

Quality Report Card

Licking Memorial Health Systems



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PATIENT SAFETY

Pressure Injury Prevention Committee

Pressure injuries, also known as bed sores or pressure ulcers, are a significant health issue for patients who have medical issues that limit their ability to change positions, such as being confined to a bed or sitting in a chair for long periods of time. Pressure injuries can have a great impact on a patient's life and their provider's ability to administer appropriate care. Each year, more than 2.5 million people in the United States develop pressure ulcers. These skin lesions bring pain, associated risk for serious infection, and increased stress on healthcare resources.

A pressure injury develops when a weighted force cuts off blood supply to the skin for a prolonged period of time. The lack of blood flow can cause the tissue to break down and form a sore. Common areas for a pressure injuries to occur are bony parts of the body, such as the tailbone, buttocks, shoulder blades, hips, ankles, heels, and spine. Early symptoms of a pressure injury include unusual changes in skin

color or texture, pus-like drainage, an area of skin that feels unusually warm to the touch, and increased tenderness. Pressure injuries that go untreated can result in more serious health conditions, such as infection or sepsis. Patients who are in the hospital or a nursing home should alert their healthcare team as soon as possible if they develop symptoms of a pressure ulcer.

The Pressure Injury Prevention Committee at Licking Memorial Hospital (LMH) is a quality improvement peer review committee that is led by the Risk Management Department and consists of nurse managers, wound nurses, Wound Clinic management personnel, and the Process Improvement Department. The Committee meets monthly to review cases and identify trends to improve patient safety and outcomes for wound management at the Hospital.

A wound nurse will visit and assess a patient who has had a prolonged stay at LMH or has received a low Braden Scale score. The Braden Scale is a tool used to identify patients who are at risk for pressure wounds. A low Braden score indicates a higher risk for developing a pressure ulcer. If a wound is identified, the nurse will document the wound in the patient's electronic medical record (EMR) and implement appropriate

interventions to treat the wound or keep it from progressing.

The Pressure Injury Prevention Committee will review identified wounds and disseminate the information to the unit managers so they may investigate medical record documentation. Based on information from the investigation, the committee will discuss methods of patient assessment and identify ways that can help staff to better recognize, report, and treat patient wounds, such as establishing clear protocols and effective preventive measures.

The Committee may also suggest providing education for clinical staff so they are aware of the expectations for assessing pressure injuries. It is important for staff to be able to identify patients who are at high risk for pressure injuries through physical assessment or Braden Scale score, and implement the appropriate interventions to prevent wound progression.

The LMH Information Systems Department is working with the Pressure Injury Prevention Committee to improve the accessibility within Epic for nurses to document wounds in a patient's EMR. Proper documentation in the EMR is an important communication tool for physicians and clinical staff to share pertinent medical information and improve patient care coordination, diagnostics, and outcomes for wound care.



Patient Story – Kari Richards



During the final months of 2021, Licking County experienced a surge of COVID-19 infections, setting records for the highest number of new cases and hospitalizations since the start of the pandemic in March 2020. Kari Richards and her husband, Jarred, were among those diagnosed with the disease in November. The couple visited the Urgent Care although neither felt their symptoms were severe. Jarred quickly recovered during his mandatory quarantine time; however, Kari's health deteriorated.

With no energy or appetite, Kari spent most of her day in bed. She messaged family members to ask for advice to battle the symptoms. Taking an over-the-counter cough suppressant had no affect, nor did utilizing cough drops. At Jarred's urging, Kari attempted to leave the bedroom and sit on the couch. After stopping several times due to feeling lightheaded and dizzy, Kari gave up, and asked for assistance to return to the bed. The weakness left her unable to stand or even get dressed.

Kari's daughter owns a pulse oximeter, a small device placed on a fingertip to estimate the oxygen saturation of the blood. Ideal readings are typically 95 percent or higher. Kari's reading was only at 40 percent. On December 2, 2021, Jarred made the decision to drive Kari to the Licking Memorial Hospital (LMH) Emergency Department. During the drive, a deer hit the side of Jarred's truck which left Jarred struggling to try to get the door open when they arrived at LMH. The staff brought a wheelchair to assist in transporting Kari inside. She was having difficulty breathing and felt overwhelmed by the number of people working to get

her registered and trying to determine a diagnosis.

The staff transferred Kari to the Intensive Care Unit (ICU) for immediate treatment and care. Her nurse, Jordan Long, B.S.N., offered comfort by specifically bringing Kari purple Popsicles to enjoy. She seemed to recover some of her strength, and was moved out of the ICU to a standard patient room. However, Kari once again began experiencing breathing trouble. She felt as though she could never breathe in enough air. Despite the advice of the physicians, Kari refused intubation, the process of inserting a tube into a person's airway to assist in delivering air to the lungs. As her health continued to rapidly decline, Kari had no other choice and was intubated on December 21.

Soon after, Kari became comatose. She remained in the coma through February. During that time, her kidneys failed and her care team believed she might have to undergo a double lung transplant to survive. LMH staff implemented a number of patient safety protocols to properly care for Kari including dialysis every two days to remove fluids from her body. To encourage her recovery, Kari's family members, including her son, Jaiden, and daughter, Kailey, were allowed to visit her as often as possible.

"I believe I am a walking miracle. Many who were hospitalized during the same time did not survive," Kari shared. "Bassam Kret, M.D., the ICU physician, never gave up on me. He kept caring for me through the worst of the disease, and offering treatments until the day I was able to leave LMH."

As Kari's body began to positively respond to treatment, her kidneys began functioning again, and her lungs healed enough to avoid the need for transplant. Kari did experience setbacks, including a wound on her face that would not heal properly. After time, the wound did heal, and she overcame the worst of the symptoms.

Kari remembers nothing from the end of December through February 2022, when she woke from the coma. "Right before coming out of the coma, I saw my Dad who had passed away in 2017. That is another reason I believe my recovery is a miracle. I knew when I saw him that I was going to survive."

Regaining some strength, Kari and Jarred were able to celebrate Valentine's Day and their wedding anniversary on February 21. The couple has been married for 15 years. As she continued to recover, Kari developed relationships with a number of her caretakers. "I enjoyed spa nights with Leah Benvie, the point of care technician. She would file and paint my nails, and wash my hair. I felt pampered. Zach Derugen, B.S.N., was very knowledgeable about the tracheostomy and assisted in suctioning the tube when needed. Tammy Lavery, the ICU nurse, also took very good care of me. There were so many kindhearted people, I wish I could name them all."

In addition to treatments for COVID-19, Kari was offered rehabilitation services in her room at LMH. Matt Mathias assisted Kari to build strength and movement before she was transferred to another facility for more strenuous rehabilitation. When Kari left the ICU, the staff created posters of encouragement and lined the hallways to cheer for her and show their support for her continuing recovery efforts. She finally returned to her home in Fallsburg in March. Even fully recovered, Kari still experiences the side effects of the disease. She sometimes struggles to breathe when walking; however, her family continues to support her and offer assistance when needed.

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 907,707 doses of medication in 2021.

	LMH 2019	LMH 2020	LMH 2021	National ⁽¹⁾
Medication errors per 1,000 doses	0.014%	0.010%	0.012%	0.310%

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 2019	LMH 2020	LMH 2021	National ⁽²⁾
Central line associated bloodstream infections (ICU)	0.88	0.0	0.0	0.98
Catheter associated urinary tract infection (ICU)	0.79	0.60	0.0	0.79
Surgical site infections – colon surgery	0.0	0.0	0.0	0.85
Surgical site infections – abdominal hysterectomy	0.0	0.0	0.0	0.99
Methicillin-resistant staphylococcus aureus (MRSA) bacteremia	0.0	1.09	1.13	1.09
Clostridium difficile (C. Diff)	0.70	0.90	0.54	0.50

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 a potential fall.

	LMH 2019	LMH 2020	LMH 2021	Goal
Inpatient falls, per 1,000 patient days	3.8	3.9	3.6	less than 3.0

4. Acute care 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. Sepsis is a body's overwhelming and life-threatening response to an initial infection of microbes that can be bacterial, viral, or fungal. It can be difficult to diagnose. LMHS has safety measures in place to detect early signs of sepsis. Lower rates are preferable.

	LMH 2019	LMH 2020	LMH 2021	National ⁽³⁾
Inpatient mortality	1.24%	1.67%*	2.18%*	2.22%**
Sepsis mortality rate, per 1,000 patients	9.3%	11.3%*	10.9%*	State⁽⁴⁾ 14.9%

**Deaths definitively or potentially related to COVID-19 have been excluded.*
***The benchmark is set to the 2019 report which was prior to the COVID-19 pandemic for accurate comparison.*

5. 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 2019	LMHS 2020	LMHS 2021	LMHS Goal	National ⁽⁵⁾
LMHS employees receiving the seasonal influenza vaccine	95%	94%	85%	greater than 80%	75.9%

6. 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. Note: Patients who visit the Licking Memorial Medication Therapy Clinic are not included as LMHP patients.

	LMHP 2019	LMHP 2020	LMHP 2021	LMHP Goal
LMHP patients on warfarin having a current PT/INR within recommended guidelines	97%	N/A*	97%	greater than 90%
*An insufficient amount of data was available for comparison.				

7. 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 2019	LMHP 2020	LMHP 2021	LMHP Goal
LMHP patients on Metformin with a renal function test within last year	93%	89%	92%	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 2021 – Q4 2021*. (3) Comparative Data from the Midas Comparative Database. (4) OHA (5) Centers for Disease Control and Prevention (CDC). *Influenza Vaccination Coverage Among Health Care Personnel – United States, 2020-21 Influenza Season*.

Preventing and Treating Chronic Wounds

When an injury to the skin occurs through cuts, scrapes, scratches, or punctures, the body works to repair the wound. While most minor wounds heal quickly within a few days or weeks, in some instances a wound may not heal properly or become infected, which can result in a chronic wound. The most common types of chronic wounds are venous ulcers, diabetic foot ulcers, pressure ulcers, infectious wounds, ischemic wounds, and surgical wounds.

Common risk factors for chronic wounds include:

- Diabetes
- High cholesterol
- Severe burns
- Cancer
- Vascular disease

- Heart disease
- High blood pressure
- Sedentary lifestyle

- Maintain physical activity or movement to enable blood circulation and promote healing

The following actions can help reduce the risk of infection and ensure that wounds heal as quickly and safely as possible:

- Perform hand hygiene before treating the wound
- Clean the wound and surrounding area thoroughly
- Remove any dead or inflamed tissue to help the wound heal properly
- Apply ointment to the wound to keep it moist
- Use dressing material that is appropriate for the wound, such as gauze, transparent films, hydrogel, or a non-breathable, self-adhesive bandage

It is important to have an ample quantity of wound care supplies available to make sure wounds are treated properly and in a timely manner. Individuals who suspect that they are experiencing complications from their wound should consult their physician about the best method of treatment.



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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!

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