

Quality Report Card

Licking Memorial Health Systems



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PATIENT SAFETY

Hand Hygiene Protects Patients

Patients along with healthcare providers play a major role in patient safety when it comes to spreading germs that cause serious infections in a healthcare setting. Hand hygiene – including washing hands with soap and water or the use of hand sanitizer – protects everyone from healthcare-associated infection (HAI) – an infection obtained in a hospital or other healthcare facility which was not present or incubating at the time of admission. Hand hygiene can help prevent the spread of most germs that cause infection as well as illnesses like the flu.

Simply using hand sanitizer or washing hands kills germs, including those that are resistant to antibiotics and are becoming difficult, if not impossible, to treat. An alcohol-based hand sanitizer is the preferred method for cleaning hands when not visibly dirty. It is more effective at killing potentially deadly germs on hands than soap, requires less time, produces reduced bacterial counts on hands, and improves skin condition with less irritation and dryness than soap and water. There has been concern about an increase in antibiotic resistant infections. Alcohol-based hand sanitizers do not cause antibiotic resistance because it kills germs quickly and in a different way than antibiotics; therefore, there is no chance for the germs to adapt or develop resistance. In order for hand-sanitizer to be effective, enough to cover all surfaces of the hands must be used. Hands should remain wet for around 20 seconds if using the right amount.

It is important to remember germs can and do survive on surface areas in the hospital. Even without physical contact with a patient, there is still a chance of contracting a virus or bacterial infection from touching items in a room or around the hospital. Staff members may clean their hands as many as 100 times per 12-hour shift, depending on the number of patients they care for and the intensity of the care. Patients and visitors also should practice hand hygiene:

- Before and after changing wound dressings or bandages.
- After touching hospital surfaces such as bed rails, bedside tables, doorknobs, remote controls, or the phone.
- After using the restroom.
- After blowing your nose, coughing, or sneezing.
- Before preparing or eating food.

It also is important to remember glove use is not a replacement for hand hygiene. Dirty gloves can soil hands. It is acceptable to remind hospital staff to wash or sanitize their hands before starting treatment and to ask questions about the hand hygiene policies.



Health tips – Medication Safety

Medications can be harmful, even deadly, if not taken properly. To ensure you get the most benefit from the medication and stay safe, follow these tips for medication safety:

- **Participate.** Safe medication use is a shared responsibility between patient, physician, pharmacist and other healthcare providers. Know the medications and ask questions if you are unsure how, when or why to take any drug.
- **Follow directions.** There are often important reasons to take a medication at a specific dose and time. Always follow the physician's directions about taking medications.
- **Keep a list.** A current list of medications, including the times and reasons to take each one, will help providers adjust medications and identify potential interactions. Include any over-the-counter drugs, herbal medications and supplements on the list.
- **Read prescriptions and labels.** Read new prescriptions before leaving the physician's office and ask questions if the instructions are unclear. Read the labels on the medication upon receipt.
- **Avoid others' medications.** Taking another person's medication may cause adverse reactions or interactions. Never take prescription medications you have not been prescribed.
- **Store medications properly.** Most medications should be stored in a dry place at room temperature, away from direct sunlight, and out of children's reach; others may require refrigeration. Throw away expired medications, which may be ineffective or even toxic.
- **When in doubt, ask.** Physicians and pharmacists are valuable resources for medication information.

Patient Story – Marcia Phelps



In late June 2017, Marcia Phelps fractured her left fibula. Originally diagnosed with a stress fracture, her left foot was placed in a boot for recovery. Approximately three weeks later, it was determined she actually had suffered a complete fracture and needed to be non-weight-bearing on her left leg in order for it to heal properly.

By the end of September, she was permitted to bear weight on her leg and walk again, and had planned to attend a conference for work in Cleveland. She decided it was in her best interest to utilize a scooter, so as to continue to rest her leg and increase mobility during the conference. Unfortunately, she had an accident transitioning from floor surfaces and fell from her scooter, hitting her right knee and causing a tibial plateau fracture. Emergency services recommended she be admitted to a local hospital, but Marcia refused. "I wanted to come home and be treated at Licking Memorial Hospital (LMH)," she said. A colleague drove her back to the LMH Emergency Department (ED). Due to significant swelling, X-rays were inconclusive. A computed tomography (CT) scan revealed the fracture and ED physicians told her not to bear weight on her right leg and recommended Marcia be admitted. "I had been out of town and was in pain and I just wanted to go home," she explained. "I made an appointment with Robert W. Mueller, M.D., of Licking Memorial Orthopedic Surgery, took my crutches and went home."

At her appointment, Dr. Mueller and

Tony D'Amico, PA-C, put her right leg in a brace and explained her restrictions and possible difficulties with mobility, strongly encouraging her to be admitted to the Hospital. Marcia complied and the next morning her therapy began in LMH's Acute Inpatient Rehabilitation Unit (ARU) where she received therapy for a week as she recovered. "I had limited mobility with my left leg, and now I was non-weight-bearing on my right leg, so I needed to significantly adjust my daily routines," Marcia explained. "The staff was excellent. Every person I came into contact with was very attentive to my needs and limitations, and sensitive to my pain and frustration," she noted. Temporarily confined to a wheelchair, therapists taught Marcia how to complete numerous tasks. Simply transporting from bed to a chair, chair to the restroom, or getting in and out of the shower were all actions with which she needed assistance, and each activity was shown to her with multiple safety measures. Marcia also received injections and education for blood clot prevention. "The staff was very in-tune with helping me manage my pain and mobility restrictions. In a short period of time, they were able to progress my recovery, while not causing additional damage," said Marcia.

"I am an independent individual and not one to usually do anything outside of the normal method, so it was difficult for me to accept assistance, first and foremost, and also adjust the manner in which I moved around every day," she admitted. "The patient and kind nature of the nurses, aides, Environmental Services staff and Culinary Services staff was extremely heartening. Everyone I came into contact with took the time to share a comforting word, which was outstanding. I appreciated the time Pastoral Care shared with me in prayer. There was such consideration for me and an understanding of the stress I was under from my pain and challenges," Marcia noted.

Rehabilitative therapists showed Marcia

minor early stage exercises to help strengthen her muscles and advance her recovery, reinforcing safety every step of the way. "The Hospital staff did everything possible to prevent any complications from developing, which ensured a safe and smooth recovery," she stated. After a week at LMH, Marcia was transferred to a local rehabilitation center where she also stayed a week.

Upon her discharge, the LMH Home Health staff assessed her home for any hazards that could jeopardize Marcia's safety, such as poorly lit walkways, loose throw rugs, and slippery bath and shower areas. With her sons' assistance, she had retrofitted her home with a stair lift and acquired all the necessary equipment to aid her during recovery. Medical staff showed her son what she had learned in therapy at the Hospital and how to best assist her to further her healing process. In November, Marcia began regular visits to Licking Memorial Physical Therapy to continue her rehabilitation. Once her left leg completely healed and the boot was removed, she was cleared for 25 percent weight bearing on her right leg. Physical therapy helped her bend and straighten her leg more easily. Having been confined to a wheelchair, she worked toward primarily using a walker at home – a painful transition that required significant upper body strength.

LMH Physical Therapy customized a program designed for Marcia's needs. "It is vitally important that patients listen to their therapists and follow their instructions. A safe and smooth recovery depends upon it," Marcia stressed. "By practicing what I learn in therapy, I am able to reap the full benefits of each exercise and complete them at home on my own as well. This entire ordeal has taught me to be humble, take advice and accept that sometimes everyone needs help."

Marcia serves as Municipal Clerk of Court in Licking County and fortunately has been able to work from home throughout much of her recuperation.

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 them to benchmark measures. Then, we publish them 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 1,194,059 doses of medication in 2016.

	LMH 2014	LMH 2015	LMH 2016	National ⁽¹⁾
Medication errors per 1,000 doses	0.013	0.012	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 reflect how many infections occurred during 1,000 patient days compared to the national benchmarks.

	LMH 2014	LMH 2015	LMH 2016	National ⁽²⁾
Pneumonia infection rate of ICU patients on ventilators per 1,000 days of usage	0.0	0.0	0.0	1.2
Urinary tract infection rate for ICU patients with urinary catheters, per 1,000 days of usage	0.0	0.6	2.0	1.3
Urinary tract infection rate for HOUSEWIDE patients with urinary catheters, per 1,000 days of usage	0.9	0.3	1.6	1.5
Bloodstream infection rate for ICU patients with central venous catheters, per 1,000 days of usage	2.8*	0.0	0.0	1.1
Bloodstream infection rate for HOUSEWIDE patients with central venous catheters, per 1,000 days of usage	0.0	0.0	0.0	0.9

*Throughout a period of 1,000 patient days, one bloodstream infection was recorded in LMH's ICU among patients with central venous catheters.

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 2014	LMH 2015	LMH 2016	Goal
Inpatient falls, per 1,000 patient days	3.0	2.5	2.5	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. Lower rates are preferable.

	LMH 2014	LMH 2015	LMH 2016	National ⁽³⁾
Inpatient Mortality	1.21%	1.66%	1.15%	2.27%

5. LMHS recognizes the importance of keeping our staff healthy and lessening the likelihood that they will infect our patients with influenza while under their care. LMHS is committed to encouraging and providing free, easily accessible flu vaccines to all employees.

	LMHS 2014	LMHS 2015	LMHS 2016	LMHS Goal	National ⁽⁴⁾
LMHS employees receiving the seasonal influenza vaccine	88%	94%	94%	greater than 80%	64.3%

When necessary, her son would transport her to the office for important meetings and other functions. “I am a blessed individual. I have many family members, especially my two sons, friends, coworkers and healthcare providers who have helped me tremendously. Each have pushed me to accomplish what I needed to do in their own way.” Marcia explained how everything was a challenge, but turned into a benefit after succeeding, advancing her to the next stage of her recovery. “Physical challenges take a mental toll. Because of my pain and worry, I could not wrap my head around how I would reach the end of my rehabilitation, but everyone’s patience and kindness helped me push forward. I was reassured knowing my safety and recovery were their top priority,” she concluded.

Marcia was granted driving privileges, and full-weight bearing capabilities in early December. She plans to continue physical therapy to learn further beneficial exercises for the next progressive stage of her recovery. “I have learned a valuable lesson – we as patients need to have patience for our body to heal.”

LMH recently received an “A” in the Leapfrog Hospital Safety Grade. LMH also has received other safety-related awards in the past, including Healthgrades Patient Safety Excellence Award, and Consumer Reports’ Hospital Ratings for Surgery Safety.

6. Warfarin (trade name 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 2014	LMHP 2015	LMHP 2016	LMHP Goal
LMHP patients on warfarin having a current PT/INR within recommended guidelines	90%	92%	94%	greater than 90%

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. Licking Memorial Health Professionals (LMHP) has adopted this recommendation as a safety measure.

	LMHP 2014	LMHP 2015	LMHP 2016	LMHP Goal
LMHP patients on Metformin with a renal function test within last year	94%	94%	94%	greater than 90%

Data Footnotes: (1) *To Err Is Human – Building a Safer Health System*, National Academy Press, Washington D.C., 2000. (2) 2010 CDC National Healthcare Safety Network Summary Report. (3) *Comparative Data from the Midas Comparative Database*. (4) Centers for Disease Control and Prevention (CDC), Interim Results: Seasonal Influenza Vaccination Coverage Among Health-Care Personnel, *MMWR* April 2, 2010 / 59(12); 357-362.

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Licking Memorial Health Systems

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Please take a few minutes to read this month’s report on **Patient Safety**. You’ll 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) 564-1572 to receive future mailings.

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