

Please take a few minutes to read this quarter's quality report on **Surgical Care**. In this report, you can explore detailed statistics and information about how Southeastern Med is performing compared to national averages. Southeastern Med is committed to offering its patients the highest quality care. Measuring and monitoring quality performance is part of Southeastern Med's ongoing commitment to evaluate and improve how it cares for patients.

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SOUTHEASTERN MED QUALITY REPORT



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SURGICAL CARE | How We Compare

At Southeastern Med, (SEM) we understand that good quality health care means doing the right thing at the right time in the right way for the right person and getting the best possible results. Hospitals can reduce the risk of complications by giving the right treatment at the right time. We track specific measures to monitor the quality of our care and then compare them to national benchmark measures. Southeastern Med then publishes our quality measures so you can make your own conclusions on how well we provide care to our patients.

1 Wrong site surgery should never happen. Yet it is an ongoing problem in health care that compromises patient safety. At Southeastern Med we follow multiple steps to prevent wrong patient, wrong procedure, or wrong site surgery. As our patient, we encourage you to participate in this process and always feel free to ask questions or verbalize concerns.

	SEM 2007	SEM 2008	SEM 2009	SEM 2010	Goal
Number of Surgeries	3061	3115	3204	3542	N/A
Wrong-site surgeries	0	0	0	0	0

2 Surgical wound infections can be prevented. Medical research shows that surgery patients who get antibiotics within the hour before their surgery are less likely to get wound infections. However, it must be the right kind of antibiotic to help prevent the infection. Southeastern Med recognizes the importance of stopping the antibiotics within 24 hours after your surgical procedure in order to decrease the risk of side effects.

	SEM 2007	SEM 2008	SEM 2009	SEM 2010	National Hospital Average (July 2009 - March 2010)
Antibiotic within 1 hour	98.8%	94.5%	100%	98.8%	96%
Appropriate antibiotic	95%	95.7%	96.9%	97.7%	97%
Antibiotic stopped in 24 hours	92.1%	98.5%	94.3%	93.7%	94%

3 Preparing a patient for surgery may include removing body hair from skin in the area where the surgery will be done. Southeastern Med acknowledges medical research has shown that shaving with a razor can increase the risk of infection. It is safer to use electric clippers or hair removal cream. That is why it is also very important you, as the surgical patient, do not use a razor around the surgical area prior to coming into the hospital.

	SEM 2007	SEM 2008	SEM 2009	SEM 2010	National Hospital Average (July 2009 - March 2010)
Appropriate hair removal	99.3%	99.6%	100%	100%	99%

4 Certain surgeries increase the risk that the patient will develop a blood clot (VTE). When patients stay still for a long time after some types of surgery, they are more likely to develop a blood clot in the veins of the legs, thighs or pelvis. To help prevent blood clots from forming after surgery, doctors can order treatments to be used just before or after the surgery. Southeastern Med knows that these treatments need to be started at the right time, which is typically during the period that begins 24 hours before surgery and ends 24 hours after surgery.

	SEM 2007	SEM 2008	SEM 2009	SEM 2010	National Hospital Average (July 2009 - March 2010)
VTE prophylaxis ordered	88.1%	93.8%	88.9%	90.3%	94%
Started within 24 hours	88.1%	93.8%	88.9%	90.3%	92%

Arthritis Aquatic and Land-Based Classes

Southeastern Med's Sports Medicine and Rehabilitation Services offers arthritis aquatics and land-based classes at the Sports Medicine and Rehabilitation Services facility, 10095 Brick Church Road, in Cambridge.

The arthritis aquatic program focuses on improving range of motion, muscle strengthening and endurance. It is conducted in warm water and geared toward participants with different ability levels. The class meets twice a week for eight weeks.

In addition to the aquatics courses, three land-based classes are now being offered. The rhythm and moves program focuses on cardiovascular endurance through high-energy, hip swinging and toe tapping exercise steps. This class meets once a week at the Sports Medicine facility.

For those with joint problems, the arthritis exercise program is a low impact land-based class geared toward joint issues. Participants can expect to find gentle stretching and strengthening exercises for range of motion and balance. The class meets once a week at the Cambridge Senior Center.

A low impact yoga exercise class offered focuses on the mind, body and spirit. Participants can expect stretching and strengthening, breathing meditation and balance. Participants have the option of taking the class at either the Cambridge Senior Citizens' Center or the Sports Medicine and Rehabilitation Services facility.

To learn more about these safe and effective exercise program including dates and times of classes, please call 740-439-8977.

RISK FACTORS

Certain factors have been shown to be associated with a greater risk of arthritis. Some of these risk factors are modifiable while others are not.

Non-modifiable risk factors

Age

The risk of developing most types of arthritis increases with age.

Gender

Most types of arthritis are more common in women; 60 percent of all people with arthritis are women. Gout is more common in men.

Genetic

Specific genes are associated with a higher risk of certain types of arthritis, such as rheumatoid arthritis (RA), systemic lupus erythematosus (SLE), and ankylosing spondylitis.

Modifiable Risk Factors

Overweight and Obesity

Excess weight can contribute to both the onset and progression of knee osteoarthritis.

Joint Injuries

Damage to a joint can contribute to the development of osteoarthritis in that joint.

Infection

Many microbial agents can infect joints and potentially cause the development of various forms of arthritis.

Occupation

Certain occupations involving repetitive knee bending and squatting are associated with osteoarthritis of the knee.

Smoking and Tobacco Use

Smokers are more than twice as likely to have significant cartilage loss than non-smokers.

SUCCESS STORIES

Patient Benefits from Minimally Invasive Hip Replacement Surgery at Southeastern Med

At age 70, Roy Allen began suffering from joint pain in his hip and spent months not being able to walk without a crutch. The pain quickly began affecting every aspect of his life.

"Every morning I would get up, run to the post office and check on my mom," Roy said. "But after the pain started, I was barely able to walk across the room. I knew I had to do something to fix the pain, so my family physician recommended I see an orthopedic surgeon."

After non-surgical treatments for Roy's hip arthritis were unsuccessful, Corey Jackson, D.O., orthopedic surgeon with Southeastern Ohio Orthopedics, performed direct anterior joint replacement surgery on Roy at Southeastern Med on Mon., Dec. 20. This minimally invasive technique approaches the hip from the front without detaching muscles or tendons, rather than by removing and then reattaching a muscle through the traditional approach. With this approach, rehabilitation can usually begin more quickly by not having to allow the reattached muscle to heal, and the incision size is minimized in an effort to help limit post-operative discomfort.

"I went into the surgery using a crutch and woke up without arthritis pain,"

Roy said. "The pain had been so severe. It was hard to believe it was gone." The next morning, he received physical therapy and was able to walk using a walker. "It felt so good to be able to walk without the arthritis pain".

That Wednesday afternoon after only two days in the hospital, Roy headed home from Southeastern Med, where he continued to receive physical therapy two times a week. Five days after surgery on Christmas Day, he walked across his living room and back to his resting place without any assistance. "I told my wife that was her Christmas present," he joked. "We are both extremely happy with the results."

Roy has been so impressed with the direct anterior approach to hip replacement surgery that he called many of his friends and family touting its benefits and the wonderful care he received at the medical center. "Dr. Jackson is a great surgeon," he said. "I would highly

recommend him to anyone. He and his assistant, Sara Saft, have extremely nice personalities and take excellent care of their patients. I thank him for helping me get back to my life and the things I love. It's reassuring to know that this procedure can be performed with such a wonderful physician locally at Southeastern Med."

Now, a little more than a month after surgery, Roy has completed three of his prescribed four weeks of physical therapy and is able to walk without a crutch or cane. "Dr. Jackson told me to carry the cane as a safety measure and to let those around me know to use caution," he said. "But I do walk without it here at home."

Though the direct anterior approach has many benefits, recovery time does vary from patient to patient, and not everyone is a candidate for the procedure. Your physician will determine if direct anterior hip replacement surgery is right for you.

"This approach to hip replacement surgery is being done all around the world, and I am glad to be able to bring these newer techniques to the Cambridge area,"

said Dr. Jackson. "There are advantages to the approach but patient selection is very important for a successful outcome, not all patients are candidates. By not detaching a portion of tendon, patients can typically get back to normal activity faster and with less incidence of limping. When patients are getting out of bed sooner there is also a decreased risk of blood clots."

If you currently suffer from hip joint pain and would like to schedule a consultation with Corey A. Jackson, D.O., please call 740-435-2340.

