

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

Visit us at www.LMHealth.org.

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Health Tips – Should You Visit the ED or Urgent Care?

The Emergency Department (ED) at Licking Memorial Hospital (LMH) is open around the clock for patients who have serious or life-threatening injuries and illnesses. LMH also operates two Urgent Care facilities, in Pataskala and Granville, for patients who have minor symptoms, but still need immediate care. Wait times in the ED can be lengthy for patients with minor symptoms since the staff must treat patients according to the severity of their conditions. Therefore, patients with minor symptoms may find shorter wait times, as well as lower costs, at one of the Urgent Care facilities. Please visit www.LMHealth.org for Urgent Care hours of operation.

Commonly treated conditions at an LMH Urgent Care facility include:

- Sore throat
- Minor allergies
- Minor animal bites
- Nausea (not persistent)
- Ear infections
- Sprains
- Insect stings (no allergy)
- Diarrhea
- Colds, flu and coughing
- Minor fractures
- Minor burns
- Skin rashes
- Minor fever
- Minor cuts needing stitches
- Urinary tract infections
- Minor eye injuries

Examples of serious or life-threatening conditions that require immediate treatment in an ED include:

- Heavy bleeding
- Stroke-like symptoms (facial drooping or one-sided weakness)
- Chest pain
- Severe injury or bone fractures with open or noted deformity
- Poisoning
- Severe dizziness
- Drug overdose

Licking Memorial Urgent Care – Pataskala is located at One Healthy Place, off State Route 16, on the east side of Pataskala. Licking Memorial Urgent Care – Granville is located at 14 Westgate Drive, at the corner of State Route 16 and Cherry Valley Road.

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

Check out our Quality Report Cards online at www.LMHealth.org.

1 During 2014, there were 56,482 visits to the Licking Memorial Hospital (LMH) Emergency Department (ED).

	LMH 2012	LMH 2013	LMH 2014	National
Median length of stay in the ED for all patients*	2 hr. 38 min.	2 hr. 39 min.	2 hr. 50 min.	4 hr. 45 min. ⁽¹⁾
Median length of stay in the ED for patients not admitted to the Hospital*	2 hr. 29 min.	2 hr. 31 min.	2 hr. 41 min.	2 hr. 13 min. ⁽²⁾
Median length of stay in the ED for patients admitted to the Hospital*	3 hr. 43 min.	3 hr. 43 min.	4 hr. 5 min.	4 hr. 32 min. ⁽²⁾
Median length of time from arrival until seen by a physician*	45 min.	45 min.	30 min.	24 min. ⁽²⁾
Median length of time from the ED physician's decision to admit a patient until the patient arrives at the Hospital's patient room	1 hr. 6 min.	1 hr. 8 min.	1 hr. 24 min.	1 hr. 37 min. ⁽²⁾
Percentage of patients who are in the ED for more than 6 hours	3.7%	3.4%	5.3%	7.2% ⁽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 LMH operates two urgent care facilities: Licking Memorial Urgent Care – Pataskala and Licking Memorial Urgent Care – Granville (which opened in 2012). 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 2014, there were 19,105 visits to Licking Memorial Urgent Care – Granville, and 7,468 visits to Licking Memorial Urgent Care – Pataskala.

	LMH 2012	LMH 2013	LMH 2014	Goal
Urgent Care (Granville) time to see physician	NA	18 min.	26 min.	less than 30 min.
Urgent Care (Pataskala) time to see physician	23 min.	14 min.	19 min.	less than 30 min.
Urgent Care (Granville) average length of stay	NA	47 min.	54 min.	less than 2 hr.
Urgent Care (Pataskala) average length of stay	59 min.	53 min.	48 min.	less than 2 hr.

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 2012	LMH 2013	LMH 2014	National
Average time to opened artery	56 min.	54 min.	56 min.	1 hr. 1 min. ⁽¹⁾
Percentage of patients with arteries opened within 90 minutes	96%	98%	100%	96% ⁽²⁾
Median time from arrival to completion of EKG	3.0 min.	2.0 min.	2.0 min.	7.3 min. ⁽¹⁾

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 2012	LMH 2013	LMH 2014	Goal
ED patients who return to the ED within 24 hours of discharge	1.3%	1.3%	1.2%	less than 2%

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 2012	LMH 2013	LMH 2014	Goal
Patients admitted to the Hospital within 72 hours of ED visit	0.7%	0.8%	0.7%	less than 1%

6 For personal reasons, some patients may elect to leave the Emergency Department 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 Emergency Department prior to completing their treatment.

	LMH 2012	LMH 2013	LMH 2014	Goal
ED patients who left before treatment was complete*	5.1%	4.4%	6.6%	less than 3%
*Historically, an ED's AMA (against medical advice) rate is directly related to the volume of patients to be seen. In December 2014, LMH experienced an unusually high volume of ED patient visits due to an outbreak of flu cases.				

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 2012	LMH 2013	LMH 2014	Goal
Assessment of pain completed	99%	99%	95%	greater than 95%

Data Footnotes: (1) Comparative data from the Midas Comparative Database. (2) Centers for Medicare/Medicaid Services, HospitalCompare Website results as of June 20, 2014.

Patient Story – Nancy Mitchell



The Mitchell family (left to right): Ben, Jim, Nancy, Maggie, Colin and Connor.

Nancy Mitchell of Newark is glad that Licking Memorial Hospital (LMH) is always there for her family during medical emergencies. A mother of four, Nancy has been to the Emergency Department on several occasions with family members, and she also needed emergency care herself in June 2014 after a late evening accident.

“I had just returned home after taking my mother to the Weathervane Playhouse,” Nancy recalled. “I could not park in the garage because we were preparing it for my daughter’s upcoming high school graduation party. So, I parked outside and walked through the garage, carrying a small juice glass. My sandal caught on a ridge in the floor, and I fell forward very quickly – I did not even drop the glass. When I landed, the glass broke and deeply cut the ring finger on my left hand.”

Nancy, who admits that she is very squeamish about the sight of blood, was unable to rise from the garage floor. She said, “There was a lot of blood, and I instantly felt dizzy and nauseated. I yelled out for my husband, Jim, and he came running. He took me into the house and wrapped the cut with a washcloth. He’s the type who usually wants to wait until the next day to see a doctor,

but this time he said that we needed to go to the emergency room right away. My finger was bleeding pretty badly.”

Jim drove Nancy to the LMH Emergency Department, where they found a crowded waiting room. “First, we checked in at the registration desk, then took a seat in the waiting room. We did not have to wait very long because my finger was still bleeding a lot – the washcloth was completely soaked.” Emergency Medicine Physician Randy Jones, M.D., examined Nancy’s injured finger and quickly stopped the bleeding by rewrapping the laceration. Dr. Jones noted that the finger was unable to bend at the first knuckle, and he ordered an X-ray which ruled out any remaining glass fragments. Although X-rays do not detect connective tissue, Dr. Jones suspected that Nancy had suffered tendon and nerve damage. He then closed the wound with several stitches and advised her to make an appointment with an orthopedist the next day for further evaluation and treatment.

The next morning, the Mitchells’ phone rang, and Nancy was surprised to learn that the caller was from Orthopaedic Specialists and Sports Medicine, Inc. “Evidently, the Emergency Department already had referred me to Michael Vaccariello, M.D., and his office staff was calling to let me know that he could see me later that morning. I was glad they called because I don’t know when I would have gotten around to it on my own,” she said.

A physical exam performed at the orthopedist’s office confirmed that Nancy had tendon and nerve damage. Dr. Vaccariello recommended surgery to repair the injury. Nancy said, “I told him that I wanted to wait until after my daughter’s graduation party which was just a little more than a week away, but he was adamant that the surgery needed to take place sooner.” So Nancy had the reparative surgery performed four days later on a Tuesday at LMH.

Even with the recent surgery, the Mitchells were able to pull together the graduation party for their daughter, Maggie, on the following Saturday. “I had a lot of help,” Nancy explained.

“My left arm was in a cast up to my elbow. Some of my friends said that it was lucky that I am right-handed so that I could use that arm. However, it’s amazing what you can’t do when you have just one arm working. I needed so much help just to prepare the food.”

Approximately one year later, Nancy still has a constant reminder of her fall in the garage. Her ring finger does not straighten completely, and she continues to have an uncomfortable “pins-and-needles” sensation because of the nerve damage. She found some relief with physical therapy and is hopeful that additional therapy may result in further improvement. She realizes that her residual effects could have been much worse and credits the quick, professional treatment from the LMH staff and Dr. Vaccariello with limiting the amount of permanent impairment that she has. “The nurses in the Emergency Department were wonderful,” she said. “They kept checking on me and telling me to hang in there.”

ED Visit Usually Unnecessary for Treatment of the Flu

Anyone who has ever had the flu knows how miserable it can feel. The fever, body aches and cough can send even the healthiest adult to bed for a week or more. It is no wonder, then, that individuals who contract the flu often seek a medical solution to speed recovery.

Influenza, commonly called the ‘flu,’ is a contagious respiratory illness that caused approximately 3,700 deaths in the U.S. during the 2014-2015 flu season, according to the Centers for Disease Control and Prevention (CDC). The months of October through May are considered the peak time for the seasonal flu, although the disease can occur at any time of the year. Other strains of influenza, such as avian or swine flu, also can occur year round.

Symptoms of the flu are similar to the common cold, but tend to develop more rapidly. Symptoms may include:

- Fever
- Cough
- Sore throat
- Runny nose
- Body aches
- Headache
- Chills
- Fatigue
- Vomiting/diarrhea



Terrill D. Burnworth, D.O., of Licking Memorial Emergency Medicine, said, “In most cases, the best treatment for the flu is to rest at home and avoid unnecessary contact with others, drink plenty of fluids, and treat fevers and coughs with over-the-counter medications. Anyone who is in a high-risk category, including seniors over the age of 65, those with a chronic condition such as heart disease or diabetes, or women who are pregnant, should ask their physician whether an antiviral medication is recommended.”

Two antiviral medications, oseltamivir (Tamiflu®) and zanamivir (Relenza®), are used to treat flu symptoms. These prescription medications are effective in easing the severity of symptoms and reducing the length of illness by one or two days if taken within the first 48 hours after noticing symptoms. However, most adults with the flu do not visit a physician within the first 48 hours, which greatly decreases the medications’ efficacy. In addition, the use of antiviral medications contributes to the development of antiviral-resistant strains of viruses.

Even before her accident, Nancy was familiar with the ED at LMH. Her husband, Jim, has been a volunteer member of the LMH Development Council for several years and often talked about the Hospital’s services. She also recalls several urgent trips to the ED to accompany her father before his recent death. Another vivid memory is from an incident when her son, Ben, was a teenager and accidentally thrust his arm through a glass panel on the front door. “He needed 52 stitches in his arm,” Nancy said. “The ED staff was really good with him.”

The LMH Emergency Department managed 56,482 patient visits in 2014. The Emergency Department is open 24 hours a day, seven days a week. Patients may not be seen in the order of arrival since those with the most acute conditions must be seen first. Patients are invited to visit the home page of LMH’s website, www.LMHealth.org, to check the approximate number of patients in the waiting area.

For these two reasons, the CDC recommends that antiviral medications be used to treat only patients with severe symptoms or elevated risk of complications.

“Beyond question, an annual flu immunization is the best way to protect yourself and those around you from the flu,” Dr. Burnworth stated. “Some patients decide not to get a flu shot and take their chances, but they often cannot visit their physician quickly after symptoms arise, especially during the busy flu season. They could have prevented several days of illness and even a possible trip to the emergency department for complications, if they had received a flu vaccine, which is widely available, inexpensive and effective.”

Although most cases of influenza can be treated at home, individuals who develop severe symptoms should seek immediate medical help. These symptoms may include:

Infants and children:

- Rapid or difficult breathing
- Bluish skin color
- Not drinking enough fluids, infrequent urination
- Unusually irritable or lethargic
- Flu symptoms improve, then return with fever and worse cough
- Fever with a rash

Adults:

- Difficulty breathing
- Pain in chest or abdomen
- Sudden dizziness
- Confusion
- Severe or prolonged vomiting
- Flu symptoms improve, then return with fever and worse cough

Individuals who need medical treatment for flu symptoms, but are unable to visit their physician may visit Licking Memorial Hospital’s Urgent Care facilities located at 14 Westgate Drive in Granville or One Healthy Place in Pataskala. For hours of operation, please visit www.LMHealth.org.