

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 2013, there were 58,554 visits to the Licking Memorial Hospital (LMH) Emergency Department (ED).

	LMH 2011	LMH 2012	LMH 2013	National
Median length of stay in the ED for all patients	2 hr. 21 min.	2 hr. 38 min.	2 hr. 39 min.	4 hr. 43 min. ⁽¹⁾
Median length of stay in the ED for patients not admitted to the Hospital	2 hr. 11 min.	2 hr. 29 min.	2 hr. 31 min.	2 hr. 19 min. ⁽²⁾
Median length of stay in the ED for patients admitted to the Hospital	3 hr. 30 min.	3 hr. 43 min.	3 hr. 43 min.	4 hr. 35 min. ⁽²⁾
Median length of time from arrival until seen by a physician	39 min.	45 min.	45 min.	26 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. 6 min.	1 hr. 8 min.	1 hr. 38 min. ⁽²⁾
Percentage of patients who are in the ED for more than 6 hours	2.4%	3.7%	3.4%	7.4% ⁽¹⁾

2 LMH operates two urgent care facilities: Licking Memorial Urgent Care – Pataskala (which opened in 2009) 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 2013, there were 14,295 visits to Licking Memorial Urgent Care in Granville, and 7,127 visits to Licking Memorial Urgent Care in Pataskala.

	LMH 2011	LMH 2012	LMH 2013	Goal
Urgent Care (Granville) time to see physician	NA	NA	18 min.	less than 30 min.
Urgent Care (Pataskala) time to see physician	24 min.	23 min.	14 min.	less than 30 min.
Urgent Care (Granville) average length of stay	NA	NA	47 min.	less than 2 hr.
Urgent Care (Pataskala) average length of stay	1 hr. 1 min.	59 min.	53 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 2011	LMH 2012	LMH 2013	National
Average time to opened artery	51 min.	56 min.	54 min.	61 min. ⁽¹⁾
Percentage of patients with arteries opened within 90 minutes	100%	96%	98%	95% ⁽²⁾
Median time from arrival to completion of EKG	2.5 min.	3.0 min.	2.0 min.	7.3 min. ⁽³⁾

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 patients have their conditions managed correctly. LMH sets aggressively stringent goals for this, as listed below.

	LMH 2011	LMH 2012	LMH 2013	Goal
ED patients who return to the ED within 24 hours of discharge	1.4%	1.3%	1.3%	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 2011	LMH 2012	LMH 2013	Goal
Patients admitted to the Hospital within 72 hours of ED visit	0.70%	0.70%	0.80%	less than 1%

6 A study published in the New England Journal of Medicine⁽⁴⁾ reported that patients are safer and less likely to experience serious complications when they are treated in hospitals with more registered nurses on staff. LMH aggressively recruits registered nurses with wide ranges of expertise/experience to ensure that the Hospital remains fully staffed and can effectively care for patients.

	LMH 2011	LMH 2012	LMH 2013	Goal
R.N. vacancy rate in the ED	0%	0%	0%	less than 5%

7 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 2011	LMH 2012	LMH 2013	Goal
ED patients who left before treatment was complete	4.1%	5.1%	4.4%	less than 3%

8 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 2011	LMH 2012	LMH 2013	Goal
Assessment of pain completed	97%	99%	98.57%	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. (3) Midas and CPMS Comparative Database, 2011-2012. (4) “Nurse-Staffing Levels and the Quality of Care in Hospitals;” New England Journal of Medicine, May 2002.

Patient Story - Buck Slack

When West Licking emergency medical technicians (EMTs) arrived at Buck Slack’s house, they found him lying in pain at the base of a staircase, requesting to be taken to the Emergency Department at Licking Memorial Hospital (LMH). Buck had arisen from bed early in the morning and started down the stairs of his Pataskala home. He lost his balance as he took the first couple of steps and tumbled down the remaining flight of stairs. Buck quickly took stock of his situation after he landed on the floor and saw that he was lying on top of his right leg, with his foot bent in an unnatural angle to the side.



Buck Slack

His wife, Sara, was working an evening shift and Buck knew that she would be home soon, so his first intention was to wait for her to arrive and ask her to take him to the Hospital. However, the pain was too intense, and after a few minutes, he used his cell phone to call 9-1-1 for help. The 9-1-1 dispatcher assured Buck that help would arrive quickly, and she asked him if the EMTs would be able to enter the house. Buck realized that the front door was locked, but told the dispatcher that he was confident he could safely unlock it. The dispatcher remained on the phone with Buck while he crawled to the front door and turned the dead bolt. Next, he did something that still bemuses him – he crawled back to the bottom of the stairs and waited for the EMTs to arrive. “I do not know why I did that,” Buck said with a laugh. “I guess I thought that it would make it easier for the EMTs to come in with a stretcher.”

The EMTs arrived in just seven minutes, and checked Buck for additional injuries. They stabilized his right leg and loaded him into the ambulance. Based on past experiences, Buck already knew where he wanted to be treated and asked to be taken to LMH. (In non-life-threatening incidents, patients may request

that the emergency medical squad takes them to a specific hospital in their vicinity.)

“I have been to emergency rooms at other hospitals with my five children and my mother,” Buck explained. “Their care was good, but the wait was so long. I realize that they need to see the most critically ill patients first, but I felt as though their facilities were so large that they did not really care about my inconvenience. I also have noticed that the Columbus doctors may spend a few minutes with me, but then my case is passed to a student. Every time that I have been to LMH, everyone has been so attentive and positive, and the doctors spend much more time with me. I feel like I am getting more attention and better care at LMH.”

After a brief assessment with the Emergency Department triage nurse at LMH, Buck was taken to a patient exam room. Within minutes, Joel W. Anders, D.O., was by Buck’s side. “He introduced himself, pointed at my leg and said, ‘That is broken!’ It was that obvious,” Buck recalled.

X-ray images revealed that Buck had suffered a fibula fracture with disruption of the mortise – meaning that the smaller of the two calf bones was broken, and that the bones were dislocated from the ankle socket. Dr. Anders set the bone to make Buck more comfortable and applied a temporary cast. Buck was admitted to LMH and underwent surgery the next morning to have metal screws implanted. He wore a specialized boot and used a rented scooter for six weeks while his leg healed. He then underwent a second surgery to have the stabilizing screws removed.

Buck first became familiar with LMH in 1979 when he was employed as an information systems technician at a phone

Patient Story – Buck Slack (continued on next page)

company and was assigned to install a new telephone system in the Hospital. He returned in 1985 to install a system-wide upgrade. In the early 2000s, Buck came to LMH as a patient for some laboratory testing and was impressed by the changes that had taken place.

He said, “During both phone system projects, I was at LMH every day for an extended period and had become very familiar with the facility. It was obvious that over the years, the staff had been working very hard to make improvements, and the Hospital had made a great effort to bring in the best doctors. The whole staff was more personable and confident and made me feel as though they honestly cared about me. I decided that LMH was going to be my hospital of choice.”

LMH’s Emergency Department is open 24-hours a day, seven days a week to treat emergent or life-threatening illnesses and injuries. Less severe injuries may be treated at LMH’s two Urgent Care facilities during their normal operating hours. LMH Urgent Care – Pataskala is open 9:00 a.m. to 6:00 p.m., Monday through Saturday, and 12:00 Noon to 6:00 p.m. on Sunday. Licking Memorial Urgent Care – Granville is open 9:00 a.m. to 8:00 p.m., Monday through Friday, and 9:00 a.m. to 5:00 p.m. on Saturday and Sunday. Both Urgent Care facilities are closed on holidays.

Adverse Drug Reaction Is a Common Reason for Emergency Room Visits

According to some estimates, 70 percent of American residents take at least one prescription medicine, and 20 percent take at least five. Not surprisingly, patients tend to take more prescriptions as they get older. The American Society of Consultant Pharmacists reports that patients over the age of 65 take an average of 14 prescriptions each year, while patients between the ages of 80 and 84 take an average of 18 prescriptions within a year’s time.

In addition, many individuals frequently take over-the-counter medications, vitamins and supplements.

Emergency rooms in the United States treat more than 2 million cases of adverse drug reactions each year. In some cases, the patients have an unexpected reaction to a specific medication, and oftentimes, the patients did not take the medication as prescribed, or an interaction between two or more of the drugs caused a medical emergency.

“The risk for adverse drug reactions rises along with the number of prescriptions that a patient takes,” stated Randy E. Jones, M.D., emergency physician at Licking Memorial Hospital (LMH). “When several drugs are involved, patients easily can become confused over the dosage instructions and may take the wrong amount or take the drugs at the wrong time. With multiple medications, there also is the increased risk of dangerous interactions. Adverse drug events are responsible for many of the Emergency Department visits at LMH.”



Randy E. Jones, M.D.

The electronic medical record used throughout Licking Memorial Health Systems is well-equipped to detect potential issues with specific drug combinations. The patient’s records from physician practices, Hospital admissions, Urgent Care and Emergency Department are all electronically evaluated to check for any

potential medication conflicts – as long as the medications were prescribed or recorded by a Licking Memorial Health Systems provider. In addition, most retail pharmacies rely on sophisticated software that analyzes patients’ previous medication purchases to check for contra indications.

Over-the-counter medications, such as pain relievers, vitamins, and supplements, can be dangerous in combination with certain prescriptions. (See Health Tips on back page for examples.) Patients should inform their physician and pharmacist of all over-the-counter medications and supplements they take before taking any new prescriptions.

Here are some guidelines to prevent dangerous adverse drug reactions from occurring:

- Take a complete, current list of all prescribed and over-the-counter medications to all medical visits
- Follow all prescription directions carefully and ask the physician or pharmacist for clarification if you are unsure
- Purchase all prescriptions at one pharmacy so the pharmacist has an opportunity to review your entire list of medications
- Consult pharmacist before taking new over-the-counter drugs
- Store medications in original, labeled containers
- Prepare a schedule to keep track of dosage instructions for multiple medications
- Arrange medication supervision for patients who have confusion or memory loss

To help prevent patients’ medication errors or adverse reactions, the LMH Emergency Department has pharmacists on staff who perform medication reconciliation. In this process, the pharmacists review the patient’s current list of medications to identify any potential concerns.



Licking Memorial Health Systems

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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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Quality Report Card Licking Memorial Health Systems

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Volume 15, Issue 8

August 2014

Health Tips – Over-the-Counter Drugs Can Cause Dangerous Interactions

Many consumers believe that over-the-counter medications are completely safe and can be taken casually whenever desired. In reality, over-the-counter medications can be quite potent, creating a medical emergency if not taken as directed, or combined with certain other drugs. Individuals should always read the package inserts carefully and consult with their pharmacist before taking a new medicine, vitamin or supplement.

Examples of drug combinations that can cause dangerous adverse interactions are:

- Warfarin® and ibuprofen (Advil®, Motrin®) – increases risk of bleeding
- Aldactone® and potassium gluconate – may cause irregular heart rhythm or muscle weakness
- Digoxin® and antacids with aluminum or magnesium – decreases absorption of Digoxin
- Lithium® and ibuprofen (Advil, Motrin) – increases risk of lithium toxicity
- Celexa® and St. John's Wort – may cause serotonin syndrome (confusion, agitation, rapid heart rate, shivering, dilated pupils)
- Percocet® and acetaminophen (Tylenol®) – increases risk of liver damage

Over-the-counter drugs that are considered safe when used properly may be harmful when combined with other medicines. To be sure that an over-the-counter drug, vitamin or supplement can be taken safely, consult your physician or pharmacist first.