



**Licking Memorial
Health Systems**
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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

A publication of the LMHS Public Relations Department at 740-348-1572.

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1998, 1999, 2000,
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Respiratory Care

...a community report on patient care quality.

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**Licking Memorial
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Measurably Different ... for
YOUR HEALTH!



HEALTH TIPS

Indoor air pollution can irritate anyone. However, people with respiratory problems can be especially troubled by indoor irritants. Following are some common indoor irritants and ways to fight them:

- Household fumes: Install exhaust fans in your kitchen, bathrooms and any work areas where fumes accumulate. Open windows frequently and clean fans regularly.
- Dust and dirt: Vacuum regularly, and clean heat exchangers, dryer filters and refrigerator coils.
- Tobacco smoke: Do not allow anyone to smoke in your home.

Respiratory Care: How Do WE COMPARE?

Licking Memorial Hospital, 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 health care choices.

1 Respiratory patients who are admitted to LMH receive a consistent, thorough assessment of their condition. To initiate prompt and appropriate care, patient assessments need to be completed in a timely manner. To this end, LMH raised its standard of care by reducing the time in which respiratory assessments must be completed. LMH's goal is that patients receive their assessment within 4 hours of hospital admission.

	LMH 2002 ⁽¹⁾	LMH 2003	LMH 2004	LMH Goal
% of respiratory assessments conducted within 4 hours	98%	98%	97%	greater than 95%

2 When a patient is suspected of having respiratory failure, an Arterial Blood Gas (ABG) test is performed to see how well the lungs are functioning. The test primarily measures how well the body is taking in oxygen and ridding itself of carbon dioxide.

	LMH 2002	LMH 2003	LMH 2004	LMH Goal
Turnaround time for emergency ABGs	11 Minutes	10 Minutes	10 Minutes	less than 12 Minutes

3 Pulmonary rehabilitation is a comprehensive program that helps people with respiratory problems improve their respiratory health. LMH tracks the percentage of program participants who reach their personal goals and increase their activity levels.

Health Indicator for Pulmonary Rehab	LMH 2002	LMH 2003	LMH 2004	LMH Goal
% Who met their personal goals	100%	90%	100%	100%
% Increased activity	100%	90%	100%	100%
% Increased activities of daily living	100%	90%	100%	100%

4 When people with Chronic Obstructive Pulmonary Disease (COPD) or asthma require hospitalization, treatment programs that recognize their special needs often help shorten their hospital stays. After hospitalization, people continue therapy in appropriate rehabilitation settings.

	LMH 2002	LMH 2003	LMH 2004	National ⁽²⁾
COPD average length of stay	3.7 Days	3.2 Days	3.1 Days	4.5 Days
Asthma average length of stay	2.7 Days	2.8 Days	2.6 Days	less than 2.9 Days

5 LMH uses a clinical practice guideline to make sure asthma patients receive all appropriate care for their condition. One quality measure on the guideline is the use of a peak flow meter to help determine the severity of and improvements in a patient's breathing problem.

	LMH 2002	LMH 2003	LMH 2004	LMH Goal
Asthma protocol followed in ED	90%	92%	91%	greater than 90%

6 Smoking increases patients' health risks, including their risk of facing acute myocardial infarction (AMI), pneumonia and heart failure. LMH offers smoking cessation counseling to patients in hopes of lowering their risk for continued smoking-related health problems.

Smoking cessation for AMI patients

LMH 7/02-12/02	LMH 2003
N/A ⁽³⁾	85%
LMH 2004	LMH Goal
100%	greater than 90%

Smoking cessation for pneumonia patients

LMH 7/02-12/02	LMH 2003
51%	79%
LMH 2004	LMH Goal
96%	greater than 90%

Smoking cessation for heart failure patients

LMH 7/02-12/02	LMH 2003
36%	87%
LMH 2004	LMH Goal
97%	greater than 90%

Data Footnotes:

- (1) Measure changed to assessment within four hours in 2003, so 2002 data reflects assessment within eight hours, which was the previous goal.
- (2) Comparative data from January through September 2003 from the Midas comparative database project.
- (3) Acute Myocardial Infarction data element not collected until January 2003.

A Patient's Story

Gaining Better Health through LMH

"I am a very religious person and I believe in the power of prayer, but this time prayer got a little help from pulmonary rehabilitation," said Molly Brenner, "Pulmonary rehabilitation was a God's send — it truly saved my life." When Molly Brenner started pulmonary rehabilitation after a long illness in August of 2004, she thought she was going to be bound to a wheelchair for the rest of her life, but now "I am feeling better and getting around well," said Molly.

Molly's story is an amazing example of sheer determination. "I was retired but working in the fine jewelry department of Elder-Beerman's — full of pep and active, but then the next day I was down, critically sick with bronchiectasis," said Molly. Bronchiectasis is the abnormal destruction and widening of the large airways. It is often caused by recurrent inflammation or infection of the airways. Symptoms of bronchiectasis include: chronic cough, coughing up blood, cough worsened by lying on one side, shortness of breath worsened by exercise, weight loss, fatigue, clubbing of fingers (abnormal amounts of tissue in the fingernail beds), wheezing, skin discoloration (bluish), paleness and breath odor.

Molly was able to recover from her bout of bronchiectasis and then was admitted back into the Hospital with a secondary infection. "When it came time to be dismissed, they found a blood clot in my upper leg. I'm lucky to still be here," said Molly. After additional treatment and more time in the Hospital, Molly was able to go home. "That is when Eric Pacht, M.D., recommended pulmonary rehabilitation — I just kind of snickered. I was

retired and tired, I didn't think about exercise," said Molly. With a little bit of hesitation, Molly began attending pulmonary rehabilitation on Tuesdays and Thursdays. Within three months, Molly was doing better and continues with her rehabilitation. "I am still on oxygen, but from where I was six months ago, it is a world of difference," said Molly.



Molly Brenner – pictured with LMH respiratory care professional Polly Starner – exercises in the hospital's pulmonary rehabilitation program. Participation helps Molly improve her health.

Molly works with Polly Starner, R.R.T., R.C.D., and other pulmonary rehabilitation technicians two times per week. "Polly and the others are where they are supposed to be. They can put you in a good mood and get you happy while you are exercising. No matter what kind of state you were in when you got there," said Molly. Polly and the rehabilitation team works at each patient's own pace and monitor the patient's blood pressure while they are exercising in rehabilitation. "They told me that it would be easier to breathe after I built up muscle mass at my own speed, and it is," she stated.

"We are like a big family here — the other patients and staff check up on each other," said Molly. Molly credits the pulmonary rehabilitation team with getting her back on her feet again. "I really can't say enough about pulmonary rehabilitation, it is a lifesaver," said Molly.

Polly and the others are where they are supposed to be. They can put you in a good mood and get you happy while you are exercising. No matter what kind of state you were in when you got there.

What is Chronic Obstructive Pulmonary Disease (COPD)?

With the recent death of late night talk show host Johnny Carson, who died of emphysema, the awareness of lung disease has been on the forefront of media attention. Lung disease is any disease where lung function is impaired. The major lung diseases include asthma, chronic bronchitis, emphysema, chronic obstructive pulmonary disease (COPD), pulmonary fibrosis, interstitial lung disease and sarcoidosis. According to the American Lung Association, lung disease is the number three killer in America, responsible for one in seven deaths.

COPD is the most common group of lung diseases involving limited airflow and varying degrees of air sac enlargement, airway inflammation, and lung tissue destruction.

What Causes COPD?

The leading cause of COPD is smoking, which can lead to the two most common forms of this disease — emphysema and chronic bronchitis. Tobacco use causes inflammation of the lungs and variable degrees of air sac destruction. This leads to inflamed and narrow airways of chronic bronchitis or permanently enlarges air sacs of the lung with reduced lung elasticity (found in emphysema). Between 15 and 20 percent of long-term smokers will develop COPD.

Symptoms and Tests for COPD

Symptoms of COPD include: shortness of breath persisting for months to years, decreased exercise tolerance and cough with phlegm. In general, pulmonary function tests may be used to diagnose COPD. Pulmonary function tests show decreased airflow rates while exhaling and over-expanded lungs. Chest X-rays, CAT scans and arterial blood gases help assess the severity of the lung disease.

Treatment Options

COPD is considered to be a long-term, chronic illness. The most important step taken in living with COPD is to stop all smoking. Inhalers can be used to help dilate the airways as well as steroids can be used to suppress lung inflammation. Low-flow oxygen, non-invasive ventilation or intubations may be needed. Lung transplants are sometimes performed for severe cases.

Avoidance of smoking prevents COPD, while early recognition of small airway disease in people who smoke, combined with smoking cessation, may prevent progression of the disease.



One of the ICU teams that work with Dr. Pacht includes: (pictured right to left) Jason Sturgeon, Pharmacist (P.Rh.); Eric Pacht, M.D.; Jane Tolliver, R.N.; Kathryn Epong, R.N.; Rita Allen, C.R.T., R.C.P.; and Bruce Campbell, R.N.

Camp Feelin' Fine

Camp Feelin' Fine is a fun-filled day for kids ages 7 to 14 living with asthma. Camp is from 9:00 a.m. to 3:00 p.m. Friday, **June 10**, at Infirmary Mound Park, on State Route 37, west of Newark. **Cost is free!**

The Licking Memorial Hospital asthma health care team — including physicians, pharmacists, nurses and respiratory therapists — will provide educational programs, crafts, lunch and recreation throughout the day in a camp setting.

There is also the opportunity to learn more about asthma, including:

- What is asthma?
- Medications and equipment
- Warning signs of asthma attacks and what to do

To register, please call (740) 348-4191.