

Licking Memorial Health Systems Quality Report Card



Volume 26, Issue 1

January 2026

PATIENT SAFETY

Infection Prevention Methods Used at LMH

Healthcare-associated infections (HAIs) develop in a medical setting, such as a hospital, nursing home, or other medical facility. HAIs are caused by bacteria, viruses, or fungi that are present in the healthcare environment and can spread through contact with contaminated surfaces or equipment, respiratory droplets from infected patients or healthcare workers, or invasive procedures such as surgery or catheter insertion. HAIs have a significant impact on quality of care, resulting in longer hospital stays, serious health complications, and higher healthcare costs.

Infection prevention is a top priority at Licking Memorial Hospital (LMH). LMH has implemented several comprehensive, evidence-based practices to mitigate the risk of infections and improve patient safety among the five most common HAIs, which include catheter-associated urinary tract infections (CAUTIs), central line-associated bloodstream infections (CLABSIs), surgical site infections (SSIs), *Clostridioides difficile* (*C. diff*) infections, and ventilator-associated events.

Proper hand hygiene remains the single, most effective way to prevent HAIs. Consistent and correct hand washing or using an alcohol-based hand rub significantly reduces the spread of pathogens, protecting patients from infections. LMH has implemented “secret shoppers” – covert observers who conduct

hand hygiene audits on a regular basis and record their observations using a data collection tool. LMH is also a participant in the Ohio Hospital Association’s (OHA) Hand Hygiene Program, which helps hospitals improve patient care by monitoring and enhancing hand hygiene compliance among healthcare staff. LMH employees are observed entering and exiting patient rooms in real time. Data is collected via an online portal that is accessible to staff and provides feedback on compliance and identifies opportunities for improvement.

In addition, the Infection Prevention Team provides surveillance activities to monitor HAI rates in the Hospital. These include maintaining hand hygiene and personal protective equipment (PPE) compliance, reviewing microbiology records to track and report communicable diseases and HAIs, and reporting those infections and diseases to the health departments and Centers for Disease Control and Prevention as appropriate.

Infectious Disease (ID) Connect is an easy-to-use infectious disease tele-consultation. The new service uses the expertise of infectious disease specialists, specialized software that uses a cloud-based, HIPAA-compliant audio-video conferencing platform, and prediction analytics to improve outcomes in a cost-effective, compassionate manner. In addition to ID consultations, antimicrobial stewardship

and infection prevention and control are also available for use. ID Connect is offered through the University of Pittsburgh Medical Center and uses physicians who have additional training and expertise in infectious diseases.

ID Connect works through telemedicine-based clinical services, giving hospitals the opportunity to access world-class infectious disease expertise and provide patients with the care they need. Through the aid of high-definition video and Bluetooth technology, a nurse telepresenter at the Hospital performs a live, hands-on exam of the patient, and the ID physician will view the exam and consult in real time. ID Connect reduces costs and improves patient care. Healthcare facilities that use ID Connect have decreased readmissions by 30 percent and reduced the number of patients on antibiotic therapy by 20 percent.

Environmental surfaces and patient care equipment can be reservoirs for pathogens, contributing to the transmission of HAIs. LMH has installed the Synexis Dry Hydrogen Peroxide Units in the operating rooms, delivery rooms, and intensive care units. Dry hydrogen peroxide (DHP) is a disinfectant that can sanitize both air and surfaces. The device is placed within the room’s airflow, and DHP is released into the air to break down organic compounds such as bacteria, viruses, and mold.

Infection Prevention Methods (continued on inside page)



Patient Story – Colette Kosonovich

After experiencing pain in her abdomen for weeks, Colette Kosonovich visited her family physician to determine the cause. Her physician believed she was suffering from an infection and prescribed antibiotics. However, the antibiotics caused severe side effects and Colette contacted her physician about discontinuing the use of the medication. Her physician informed her she desperately needed the antibiotics and suggested she visit the Licking Memorial Hospital (LMH) Emergency Department for assistance.

Colette was admitted to the Hospital and given the medication intravenously. While at LMH, Colette was offered a consultation with an infectious disease specialist using

Infectious Disease (ID) Connect, a new service that uses the expertise of infectious disease specialists, specialized software, and prediction analytics to assist in diagnosing difficult cases. ID Connect is offered through the University of Pittsburgh Medical Center and uses physicians who have additional training and expertise in infectious diseases.

“The consultation was very helpful. I was confused about what was happening to me, and the physician explained my condition in a way that I could understand,” Colette shared. “He spoke in layman’s terms and walked me through the procedure needed to assist in fighting the infection.”

With the assistance of ID Connect, Colette was diagnosed with tuberculous colitis, a rare condition characterized by inflammation of the colon with the formation of nodules or tubercles. The ascending colon and caecum are most commonly affected. The physician explained that she would have to have a

tube placed in her colon for two weeks to drain the infection.

“I was pleased with the results of the consultation and grateful that they did not need to remove the colon completely,” Colette shared.

Since the procedure, Colette has had the tube removed and continues to recover well from the infection. She and her husband, Jim, recently moved to Newark from Chicago. The couple are looking forward to their retirement in the quiet neighborhood they found here. Colette does have a follow-up procedure scheduled. In addition to fighting the infection, any nodules that formed in the colon have to be removed. The gastroenterologist assured her that the procedure could be done during a colonoscopy and there was no need for an invasive surgical procedure.

Infection Prevention Methods (Continued)

When DHP comes in contact with microorganisms, it acts as an oxidizing agent to break down organic matter and converts the contaminants into water and oxygen. DHP does not create any harmful chemicals and is safe to use in occupied settings, making it ideal for use in patient rooms.

The MoonBeam 3 Ultraviolet (UV)-C Disinfection device helps to sanitize high-touch surfaces and can eliminate pathogens within three minutes. UV-C disinfection is an additive cleansing technology and does not replace the Hospital’s cleaning staff. All areas are manually cleaned before UV disinfection

occurs. UV light is electromagnetic radiation with wavelengths shorter than visible light but longer than X-rays. UV is categorized into several wavelength ranges, with short-wavelength UV (UV-C) considered “germicidal UV.” When deployed, the device emits UV-C light that damages nucleic acids, leading to inactivation of pathogens such as bacteria, viruses, and fungi.

Three individually adjustable, articulating arms can be positioned at almost any angle to target the UV-C light, enabling improved UV-C dosing with reduced energy. The flexible device is easily positioned throughout a room to enable fast and

effective disinfection cycles. Unlike the DHP device, the Moonbeam 3 requires the room to be vacant during the cleaning cycle.

Adherence to infection prevention and control practices is essential to providing safe and high-quality patient care across all settings where healthcare is delivered. Through sustained leadership commitment, communication, frontline engagement, and compliance education and training, LMH has created a robust strategy for preventing HAIs and improving patient outcomes.

Patient Safety – 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 Institute of Medicine published a report in 2000 that highlighted the stunning effects of medication errors. The report set forth a national agenda for reducing errors and improving patient safety by designing a safer health system. Although the medication error rate at Licking Memorial Hospital (LMH) is significantly better than the national benchmark, we make continuous efforts to improve the process. LMH dispensed 1,026,162 doses of medication in 2024.

	LMH 2022	LMH 2023	LMH 2024	National ⁽¹⁾
Medication error rate per 1,000 doses	0.009%	0.011%	0.014%	0.31%

2. Protecting patients from hospital-acquired infections is a primary patient safety goal. LMH has an ongoing program to prevent and treat infections in patients. Per the Centers for Disease Control and Prevention (CDC) recommendations, LMH tracks high-risk patients, including those with an increased risk of infection due to the presence of an invasive device, such as a ventilator, catheter, or central venous line. The following data reflects the number of infections per every 1,000 patient days compared to the national benchmarks.

	LMH 2022	LMH 2023	LMH 2024	National ⁽²⁾
Central line-associated bloodstream infections (ICU and select wards)	1.221	1.085	0.000	0.638
Methicillin-resistant staphylococcus aureus (MRSA) bacteremia	0.814	2.521	1.352	0.702

3. LMH conducts a comprehensive assessment to determine if a patient is at risk for a fall at admission and during the Hospital stay. Personal alarms and bed sensors help alert staff to prevent a potential fall.

	LMH 2022	LMH 2023	LMH 2024	Goal
Inpatient falls, per 1,000 patient days	4.2	3.2	2.9	less than 3.0

4. Inpatient mortality refers to patients who pass away while admitted as inpatients in the hospital. While mortality within the hospital is not uncommon, it can be a valuable indicator in determining how effectively the hospital manages crisis situations as well as its ability to rescue the patient in an emergency. Other factors, such as nurse staffing levels, staff knowledge and experience, and early recognition of patient deterioration all can have an impact on inpatient mortality.

	LMH 2022	LMH 2023	LMH 2024	National ⁽³⁾
Inpatient mortality	2.18%	1.40%	1.16%	1.84%

5. Sepsis is a body's overwhelming and life-threatening response to an initial infection of microbes that can be bacterial, viral, or fungal. LMHS has safety measures in place to detect early signs of sepsis, and complies with best practice requirements to manage sepsis care through the use of a "sepsis bundle," SEP-1, which are a series of steps taken to reduce the risk of death. Sepsis is a leading cause of death in the hospital; therefore, LMHS closely monitors both the rate of compliance with the sepsis bundle (higher rates are better) and sepsis mortality (lower rates are better).

	LMH 2022	LMH 2023	LMH 2024	State ⁽⁴⁾
Sepsis mortality rate	10.9%	8.79%	8.13%	14.9%
SEP-1: Perfect Care for Sepsis	76%	83%	85%	National⁽²⁾ 64%

6. During the annual influenza (flu) season, keeping the LMHS employees healthy by providing flu vaccinations can, in turn, protect patients from potential influenza infections. LMHS is committed to encouraging and providing free, easily accessible flu vaccines to all employees.

	LMHS 2022	LMHS 2023	LMHS 2024	LMHS Goal	National ⁽⁵⁾
LMHS employees receiving the seasonal influenza vaccine	82%	83%	85%	greater than 80%	81%

7. Venous Thromboembolism, also known as blood clots, are a potential risk for patients to develop while in the hospital. LMHS follows best practice guidelines to protect patients from developing blood clots while in the hospital by administering medications or through the use of air compression devices. LMHS tracks compliance with implementing these protective measures (higher rates are better).

	LMHS 2022	LMHS 2023	LMHS 2024	National ⁽²⁾
Venous Thromboembolism Prophylaxis	N/A	96%	98%	89%

8. Patients who are hospitalized are at greater risk of developing pressure ulcers, also known as bed sores, due to inactivity, or other factors such as poor nutrition, poor mobility, and chronic disease. While some pressure ulcers cannot be prevented, appropriate care administered by hospital staff can reduce the potential for developing a bed sore. Hospitals are scored by Medicare on the rate of bed sore development in hospitalized patients (lower rates are better).

	LMH 2022	LMH 2023	LMH 2024	National ⁽⁶⁾
Pressure Ulcer Rate	1.23	1.59	0.56	0.63

9. The Agency for Healthcare Research & Quality (AHRQ) has developed a patient safety composite score made up of many important patient safety indicators. Many events are not preventable and to some degree are expected. AHRQ reports these results as a ratio, with a score of 1.0 denoting that the hospital had a similar number of safety events as expected. A rate higher than 1.0 indicates that more events than expected occurred, whereas a rate lower than 1.0 indicates that fewer events than expected were found.

	LMH 2022	LMH 2023	LMH 2024	National ⁽⁶⁾
Patient Safety & Adverse Events Composite	1.18	1.23	1.00	1.0%

10. Warfarin (also known as Coumadin) is a blood thinner, which also is called an anticoagulant. It is used to help prevent and treat blood clots. The most common side effect of warfarin is bleeding in any tissue or organ. It is important for patients to have a prothrombin time (PT) and International Normalized Ratio (INR) blood test regularly to help the physician determine the blood clotting rate and whether the dosage of warfarin should change. The testing is very important and must be accomplished at recommended intervals in order to keep the PT/INR result in the best and safest range for the medical condition. Licking Memorial Health Professionals (LMHP) has adopted this recommendation as a safety measure.

	LMHP 2022	LMHP 2023	LMHP 2024	LMHP Goal
LMHP patients on warfarin having a current PT/INR within recommended guidelines	98%	98%	98%	greater than 90%

11. Metformin (trade name Glucophage) is a medication that is used in the treatment of diabetes mellitus and polycystic ovarian disease. It is an effective medication for treatment of both of these unrelated disease processes, but must be used cautiously in patients with compromised renal (kidney) function. It is recommended to monitor renal function prior to initiation of therapy and at least annually thereafter. LMHP has adopted this recommendation as a safety measure.

	LMHP 2022	LMHP 2023	LMHP 2024	LMHP Goal
LMHP patients on Metformin with a renal function test within last year	89%	88%	90%	greater than 90%

Data Footnotes: (1) *To Err is Human – Building a Safer Health System*, National Academy Press, Washington D.C., 2000. (2) *National performance from Hospital Compare Preview Report, Q1 2024 – Q4 2024*. (3) *Comparative data from the Midas Comparative Database*. (4) *Ohio Hospital Association*. (5) *Centers for Disease Control and Prevention (CDC). Influenza and Up-to-Date COVID-19 Vaccination Coverage Among Health Care Personnel – National Healthcare Safety Network, United States, 2023-24 Influenza Season*. (6) *National performance from Hospital Compare Preview Report, Q3 2022 – Q2 2024*.



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Visit us at LMHealth.org.

Please take a few minutes to read this month’s report on **Patient Safety**. You will soon discover why Licking Memorial Hospital is measurably different ... for your health!

The Quality Report Card is a publication of the LMHS Public Relations Department. Please contact the Public Relations Department at (220) 564-1561 to receive future mailings.

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