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**Please take a few minutes to read
this month's report on patient
care quality. You'll soon discover
why Licking Memorial Hospital
is measurably different
for your health!**

Visit us at www.lmhealth.org

**Call our Health Line at
740-348-4YOU.**



**Licking Memorial
Health Systems**

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**Stroke
Care**

measurably different for your health!



HEALTH TIPS

A recent medical study shows that consuming a diet rich in folate reduces an individual's risk for stroke. Folate, a B-vitamin, also reduces the risk for heart disease and appears to lower blood pressure and total cholesterol levels. Sources of folate include:

- tomatoes and citrus fruits;
- spinach, romaine lettuce and other green leafy vegetables;
- pinto, navy and kidney beans;
- rice and pasta; and
- breads and cereals.

...a community report on patient care quality.



Stroke care: How do we compare?

At Licking Memorial Hospital, 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 health care choices.

1 A stroke occurs when blood circulation to the brain stops. This causes a decrease in oxygen to the brain, which causes brain cells to die. In recent years, the medical community has gained a better understanding of the causes of stroke, which has helped many people make positive lifestyle changes. As a result, the stroke death rate has been cut nearly in half in the past 20 years. ⁽¹⁾

	LMH 2001	LMH 1/02-3/02	National ⁽²⁾
% of stroke patients who die	6.4%	3.2%	10%

2 A person who has symptoms of a stroke needs to seek emergency medical care immediately. A thrombolytic, or “clot-busting” drug, must be given within three hours after the initial onset of symptoms. Much like a heart attack, in which “time is muscle,” with a stroke, “time is brain cells.” To determine if a patient is a candidate for a thrombolytic drug, it is vital that a CT scan be performed before the drug is given. Therefore, Licking Memorial Hospital (LMH) tracks both the time from “door to CT scan” and from “door to drug.”

	LMH 2001	LMH 1/02-3/02	State ⁽³⁾
Average minutes from door to CT scan	41	34	59
Average minutes from door to drug	70	62	100

3 A follow-up CT scan or MRI scan while a patient is hospitalized can help determine if the stroke has progressed, or worsened.

	LMH 2001	LMH 1/02-3/02	State ⁽³⁾
% received head CT/MRI during hospitalization	74%	83%	95%

4 LMH uses a clinical practice guideline to make sure stroke patients receive all appropriate care for their condition. One quality measure on the guideline is the prescription of a blood-thinning medication by the second day of hospitalization after a stroke. Blood-thinning medication prevents clots from forming and improves blood flow.

	LMH 2001	LMH 1/02-3/02	National ⁽⁴⁾
% eligible patients receiving blood-thinning medications	90%	84%	61%

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Another quality measure on the stroke clinical practice guideline is the prescription of a blood-thinning medication at discharge.

% with blood-thinning medication at discharge		
LMH 2001	LMH 1/02-3/02	National ⁽⁴⁾
94%	96%	92%

6

LMH tracks how often standard orders are used by physicians in the treatment of stroke. Although physicians evaluate and treat each patient individually, following standard orders for a specific disease helps ensure that physicians provide appropriate care for that disease.

Standard orders used by physician		
LMH 2001	LMH 1/02-3/02	LMH Goal
87%	87%	>95%

Data Footnotes:

(1) National Institute of Neurological Disorders and Stroke, National Institutes of Health “Brain Basics: Preventing Stroke” brochure, July, 2000.

(2) Comparative data from January through December 2001 from over 230 hospitals in the Midas comparative database project.

(3) Benchmark from KePro National Stroke Project.

(4) Most recent benchmark from VHA Central Key Clinical Indicator Project, May-October, 2000.



Suffering a stroke three years ago hasn't kept Viola Kleist from enjoying golf. The 93-year-old Newark resident received care at Licking Memorial Hospital, as well as through its Community Case Management program. She continues to exercise at the LMH Wellness Center.

“ I came in, and the room was spinning. I felt terrible, and I knew something was wrong. ”

Back in the Swing of Things

A PATIENT'S STORY

About three years ago, Viola Kleist was walking outside her Newark home when she suddenly became dizzy and felt ill.

“I came in, and the room was spinning,” she recalled.

“I felt terrible, and I knew something was wrong. I should have gone to the hospital then, but I didn't. I went to bed.”

The next day, still not feeling well, Viola did go to Licking Memorial Hospital (LMH). There, doctors determined that she had suffered a stroke.

She stayed in the hospital for two days before returning home. Laura, a registered nurse and community case manager with LMH, began visiting Viola in her home once a week to monitor her progress.

“Fortunately, Viola did not have loss of use of her limbs or of speech from her stroke,” Laura said. “Instead, she experienced fatigue, weakness, and some short-term memory problems. She also had ongoing high blood pressure that was difficult to control. It was an anxious time in her life, because her husband became very ill and died right about the same time. Everything was going on at once for her.”

Viola visited her family physician frequently for adjustments as needed in her blood pressure medication. Laura

took Viola's blood pressure each time she visited and worked with her to help keep her medications organized. She also encouraged her to exercise and maintain a healthy lifestyle.

Eventually, when Viola was feeling better, Laura made arrangements for her to join exercise classes at LMH's Wellness Center.

Laura noted that the 24-member community case management team at LMH often provides other assistance for patients, including linking them with community-based services, such as Meals on Wheels; providing education on various disease processes; and helping them manage multiple health problems.

“As nurses, we also have access to pharmacists, dietitians and other health care professionals,” Laura said. “We bring them in to assist when their expertise is needed.”

Viola is very appreciative of all the help she received at the hospital, through case management and at the Wellness Center, where she still exercises.

“Everybody was so nice to me,” she said. “They were all wonderful!”

Thanks to the care she received and her determined spirit, Viola, now age 93, is back to enjoying her golf game and her weekly bowling!

LMHS Stroke Team

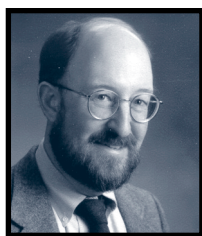
When a person is having a stroke, rapid medical response is vital. That is why Licking Memorial Hospital put a Stroke Team in place to reduce the amount of time it takes to gather the necessary specialists. Started in 2001, the LMH Stroke Team is comprised of health professionals from neurology, radiology, and nursing.

When a squad notifies the LMH Emergency Department (ED) of an incoming potential stroke victim, the LMH Stroke Team is paged to respond immediately to the ED. The team also is paged when there are potential stroke victims within the hospital.

Since blood circulation to the brain is stopped during a stroke, rapid treatment is essential for saving the patient, as well as reducing the possibility of permanent debilitating effects.

Implementation of the LMH Stroke Team has resulted in shorter times between when stroke patients enter the ED and when they receive a thrombolytic – or clot-busting – drug. The drug may be given up to only three hours after the initial onset of symptoms. The ED 2001 average door-to-thrombolytic drug time was 70 minutes. In March 2002 a door-to-thrombolytic drug time of 60 minutes was recorded.

Use of the Stroke Team also has resulted in a quicker door-to-CT scan time for stroke victims. The ED average door-to-CT scan time for stroke patients was 41 minutes in 2001. It was 25 minutes in March 2002.



Reducing Risk for Stroke

with Joshua C. Nelson, D.O.

A STROKE – OR BRAIN ATTACK – IS THE RESULT OF BLOCKED BLOOD FLOW TO THE BRAIN. BLOOD FLOW CAN BE RESTRICTED BECAUSE OF NARROWED BLOOD VESSELS, BLOOD CLOTS, OR BLEEDING IN THE BRAIN.

Risk for stroke is increased in people who have high blood pressure and/or diabetes; smoke cigarettes; are overweight; and/or drink excessively. Men, African-Americans and individuals with a family history of stroke also have an increased risk. At highest risk for stroke are individuals who have had a stroke or a transient ischemic attack (TIA) – or mini-stroke.

However, you can reduce high blood pressure, quit smoking, lose weight and drink in moderation to lower your risk. Moderate drinking refers to limiting the daily intake of alcohol to 1.5 ounces of hard liquor; 4 ounces of wine, or 12 ounces of beer.

Eating a well balanced diet – including protein, carbohydrates, vegetables and fruits – is an essential part of reducing the risk for stroke. By eating a well balanced diet, you can lower your blood pressure, reduce your cholesterol level, and reduce the occurrence of complications from diabetes.

Exercise also can reduce risk for stroke, since people who exercise regularly tend to have lower cholesterol levels and fewer fatty plaque deposits clogging blood vessels.

However, making lifestyle changes may not be sufficient for some individuals to reduce their risk for stroke. Their physicians may prescribe medication to lower blood pressure or anticoagulants to reduce the risk for blood clots.

Additionally, carotid endarterectomy – a surgical procedure to clear plaque from

the arteries that run through the neck and supply blood to the brain – may be recommended for individuals who have had a mini-stroke or who are at high risk for stroke.

Know the Warning Signs

Knowing stroke warning signs can decrease the risk of long-term effects. When a stroke occurs, the brain is deprived of nutrients, and brain nerve cells begin to die within a few minutes. Vision and sensory loss, problems with walking and talking, and difficulty with clear thinking can result. Often, these effects are irreversible. However, obtaining rapid medical attention can reduce the possibility of their occurrence.

Stroke warning signs include:

- sudden numbness or weakness of the face, arm or leg, especially on one side of the body;
- sudden confusion, trouble speaking or understanding;
- sudden trouble seeing in one or both eyes;
- sudden trouble walking, dizziness, loss of balance or coordination;
- sudden, severe headache with no cause.

Not all of these warning signs occur with every stroke. And, symptoms may appear, disappear and return. If you should experience any of these symptoms or notice them in another person, call 9-1-1 immediately.