illnesses.

# 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 2018, there were 52,879 visits to the Licking Memorial Hospital (LMH) Emergency Department (ED).

	LMH 2016	LMH 2017	LMH 2018	Goal
Median length of stay in the ED for all patients*	175 min.	171 min.	193 min.	191 min. National 162 min. <sup>(2)</sup>
Median length of stay in the ED for patients discharged home*	161 min.	158 min.	174 min.	162 min. <sup>(2)</sup>
Median length of stay in the ED for patients admitted to the Hospital*	230 min.	248 min.	274 min.	302 min. <sup>(2)</sup>
Median length of time from arrival until seen by a physician*	23 min.	22 min.	24 min.	22 min. <sup>(2)</sup>
Median length of time from the ED physician's decision to admit a patient until the patient arrives in their Hospital room	56 min.	71 min.	86 min.	118 min. <sup>(2)</sup>
Percentage of patients who are in the ED for more than 6 hours	3.9%	3.7%	4.8%	5.7% <sup>(1)</sup>

\*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 2018, 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 2018, there were 17,000 visits to Licking Memorial Urgent Care – Granville, 7,469 visits to Licking Memorial Urgent Care – Pataskala and 18,002 visits to Licking Memorial Urgent Care – Downtown Newark.

	LMH 2016	LMH 2017	LMH 2018	Goal
Urgent Care - Downtown Newark time to see physician	N/A	24 min.	21 min.	Less than 30 min.
Urgent Care - Granville time to see physician	21 min.	16 min.	13 min.	Less than 30 min.
Urgent Care - Pataskala time to see physician	19 min.	18 min.	17 min.	Less than 30 min.
Urgent Care - Downtown Newark average length of stay	N/A	54 min.	50 min.	Less than 60 min.
Urgent Care - Granville average length of stay	50 min.	43 min.	42 min.	Less than 60 min.
Urgent Care - Pataskala average length of stay	47 min.	45 min.	46 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 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 2016	LMH 2017	LMH 2018	Goal
Average time to opened artery	53 min.	54 min.	56 min.	61 min.
Percentage of patients with arteries opened within 90 minutes	100%	97%	100%	96%
Median time from arrival to completion of EKG	1 min.	2 min.	2 min.	National <sup>(2)</sup> 8 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 2016	LMH 2017	LMH 2018	Goal
ED patients who return to the ED within 24 hours of discharge	1.4%	1.2%	1.1%	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 2016	LMH 2017	LMH 2018	Goal
Patients admitted to the Hospital within 72 hours of ED visit	0.7%	0.6%	0.7%	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 2016	LMH 2017	LMH 2018	Goal
ED patients who leave before treatment is complete	4.4%	4.7%	5.6%	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 2016	LMH 2017	LMH 2018	Goal
Assessment of pain completed	96.3%	96.8%	95.4%	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 – Advantages of a Primary Care Physician

The Licking Memorial Hospital Emergency Department (ED) provides comprehensive emergent and urgent care. The primary goal is to assess, stabilize and treat patients quickly and effectively for patients experiencing a sudden and unexpected injury or illness in which failure to seek emergency treatment would result in permanently jeopardizing a person’s health, serious medical consequences, impairment of bodily functions or permanent dysfunction of any bodily organ or part. While emergent care always is available, medical researchers suggest patients should have one designated primary care physician for the best possible care. A primary care physician, who specializes in internal medicine or family practice, can provide continuing care while offering preventative measures to avoid ED visits.

The following are examples of how a primary care provider can improve health care for patients:

- **Continuity** – A single physician keeps a record of health conditions and concerns as well as medications and is able to offer preventive measures to decrease the risk of more serious illness.
- **Convenience** – A primary care physician offers a wide variety of services including screenings for chronic conditions.
- **Health maintenance** – Based on yearly exams and medical history, the primary care physician can determine risks and assist in managing chronic medical issues including high blood pressure, diabetes, acid reflux disease and more.
- **Early detection** – Regular checkups with a primary care physician increase the opportunities to detect health issues such as cancer or heart disease, when such conditions are more treatable.
- **Better communication** – Research shows that physician visits are less stressful and more productive when the patient is comfortable with the physician.

Should an emergency arise, the primary care physician may recommend a visit to the ED.



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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!

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