The Man Salad

Opioid Risks Prompt New Guidelines

Making a SPLASH Swimming Builds Muscle, Boosts Cardio

Camille and Richard Small Steps Can Lead to Big Changes
A Message from the President

Our Vision for the Future

When I retired from the military and was considering my next career move, I couldn’t help but feel drawn to the field of health care. I wanted to use my skills and life experience to make a difference and I saw hospital leadership as a place where I could have an impact. I bet if you asked the people who work at Calvert, you would find most of them chose health care for the very same reason.

It is in this spirit we have redefined our mission and vision and developed a strategic direction for the future. The vision – providing exceptional care and making a difference in every life that we touch – will guide the programs we plan, the investments we make and how we deliver care now and in the future.

I am excited to report that next year we plan to break ground on a project to convert the hospital to all private rooms – allowing for greater privacy for patients and increased efficiency of care. At the same time, we will continue to pursue new and innovative alliances, bringing top physicians and specialty services close to home for local residents. And, we’ll keep challenging ourselves to raise the bar higher and higher in our relentless pursuit of excellence in quality, safety and patient satisfaction.

Page three outlines our goals for the upcoming years and a more comprehensive version of our plan can be found on our website at www.calverthospital.org. We are your community health system, and we are committed to making a difference for you.

Dean Teague, FACHE
President and CEO

This facility is accredited by The Joint Commission. If you would like to report a concern about the quality of care you received here, you can contact The Joint Commission at 1-800-994-6610.

Calvert Memorial Hospital does not discriminate with regard to patient admissions, room assignment, patient services or employment on the basis of race, color, national origin, gender, religion, disability or age.

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ON THE COVER
Cover photo of John Green of Port Republic learning to swim. Submitted by his mom, Stephanie Green. Do you have a photo that depicts a happy, healthy day in Southern Maryland? Submit it to gharkins@cmlink.org for consideration for use in a future issue.

Although we didn’t use it on the cover, we couldn’t resist sharing this adorable picture of Cullen Patterson enjoying his third birthday at the pool.

Special thanks to his mom, Ashley Patterson for sending the photo our way!
Every Day is an Opportunity to Make a Difference.

A Vision for the Future: Strategic Plan FY2017 to FY2020

A three-year strategic plan will chart our course into the future of healthcare delivery for Calvert County. The plan is grounded in four key areas of focus:

**Patient-Centered System of Care**
Our goal is to engage patients and families in their care while providing a high quality continuum of services that will result in high patient satisfaction and a healthier community.

We are committed to earning quality and safety scores that put Calvert Health System in the top 10 percent of community health systems across the nation.

**Strengthening Strategic Alliances**
As an independent, community hospital, we will continue to focus on recruiting top-notch physicians and developing innovative partnerships to ensure local residents have convenient access to high quality health care services.

We will explore the possibility of expanding education, outreach and clinical services particularly in oncology, surgery, women’s health and pediatrics.

**Workforce and Culture**
Our employees are at the heart of everything we do. We will focus on sustaining and growing a highly skilled and satisfied workforce committed to quality, accountability, teamwork and patient-centered service.

We will use strategic alliances to provide clinical advancement for our workforce and leadership development opportunities for physicians and staff across the health system.

**Foundations for Success**
A focus on fortifying critical foundations for finance, technology and facilities will support our efforts to enhance the health of our community.

We will complete the installation of an entirely new information technology system, laying the groundwork for a highly integrated future and new innovations making it easier for consumers to connect with us. At the same time, we’ll transform the hospital and our services by creating all new private rooms and updating technology and infrastructure to support an exceptional patient experience. Finally, we will partner with our community to provide the right care, in the right place, at the right time to keep quality of care high and costs of care low.

Visit www.calverthospital.org to learn more about the future of Calvert Health and how you can get involved.
The potential dangers of opioid prescription medications—like physical dependence, addiction and abuse by young adults—has generated increased scrutiny and recently prompted the Centers for Disease Control and Prevention (CDC) to issue new guidelines for their use.

Although opioids (such as Hydrocodone, Oxycodone, Oxycontin®, Fentanyl®, Percocet® and Vicodin®) are powerful pain relievers, they carry significant risks for some people. For this reason, it’s important for pain patients, parents and community members to have good information about these medications and when and how they can be used effectively.

People can become physically dependent on opioids and have difficulty transitioning to longer-term, safer treatment without physical symptoms of withdrawal. And some patients may even become addicted to them—repeatedly seeking or craving a medication even though their addiction may cause unpleasant or dangerous physical symptoms or behaviors.

And even more troubling, some studies show that abusing opioid medications recreationally may lead people to move on to more dangerous substances such as heroin (which is also an opioid). In particular, the number of teenagers and young adults using these medications to get high is steadily increasing—and they often begin by experimenting with prescription medications found in their own or friends’ medicine cabinets. In addition, there are more fatal incidents involving these medications than ever before.

“For some people with particular types of conditions, opioids can be an appropriate way of treating pain, but they are only one tool in the tool box,” explains Joseph Ferraro, MD, a pain management, physical medicine and rehabilitation specialist at Calvert.

“From a patient’s first visit, we need to develop treatment plans that consider many different treatment methods as well as expectations about transitioning off medications when appropriate.”

**What Are Opioid Medications and How Do They Work?**

“Opiate” medications are naturally derived from the opium poppy plant. The term “opioids” refers to a broader category that includes not only opiates, but also the man-made or synthetic medications that act on the body in the same way that opiates do.

Opioids affect us by attaching to tiny parts of nerve cells called opioid receptors, and they alter our brains and nervous systems in several ways. They can decrease feelings of pain by blocking sensations in the spinal cord and brainstem, slow breathing and influence other automatic body functions and create feelings of pleasure and relaxation.

**Using Opioid Medications Safely and Effectively**

Dr. Ferraro says that many of his patients are experiencing pain that prevents them from performing tasks of daily life. “The goal of our treatment in the vast majority of cases is to improve
function,” he explains. “If someone is dealing with severe debilitating pain post-surgery, from a fracture or herniated disc, for example, a properly monitored prescription for opioids may be very helpful short-term.” Opiates are also commonly used for those experiencing pain as a result of cancer treatment or those in end-of-life care.

“Any kind of pain treatment needs to be highly individualized,” says Dr. Ferraro. “Not only do patients experience acute and/or chronic pain differently—one person’s severe pain may seem moderate to another—but they experience the effects of medications differently, too.”

**A Multitude of Treatments**

Some patients (because of a history of substance abuse or certain psychological conditions, among other reasons) are not good candidates for opioids. And some people experience debilitating side effects from them, such as nausea, vomiting or extreme feelings of lethargy. Dr. Ferraro says that screening patients for these conditions, typically using interview-type evaluations can help physicians make decisions about the most appropriate treatments.

“From their first visit, we hope to have people working to recover using a variety of treatments—medication, physical therapy, injections, alternative treatments such as psychological therapy or meditation,” he explains. “The way people experience pain is closely linked to emotion and stress. So, in many cases, helping patients better manage their individual response to pain is an important part of the long term plan.”

**New Guidelines On Opioid Use**

In March, the CDC issued new guidelines for practitioners, recommending that they consider carefully before prescribing opioids for pain relief (it’s important to note that the guidelines are not meant to apply to those experiencing pain associated with cancer treatment, post-surgery or during end-of-life care).

The CDC recommends treating chronic pain without opioids whenever possible. If a physician does recommend an opioid medication, the guidelines suggest frequent monitoring to make sure the patient is using the medication as prescribed and understands their treatment goals and risks.

For example, Dr. Ferraro explains, “In addition to regular check-ins with patients, we have safeguards in place that include no early prescription refills, no replacement of lost medications and periodic urine testing for medication screening—we perform these on everyone we see whether you’re 18 or 80. We want to do our best to make sure everyone is safe.”

“The key is to get people involved in their care from the beginning,” Dr. Ferraro continues. “It’s important to take time to listen and develop treatment plans along with patients, so they understand their options and are invested in making themselves better.”

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**Warning Signs of Addiction**

If you use prescribed opioid pain medications for a short time while being properly monitored by your physician, it’s unlikely that you’ll have a problem. But some people do become addicted. Here are some warning signs to be aware of, for yourself and your loved ones:

- Unsupervised increases in your usage/dosage over time, or continuing to use opioids after your medical condition has improved
- Personality changes, including shifts in energy, mood and concentration
- Withdrawal from family, friends, and other social interaction
- Visiting multiple doctors to obtain additional prescriptions
- Changes in appearance and sleeping and eating habits
- Deterioration of school/work performance
- Defensiveness and lashing out at simple requests or questions
- Increased need to borrow money
- Presence of paraphernalia such as spoons, razor blades, mirrors, disassembled ballpoint pens, soda cans and bottles with holes punched in them

Sometimes people don’t finish a prescription of opioids. If you have one of these medications in your home, it’s important to dispose of them correctly. The Calvert Alliance Against Substance Abuse (CAASA) provides every pharmacy in Calvert County with cards to attach to customer’s prescriptions, listing medication drop-box locations. Drop-boxes, padlocked receptacles for unused and expired medications, are located outside the Calvert County Sheriff’s Office and at the front door of the Maryland State Police Barracks in Prince Frederick.
MEN’S HEALTH MONTH
The Man Salad

Even if you are a steak and potatoes kind of guy, new “manly” salads could be a satisfying alternative. With statistics showing that nearly 35 percent of men 20 years and older are obese and typical American diets exceed the recommended amount of calories from solid fats, added sugars, refined grains, sodium and saturated fat, a man salad may be just what the doctor ordered.

What better way to try it out then to combine summer’s bounty of fresh vegetables with a lean cut of steak and an easy to make chimichurri sauce.

DID YOU KNOW?
CMH offers free and low-cost screenings including cholesterol, blood pressure and vascular. Visit www.calverthropital.org or call 410-535-8233 to find out more.
Chimichurri Steak Salad

1 cup packed flat-leaf parsley leaves
About 6 tablespoons extra-virgin olive oil
1/4 cup white vinegar
1 clove garlic, chopped
1 pound flank or London broil beef steak
2 hearts of romaine or 2 small heads
1 large bell pepper, quartered
1 small red onion, sliced 1/2 inch thick

CHIMICHURRI SAUCE
Puree parsley, 1 tablespoon olive oil, vinegar, and garlic in a blender.
Rub 1 tablespoon of the mixture on each side of steak.
Cover and refrigerate at least 1 hour.
Transfer the rest of the sauce mixture to a bowl, cover and refrigerate until ready to assemble salads.

GRILLED VEGETABLES
Cut each head of romaine in half lengthwise, leaving the root end intact. Brush lettuce, bell pepper and onion lightly with olive oil.
Rub the grill rack with an oiled, folded paper towel so food is less likely to stick. Heat grill to medium high.
Grill the pepper and onion, turning occasionally, until tender, about 10 minutes total. Grill the lettuce, turning once, about 2 minutes per side.

GRILLED STEAK
Grill steak, turning once, until desired doneness, six to eight minutes per side for medium. **(For an even healthier option, consider broiling the meat)**. Let the steak rest on a clean cutting board or plate for 5 minutes. Thinly slice against the grain.

ASSEMBLING THE SALAD
Chop the bell pepper and onion. Divide the lettuce, steak, pepper and onion among 4 plates. Drizzle with the reserved chimichurri dressing.

NUTRITION FACTS
Per serving: 363 calories, 24 g fat (5 g sat, 16 g mono), 27 g protein, 4 g fiber, 70 mg cholesterol.

Source: Eatingwell.com

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GET THE SCREENINGS YOU NEED

Since men are statistically less likely to seek regular medical advice and practice healthy habits, why not make this summer the time to catch up on those health screenings you may have been avoiding? Talk to your doctor about what screenings are right for you.

According to the Agency for Healthcare Research and Quality (AHRQ), men should be screened for:

- **Abdominal Aortic Aneurysm (AAA)**. If you are between 65 and 75 and have ever been a smoker, a simple abdominal ultrasound can rule out a potentially life-threatening condition.

- **Colon Cancer**. Get a screening colonoscopy at age 50 and every five to 10 years after based on your doctor’s recommendation. A man’s lifetime risk of developing colon cancer is 1 in 21, but it can be largely prevented by removing precancerous polyps.

- **Depression**. Talk to your doctor about your mental health as well as your physical health.

- **High Blood Pressure.** Have your blood pressure checked at least every two years and stay in the healthy range to reduce your risk for heart attack and stroke.

- **Diabetes.** If you have high blood pressure, talk to your doctor about being screened for diabetes.

- **Cholesterol.** High cholesterol increases your risk of heart disease and stroke. Have yours checked at age 35 or earlier if you have a history of tobacco use, obesity, high blood pressure, diabetes, heart disease or a man in your family had a heart attack before age 50.

- **Lung Cancer.** New low-dose CT scans are sometimes recommended for individuals with a history of smoking. **(PS - if you still smoke, quitting is the best thing you can do for your health).**

- **Obesity.** Body Mass Index (BMI) is a good indicator for a healthy weight. Find a free BMI calculator on the web to see where you fit.

For more recommendations visit:
www.ahrq.gov and search for men’s health

http://www.cdc.gov/nchs/fastats/mens-health.htm
http://www.cancer.org/cancer/colonandrectumcancer/detailedguide/colorectal-cancer-key-statistics
“Over the years, we have made many changes to make the entire delivery process ‘family centered,’” said Dr. Barbara Estes, chief of Obstetrics/Gynecology at Calvert Memorial.

For instance, she said, “Babies stay in the same room as mom, rather than in a nursery, and there are beds for dads in our postpartum rooms and they are encouraged to stay.”

Although there are times when a cesarean or C-section makes sense, such as when the mother or the baby is at risk, the Family Birth Center at Calvert Memorial Hospital is taking extra steps to reduce the number of times it is performed, especially in healthy, first-time mothers.

According to the Maryland Patient Safety Center, while a C-section is appropriate in some medically necessary situations, it does increase risks to the mother and the infant. Additionally, research shows that women who have a C-section are 90 percent more likely to have one with subsequent deliveries. So, reducing the rate of a first-time C-section can have a significant impact on the overall rate.

A cesarean section is a surgical procedure in which a doctor makes an incision in the mother’s abdomen and uterus to remove the baby. Currently, the statewide rate is 34 percent, slightly higher than the national average.

According to the Centers for Disease Control and Prevention (CDC), the national C-section rate rose from 20.7 percent in 1996 to 32.2 percent in 2014, peaking at 32.9 percent in 2009, when it accounted for one-third of all deliveries.

The US is on par with some European nations like Germany and Italy, according to the World Health Organization (WHO), but well ahead of the United Kingdom, France and Norway, all with cesarean rates of 22 percent or less. The US Surgeon General has called for reducing the low-risk C-section rate to 23.9 percent by 2020.

Last year, the Maryland Patient Safety Center began a two-year collaborative with local hospitals to reduce first-time cesarean sections. Calvert Memorial Hospital is part of that collaborative effort.

“We are at the beginning phases of this effort but we have seen some improvement,” said Holly Dooley, director of the Family Birth Center at CMH. In 2015, the C-section rate at Calvert was 38 percent, down from 40 percent the prior year.

“Additionally, CMH has developed policies and procedures to reduce medically unnecessary elective inductions and cesarean sections before 39 weeks of pregnancy, said the Family Birth Center Director.” According to Dooley, these changes are consistent with guidelines recommended by the American College of Obstetricians and Gynecologists.

“Over the past three years we have reduced the number of early elective deliveries to 0 percent at Calvert,” said Dooley. The CMH Family Birth Center was recognized for this achievement in 2015 by the Maryland Patient Safety Center, the March of Dimes and the Maryland Department of Health and Mental Hygiene.

“Our doctors and nurses worked together to achieve this goal,” she said, “and to provide the very best and safest care for our mothers and babies.”
Exploring “Gentle” C-Sections

The Family Birth Center is also looking into what changes will need to be made to enable them to offer “gentle” C-sections at Calvert.

This new approach to C-sections was developed as a way of making the procedure more “family centered.” It allows some of the key moments of a natural childbirth to occur in the operating room, like letting parents watch their baby emerge and allowing them to hold their baby right away.

Surgical protocols are still followed for a sterile environment but parents can ask for a clear drape to be used just before the birth so they can watch when their baby is born.

Another key moment is immediate skin-to-skin contact, which is so important for mother and baby bonding. This might require some modification to the way mom’s electronic monitoring is placed, but once the baby is checked, the baby can be placed on the mom’s chest instead of being whisked away.

Sometimes, moms can even breastfeed in the OR and dads can hold their new baby skin-to-skin, too. “Gentle” C-sections cannot be allowed when women have preterm births, emergency C-sections or are delivering a baby who is at risk for a low Apgar score.

Dooley said Calvert has already purchased clear drapes and is offering them to moms who fit the criteria if they choose to have one. She added that they are actively pursuing how to best implement the other aspects.

Dear Calvert Memorial Hospital:

I just have to say that I absolutely loved Molly Myers and Pam Niland in the Family Birth Center. Molly, from day one of me being admitted to the hospital for having pregnancy problems (with twins), was a Godsend. She was spunky, sweet and had a beautiful spirit like no other!

She was there to deliver baby A on March 15, 2016 @ 3:25 p.m. She held my hand as I cried in the OR waiting for my husband right before my C-section. She is very comforting and I’ll never forget her. I hope this message reaches her.

And Pam, always having kind words and chatting with me about her awesome daughter she truly loves, helped take away the pain of my contractions and really felt like a friend and a nurse. She helped deliver baby B.

A BIG THANK YOU TO YOU GALS!!

Here are the twins as of Easter.

We love you!

Donovan and Lindsey Harris

Lusby, MD
Here are some highlights of our summer activities. While summer in Southern Maryland has a slower pace, we still offer many opportunities for learning and living a healthier life. We are offering a new, community education series with Calvert Hospice to explore end-of-life issues with resources available. For a full listing of classes, wellness programs, health screenings and support groups, go to www.calverthospital.org. Online registration is ongoing.

### JUNE

**Vascular Screening**
M-F 8:45 a.m. only, CMH Vascular Lab. Call 410-414-4539. FREE

**June 2**
**Lung Function Testing.** 11:15 a.m.-12:15 p.m., CMH Cardiac Rehab. FREE

**June 8**
**Baby Care Basics.** 6:30-8:30 p.m., CMH, Classroom 1. FEE

**June 14**
**Big Kids & Babies.** 4-5:15 p.m., Classroom 1, CMH. FREE

**June 14**
**Community Education Series.**
A collaboration between Calvert Memorial and Calvert Hospice
“VA Benefits,” 6:30 – 8 p.m., Classroom 1, CMH. FEE. To register, go to http://calverthospice.org/education-seminars.

**June 15**
**Skin Cancer Screening.** 1-2:30 p.m., Calvert Dermatology, 130 Hospital Road, Suite 200, Calvert Medical Arts Center. FREE

**June 16**
**Blood Pressure Screening.**
11 a.m.-12 p.m., KeepWell Center. FREE

**June 16**
**Dinner With the Dietitian.** “Popular Trends in Nutrition 2016,” 6-7:30 p.m., PHC. FEE

**June 20**
**Look Good, Feel Better.** An American Cancer Society program to help women cope with hair and skin changes during treatment. Barefoot Wellness, 445 Main Street, Prince

**JULY**

**Vascular Screening**
M-F 8:45 a.m. only. CMH Vascular Lab. Call 410-414-4539. FREE

**July 7**
**Lung Function Testing.** 11:15 a.m.-12:15 p.m., CMH, Cardiac Rehab. FREE

**July 12**
**Community Education Series:**
A collaboration between Calvert Memorial and Calvert Hospice
“Having the Conversation: Talking about the End of Life,” 6:30 – 8 p.m., Classroom 1, CMH. FEE. To register, go to http://calverthospice.org/education-seminars.

**July 13**
**Baby Care Basics.** 6:30 -8:30 p.m., CMH, Classroom 1. FEE

**July 18**
**Look Good, Feel Better.** An American Cancer Society program to help women cope with hair and skin changes during treatment. Barefoot Wellness, 445 Main Street, Prince Frederick. Register at: www.calverthospital.org. FREE

**July 21**
**Blood Pressure Screening.**
11 a.m.-12 p.m., KeepWell Center. FREE

**July 21**
**Dinner with the Dietitian.** “What is the Mediterranean Diet?,” 6-7:30 p.m., PHC. FEE

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### SUBSTANCE ABUSE

**Overdose Response Training**
Do you or does anyone you know use Opioids? (Heroin, Methadone, pain medications like OxyContin®, Percocet®, Vicodin®, Dilaudid and Opana®).

**This training will teach you:**
- How to recognize opioid overdose
- How to respond by administering Naloxone (also known as NARCAN)

**Thursday, June 16**
Prince Frederick Volunteer Fire Department, 459 Solomons Island Road. Call 410-535-5400, ext. 341.

**Tuesday July 19**
Solomons Volunteer Rescue Squad & Fire Department
13150 HG Trueman Road

**Time:** Both trainings will be held from 7-8:30 p.m.

Free Naloxone kits will be provided to those who complete training

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**Want to Quit Smoking?**
Freedom from Smoking is an eight-week program that takes you through the quitting process. Call 410-535-5400, ext. 359 for September workshop. FREE

You can also call 1-800-Quit Now. Quit Line open 8 a.m. - midnight, seven days a week.

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**KEY TO CLASS LOCATIONS (unless otherwise noted):**
- **CMH:** CMH KeepWell Center, Prince Frederick
- **CMAC:** Calvert Medical Arts Center, CMH Campus, Prince Frederick
- **PHC:** Patuxent Health Center, Prince Frederick (next to World Gym)
- **Solomons:** Solomons KeepWell Center
ACCESS TO HEALTH SERVICES

Is your church part of the Health Ministry Team Network? Would you like to join the faith community and build a healthier community together? Meetings are held the 4th Thursday of each month, 5:30-7:30 p.m., Classroom 1, KeepWell Center.

The following churches in our Health Ministry offer blood pressure screenings:

**Middleham St. Peter’s Parish:** The first Wednesday of every month as well as at SMILE 9-11 a.m.

**First Lutheran in Huntingtown:** Sunday mornings between services at 9-9:25 a.m.

**Huntingtown United Methodist Church:** Sunday mornings between services, 10-10:30 a.m. and 11:30 a.m.-noon as well as Tuesdays, 10 a.m.-noon.

**Our Lady Star of the Sea:** Third Saturday after 4 p.m. mass and third Sunday after the 8 a.m. mass and 10:45 a.m. mass in the church parlor.

**ASK THE EXPERT:** Onsite health services provided by Calvert Health System at our local senior centers. Call the center closest to you for more information and specific dates and time for services offered:

- **Southern Pines Senior Center, Lusby:** 410 586-2748
- **Calvert Pines Senior Center, Prince Frederick:** 410 535-4606
- **North Beach Senior Center, North Beach:** 410 257-2549

**SUPPORT GROUPS:** Whatever your experience, you don’t have to go it alone. Calvert Memorial Hospital offers an array of support groups where people help each other by sharing. All our support groups are FREE. Please visit our website www.calverthospital.org for a full listing of groups.

**MENTAL HEALTH FIRST AID TRAINING OFFERED**
Someone you know could be experiencing a mental health illness or crisis. Learn how you can help them. If your church would be interested in offering this eight-hour course, call Lynn at the Calvert County Health Department at 410-535-3079, ext. 36

**FREE COLORECTAL CANCER SCREENING OFFERED**
Call 410-535-5400, ext. 348 to see if you are eligible.

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**AUGUST**

**Vascular Screening**
M-F 8:45 a.m. only. CMH Vascular Lab. Call 410-414-4539. FREE

**August 2**
**Big Kids & Babies,** 4-5:15 p.m., Classroom 1, CMH. FREE

**August 4**
**Lung Function Testing,** 11:15 a.m.-12:15 p.m., CMH, Cardiac Rehab. FREE

**August 9**
**Community Education Series:**
A collaboration between Calvert Memorial and Calvert Hospice, “Support for Caregivers,” 6:30 – 8 p.m., Classroom 1, CMH. FEE. To register, go to http://calverthospice.org/education-seminars.

**August 10**
**Baby Care Basics,** 6:30 - 8:30 p.m., CMH, Classroom 1. FEE

**August 15**
**Look Good, Feel Better**
An American Cancer Society program to help women cope with hair and skin changes during treatment. Barefoot Wellness, 445 Main Street, Prince Frederick.

**Register at:** www.calverthospital.org. FREE

**August 18**
**Blood Pressure Screening**
11 a.m.-12 p.m., KeepWell Center. FREE

**August 25**
**Dinner with the Dietitian,** “Why Live Gluten-Free,” 6-7:30 p.m., PHC. FEE

**Safe Sitter Camp – Partnering with CSM Kids College:** This expanded version of Safe Sitter includes more hands-on learning, games, snack preparation and additional practice to provide a Monday through Friday option in a camp setting. Please register through College of Southern Maryland at 301-934-7634 or kidscollege@csmd.edu. FEE

**SAVE THE DATE**

**October 1 - Annual 5K Breast Cancer RunWalk**

**November 5 – CMH Foundation 2016 Harvest Ball**
Deciding what to eat when you’re hungry, tired or in a hurry doesn’t produce the healthiest results. But with just a little planning ahead, 2016 Live Well Challenge participants Camille Miller and Richard Henrichsen are learning the difference that a few small changes can make.

Camille: “Weight loss is a journey. It is a difficult process but I feel really good about what I am doing. Everything isn’t happening perfectly and, for once, I am OK with that.”

“My HRA results showed most of my numbers are in the ranges where they should be. I know that age has a lot to do with this and, without substantial changes, these numbers will not be sustained as I get older. I was concerned about my glucose which is slowly elevating and learning that has made me more aware of my sugar and starch intake.”

Camille said Jennifer Lundeen, CMH’s Certified Wellness Coach, helped her realize the importance of meal planning. “It gives you a format for making healthy food choices, reducing the urge to just pick something up on your way home or stop for fast food when you’re tired.” Now, she makes meal planning and grocery shopping for the week a priority. “When I have places to be and things to do, both personally and professionally, my health (nutrition, exercise, etc.) can easily go out of the window. It is also helpful for me to put snacks and drinks in a number of different locations where I can access them in a pinch. I’m drinking more water and have cut back to two sodas a day.”

Another goal was to start eating breakfast five days a week. Usually Camille would skip it and grab something fast at work when she got hungry. She and Karen Mohn, CMH Registered Dietitian, came up with a better plan – Camille boils eggs on Sunday to eat during her long commute, pairing them with a whole wheat grain, like crackers, and a piece of fresh fruit for a quick, easy and balanced breakfast.

Karen emphasized that every meal and snack should include complex carbohydrates and lean protein. When Camille mentioned she often felt tired, Karen told her eating the right combination of foods and eating every three to four hours will help to sustain her energy level better.

Camille is really trying to find the time to make exercise a regular part of her life. She ran into an unexpected bump in the road when she developed a painful neck issue and could not work out. Once she recovered, she started doing three 20-minute workouts a week on her treadmill and is now up to 30 minutes. She went on to add, “The hardest thing has been looking at what I eat and making the decision to start being just a little smarter with every meal. It’s ordering water instead of a soda; it’s eating half my meal and then having it boxed to finish the next day; it’s leaning away from anything fried. But it feels so good to be able to push forward and feel achievement each time I make a better choice.”
Richard: “For me, this journey has become a family affair. My 13-year-old son enjoys teasing his “famous” father. My 15-year-old daughter has decided she likes salads and makes one for me, too…”

And my wife is also active in helping our family form new health habits.” He continues, “When I started the challenge, the HRA was motivating because it provided a baseline that I could use to measure future improvement. I have been lucky, not having had significant physical limitations, but it is the silent risks that are the biggest worry. It just increased my resolve that I had to make changes now.”

When Richard also met with Jen, they set goals for eating less and moving more. He agreed to eat a salad before dinner at least five days a week to increase his vegetable consumption, add fiber to his diet and create a feeling of fullness “before” eating dinner.

Jen also asked him to drink more water – one glass of water for every Diet Coke he drinks.

His exercise goal was to walk 30 minutes a day, five days a week. “Due to weather and my schedule, I often end up on the treadmill but I like to challenge myself and see if I can increase my distance or calories burned. Although I’m far from my goals, just being able to see my success at regular exercise for the first time in years has been exciting.”

Karen helped him develop a sample meal plan for the workday including snacks. She stressed the importance of healthy breakfast options. He had only been eating a granola bar during his long commute in the morning and was usually hungry by 10 a.m. She encouraged him to eat every three to four hours and keep a food journal for accountability.

Richard said he’s learned that planning is a must for being in control of calorie intake and exercise, as well. “The most challenging times are when I am hungry at work and did not pack healthy snacks. Five minutes before I have to leave for work is not the best time to pack a healthy lunch.”

What has worked is sharing his goals with others. “I tend to be very private but, in addition to my family, I have been sharing my goals with people at work. It helps keep me honest knowing that they are watching. It also has empowered me to speak up and say: “Hey, instead of pizza, can we order something healthy for the lunch meeting?”

“The key has been the support of the KeepWell staff in setting small but achievable goals to provide little victories. I feel like I am making changes that will last long beyond my participation in the Live Well Challenge.”
Making a Splash!

But swimming is not only a fun family activity; it’s also a great way to exercise. “Swimming combines a great cardiovascular workout with toning and strengthening,” says Calvert oncologist Bilal Ahmed, MD (pictured above with his sons), who began swimming for fitness after he experienced foot problems during his running sessions. “And when you swim, you’re building muscle mass without putting stress on joints or the skeletal system.”

The Buoyancy of Water

According to Jennifer Lundeen, CMH Certified Wellness Coach, your body experiences exercise in a very different way in the pool than it does on land. That’s because of buoyancy—an upward force that the water exerts against the weight of your body. The property of buoyancy means that when you’re standing waist-deep in a pool, you’re only supporting about 25 percent of your weight. And if you submerge up to your neck, you’re only bearing about 10 percent—the other 90 percent is held up by the water.

So, when you walk or do fitness exercises in water, each step is landing more gently, with less downward pressure, than you would experience on land. That makes pool exercise an ideal choice for those who may be stiff from conditions such as arthritis, people who are recovering from an injury or whose mobility is restricted by being overweight.

Building Muscles in the Fast (Pool) Lane

Every movement you make in the pool is being resisted by water. When you stroke with your arms or kick your legs, water pushes back with about 15 percent more pressure than air does. It’s a little like lifting an invisible weight with a smoother motion!

So, when you propel yourself through water, whether you’re walking or swimming a few laps, every movement becomes a resistance exercise, and resistance exercise tones our muscles and make them stronger.

“Swimming is a natural way to train the body proportionally,” Jennifer adds. Sometimes, due to tightness or areas where our muscles are weak, we hold ourselves in an unbalanced way that can lead to pain or injury. Exercising in water may allow us to stretch gently and more fully. Plus the range of motion required for swimming, such as reaching with your arms and legs, twisting the hips and spine and lengthening the entire body, promotes increased flexibility and decreases muscle tension, allowing us to maintain better posture and move more easily.

The Cardio Boost

Swimming and other water workouts also strengthen our most important muscle: the heart. “As an oncologist, I see many cancers that are associated with a sedentary lifestyle, obesity and stress,” says Dr. Ahmed.
“These factors also contribute to increased risk of heart attack and stroke. But getting regular aerobic exercise reduces these risks and is a great stress reliever.”

There’s also a psychological benefit to exercise. He continues, “It’s accompanied by the release of pleasure-producing hormones called endorphins. “After a hard workout I sleep better and am more relaxed. And if I don’t exercise, I don’t feel happy,” Dr. Ahmed says.

**Family Pool Time**

Thanks to indoor facilities like the Edward T. Hall Aquatic Center in Prince Frederick, we can enjoy the many benefits of pool time year-round. Dr. Ahmed regularly uses the center for lap swimming and also enjoys time there with his young sons, ages two and six.

“The boys love the water and it’s just a natural way to spend time together,” he says. “My father used to take me along when he played tennis, and that is a wonderful memory for me. Children learn the importance of exercise by example, and staying active is important for the overall health of all family members.”

“Taking care of cancer patients helps me realize how important every day is,” he continues. “Sharing something I love with my kids, learning, teaching and playing—it’s time well spent and I really look forward to it.”

**Types of Water Workouts**

Lap swimming is only one of many options for water exercise. If you are experiencing any health issues, check with your physician before beginning a new workout regime.

**Water Walking.** Take a slow or quick walk around the pool, moving from waist to chest-deep water and even walking backwards and sideways.

**Deep Water Jogging.** Using a flotation belt or pool noodle, go into a part of the pool where your feet cannot touch bottom and simulate the motions of a jogging workout.

**Water Aerobics, Yoga or Strength Training.** Classes are available for all of these types of exercise. Check your local pool or contact the Edward T. Hall Aquatic Center at 410-414-8350 or www.co.cal.md.us for more information.

**Swim Team.** The Calvert Aquatic Club offers year-round training for boys and girls, ages 5 through 18, at different levels from beginners to elite athletes. Coaches work with swimmers to achieve individual goals, enhance endurance and technique, all for proper transition into the senior level groups. For more information about the swim team, visit www.CalvertAquaticsClub.org
New Nursing Leadership at Calvert Memorial

Karen Gromacki, RN, BSN, has joined the nursing team at Calvert Memorial as the Director of the Medical/Surgical Unit – Level 3. Karen comes to us from the Temple University Health System in Philadelphia where she rose from a staff nurse position to manager of a large trauma/post/surgical unit. She graduated from Immaculata University and brings a wealth of experience to her new position. Karen said she is very excited about her new role at Calvert and looks forward to team building and working together to improve patient satisfaction scores. Diane Couchman, CMH Chief Nursing Officer, says “I am confident Karen’s energy and experience will make a significant positive impact on Level 3.”

Sandy MacLean, RN, MSN is joining Calvert Memorial as the Director of Telemetry – Level 2. Sandy has nearly 40 years’ nursing leadership experience in critical care. She served as Director of Critical Care at Southern Maryland Hospital Center, Director of Intensive Care and Progressive Care Units at the National Hospital for Orthopedics and Rehabilitation where she was promoted to Chief Nurse Executive. Prior to that, she was Department Head of the Critical Care Center at Prince George’s Hospital and Medical Center where she began her career as a staff nurse. Sandy got her bachelor of science in nursing from the University of Maryland as well as her master’s. She says, “My goal is to serve as a staff/patient/family advocate and be a trusted touchpoint for physicians and other departments.” Diane Couchman, Chief Nursing Officer, says, “We are excited to add Sandy’s experience and hands-on leadership approach to our nursing division.”

Hospital Board Appoints New Members

The Calvert Memorial Hospital Board of Directors has appointed two new members for 2016, Karen O’Brien and Fred Bumgarner. Karen has been in real estate development, leasing and sales with the Curtis Investment Group for 17 years and has had a very successful career in asset management, land acquisition and customer service. She has a bachelor’s in information management from the University of Maryland. She serves on various local and state boards, held leadership positions on Calvert Memorial’s Foundation Board from 2007 to 2014 and continues today as a volunteer for the hospital’s annual Harvest Ball.

Fred Bumgarner served in the US Navy and then US Naval Reserve until 1995. He retired in 2007 as a legislative liaison at the Pentagon for the Secretary of the Air Force. His specialty was the legislative process and advising Air Force senior leaders on when and where to engage their lobbying efforts. Fred earned a bachelor’s in political science and history from Mount Saint Mary’s College and a master’s in congressional studies from Catholic University. He has been an active volunteer in our community since his retirement. Some of his volunteer efforts include Meals on Wheels of Calvert County, Calvert Hospice, the American Legion Post 206 in Chesapeake Beach and Calvert Memorial’s Auxiliary, currently serving as President-elect.

Dean Teague, President and CEO at Calvert Health System, says, “Karen and Fred have already supported and served Calvert Memorial for many years. We are delighted to add their leadership skills and extensive backgrounds to our Board of Directors. They will be a great asset.”
As part of an ongoing effort to bring the voices of patients and families into the decision-making process at Calvert Health System, we have formed a new **Patient and Family Advisory Council**.

The Council is made up of 11 Calvert County residents, each with personal experience as either a patient or a caregiver. The group began meeting bi-monthly in the summer of 2015 with a goal of providing consumer input on new programs and projects at the health system.

So far, they’ve tackled complex issues like how we can best educate the community on palliative care and end-of-life decision making; the most effective ways to use our new mobile health van to reach the most county residents; and what the hospital’s role should be in providing education about the risks and benefits of opioid-based pain medications. Going forward, they’ll play an instrumental role in advising the hospital on major projects – like the planned private room conversion project set to begin next spring.

*If you’d like to learn more or get involved, visit: [www.calverthospital.org](http://www.calverthospital.org)*.

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**Frances Carroll, Lusby**

I’ve been both a patient and a caregiver at various times over the years and this is a great way to share my experiences. I also worked 20 years as an assistant financial administrator for a dialysis center so I have an understanding of how that part of the system works.

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**Reverend Robert Conway, Huntingtown**

I have had the privilege of serving as a pastor, a teacher, a principal, a community advocate and a member of the Calvert Memorial Hospital Board of Trustees and the Maryland Health Care Cost Review Commission. I’m delighted to be on this council, staying involved and giving input to our community’s hospital.

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**Teresa Erdman, Owings**

I am a nuclear cardiology technologist and I have worked in many hospitals, so I can share ideas I’ve seen in different places. I’m the caregiver for my elderly mother and I enjoy getting involved – I am on the Calvert County Heroin Action Coalition and I am a Faith Formation Instructor at my church.

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**Lynne Fountain, North Beach**

My family includes three physicians – my mother, brother and stepfather. Their passion for health care inspired me to get involved. I’ve had both good and could-have-been-better experiences with local health care, so I’m glad for the opportunity to contribute to enhancing the good and addressing the challenges.

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**Annette Funn, Solomons**

I’ve been active in representing local community interests for many years – on the League of Women Voters, the Commission for Women, the Concerned Black Women of Calvert County, the Historical Society and more. I’m a retired scientist from the FDA, so health care is a special interest of mine (especially prevention and wellness).

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**Gail Gibson, Solomons**

I am a breast cancer survivor, caregiver of aging parents and former hospital board member. In all those roles, I’ve been passionate about quality, safety and compassion in health care. I’m enjoying the opportunity to champion those efforts in a new way on this council.

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**Kenneth Moore, Huntingtown**

My wife and I cared for our adult son who was in many hospitals over the years. We had some excellent and some very bad experiences. I am excited to join this council and be part of making sure the voices of all the patients are part of the decision-making process at Calvert.

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**Monica Noell, Prince Frederick**

After a hospitalization, I sent a letter to Calvert to give them my ideas on things that would make the patient experience better. When they received the letter, I was invited to come speak to the nurses about it. One thing led to another and I realized I could make a difference on this council.

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**Clara Shaver, Huntingtown**

For as long as I can remember, I’ve shown interest and concern for health issues and the wellness of my family and friends. I’ve been volunteering at Calvert Memorial Hospital for five years. The council is a new way I can use my experiences to help others.

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**Lisa Tolomei, Chesapeake Beach**

A resident of Calvert County since 2006; I enjoy volunteering for worthwhile organizations. After experiences with the hospital, I realized I had ideas to contribute – with caring for children and adolescents. This council is a perfect venue to share these ideas and make an impact in the community that I live in and love so much.

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**Marilyn Zacharias, Tracy’s Landing**

I am a nurse and worked in performance improvement at Calvert Memorial for 11 years before retiring to care for my elderly mother. This is the hospital our family uses. It’s important to me to stay connected and contribute my knowledge as both a nurse and a caregiver.
Calvert Memorial Hospital Foundation Board members recently toured our Diagnostic Imaging Department in its brand-new facility. Community donors helped make this project a reality, contributing funds toward the renovation of existing space as well as the 3,300-square-foot addition that houses more than $3 million in new state-of-the-art General Electric (GE) imaging equipment.

“We’re so excited about this transformation of our imaging facilities,” says Bobbie Vess, Director of diagnostic imaging at CMH. “The space is more efficient and comfortable for both patients and staff—workspaces are larger and there is a private waiting room for inpatients and an enhanced check-in area for all patients arriving for diagnostic testing, which includes radiology, laboratory, therapeutic phlebotomy and cardiopulmonary services. New imaging equipment for cardiovascular interventional, digital radiology, nuclear medicine, CT scanning, and vascular ultrasound includes the latest safety features such as dose personalization software, enhanced image detail and shortened exam times.”

Proceeds from the 2014 Harvest Ball, a major Foundation fundraiser, were used to help fund the cutting-edge technology. “Calvert County is a close-knit community and people are generous supporters of initiatives they believe in at the hospital,” says Theresa Johnson, executive director of the Calvert Memorial Hospital Foundation. “It’s vital to have the best technologies and services available so people can get the care they need right here in the county.”

The updated department is designated as a GE showcase facility, which means that the company brings practitioners and people from other healthcare organizations to Calvert to view the space and technology.
Please tell us about what is involved in your specialty?

Interventional and Diagnostic Radiologists perform minimally invasive, image-guided procedures on patients and interpret studies to aid in the diagnoses of illnesses.

How will our patients benefit from using the new facility and the updated technology?

The new equipment in the Nuclear Medicine, CT, Cardiovascular Interventional, Vascular Lab, and Digital suites provides more precise image detail, which enhances our viewing ability and enables us to provide highly accurate interpretations for use in diagnosing patients’ illnesses. We can easily localize and target areas of concern, making our final interpretations more definitive. We have combined complex technologies to improve imaging resolution and provide more information for radiologists as well as for attending physicians and surgeons.

These newer technologies are also more comfortable for patients—for example, we can move the imaging detector of one direct digital X-ray machine to adapt to how a patient is holding an injured body part, instead of having to position the injured area on a flat plate. We have also acquired two portable digital units that we take into critical areas such as ED, ICU, surgical suites and the newborn nursery.

What is important to know about this new, state-of-the-art facility?

The newly expanded diagnostic imaging suite is at the top of the curve for innovative technology and healthcare design. It’s a modern, service and safety-oriented department that enables us to provide an excellent work environment for staff and improved care to our community.
“Playing it Forward”

Spotlight Music Series Raises Funds for Breast Center

It’s more than a song and dance, it’s paying it forward – or, “playing it forward”, says Calvert Memorial Hospital Foundation Board member Robin Henshaw, who founded the Spotlight Music Series and who has been entertaining us for four years. Three musicales are performed throughout the year raising more than $10,000 annually to support the Sheldon E. Goldberg Center for Breast Care at CMH.

Henshaw, one of the first breast cancer patients to utilize the center when it opened in 2010, shares her enthusiasm for the success of this event and the center. “I was very happy with the care I received from the dedicated team of medical experts who established a comprehensive approach to my treatment, protocols, and recovery and I take every opportunity to promote and speak for this exciting addition to the Calvert Health System,” she said. “Today, as a board member and breast cancer fighter, I use my resources to help others.” When asked what inspires her to continue the series, she said, “Loving my work, valuing my community, and respecting the medical team at Calvert Memorial Hospital are catalysts for continuing and expanding the Spotlight Music Series.”

Robin Henshaw (pictured right) and Sandy Griese have collaborated on the events since their inception in 2012. Henshaw is a vocal coach and operates Praise Voice Studios. Griese is a pianist and has donated her time to the music series.