

# Respiratory Care – How do we compare?

Check out our Quality Report Cards online at [www.LMHealth.org](http://www.LMHealth.org).

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 them to benchmark measures. Then, we publish them so you can draw your own conclusions regarding your healthcare choices.

**1** Tobacco use has been linked to many serious and life-threatening conditions, such as cancer, heart disease, cardiopulmonary disease, and diabetes. An estimated 25 percent of Licking County adults smoke.<sup>(1)</sup> Many of these individuals want to discontinue using tobacco products, but are unable to overcome their addiction. LMHS offers free Quit For Your Health services, which include education, counseling, and tobacco cessation products, all in an effort to help improve the health of the community.

	LMH 2011	LMH 2012	LMH 2013	LMH Goal
Number of patients referred to tobacco cessation services	1,679	892	849	NA
Six-month success rate for patients who completed Quit for Your Health <sup>(2)</sup>	56%	49%	63%	National <sup>(3)</sup> 25%

**2** Smokers who receive advice from their physicians to quit smoking are more likely to give up smoking than those who do not, according to the National Committee for Quality Assurance (NCQA). Licking Memorial Pulmonology assesses the smoking status of all Pulmonology patients during office visits and counsels those who are actively smoking to quit. The patients are offered referral to Quit for Your Health.

	LMHP Pulmonology 2011	LMHP Pulmonology 2012	LMHP Pulmonology 2013	National <sup>(4)</sup>
Smoking cessation advised for Licking Memorial Pulmonology patients who smoke	100%	99%	100%	77%

**3** Asthma is a condition in which swelling or inflammation can cause narrowing of the breathing tubes, making it difficult to breathe and sometimes resulting in a medical emergency. By using the correct medications, such as inhaled corticosteroids, asthma can be controlled. Use of these medications can reduce asthma-related emergency room visits, hospital admissions, and missed work/school days. Licking Memorial Pulmonology assesses all asthma patients during their office visits to ensure that they are being treated with the correct long-acting corticosteroid.

	LMHP Pulmonology 2011	LMHP Pulmonology 2012	LMHP Pulmonology 2013	National <sup>(5)</sup>
Asthma patients assessed for appropriate inhaled corticosteroid	100%	100%	100%	87%

**4** Protecting patients from hospital-acquired infections is a primary patient safety goal. LMH has many ongoing programs and safety mechanisms in place to help prevent patient infections. In accordance with the Centers for Disease Control and Prevention (CDC) recommendations, LMH monitors patients who are at high risk for infections, including those using invasive devices, such as ventilators (breathing machines). The following data reflect the number of respiratory infections associated with ventilator use, per every 1,000 patient days.

	LMH 2011	LMH 2012	LMH 2013	National <sup>(6)</sup>
Pneumonia infection rate of Intensive Care Unit patients on ventilators per 1,000 patient days	1.5	0.0	0.0	1.2

**5** A ventilator is a breathing machine that may be used in hospitals for very sick patients who may not be able to breathe on their own. The use of a ventilator can be life-saving, but also can have serious side effects, such as infections, stomach ulcers, blood clots, and dependency on the ventilator itself. To help reduce the potential for these side effects, LMH uses a “ventilator bundle” when caring for patients using a ventilator. This bundle includes several treatments used together, such as providing special medications, providing good mouth care, making sure the patient’s body is positioned correctly, and aggressively “weaning” the patient off the ventilator.

	LMH 2011	LMH 2012	LMH 2013	Goal
Complete ventilator bundle used for patients on ventilators	99%	98%	98%	greater than 90%

**Data footnotes:** (1) Licking County Health Department, Behavioral Risk Factor Surveillance System, 2011. (2) Tobacco-free status is self-reported by patients in a six-month follow-up after completing the Quit for Your Health program. (3) Hospitalcompare.lmhs.gov national benchmarks. (4) National Committee for Quality Assurance, “The State of Health Care Quality 2012.” (5) National Committee for Quality Assurance, “The State of Health Care Quality 2013.” (6) National Healthcare Safety Network Report, Data Summary for 2010, Devices-associated Module (Medical-Surgical ICU<15 beds).

# Patient Story – Joseph Carbaugh

A 45-year smoking habit is not an easy thing to overcome, but Joe Carbaugh has done it and regrets only that he did not do it sooner. Joe found the support he needed to finally give up smoking through the free Quit for Your Health tobacco cessation program at Licking Memorial Hospital (LMH).

Joe smoked his first cigarette at the age of 12. Looking back, he now realizes that he was influenced by his friends, as well as his father. “My dad smoked unfiltered cigarettes, and I wanted to grow up to be like him,” Joe said. As a 12-year-old, Joe did not have much spending money, so he sneaked cigarettes from other people’s ashtrays. In his teens, he purchased cigarettes at a corner store. “Back then, they did not really care about the age limit. Besides, I was tall, so they usually did not question my age. Cigarettes were easy to buy.”

Joe married his wife, Cindy, in 1974. They established a home in Newark and raised two children. Cindy did not smoke, and Joe always was vaguely aware that cigarettes could affect his health, as well as his family’s. “I smoked about one pack a day, and I think that I just repressed any health concerns and got on with my life,” he explained. “When we started having grandkids, I became more aware of how bad smoking and secondhand smoke are. At that point, I went outside to smoke.”

With a family history of heart disease, along with the growing concern about having a negative influence on his family, Joe resolved to quit smoking at the age of 50. “It never happened,” Joe admitted. “I never stopped smoking, even with the knowledge that my father had a heart attack at the same age.”

“My father passed away in 2012 from bladder and kidney cancer – conditions that both are often linked to smoking,” Joe acknowledged. However, his personal “wake-up call” did not take place for yet another year. He said, “I remember the day that I really decided to quit smoking. I was lying in bed and just could not breathe! I prayed to the Lord to give me the strength to quit.”

Cindy found a copy of Licking Memorial Health Systems’ Community Connection newsletter that contained information about LMH’s Quit for Your Health tobacco cessation program, and Joe called to request an appointment. On August 17, 2013, he met with Melissa Phillips, R.N., a tobacco cessation counselor. “She made me feel very relaxed and comfortable. I asked her if I should throw away my cigarettes immediately, but she said that it could wait until the next day,” Joe said. Then, on August 18, Joe threw away his cigarettes for good.

Over the next 10 weeks, Joe visited Melissa every other week for counseling and to monitor his progress. “Melissa is so easy-going,” Joe said. “She supplied me with free nicotine patches and gum, and we discussed the inevitable cigarette cravings and how I would work through them. For me, the answer to cravings was butterscotch-flavored hard candy. I think I went through four pounds of butterscotch candy in the first two weeks!”



Joe Carbaugh (right) quit smoking with the help of tobacco cessation counselor, Melissa Phillips, R.N. (left), nicotine replacement products, and butterscotch candy.

“I tell people that the patches and gum help a lot, but ultimately, giving up smoking is really a personal decision,” Joe advised. “You have to want to do it, or you will not be successful. I still have cravings that arise from time to time. When I used to smoke, I always had a cigarette as soon as I woke up in the morning. Occasionally, I will still have that craving when I wake up, but I have to work through it.”

Joe is appreciative of the support supplied by his own personal cheering squad. In addition to the encouragement he received from Melissa, his family has made their feelings very clear. “The grandkids are very proud of me,” Joe said. “In fact, all my family is very proud of me. My family doctor, Thomas K. Petryk, M.D., even congratulated me and shook my hand. If it were not for all of them, I would not have been able to quit. I am very blessed – very fortunate.”

Joe added, “For me, it was a big motivator that I soon began to breathe easier. I started to realize that with this program, I was going to be able to remain on this Earth a little longer and stay with my family. After just one week, I found that my sense of smell had improved, and food was tasting good – really good!”

Melissa called Joe in mid-March 2014 to see how he was doing, and he proudly reported that he was still smoke-free. “We call our Quit for Your Health graduates six months after they complete the program to make sure they are still abstaining from smoking,” Melissa said, “and I always stress to my clients that I am here anytime if they feel tempted to light up again. The first year of quitting can be difficult with cravings popping up out of the blue, and it is important that they remember they can always call me for support. Just because they are not seeing me on a weekly basis does not mean that I am off their quit team. We develop relationships that last much longer than the 8 to 12 weeks they are enrolled in the program. Nicotine addiction is tricky, and one puff of a cigarette can rekindle 80 percent of the nicotinic receptors that the client has worked so hard to shut down.”

“The community has needed this for a long time – for someone to step up and provide a tobacco cessation program like Quit for Your Health,” Joe said. “Nicotine patches and gum are expensive. In reality, I had the money to buy cigarettes, but I was reluctant to spend money to quit. Besides, the program’s counseling and education were a large part of my success. Even now, I know that if the cravings get too strong, I can call Melissa, and she will help me work through it. I am so impressed with the tobacco cessation program that I urged some family members and a friend to sign up. I am pleased to say that they are currently going through the program, as well.”

Joe now makes infrequent stops at the corner store for some iced tea. Reflecting on the sum of money that he formerly spent there on cigarettes, he shakes his head. “I could have used that money to restore my 1970 Mustang convertible,” he said. Joe reports that although he does not miss smoking, the occasional nicotine cravings take effort to overcome. However, instead of reaching for a cigarette, he calmly unwraps a butterscotch candy and pops it in his mouth.

# Secondhand Smoke Presents Danger to Every Person (and Pet) in the Home

Despite widespread reports that tobacco smoke is comprised of more than 7,000 carcinogens, toxic metals, poisonous gases and other chemicals, many smokers continue to light up on a daily basis. The Ohio smoking ban went into effect in 2006, and restricted the use of cigarettes, pipes and cigars in most public places, but not in private homes or vehicles, where interior tobacco smoke still poses a risk to the smoker and all other occupants – human and pet.

Secondhand smoke exposure occurs when a nonsmoker is subjected to tobacco smoke that originates from the burning end of cigarettes (also pipes and cigars), or from the smoke exhaled in the smoker's breath. Thirdhand smoke is the residue from tobacco smoke that settles on nearby surfaces, such as hair, clothing, furniture, flooring, and walls. Many of the dangerous chemicals that are inhaled during smoking are also found in secondhand and thirdhand smoke. In addition, the toxic chemicals found in thirdhand smoke residue remain hazardous long after the original smoke has dissipated.

“There is no ‘safe’ level of secondhand or thirdhand smoke,” stated Eric R. Pacht, M.D., of Licking Memorial Pulmonology. “Long-term exposure to secondhand smoke is linked to heart disease, lung cancer and sudden infant death syndrome. Children are especially susceptible to tobacco-related illnesses, such as frequent earaches, exacerbations of asthma, and upper respiratory tract infections. This is disturbing because young children do not have a choice to avoid a smoke-filled environment. Smokers who love their families and friends need to consider the risks they are taking with their loved ones’ health every time they light up a cigarette. Ideally, they should quit smoking, or at the very least, avoid smoking around others.”

In addition to the human companions who are harmed by secondhand and thirdhand smoke – household pets share the same air supply as their owners, touch many of the same residue-coated surfaces, and face an additional hazard when



they preen themselves and accidentally ingest thirdhand smoke's chemicals. For many years, veterinarians have noted that dogs living in homes with smokers are more likely to develop cancer in the nose and lungs, while birds that live in similar households are more likely to develop pneumonia, lung cancer and heart conditions. A study reported by Tufts' School of Veterinary Medicine and the University of Massachusetts at Amherst showed that cats who were exposed to secondhand smoke were more than twice as likely to develop feline lymphoma. Cats who were exposed to secondhand smoke for a length of five years were three times as likely to develop the deadly form of cancer.<sup>(1)</sup>

“With all the education and media attention that has been placed on the dangerous effects of cigarette smoking and secondhand smoke throughout the past few decades, just about everyone already knows at least some of the health risks that smoking places on themselves and their families,” Dr. Pacht commented. “However, nicotine is a highly addictive substance, and many smokers cannot quit the habit, regardless of the long-term effects on their own health and the health of their loved ones. Fortunately, Licking Memorial Health Systems (LMHS) offers a solution that I regularly recommend to my patients who smoke – a free tobacco cessation program, called ‘Quit for Your Health.’”

LMHS' Quit for Your Health program is designed to help individuals stop using any form of tobacco. Certified tobacco treatment specialists help develop a customized quit plan for each individual, incorporating evidence-based techniques, such as one-on-one counseling, nicotine replacement products, self-management education and relapse-prevention strategies. Tobacco users who wish to visit a Quit for Your Health tobacco cessation counselor should call (740) 348-QUIT (7848) to set up an appointment.

*Footnote:*

*(1) <http://www.tufts.edu/communications/printerversion/080102PetsAndSmoke>.*



Licking Memorial Hospital's (LMH) Tobacco Cessation Program, Quit for Your Health, is designed to help people stop using tobacco at no cost. For most individuals, this requires the support of a professional counselor. Our counselors utilize evidence-based techniques to help participants develop a plan that will offer an opportunity to become tobacco-free.

**For more information, please call (740) 348-QUIT (7848).**



## Licking Memorial Health Systems

1320 West Main Street  
Newark, Ohio 43055

Please take a few minutes to read this month's report on **Respiratory Care**.

You'll soon discover why Licking Memorial Hospital is measurably different ... for your health!

Visit us at [www.LMHealth.org](http://www.LMHealth.org).

The Quality Report Card is a publication of the LMHS Public Relations Department.

Please contact the Public Relations Department at (740) 348-1572 to receive future mailings.

The articles contained in this publication should not be considered specific medical advice as each individual circumstance is different. Should you need medical advice, consult your physician. Entire publication copyrighted 2014 Licking Memorial Health Systems. All rights reserved.



# Quality Report Card

## Licking Memorial Health Systems

(740) 348-4000 (phone) • [www.LMHealth.org](http://www.LMHealth.org)



Volume 15, Issue 5

May 2014

## Health Tips – Occupations with Elevated Risk for Respiratory Disease

Certain individuals have an elevated risk for respiratory disease due to their exposure to chemicals, germs and airborne particulate in the workplace. Examples of occupational respiratory diseases include asthma, pneumonia, chronic obstructive pulmonary disease, respiratory tuberculosis, asbestosis, silicosis and lung cancer.

Some of the occupations that have an elevated risk for respiratory disease due to the work environment include:

- Carpenters
- Construction workers
- Electricians
- Elementary school teachers
- Fabricators
- Farmers
- Firefighters
- Hairdressers
- Janitors and cleaners
- Laborers
- Managers and supervisors
- Mechanical engineers
- Miners
- Pipefitters
- Plumbers
- Registered nurses
- Sales workers
- Secretaries and accountants
- Steamfitters
- Textile sewing machine operators
- Truck drivers

The American Lung Association estimates that occupational exposure is responsible for up to 23 percent of adult-onset asthma diagnoses, 14 percent of COPD cases, and 10 percent of lung cancers. The risk can be significantly reduced through preventive measures, such as proper ventilation, protective equipment, modified work procedures and employee education.