



Quality Report Card

Pre-admission Testing Streamlines Surgical Procedures

Pre-admission testing (PAT) is a process of medical assessments and evaluations that are conducted before a person has surgery. PAT helps to identify any potential health issues or risk factors that could complicate treatment or recovery, allowing for interventions or adjustments to be made to the patient's care plan and minimizing complications. Licking Memorial Hospital (LMH) has adopted a patient-centric approach to PAT, developing criteria that assists medical staff with optimizing patient preparation. This results in improved planning and allocation of hospital resources, as well as

reduced delays and day-of-surgery cancellations.

PAT is located on the LMH Sixth Floor. Until recently, LMH surgeons were responsible for submitting the order for PAT if they felt that a patient needed assessment prior to surgery. To streamline the PAT process and improve communication between anesthesiologists, surgeons, and primary care physicians, medical staff determined that new criteria for pre-admission testing were needed to ensure that patients were adequately assessed before undergoing their scheduled surgery.

assistant records their height, weight, body temperature, blood pressure, and pulse rate. A nurse then takes a detailed medical history, performs physical assessments, and makes sure the patient's medication list is up to date. A nurse practitioner performs a physical examination, which includes assessing the patient's airway, listening to the heart and lungs, and conducting any additional tests that may be needed, such as an electrocardiogram (EKG), blood work, and chest X-ray. The PAT appointment time can range from 30 minutes to two hours, depending on the type of surgery and whether the patient requires an overnight stay in the Hospital.



Lindsey Clark, R.N., Patient Care Manager, Pre-operative Services, in the Licking Memorial Surgery Department, researched and toured several organizations and worked with Brad Lewis, M.D., of Licking Memorial Anesthesiology, to develop criteria to determine a patient's eligibility for pre-admission testing. Once a patient is scheduled for a procedure, their information is put into a triage call list in Epic. After reviewing the patient's chart, a nurse will call the patient and ask them a series of questions pertaining to their medical history, complications to anesthesia, and drug and alcohol use. Patients are recommended for pre-admission testing if they meet any of the criteria on the questionnaire.

Education is also an important component of PAT. Patients receive instructions from clinical staff on how to prepare for their procedure. These may include food and drink restrictions, withholding certain medications for a period of time before surgery, preparing the body to prevent infection, and abstaining from smoking and consuming alcohol. Patients may also be given information on how to prepare their home for post-surgery recovery.

PAT helps to prevent day-of-surgery cancellations, which can be costly for the patient and the Hospital. Coordinating patient care among anesthesiologists, surgeons, and physicians assists in streamlining the surgical workflow and providing tailored, quality care to each patient.

When a patient arrives for their PAT appointment, a nurse or patient care



Patient Story – Sherry Hennen

After Sherry Hennen’s husband passed away, she decided she wanted to live closer to her three sons. One lives in New Lexington, one in Pataskala, and one in Columbus. She found a condominium in Thornville where she felt she would be comfortable and close to each of the boys and their families. After the move, she searched for a primary care physician to manage all aspects of her health and wellbeing.

Having had a male physician in the past, Sherry thought she may be better able to relate to a female physician, so she searched through local listings to find a suitable match. She began visiting Katrina M. Timson, M.D., at Licking Memorial Family Practice – East. “Both Dr. Timson and her Nurse Practitioner, Joan Crumrine, APRN-CNP, offer excellent care,” Sherry said.

Earlier this year, Sherry began experiencing pressure in her throat especially when she bent over. She quickly made an appointment to visit Dr. Timson. After examining Sherry, Dr. Timson referred Sherry to the Licking Memorial Radiology Department to have an ultrasound performed. “I really had no idea what was causing the discomfort I felt. I never had issues before with my thyroid, but I knew something was not right,” Sherry said.

Dr. Timson reviewed the results from the ultrasound and informed Sherry that her thyroid was enlarged, and that there nodules present. Sherry was then referred to Licking Memorial Otolaryngology. Otolaryngology is a specialty which focuses on the diagnosis and treatment of disorders of the ears, nose, and throat. The physicians have specialized training and experience that allows them to treat both acute and chronic illnesses and also focus on preventive medicine. Sherry then scheduled an appointment with Kenneth C. Parker, M.D., to determine the next steps in treating the issue. Performing an ultrasound on Sherry’s throat, Dr. Parker found nodules in her thyroid.

“Dr. Parker is very knowledgeable, and he explained my options including surgery to remove my thyroid,” Sherry recalled.

Known as a thyroidectomy, the procedure entails surgically removing all or part of the thyroid gland, which is located in the front of the neck. The thyroid releases hormones which control many critical functions of the body. An overgrowth of normal tissue may lead to the development of thyroid nodules which require removal if the growths are causing difficulty in swallowing or breathing. The nodules may be benign or malignant.

During the procedure, the surgeon, or otolaryngologist, makes a small incision in the skin of the neck as close to a natural crease as possible to reduce the appearance of the scar. A thin layer of muscle is parted to gain access to the thyroid gland, then one or both lobes of the thyroid gland as well as any nearby lymph nodes that may be affected by disease are removed. The muscles of

the front of the neck are returned to their proper position and secured in place. Sherry underwent the thyroidectomy at Licking Memorial Hospital (LMH), where she stayed overnight to recover.

“Everything went perfectly. The staff was amazing and very kind. Overall it was a good experience,” Sherry revealed.

During a follow-up visit with Dr. Parker, Sherry was informed about the results of the biopsy on the nodules. “Dr. Parker took my hand to comfort me as he told me that cancerous cells were found in three of the nodules. He quickly assured me that he would take good care of me, said I should not worry at all about the findings, and that I would be just fine,” Sherry said. “He is the nicest, most compassionate physician. I know that he deeply cares about me and ensures I do not let stress hamper my recovery.”

When the thyroid gland is surgically removed, the body still requires thyroid hormone to assure that vital functions remain in balance. Sherry was referred to an endocrinologist to assist in managing thyroid hormone levels, monitoring for cancer recurrence, and adjusting medication dosages. She will continue visiting Dr. Parker for further follow-up visits as well.

Since her surgery, Sherry has been focusing on her family. She enjoys spending time with her sons, Brad, Cory, and Tyler, and their children. Sherry has one grandson, and five granddaughters. Having raised three boys herself, Sherry says she enjoys being a grandmother, but only wishes she knew more about braiding and haircare for the granddaughters.

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

1. Risk of serious complications exist during and after surgery, and some deaths may be unavoidable. However, LMH has trained, well-organized, and efficient staff members who work to find and treat complications quickly and aggressively. In 2023, 8,963 surgeries were performed at LMH.

	LMH 2021	LMH 2022	LMH 2023	National ⁽¹⁾
Deaths among patients with serious treatable complications after surgery	8.33%	4.17%	12.82%	15.11%

2. Postoperative patients are at risk for developing other potentially deadly complications such as sepsis, a serious condition in which the body responds improperly to an infection. The infection-fighting process turns on the body, causing the organs to function poorly which can cause damage to the lungs, kidneys, liver, and other organs. LMH works to prevent sepsis by following best practices for patient safety and closely monitoring a patient's condition.

	LMH 2021	LMH 2022	LMH 2023	National ⁽¹⁾
Postoperative sepsis	0.00%	0.00%	0.43%	0.41%

3. Postoperative patients who lie in bed for long periods are at increased risk of developing a blood clot in their lungs (pulmonary embolism) or legs (deep vein thrombosis). To prevent the formation of these dangerous conditions, LMH uses multiple methods to reduce the risk of blood clots, including the use of blood-thinning medications and mechanical compression devices. In some cases, despite using these interventions, these blood clots may still occur. In addition, LMH staff must also be wary of the formation of a postoperative hematoma – a collection of clotted blood, or hemorrhage – active ongoing bleeding.

	LMH 2021	LMH 2022	LMH 2023	National ⁽¹⁾
Postoperative patients who developed a pulmonary embolism or deep vein thrombosis	0.63%	0.00%	0.19%	0.31%
Postoperative hemorrhage or hematoma rate	0.13%	0.12%	0.10%	0.23%

4. An unplanned return to the operating room refers to a situation where a patient returns to the Hospital after an initial surgery due to complications or unforeseen issues arising from the original procedure, essentially requiring a second surgery that was not planned beforehand. The return rate is a key indicator of surgical quality that impacts patient outcomes.

	LMH 2021	LMH 2022	LMH 2023	LMH Goal
Unplanned returns to the OR	0.02%	0.09%	0.10%	<1.4%

5. Delays in surgical procedures are an inconvenience to patients who may have fasted for hours and often are nervous. The LMH Surgery staff makes every effort to timely begin procedures for the comfort of patients and their families.

	LMH 2021	LMH 2022	LMH 2023	LMH Goal
Surgeries that started on time	94%	85%	96%	Greater than 90%

Surgery Care – How do we compare? (continued on back page)

Check out our Quality Report Cards online at [LMHealth.org](https://www.lmhealth.org).

6. Retained surgical items such as a surgical sponge or instrument part, or unretrieved device fragments, may cause emotional and severe physical harm such as infection, pain, or loss of function. LMH monitors the rate of retained surgical items through a retained surgical item or unretrieved device fragment count to identify trends and implement preventive measures.

	LMH 2021	LMH 2022	LMH 2023	LMH Goal
Retained surgical item or unretrieved device fragment count	0	0	0	0

Data Footnotes: (1) Population Rate from AHRQ WinQI Annual Quick Report

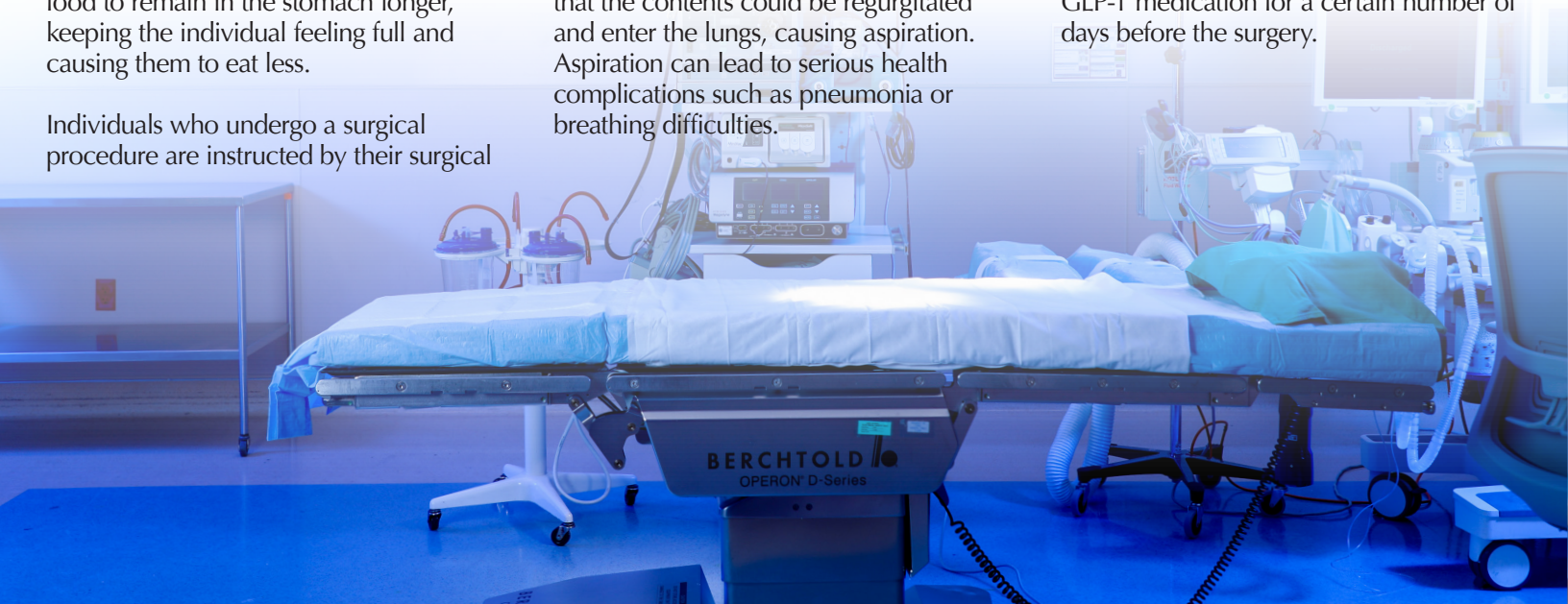
GLP-1 Medications and Surgery

Glucagon-like peptide-1 (GLP-1) is a hormone that regulates blood sugar, appetite, and digestion. Synthetic versions of GLP-1 have been used in medications to treat type 2 diabetes and obesity, and prescriptions for such drugs have become increasingly popular within the past few years. GLP-1 medications work by slowing down digestion, known as delayed gastric emptying. This causes food to remain in the stomach longer, keeping the individual feeling full and causing them to eat less.

Individuals who undergo a surgical procedure are instructed by their surgical

team to refrain from consuming food or drink for a certain number of hours before their surgery to prevent aspiration. This can be a problem for patients who are taking GLP-1 medications. Being under general anesthesia suppresses a person’s reflexes, including those that protect the airway and prevent food or liquid from entering the lungs. If the stomach is not empty during surgery, there is a risk that the contents could be regurgitated and enter the lungs, causing aspiration. Aspiration can lead to serious health complications such as pneumonia or breathing difficulties.

The American Society of Anesthesiologists recommend patients stop taking their GLP-1 medication before a surgical procedure. Individuals who are planning to have surgery should inform their physician if they are taking a GLP-1 medication. Based on an assessment of the patient’s overall health and the type of surgery, the physician may recommend stopping or decreasing the dosage of the GLP-1 medication for a certain number of days before the surgery.



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Visit us at LMHealth.org.

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

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