



CALVERTHEALTH



Robotic Revolution

Technology Ushers
in New Era of
Surgical Advancement

Shorter Waits

ED revamps to get you seen and out faster.

Page 4

Defeating Diabetes

Tips for beating life-threatening complications.

Page 6

Brain Boost

Reap the many mental health benefits of exercise.

Page 10

Advancing Our Vision

This past spring, I celebrated my one-year anniversary with CalvertHealth. I want to thank you for welcoming my family and I into the community. It gives me a sense of great pride to lead this incredible organization and to work side-by-side with our team members. I am so proud of all we have accomplished this past year, and it's a privilege to be a part of a team that is driven to provide the very best care for our patients and their families.

Summer often brings with it a sense of rejuvenation and opportunity for personal growth and renewal. The longer days, warmer weather and vibrant surroundings can inspire us to embark on new adventures, learn new skills or simply take time to reflect and recharge. Whether it's through outdoor activities, travel, spending time with loved ones or pursuing personal goals, summer provides a wonderful chance to embrace change and cultivate positive transformation in our lives (*see related story page 11*).

Organizations can also use this time to reassess, innovate and grow. Our Emergency Department team has worked hard at implementing a new process to change the way patients are triaged, and ultimately, reduces wait and visit times. I am pleased to announce those efforts were recently recognized nationally by *Modern Healthcare* as part of their 2024 Innovators Award list (*see more page 3*).

We continue to invest in our cancer program, and last month we hosted our first Cancer Care Symposium. Medical practitioners from across the region came together to learn about advancements in treating colorectal cancer from our oncology team. We also launched our surgical robotics program, which will change the trajectory of cancer care in our community (*see related story page 16*). Robotic surgery has emerged as a significant advancement in the treatment of prostate cancer. We are happy we will be able to perform prostate surgery – utilizing the robot - right here at CalvertHealth.

There are a lot of exciting things happening at CalvertHealth. As we continue to implement our five-year strategic plan and realize our vision of being the trusted healthcare leader, delivering a lifetime of exceptional care, I want to thank you for the trust you've placed in us. It is an honor to serve this community.

ON THE COVER Robotic surgeons Dr. Ramzi Alami and Dr. Gregory Dalencourt with CalvertHealth's new da Vinci® robotic surgical system. **See story page 16.**



A handwritten signature in black ink that reads "Jeremy Bradford".

Jeremy Bradford, MBA
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YOUR CALVERTHEALTH

4 Emergency Department Changes Reduce Wait, Visit Times

ASK THE SPECIALIST

6 Defeating Diabetes: Risks, Reality, Resources

LIVE WELL

10 Taking Steps for Your Mental Health
Exercise is an Important Tool to Care for Your Brain

14 Addressing Loneliness Decreases Health Risks

CELEBRATING SUCCESS

12 Be Stroke Smart: Learn the Warning Signs, Save a Life
One Local Survivor Tells Her Story

YOUR CALVERT HEALTH

16 Robotic Technology Ushers in A New Era of Surgical Advancement

IN EVERY ISSUE

3 Highlights & Happenings

9 New Faces

19 Making a Difference
Cancer Care Campaign Crosses the Finish Line

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Prince Frederick Urgent Care is Moving

Patriot Urgent Care, a partner of CalvertHealth, will be relocating its Prince Frederick clinic in early fall to 821 N. Prince Frederick Blvd. in Prince Frederick (behind Panda Express). Please note the Solomons and Dunkirk locations are not changing.

The center is staffed, certified, trained and equipped to handle many minor illnesses, injuries and illnesses as well as physicals for sports, camp, school and work. It will continue to operate from 8 a.m. – 8 p.m. seven days a week. To check in online, go to: www.patriotuc.com/location/prince-frederick.



PATRIOT URGENT CARE

A partner of  CalvertHealth™

Symposium Highlights Advances in Fighting Colorectal Cancer



DukeHealth AFFILIATE
IN CANCER

Medical practitioners from across the region came together to learn about advancements in treating colorectal cancer from our oncology team at CalvertHealth's first Cancer Care Symposium held in collaboration with Duke Health on Mar. 21.

The presenters included CalvertHealth medical oncologists **Dr. Kenneth Abbott** and **Dr. Bilal Ahmed** along with **Dr. Christine Eyler, MD, PhD** and **S. David Hsu, MD, PhD** from Duke Cancer Institute. They were joined by gastroenterologists **Dr. Renee Bright** and **Dr. Dolores Rhodes-Height** as well as **Dr. Arati Patel**, who served as moderator.

INNOVATORS AWARDS 2024 Modern Healthcare

CalvertHealth Receives 2024 Modern Healthcare Innovator Award

Modern Healthcare recently announced that CalvertHealth Medical Center (CHMC) has received one of the 2024 Innovator Awards for its new approach to delivering emergency department services more efficiently. The publication is the industry's leading source for healthcare news, research and information.

The goal was to reduce wait times, expedite patient flow and free up beds needed for higher acuity patients. Early results show significant reductions in the number of patients who left without being seen and in the amount of time patients waited to see a provider. (See related story page 4)

Give the Gift of Life This Summer – DONATE BLOOD

June 14 is Blood Donor Day

Every day, blood donors help patients of all ages – from accident and trauma victims to those having surgery or battling cancer. There is always a need for more blood and more donors – especially during the summer vacation months.

Blood drives are planned for June 7, Aug., 2, Oct. 4 and Dec. 6 at St. Nicholas Lutheran Church in Huntingtown. According to the Red Cross, three to four drives per year means that more than 500 lives could potentially be saved. For other locations, go online at: www.redcross.org.



Editor-In-Chief
Theresa Johnson

Managing Editor
Amy Lutz

Contributing Writers
Rebecca Burgess
Sarah Fallin
Judy Lundmark

Layout & Art Direction
Sue Dippel

Medical Editorial Director
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Medical Contributors
Dr. Ramzi Alami
Dr. John Cooper
Dr. Stephanie Dabulis
Dr. Gregory Dalencourt
Dr. Michelle Folsom-Elder
Kathleen Hyde, MSN,
CRNP, FNP-C
Dr. Julie O'Keefe



Emergency Department Changes Reduces Wait, Visit Times ●●●



Amidst reports that Maryland had some of the longest Emergency Department (ED) wait times in the nation, CalvertHealth piloted a new process aimed at reducing wait times, expediting patient flow and freeing up beds needed for higher acuity patients. And early results show a huge improvement.

The ED team saw an 89% reduction in the number of patients who left without being seen and a 68% reduction in the amount of time patients waited to see a provider.

“We had to reimagine the way we provide care. Your next visit to the ED will not look the same as a visit last year, or even just a few months ago,” said emergency medicine physician **Stephanie Dabulis, MD**. Emergency departments have been forced to think outside of the box to provide the best emergency care to everyone safely and responsibly. “Our goal was to treat a growing number of patients in the same space, while providing safe, high-quality patient care. It was a tall order, but we knew we had to do something, and our team was up for the challenge.”

To combat overcrowding and the increasing demand for health care, the ED team ultimately decided to implement a “split-flow” process. Utilizing the new process, a team of clinicians – to include a physician or advanced practice professional (physician assistant or certified registered nurse practitioner) – triages the patient soon after their arrival and then puts the individual on one of two tracks depending on the severity of the injury or illness. “As an emergency medicine physician, the opportunity to evaluate our patients as quickly as possible after arrival is invaluable. And in some cases, lifesaving,” said Dr. Dabulis.

Patients with less severe conditions who are stable may be kept in specifically designated waiting areas to await test results or medical images. Those diagnosed with more serious injuries or illnesses may be placed in a room

with a bed for further assessment and treatment. Dr. Dabulis says, “The process accelerates the treatment and discharge of patients with less severe complaints and speeds up treatment and hospital admission for those requiring additional care.”

Recent ED patient Joanna Yakaitis was amazed by the difference. “In December I was advised by my physician to go to the ED for a critical test. My patient experience was less than what I expected from CalvertHealth.” Yakaitis cited the triage process and the length of time it took her to be seen as two of the largest obstacles to care. Just a few months later, Yakaitis had the opportunity to observe the new process to see the changes for herself. “The improvements to the facility and the process, especially as it relates to triage, is greatly improved and will certainly enhance the patient experience.” She applauded leadership for their willingness to listen to the community’s concerns and taking action to execute improvements.

Emergency Department ROADMAP

STEP 1: Arrival (Walk-in or EMS)

Once you arrive, you will sign in at registration and then have a seat. A nurse will call you to the new triage area for a private evaluation. If arriving by EMS, a quick assessment will be performed, and you will be directed to the appropriate care based on the severity of your illness or injury.

“As an emergency medicine physician, the opportunity to evaluate our patients as quickly as possible after arrival is invaluable. And in some cases, lifesaving.”

– Dr. Stephanie Dabulis

➔ STEP 2: Triage

Your health condition will be checked during your evaluation through a process called triage. This evaluation helps the ED team determine which patients are to be treated first. A patient whose condition is life-threatening will be top priority. Often blood tests, medical imaging and other studies are ordered and possibly drawn at this time to help your ED provider diagnose your condition quickly and accurately. Once your evaluation is completed, the next step will be to wait for a “bed” or “chair” assignment.

➔ Step 3: Patient Care Assignments

Once you have been evaluated, you will be assigned to a bed or chair in the appropriate care area for your condition and treatment. *Not every patient receives a traditional ER bed.* Patients who are stable with less severe conditions may be asked to wait for test results in specifically designated waiting areas.

➔ STEP 4: Your Care

Once your treatment has begun, the length of time you are at the ED will vary depending on your condition and the number of patients in the ED at the time. Your provider or nurse may order tests, including blood work and X-rays that can take from one to four hours to process. Your provider may also order additional tests after receiving the first set of results. Your care team will explain the tests they are performing, their plan for your treatment, answer any of your health questions and check on any changes in your condition.

ED providers and other team members will give you immediate treatment based on your condition and test results. Please note - if medical imaging tests such as CT scans or X-rays have been performed, a radiologist will be asked to provide input on your treatment.

The “Split-Flow” Model

What’s in it for You?

- ✓ **Increases** patient safety as a result of shorter door-to-provider time
- ✓ **Expedites** patient flow and frees up beds needed for higher acuity patients
- ✓ **Relieves** frustration due to bottlenecks when patient volumes are high
- ✓ **Decreases** the number of patients who leave without being seen
- ✓ **Increases** patient satisfaction due to shorter wait times
- ✓ **Improves** the patient experience

➔ STEP 5: Your Next Steps

If you need to be admitted to the hospital: Before you can be admitted, hospital staff will need to identify a room for you and ensure the room and staff are ready for you. The time it takes to receive a hospital room is based on the hospital’s census, which is the total number of patients in the hospital. It also takes time to clean and prepare rooms for new patients.

If you need to be transferred: If your condition requires us to transfer you to another care facility, your care team will contact the facility to see if there is a room and a physician on staff available to accept a new patient. Then, we will arrange your

transportation. This process may take several hours, but your care will continue. If your condition is critical, the transfer process will be faster.

If you are ready to be discharged home: The ED provider will let you know what they have learned from your exam and diagnostic tests. If your lab results are not available at the time of your discharge, you might not receive a final diagnosis. We will refer you to the proper place for follow-up care — usually with your primary care physician or a specialist, depending on your condition. Medications and care at home will be explained. Please ask questions if you are unsure about the instructions you receive.

EMERGENCY DEPARTMENT MYTHS: DEBUNKED

MYTH 1: Patients are seen in the order they arrive. Care in an emergency setting is prioritized by severity of condition, meaning the sickest patients will be seen first - regardless of arrival time, check-in time or wait time.

MYTH 2: You will be seen faster if you arrive by ambulance. Arriving by ambulance does not mean you will have a shorter time for care in the ED. All patients are assessed upon arrival and prioritized according to their condition. Remember: If you are experiencing a true emergency, you should always call 911 as Emergency Medical Services (EMS) can begin providing care while en route and call ahead to let the ER staff know a critical patient is on the way.

MYTH 3: You will always be seen by a doctor. In addition to physicians (MD or DO), advance practice professionals such as physician assistants (PA) and certified registered nurse practitioners (CRNP) are also trained to order and interpret diagnostic and laboratory tests, diagnose disease, prescribe medications and create treatment plans. Any patient request to be seen by a medical doctor will be granted.

Defeating Diabetes: Risks, Reality and Resources ●●●

Diabetes is a serious condition and it is important people receive the right care and support to prevent and manage it. If you have diabetes, you're twice as likely to have heart disease or a stroke as people who do not.

Diabetes can also cause kidney failure, permanent vision loss and has contributed to a rise in amputations, according to the Centers for Disease Control and Prevention (CDC). "People are losing their limbs and part of that is because their diabetes is not well controlled," said board-certified endocrinologist **Dr. Julie O'Keefe**.

The statistics show as high as 80% of non-traumatic lower limb amputations happen due to diabetic complications. This is of particular concern locally because the most recent Community Health Needs Assessment once again revealed diabetes to be a priority.



Pumping your muscles helps them absorb more glucose, which can lower your blood sugar level.

The good news is – it's not too late to get your blood sugar levels back down. Even people at high risk can cut their risk in half by eating healthy, exercising regularly, getting to a healthy weight, reducing stress and stopping smoking.

Recently, we sat down with Dr. O'Keefe to learn more about diabetes, the life-threatening complications it can cause, if not controlled, who should be screened and why eating right and moving more can significantly lower your risk.

Q: What is diabetes?

It is a group of diseases in which the body's ability to respond to the hormone insulin is impaired. It results in abnormal metabolism or breakdown of carbohydrates, which increases the levels of glucose or blood sugar in the blood or the urine. There are different forms of diabetes and what causes them are different. *The most common type is type 2*, which has risen dramatically with the epidemic of obesity.

Q: What causes it?

Genetics plays a role; so does being overweight and people's lifestyles – not getting enough exercise and eating poorly. But the only risk factor you need is age. As you become older, you become more resistant to insulin.

Q: How serious is diabetes?

Diabetes and heart disease go hand in hand. There is at least a 10-fold greater risk of a serious coronary event. Whether it's a heart attack, congestive heart failure or stroke – the risk is significantly greater.

Microvascular complications (affecting the small blood vessels) are vision loss, loss of kidney function that can lead to dialysis and neuropathy, where the disease affects the nerves. Once you have neuropathy, especially in the lower extremities, you are at increased risk of severe infection or amputation.

Patients who have neuropathy can avoid amputations if they make it a practice to look at their feet daily. If it is difficult for you to see your feet, place a mirror on the floor or ask someone to look at your feet. Any abnormalities (*swelling, redness, lesions*) should be evaluated by a medical provider.



DID YOU KNOW?

Losing 7% of your body weight can reduce your risk of developing diabetes by almost 60%.

People with an “apple” body shape, who carry their weight in their midsection, are at greater risk for diabetes than those with “pear” body shapes, who carry their weight in their hips.

- WHY WAIST SIZE MATTERS -

Macrovascular complications of type 2 diabetes include coronary heart disease where there is a narrowing or blockage of the coronary arteries usually caused by atherosclerosis (buildup of plaque inside the coronary arteries). Diabetes also increases the risk of the heart muscle not working and congestive heart failure.

Q: What’s the relationship between diabetes and dementia?

A number of studies have shown that diabetes is associated with a 1.5- to 2-fold increase in the risk of developing cognitive decline and dementia later in life. This increased risk is present for vascular dementia and Alzheimer’s disease but the magnitude of risk is higher for vascular dementia. Vascular dementia is due to the atherosclerotic changes that occur in the blood vessels in the brain. Dementia may also occur after repeated hypoglycemic (*low blood glucose*) events.

Q: How do you know you have it?

That’s part of the problem. With type 2, there are some people who have symptoms that are so mild they often go unnoticed. That is why it is critical to have your blood sugar tested – early screening may help people avoid the more serious complications of the disease.

Q: Who should be screened?

Per the American Diabetes Association (ADA), any adult over 45 OR any adult who is overweight (BMI over 25) and has one additional risk factor such as:

- ✓ Hypertension
- ✓ High cholesterol
- ✓ Smoking
- ✓ First-degree relative with diabetes
- ✓ History of gestational diabetes

> *story continued on next page*

DIABETES RESOURCES: Get Educated. Get Empowered.

Join the CalvertHealth Diabetes Care and Education Team to learn what you need to know to take charge of your health.

DIABETES SELF-MANAGEMENT CLASS

Certified by the American Diabetes Association, this three-part class is offered in person or via telehealth and includes individual meal planning, meter training, health assessment and goal setting taught by a registered nurse and certified diabetic educator. Provider referral required, covered by most insurance plans. *To register, call 410.414.2778.*

DIABETES WELLNESS WORKSHOP

A FREE support group meets the 2nd Thursday of the month from 7-8 p.m. This is a great opportunity to ask questions, share your journey and offer support to fellow diabetics. *Register online.*

ADVANCED DIABETES CLASS

A FREE virtual class for individuals with diabetes that want to advance their knowledge to improve diabetes outcomes. An in-depth course to become more empowered. *No referral needed.*

GESTATIONAL DIABETES

A FREE virtual class for pregnant women that have been diagnosed with gestational diabetes and/or previously diagnosed and want to get pregnant. *Register online.*

MEDICAL NUTRITION THERAPY

Specialized one-on-one appointment for those in need of a personalized strategy for focusing on a healthier lifestyle by addressing barriers to healthy eating and much more. *A provider referral is required.*

PREDIABETES CLASS

A FREE virtual class designed for those who have prediabetes or are at risk for developing prediabetes. Learning how to manage your blood sugar can help you prevent or delay the onset of diabetes.

For more information, call 410.535.8233 or visit our website at: CalvertHealthMedicine.org/classes.

June is Men's Health Awareness Month.

Get the Facts. Take Action.

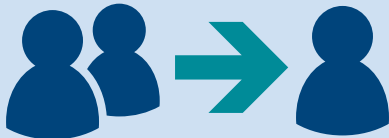


The odds of developing prostate cancer increase with age.



66 yrs

The average age that men are diagnosed with prostate cancer is **66 years old.**



Men are **twice as likely** to develop prostate cancer if they have a brother or father diagnosed with the disease before age 60.



A new case is diagnosed **every 3 minutes.**



1 out of 8 men are diagnosed with prostate cancer in their lifetime.



CalvertHealth urologist **Dr. John Cooper** provides comprehensive care for a full range of urologic conditions including prostate health, overactive bladder, kidney stones and urologic cancer.



CalvertHealth
Surgical Specialists
of Southern Maryland

“Defeating Diabetes” continued from page 7

We know certain populations such as African-American, Hispanic, Asian-American, Pacific Islander and Native American are at a much higher risk. If you are screened and it's negative, you should get screened every three years. If you are someone who was told you are prediabetic, you should be screened yearly.

Q: Can type 2 diabetes be prevented?

Yes, it can. First of all, what is important is to know your risk – talk to your doctor if you don't know. And make sure you're getting screened. Because in truth, as we age our body becomes more resistant to insulin. That is just reality. But keeping your weight in check, being active, and eating a healthy diet can help prevent most cases of type 2 diabetes.

In general, it's a good idea to load up on vegetables, especially the less starchy kind such as spinach and other leafy greens, broccoli, carrots and green beans. Add more high fiber foods and enjoy fruit in moderation (*1-3 servings per day*), choose whole grain foods and avoid bad fats like bacon, luncheon meats, chips, ice cream and fried foods.

Q: Why is regular physical activity so important?

Becoming more active is one of the best things you can do to make type 2 diabetes less likely. In fact, inactivity is a risk factor for developing the disease. Aim for 30 minutes of aerobic activity five days a week. Find what is going to keep you engaged and keep doing it. It's OK to split it into three 10-minute intervals.

Strength/resistance training should be done at least twice a week. Muscles are what allows the body to take the glucose in your bloodstream and use it as energy. The other thing it does is lower your resistance to insulin. That's why your exercise routine needs a strength/resistance training component. *Before beginning any exercise program or regimen, you should get clearance from your doctor.*

MEET THE SPECIALIST

Julie O'Keefe, MD is a board-certified endocrinologist with Calvert Internal Medicine Group in Prince Frederick. She has been in private practice 30 years and has a special interest in diabetes, thyroid and calcium issues and osteoporosis.



CalvertHealth Primary Care Appoints Nurse Care Managers

CalvertHealth Medical Group is pleased to announce the additions of **Aida Mansour, RN, BSN** (*pictured upper right*) and **Kari Marlowe, RN, BSN** (*pictured below right*) as Nurse Care Managers with CalvertHealth Primary Care. Their primary role is to connect recently discharged patients with the resources and support they need to prevent readmission and stay healthy after they go home.

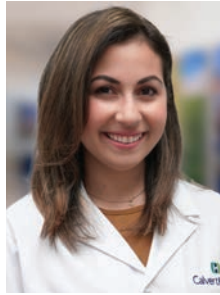
“As Nurse Care Managers, we provide guidance and education to our patients about medications, completing necessary appointments and follow-ups, providing connections to community resources and assistance overcoming barriers to meeting healthcare goals,” said Mansour. A care plan is created with each patient and should additional resources be required to help meet health goals, Mansour or Marlowe will provide connections to community resources or specialty care.

“There is a lot of information for patients to process when they’re discharged,” said Marlowe. “I’m here to answer questions, to confirm they’ve been able to obtain any new medications or equipment needed and to assist with follow-up appointments. My goal is to make sure their specific needs are being met.”

In addition to providing transitional care for patients recently discharged from the hospital, Mansour and Marlowe also provide care management for patients who have complex health care needs such as multiple conditions and chronic illness. Social factors of health such as access to healthcare, economic stability, access to education, home environment and community and social context are frequently assessed to remove barriers and help patients stay on track throughout their healthcare journey.

Mansour has nearly four years of bedside nursing experience and is currently working to obtain her Doctor of Nursing Practice with a specialty track in the family nurse practitioner program. “When I provide patient care, I want patients to know and feel that I’m alongside of them in the process. I’m here for guidance, support, education and ultimately, their cheerleader on their healthcare journey,” said Mansour, who lives in St. Mary’s County with her husband.

Marlowe has 10 years of nursing experience in diverse clinical settings. Most recently, she worked as a case manager for CareFirst, coordinating services for patients. She earned her bachelor’s in nursing in 2021 from Capella University. As a lifelong resident of Calvert County, Marlowe said, “I’m excited about this position because it allows me to give back to the community I love. I look forward to helping our patients find the resources they need to help them stay healthy.”



“I want patients to know and feel that I’m alongside of them in the process.”



“I look forward to helping our patients find the resources they need to help them stay healthy.”

Calverthealth Obstetrics & Gynecology Welcomes OB Nurse Navigator Cheryl Windsor, BSN, RN, CCE to its Maternity Care Team

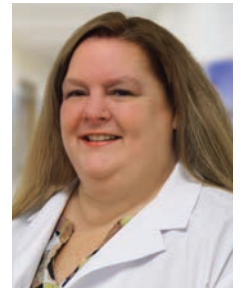
In her role as an OB Nurse Navigator, she will provide education regarding prenatal care, birthing options and post-partum wellness; personalized guidance, answering any questions and concerns expectant mothers may have; care coordination to help manage appointments, screenings and tests; and emotional support to help navigate any challenges patients may encounter. Windsor will meet with every expectant mother at least one time, scheduling subsequent visits based on the needs of the patient.

“My job involves helping patients ‘navigate’ through their pregnancy, whether it be through education, making sure they have all their appointments or to be available for any questions or concerns they may have throughout their pregnancy and postpartum,” said Windsor.

A certified childbirth educator with more than 20 years’ nursing experience, Windsor says she chose to become a nurse because

she had a desire to help people in need. “My philosophy of nursing is based on the belief that as a registered nurse I am an educator, patient advocate, good listener and promoter of good health practices. I want my patients to be excited to see me and to help them feel empowered, confident, respected and comfortable about the care they receive from my service as a Nurse Navigator.”

Windsor lives in Hughesville and enjoys spending time with her two grown sons and her granddaughter, Caroline.



“I want my patients to be excited to see me and to help them feel confident about the care they receive.”

Taking Steps for Your Mental Health



How to Reap The Many Mental Health Benefits of Exercise ●●●

About half of Americans are diagnosed with a mental health disorder at some time in their lives. Exercise can be an important way to manage mental health for all ages.

Exercise can do your body good – and your mind!

According to the National Institute of Health (NIH), exercise improves mental health by reducing anxiety, depression and negative mood. It also improves cognitive function, improves sleep and alleviates low self-esteem. It helps combat social withdrawal by providing opportunities to meet with others through sharing exercise (*see related story on loneliness on page 14*).

Exercise helps your mind by releasing endorphins – brain chemicals that improve your sense of well-being, which can help depression



and anxiety, according to the Mayo Clinic. By meeting even the smallest exercise goals, you improve your self-confidence. Exercise also provides individuals with a healthy coping mechanism for difficult life circumstances and mental health struggles. While it's not a cure-all, exercise is an important component in the toolbox to care for your brain.

Certified Family Nurse Practitioner **Kathleen Hyde, MSN, CRNP, FNP-C** of CalvertHealth Primary Care in Prince Frederick, says the two most common barriers to physical activity she sees are time and embarrassment. Busy schedules with work, family, and other responsibilities don't leave much more time in the day to go to the gym. Additionally, patients don't want to start something new as a beginner in front of others at a gym or group fitness class. These factors often keep people from reaping the mental and physical benefits of exercise.


Practical Tips for Getting Started

Physical activity doesn't have to be particularly long or intense to start realizing the mental health benefits.

"As a rule of thumb, it is recommended to engage in moderate-intensity exercise to gain the benefits of both physical and mental health. Moderate-intensity exercise means an activity that will raise your heart rate and make you breathe harder, but still allows you to carry on a conversation," Hyde said.

It's also important to listen to your body and choose activities you truly enjoy and can continue to do long-term. It's important to vary the type of exercise and varying the intensity to reduce boredom and reduce the risk of overuse injuries.

"When it comes to time constraints, I tell my patients all the same thing: You don't have to do it all at once. Walking for 15 minutes in the morning and 15 minutes in the evening is perfectly acceptable! Look for ways to incorporate short bursts of activity into your day," Hyde said.

For more inspiration on how to squeeze in short workouts during your day, click  here for mini workouts to try.



It's Important to Prioritize Yourself

While squeezing in short bursts of activity is one tactic to get more exercise, it's also important to have a mentality of prioritizing yourself.


"I also highly recommend prioritizing yourself. This means carving out a block of time to work out every day, just as you would schedule an appointment for the doctor or dentist," Hyde said. Find the time of your day where you can most easily get in physical activity and put it on your calendar and organize the rest of your day around that. If working out first thing in the morning works best for you, set your workout clothing by your bed the night before. Try using part of your lunch break to take a walk or do a YouTube workout class and block that time out on your calendar.

Hyde also sees finances are another common barrier to physical fitness. Hyde suggests exploring free and low-cost options including walking, hiking, bodyweight workouts at home and free YouTube workouts. Joining a gym or fitness studio isn't the only option.

Another major barrier to physical fitness is embarrassment and the fear of starting something new.

"Embarrassment is one of the hardest barriers to overcome. I remind my patients that everyone has to start somewhere and progress takes time. It helps to surround yourself with supportive and non-judgmental people who will encourage you on your journey. Don't be too hard on yourself and celebrate all of your achievements no matter how small. When beginning an activity routine- start with activities that you enjoy and feel comfortable doing- whether it is solo or with a group," Hyde said.

She went on to add, "While exercise is generally beneficial for most people, there are certain situations where it's important to get medical clearance or guidance before beginning a new regimen. Ultimately, the goal is to ensure that exercise is safe, enjoyable and beneficial for each individual's unique health needs and circumstances."

Find out how one local woman started  her own healthy workout routine.



FUN WAYS to Exercise

When possible, make exercise something you enjoy to ensure you keep coming back to exercise for the mental and physical health benefits. Consider your existing interests and hobbies when choosing a way to move your body.

- **If you love to read**, try listening to an attention-grabbing audiobook while walking and reserve that book only for use while moving your body. If audiobooks aren't your speed, consider purchasing a Kindle and a remote page turner for easy reading while in movement on a cardio machine.
- **If you love video games**, consider workout technology that incorporates gamification aspects, like Peloton's Lanebreak or workout games in virtual reality, like Beatsaber.
- **If you love your latest binge-worthy TV series**, pick a show to designate as your workout-only show. Have it playing on a tablet mounted on your cardio machine of choice. Only watch this show if you're also moving your body.
- **If you love hanging out with friends**, pick a day of the week to do an evening neighborhood walk and rotate whose neighborhood you visit to walk and talk. Or, pick a group fitness class to go to together each week and try new ones.
- **If you love to visit coffee shops**, park a mile away from a coffee shop you've been meaning to try instead of their parking lot.
- **If you love cooking/baking**, cook a double batch of a health recipe and deliver the extras on foot to a neighbor.
- **If you love to be on the water**, try kayaking, stand up paddleboarding (purchasing inflatable options are more affordable and portable!), or swim laps at a local pool.
- **If you love to spend time with your children**, try volunteering with a youth recreational sports team.



BE FAST to Spot the Early Signs of Stroke

Local Survivor Shares Her Story to Encourage Awareness ●●●



Knowing stroke signs was key for Sarah Whitehair, when she, mid-conversation with her daughter after school in their Huntingtown home, found herself having stroke symptoms.

“I got dizzy and the room seemed to tilt. When I tried to speak, I noticed only parts of some words would come out. My right arm was weak and started to tingle. I couldn’t communicate to my daughter what was going on. I immediately thought I was having a stroke. I checked the time, noting the onset of symptoms and thought, ‘You don’t have a lot of time. This is the onset of your symptoms’. I knew I had to get to the hospital immediately,” Whitehair said.

The 35-year-old single mother and CalvertHealth Intensive Care Unit (ICU) nurse (*pictured at left*) was trained to recognize the signs of a stroke (*see graphic opposite page*) and treats stroke patients regularly.

Once she realized she was making the grunting sounds and she couldn’t communicate, she immediately thought she was having a stroke and knew how critical it is to get to the hospital quickly to receive clot-busting medication to prevent lasting effects from the stroke.

Early Intervention Key to Recovery

Early intervention to stroke symptoms is critical, as well as stroke prevention. Keys to stroke prevention include managing high blood pressure (the leading cause of stroke), avoiding tobacco use and vaping, getting regular physical activity, managing cholesterol, and having a healthy diet.

Whitehair’s health checked all the boxes, but she still had symptoms. After quick intervention at CalvertHealth and other area providers, it was discovered that the cause of Whitehair’s stroke was a 20-milimeter hole in her heart, not one of the more common risk factors. She also suffered what is called a transient ischemic attack (TIA) or mini stroke,



which is known to be a “warning shot” and can lead to a full-fledged stroke within two years. TIAs differ from strokes in their duration and severity, but still require medical attention to differentiate it from a stroke.

CalvertHealth is designated as a Primary Stroke Center by the Maryland Institute for Emergency Medical Services Systems (MIEMMS), surveyed every five years to be a primary stroke center.

“This assures CalvertHealth is using the latest and best therapies and treatments to ensure the best possible outcomes and permits emergency medical services to transport stroke patients to CalvertHealth over a non-designated center,” said **Crystal Gray, RN, BSN**, quality outcomes coordinator for CalvertHealth, and coordinator of CalvertHealth’s stroke program.







It was a puzzle initially to diagnose Whitehair, since she didn’t have any of the typical risk factors. Additional testing was needed to learn about the hole in her heart, which required surgery to implant a device in her heart she will have for life.

“The team at Calvert listened and got me to where I needed to be,” Whitehair said.

Thanks to quick action and knowing the signs of a stroke, Whitehair’s symptoms resolved within a day of her TIA and as long as she maintains a healthy lifestyle and avoids other risk factors, she doesn’t have any lasting physical effects from her scare. However, her experience will impact how she empathizes with her stroke patients at CalvertHealth.

“To know what my patients feel like, when patients come to us and when they have a stroke and their ability to communicate is not always

HOW TO SPOT A STROKE

B	E	F	A	S	T
					
Balance Sudden loss of balance, dizziness	Eyes Sudden loss of vision or blurred vision	Face Uneven smile, one side of face is drooping or numb	Arm One arm is weak or numb	Speech Slurred speech or difficulty speaking	Time Time to call 911 immediately

normal for them, I now know what that feels like – it’s not a cognitive defect,” Whitehair said.

Being “Stroke Smart” is Community Effort

As part of a community awareness campaign, the Calvert County Commissioners recently issued a “Stroke Smart” proclamation to call on everyone who lives or works in Calvert County to educate themselves and others about how to recognize the symptoms of a stroke.

CalvertHealth Offers Stroke Support Programs

The *Stroke Wellness Group* offers support for stroke survivors and caregivers as they go through their journey to recovery. The group meets the first Wednesday of each month from 4:30-5:30 p.m. and is open to anyone interested in learning more about stroke wellness, prevention and support. Guest speakers provide education on nutrition, risk factors, prevention and fitness. For more information, call 410.414.4759.

In addition, **CalvertHealth Outpatient Rehabilitation (CHOR)** provides physical, occupational

and speech therapy to help stroke survivors relearn skills lost after a stroke. Depending on the part of your brain affected by the stroke, rehabilitation can help with movement, speech, strength and daily living skills. Stroke rehabilitation can help you regain independence and improve your quality of life.




DID YOU KNOW?

CalvertHealth has received the American Heart Association’s highest honor for stroke care – the Gold Plus Achievement Award – 11 years in a row.



Setting Your Loneliness Loose

Addressing loneliness and social isolation decreases health risks, improves connection

Experiencing loneliness isn't just a day-to-day downside of life – sometimes it can be detrimental to your health.

The U.S. Surgeon General Vivek Murthy, MD, MBA recently released an advisory warning of the dangers of loneliness. “It is associated with a greater risk of cardiovascular disease, dementia, stroke, depression, anxiety, and premature death,” the advisory states. The mortality impact of being socially disconnected is similar to that caused by smoking up to 15 cigarettes a day, and even greater than that associated with obesity and physical inactivity.

“Physicians, nurse practitioners, and physician assistants now are doing more and more screening for things like anxiety and depression – diagnoses which often have symptoms of loneliness or isolation,” said board-certified family medicine

physician **Dr. Michelle Folsom-Elder** of CalvertHealth Primary Care. She continued, “There can be many forms of loneliness as well and you can find people feeling this way even if they are surrounded by people. I try to remind people that even if you are alone you don't have to be lonely.”

According to the American Hospital Association (AHA), loneliness can increase one's risk of premature death by 26 percent, risk of heart disease by 29 percent, and risk of stroke by 32 percent. Loneliness affects half of American adults, so building connections to other people is a vital health priority. Loneliness can also cause emotional pain/distress, which can activate the

KEYS to BUILDING COMMUNITY

CONSISTENCY: Building community takes time. The reduction in loneliness and the increase in community building may not be felt on the first week, but week after week as connections grow, the benefits will be felt. Don't allow discouragement at the time commitment get in the way of progress.

FLEXIBILITY: Be willing to build community with those outside of your own demographics and your own preferences. Be willing to try new things and meet at different times each day as your own unique schedule allows. Moms of young children don't always have to spend time with other moms. Retirees don't always have to spend time with other retirees. Different age groups and walks of life have different things to offer each other.

WILLINGNESS: A barrier to community is not being willing to put yourself out there for rejection and not being willing to be the organizer. Community building doesn't need to be fancy – it's as simple as inviting someone to coffee. Make a goal to yourself to create a community opportunity a certain number of times per month. You may not receive a response, people may be too busy, or not interested. Don't take it personally. The right type of community will come as you continue to create opportunities.



> **LONELINESS** can increase one's risk of premature death by **26%**

> Risk of heart disease by **29%** and Risk of stroke by **32%**

same stress response signals in the body as physical pain, according to the National Institute on Aging.

Dr. Folsom-Elder recognizes there are several barriers to combatting loneliness. Often, people further isolate themselves when they become lonely. Teens and the older populations are particularly at risk because their capacity and means to physically go out into the community are limited. Children and teens often isolate due to transportation concerns and lack of opportunity to join groups. Those with mobility challenges can have a particularly difficult time with isolation.

“My number one piece of advice would be to not be afraid or concerned about asking for assistance. Reaching out to any number of organizations in the county, as well as your local doctor’s office may offer you some help,” said Dr. Folsom-Elder.

HOW I BUILD COMMUNITY



by Dr. Folsom-Elder:

“My own personal life is built around my family, which is comprised of four children, a husband, five dogs and usually two sports teams that I coach. This helps me build community by giving back in a meaningful way to the people who I feel are most important. I also try to focus on other activities that create a sense of brother/sisterhood, including participation in church activities and school activities for my children.”



13 WAYS TO BUILD COMMUNITY



- 1 Sign up for a class or recreational sports through your local Parks and Recreation department. Pickleball has become popular because of its social factor.
- 2 Participate in the many free classes and events offered at the public libraries. It's a great way to meet others with similar interests.
- 3 Enjoy a delicious lunch and delightful conversation at your nearby senior center.
- 4 Volunteer for a cause you care about like the food pantry or an animal shelter.
- 5 Leverage social media: there are many groups on Facebook geared toward in-person connection in the local area, including book clubs and mom groups which host in-person meetups.
- 6 Join a non-credit personal enrichment class at the College of Southern Maryland: remember how comparatively easy it was to make friends as a child when in classes surrounded by people your own age all day every day? Simulate this experience as an adult and pick up a new skill or hobby. Learn more at csmd.edu.
- 7 Coach or assistant coach a youth recreational sports team. County parks and recreation departments often need more volunteer coaches for their youth recreational sports programs and typically experience is not required/training is provided.
- 8 Invite your neighbors over for a game and snack night. Keep it simple to plan and purchase treats from a local bakery!
- 9 Invite a coworker to go to lunch with you – even if you telework, meeting in person from time to time builds connection and can create positive connections for your workday and outside your workday.
- 10 Join a local gym/group fitness studio and attend classes at a consistent time each week to start seeing the same people each week.
- 11 Invite a neighbor or post in your neighborhood social media group inviting people to go for an evening walk as temperatures get warmer. Even better is if you have a weekly walk group at the same day and time each week.
- 12 Schedule a time to video chat with friends and relatives from far away instead of a phone call or text message. Waiting for it to happen spontaneously reduces the chance of it happening.
- 13 For young nieces, nephews, grandchildren, etc., who live far away, offer to read a bedtime story the same day each month over video chat to build connection.

Robotic Technology

Ushers in A New Era of Surgical Advancement at CHMC

On March 7 at 7:30 a.m., **Dr. Ramzi Alami** performed the first robotic surgery at CalvertHealth Medical Center (CHMC) – a gastric sleeve and hiatal repair for a bariatric patient – culminating more than a year of planning and preparation and ushering in a new era of surgical advancement.

On hand for the milestone moment was **Dr. Gregory Dalencourt**, who will direct the new robotic surgery program at CHMC (*see his bio at right*) and CalvertHealth President and CEO **Jeremy Bradford** who later said, “We are thrilled to be able to offer our patients this leading-edge surgical option to help them heal faster and get back to their lives sooner.”

According to CalvertHealth Surgical Services Director **Sherry Walker, MSN, RN, CNOR, CSSM**, robotic-assisted surgery offers several important benefits to patients including

less pain, shorter hospital stays, quicker recovery, smaller scars and improved patient satisfaction.

The addition of the \$3.5-million da Vinci® robotic assisted surgical (RAS) system, was a major part of CalvertHealth’s “*United We Thrive Campaign for Cancer Care*” to raise the funds needed to support the critical and growing need for advanced cancer care services conveniently and easily accessible locally. (*See related story on page 19*)

“The addition of robotic technology will allow us to better treat urologic (prostate, kidney), gynecologic (uterine), thoracic (lung) and colorectal cancers right here in our community,” said CalvertHealth urologist **Dr. John Cooper**, who spearheaded the physician effort along with Dr. Alami.

He went on to add, “Because robotic surgery requires only a few tiny incisions and offers greater vision, precision and control for the surgeon, patients often recover sooner, move on to additional treatments, if needed, and get back to daily life quicker.”



“The robot is a set of mechanical arms controlled by the surgeon,” stressed Dr. Ramzi Alami. “We are in complete control of the instruments and what they are doing.”



The addition of robotic technology will allow us to better treat urologic (prostate, kidney,), gynecologic (uterine), thoracic (lung) and colorectal cancers right here in our community.”

– Urologist Dr. John Cooper

Robotics Vital Part of Meeting Community Needs

The acquisition of the da Vinci® robotic assisted surgical (RAS) system comes on the heels of a significant push by CalvertHealth Medical Center to recruit surgical specialists who bring an outstanding skill set to be able to apply the new technology.

“This is an important investment that will upgrade our surgical capability and capacity to deliver a superior surgical experience for the patient,” said Dr. Alami. “Anything we can do better and safer benefits the patient.”

He went on to add, “It will also enable us to expand our services in certain fields and enhance our ability to recruit new surgeons and retain experienced staff.

“Right now, we are focusing on bariatric surgery but we can pretty much do any abdominal operation,” explained Dr. Alami. “The urologists are going to have a huge use for it. Without the robot, we would not be able to do prostate cancer or prostate surgery in general. We would not be able to do kidney tumors, which are very prevalent here.

“Eventually, we can do a lot with ventral or abdominal hernias (*refers to any protrusion of intestine or tissue through a weakness or gap in the abdominal wall*),” he added. “That is a great application for the robot because we cannot do a lot of these operations laparoscopically due to the limitations. But we can do them robotically.”

According to Dr. Alami, who has 20 years experience with robotic surgery, having this technology will make a significant impact on the hospital’s ability to attract top surgical talent. “Moving forward, we will need to recruit more surgeons. Most general surgeons who are graduating from residency programs today are being trained robotically and at least laparoscopically.”

He went on to add, “You are not going to find someone who wants to go to a place that does not have a robot. If we want to continue growing in the trajectory we are going, we must have the tools people are looking for to be able to achieve that.”

Dalencourt to Direct New ROBOTICS PROGRAM

CalvertHealth Medical Center is proud to welcome robotic bariatric surgical specialist Dr. Gregory Dalencourt as director of its new robotic surgery program. He is fellowship trained in advanced GI minimally invasive and bariatric surgery and has performed nearly 2,000 laparoscopic and robotic bariatric procedures in the last 11 years.



“My favorite part of bariatric surgery is making a lasting impact on a patient’s life.”

Dr. Dalencourt comes to us from Crossroads Community Hospital (CCH) in southern Illinois, where he developed and directed its bariatric surgery program, which achieved national accreditation in 2021 as a Center of Excellence for its outstanding quality of care and patient outcomes.

In addition to serving as medical director of the bariatric surgery program at CCH, he also chaired the hospital’s Department of Surgery since 2019 and was elected Chief of Staff in 2020. He held all three positions for the past three years.

Dr. Dalencourt, who is board certified in general surgery, has joined CalvertHealth Surgical Specialists of Southern Maryland. He will be performing all types of general surgery procedures as well as some endoscopies. He has a special interest in the use of minimally invasive surgical techniques for treating problems of the foregut (upper GI tract) such as reflux disease, swallowing disorders and hiatal hernias.

Dr. Dalencourt received his medical degree from Ross University School of Medicine in 2002. He completed a general surgical residency at Geisinger Medical Center in 2007 and finished his fellowship training in advanced GI minimally invasive and bariatric surgery at Tufts Medical Center in 2012.

He said his relationship with patients is what drives him. “I see firsthand the positive and profound changes in their lives and health over time, and that is very rewarding.”

He went on to add, “My favorite part of bariatric surgery is making a lasting impact on a patient’s life by helping them achieve a healthier and more active lifestyle.”

Dr. Dalencourt brings this passion and extensive experience in robotic bariatric surgery to his new role where he will take the lead building CalvertHealth’s robotics program – the latest step in the medical center’s multi-faceted strategy to grow its surgical program to provide area residents with enhanced access to advanced surgical options.

Dr. Alami emphasized the beneficial impact on retention, as well. “Developing these surgical programs has helped us retain some really good talent in the OR, which is where you want to have longevity. The ones who are motivated are not going to stay if they are not challenged.”

Intensive Training Key to Smooth Launch

“With the launch of the robotic program, you can see the excitement of the staff who are keen to get it going,” said Dr. Alami. “They have gone through the training program with a lot of gusto. They approached it with so much passion. So, it is no surprise that we broke some records with our first few cases.”

According to Dr. Alami, the robotics team did a lot of legwork beforehand from upgrading the facility, as needed, to months of training. “We received the robot in December knowing we would not launch until about March. We wanted to train our staff in our own environment and on our own robot. By training in our own setting, we were able to deal with a lot of issues that you face with the launch of a new program.”

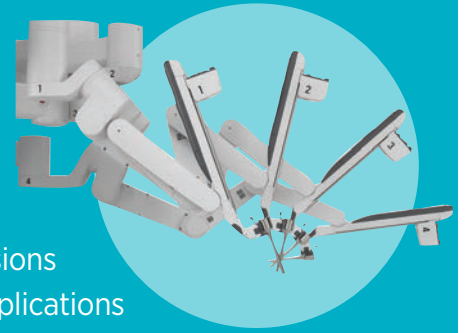
He went on to add, “We also went a step further and used virtual reality. It was almost like having an actual patient on the table. They also traveled to other sites for case observation and participated in hands-on training at the Intuitive facility in Florida, which developed the robotic system. They really got the benefit of everything the technology has to offer in terms of training so they were completely ready on day one.”

And the preparation paid off. On the first few cases, an expert proctor, who is an unbiased and independent observer, came in to monitor and evaluate their technical skills. According to Dr. Alami,

BENEFITS OF ROBOTIC SURGERY

For the patient, the benefits of robotic surgery may include:

- ✓ Reduced post-surgery pain
- ✓ Less blood loss
- ✓ Shorter hospital stays
- ✓ Less scarring due to smaller incisions
- ✓ Lower risk of infections and complications
- ✓ Faster return to normal activities



SCAN HERE
for an in-depth
look at
our robotics
program >



they hit it out of the park. “When you have the expert telling you: ‘You are doing great. You guys have this down. You are not going to have any problems. That says it all.’”

Additionally, Dr. Alami said, the technology provides feedback that enables them to compare their performance to surgeons all over the country as well as the top 10 percentile. “This feedback is valuable because it helps you keep track of how you are doing. One of those metrics is time...how long did it take you to dock the robot, how long did it take you to perform the different steps of the surgery.”

He went on to add, “Looking at the

graph for our first five gastric sleeve surgeries, our average time was 49 minutes, compared to the nationwide average for 1-10 cases, which was about 68 minutes and decreased to 47 minutes after 100 cases.

“Our fifth case took 29 minutes... when your fifth case puts you among the top 10 percentile, it tells you we have a good team that is doing an unbelievable job and gives you the confidence to say we are as good as any other hospital let alone one our size.”



“Our staff went through the training with so much gusto. So, it is no surprise we broke some records with our first few cases,” said Dr. Alami (pictured 4th from right), who performed the first robotic surgery at CHMC.

CANCER CARE CAMPAIGN Crosses Finish Line

*Community Appeal
Aims to Close Gap
in Funding Needs*

Defying early expectations of a hard climb, CalvertHealth Medical Center’s largest fundraising effort in its history, the *United We Thrive for Cancer Care Campaign*,[™] has reached its ambitious \$5-million goal to support the critical and growing need for advanced cancer care services – including a robotic surgery program – easily accessible locally.

“At the heart of the campaign’s success was one universal truth”, said Campaign Chair and Foundation Board Trustee, **Marianne Harms**. “Every single person I talked to has been touched by cancer.”

This sentiment was echoed by **Denise Bowman**, who was Foundation chair during the campaign, “Everybody in some fashion, in some way has experienced loss, has experienced pain, has watched a loved one, a friend, a coworker, a family member go through the horrors that cancer can present.”

Harms credits Bowman’s personal testimony as a breast cancer survivor as paramount in helping people understand why the campaign is so important to our community. “She put a face on our effort...she has had some difficult diagnoses and was so willing to share her story.”

For Bowman, her reason is simple: “CalvertHealth provides health care for my family, why wouldn’t I make it the best place to go.”

Federal, State Funds Support Robotics

According to Harms, the campaign got a major jump start with support from our elected officials. She said Congressman **Steny Hoyer** was instrumental in helping CalvertHealth obtain a \$950,000 Health and



(Pictured l-r) CalvertHealth President & CEO Jeremy Bradford thanked U.S. Representative Steny Hoyer, Foundation Campaign Chair Marianne Harms and Maryland Delegate Brian Crosby, for support to fund robotic surgery at a reception honoring donors.

Human Services grant. Additionally, the Southern Maryland delegation led by **Sen. Jack Bailey** and **Del. Brian Crosby** with support from **House Speaker Adrienne Jones** was especially helpful in the medical center securing \$1.4 million in state funding.

These funds along with other individual contributions helped support the addition of the \$3.5-million da Vinci[®] robotic assisted surgical (RAS) system at CHMC. “Having a robotics program will be a critical addition to our cancer service line,” said CalvertHealth Cancer Program Director **Dr. Theodore Tsangaris**. “This is an important investment that will increase our capacity to handle complex and delicate surgeries.”

Campaign Addresses Critical Components

The centerpiece of the campaign was CalvertHealth’s affiliation with Duke Health, an NCI-designated Comprehensive Cancer Center – providing patients in the region with access to the latest thinking in cancer care and opening doors to clinical trials locally later this year.

Another critical need in cancer care is magnetic resonance imaging. “Upgrading our MRI system will play an important role in advancing patient care,” said **Dr. Kenneth Abbott**, who chairs CalvertHealth’s Cancer Committee. “A major benefit of this enhanced technology is faster scans, which means less anxiety for the patient. At the same time, it produces better images leading to a more accurate diagnosis.”

The campaign also helped fund the creation of a cancer endowment to provide crucial support for future needs of cancer patients. “The endowment is our promise that we will continue to pursue the priorities our community needs when it comes to cancer,” said Harms.

A community appeal was launched last month to address additional cancer needs. To make a donation, call 410.414.4570 or go to: calverthealthfoundation.org. *All donors to the campaign will be recognized beginning in the fall.*



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We're Transforming Cancer Care for Our Community.

Every cancer patient wants to know they are getting the best treatment possible, tailored to their needs, for the most favorable outcome – surrounded and supported by family and friends.

That's our commitment - to provide a cutting-edge cancer program right here in Calvert County.

Affiliate with an NCI-Designated Comprehensive Cancer Center. Enabling us to provide our patients with the highest level of evidence-based medicine.

Establish a robotics program. Increasing our capacity to handle complex and delicate cancer surgeries.

Invest in the latest MRI technology. Resulting in faster scans, less anxiety for the patient, better images and a more accurate diagnosis.

Upgrade electronic records system. Streamlining multidisciplinary coordination of care, which plays an important role in ensuring quality cancer care.

Develop a clinical trials program. Providing Southern Maryland residents with access to cutting-edge cancer treatments.

Build a Cancer Care Endowment. Creating a perpetual funding source so our cancer team has what they need to do their best for our community.

Because You Deserve the Best in Cancer Care.



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