



CalvertHealth



Sweet Heart

HER INCREDIBLE STORY
CPR training helps mom save
her baby *See story page 3*

A Message from the President



Your Community Hospital Building a Healthier Tomorrow

Being an independent, community hospital means caring for family and neighbors. It also means we're an integral part of the community at large and play an important role in the community's well-being. We are always pushing forward, looking for new ways to advance quality and enhance the services we deliver – it's the foundation of who we are.

It's the reason that we invest in programs like the American Heart Association's Anytime® Infant CPR program (*see related story on opposite page*). It's the reason we worked to supplement the care for the cardiac needs and brought on a new team of cardiologists (*see story on page 14*). And, it's the reason we've grown, quite literally – raising funds to build a healthier tomorrow (*see story on page 19*).

Our drive to make a difference in every life we touch, to be the best community hospital we can be is also what led us to bring onboard one of the nation's most renowned breast surgeons. Cancer incidence in Calvert County is higher than both the state and national averages. With Dr. Theodore Tsangaris at the helm of our oncology program and serving as Chief Medical Officer for CalvertHealth, we are prepared to meet that challenge head on.

Over the years, the medical center has transformed to meet the changing needs of our growing community. As we look to the future, we gratefully accept the continued responsibility of providing safe, high-quality health care for our patients and their families.

Dean Teague, FACHE
President and CEO

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Renee Ellison, 33, of Prince Frederick, shares a sweet moment with her son, Miles O'Dell.
Learn more on page 3.

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El Centro Médico de CalvertHealth no discrimina con respecto a admisiones de pacientes, asignaciones de habitaciones, servicios al paciente o empleo sobre la base de raza, color, origen nacional, religión, discapacidad, edad, sexo, incapacidad, identificación de género o sexual orientación.

Trung tâm Y tế CalvertHealth không phân biệt đối xử về việc nhập viện của bệnh nhân, phân công tại phòng, dịch vụ bệnh nhân hoặc việc làm dựa trên chủng tộc, màu da, nguồn gốc quốc gia, tôn giáo, khuyết tật, tuổi, giới tính, khuyết tật, nhận dạng giới tính hay khuynh hướng tình dục.

Infant CPR Training Program Helps Mom Save Her Son

When Renee Ellison, 33, of Prince Frederick, learned infant CPR in CHMC's Family Birth Center after delivering son, Miles, little did she realize that skill set would soon be needed to save her son's life.

Last year, CalvertHealth Medical Center became the first hospital in the state of Maryland to formally initiate the American Heart Association's **Infant CPR Anytime® Training Program** - aimed at educating parents on lifesaving techniques before they leave the hospital with their baby. In addition to the on-site training, new parents also take home a training DVD and practice manikin so they can share the knowledge with other family members or caregivers. "Our goal is to train 100 percent of parents on what to do if a child is choking, nonresponsive or not breathing - before they leave the hospital," said President and CEO **Dean Teague**. "So important, in fact, the medical center covers the entire cost of the kit," he added.

On September 30, 2019, Ellison put the training she received into action when her son, Miles, was unable to breathe. "I was home alone with Miles, watching as he played on the living room floor - just a few feet away from me. One minute he was happily playing, the next, he was in distress - unable to breathe. Panic set in immediately and I realized there was no one to help in that moment. It was only me," recalled Ellison, who delivered Miles at CHMC in March 2019.

Baby Miles was choking and after several attempts, Renee was able to dislodge the piece of plastic from his airway and then remove the object from his mouth. "I am so unbelievably grateful I was required to receive this training. As a brand-new mom, I was exhausted and felt a little silly having to perform CPR on the dummy baby before I could be discharged from the hospital. In retrospect, I know that motherhood is a job and all jobs require some training and CPR is training you should have right off the bat!"

As a result of this incident, Ellison and her partner, Keith, are both becoming CPR certified and will require all caregivers to be certified as well. They are also utilizing the DVD and manikin they brought home with them from the

QUICK TIP

Since she was home alone, Ellison realized there was no one to give the "YOU call 911" directive learned in CPR training. You can also use voice commands on your cell phone or other home device to contact authorities, i.e. "Hey Siri, call 911."

hospital to train Miles' older brother, Kaleb, age 10, what to do in an emergency. "Babies and children are not the only ones who choke. I hope that becoming CPR certified will allow me to be an asset to anyone around me who is in need," said Ellison.

"I am so unbelievably grateful I was required to receive this training."



Savor the Flavor with these Heart-Healthy SWEET TREATS

Sweets and treats aren't off-limits if you're on a heart-healthy diet. You just have to plan ahead, said CalvertHealth registered dietitian **Karen Mohn, RD, LDN**. "There are a lot of options that are low in fat and sugar, make use of heart-smart substitutions, feature fresh fruit or focus on smaller portions."

Frozen Yogurt Dipped Strawberries

Sweet and satisfying without the guilt – these make the perfect Valentine's Day treat!

1 lb. strawberries (regular or long stemmed)
22 oz. vanilla Greek yogurt
Pink food coloring

DIRECTIONS

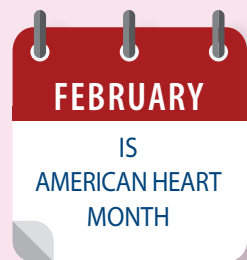
Divide yogurt into 4 small bowls; one bowl with no coloring; one with 2 drops; another with 4 drops and the last one with 6 drops – mix well and set aside.

Hold each strawberry by stem and dip three-fourths of the way into yogurt, leaving top of strawberry and stem uncoated. Place on a baking sheet lined with parchment paper. Freeze for 1 hour to set first layer. Dip strawberries again in remaining yogurt for thicker coating. Freeze them for another hour and they're ready to enjoy.

Refrigerate uncovered about 2 hours before serving. Store any remaining strawberries tightly covered in freezer and serve within 1 week.

NUTRITION FACTS

Per serving (4 strawberries): 68 calories, 0.1 gram fat, 7.4 grams carbohydrates, 1 gram fiber, 9.3 grams protein and 6.3 grams sugar



According to Mohn, a good place to start is by watching the amount of sugar you consume as well as the fat calories. The American Heart Association (AHA) recommends women not have more than 24 grams total or six teaspoons of added sugar per day; for men it's 36 grams or nine teaspoons of added sugar.

She went on to add, "When it comes to the fat, usually I'd say not to have more than 5-7 grams of fat per item ... 10 grams would be a lot." The AHA recommends limiting your fat intake to 30 percent of your total calories. This translates to 66 grams of fat based on 2,000 calories daily.

Planning Is the Key

"I tell people you plan your money so you are able to go on a vacation," said Mohn. "Planning your meals and snacks helps you to make healthy choices and to meet your calorie needs. If you don't plan ahead, it's easy to overspend."

She went on to add, "Usually, for a snack or dessert, I suggest you keep it under 200 calories. Otherwise, it may take away from the calories needed for a healthy meal."

Maybe, you learn to like your coffee black so you can have a sweet treat later. "Don't beat yourself up and feel guilty," advises Mohn. "Take a bite or two, eat it slowly. Take the time to taste it and enjoy it ... savor every morsel. You can learn to be satisfied with just a few bites. The first bite is always the best."

Make Every Calorie Count

"Personally, I like doing things with fruit," said Mohn. "It's naturally sweet and full of fiber and nutrients. A baked apple with a drizzle of honey, raisins and cinnamon can be as satisfying as a slice of apple pie. Top angel food cake with fresh strawberries and a dollop of whipped topping and you've got a much healthier strawberry shortcake."

"One of my favorite treats is frozen fruit," said Mohn. "I love frozen cherries because they are sweet and refreshing, the same thing with grapes."

She also suggests cutting one-half of a banana in little slices, drizzling them with a tiny bit of dark chocolate syrup and putting them in the freezer. According to Mohn, dark chocolate – with a minimum of 70 percent cocoa – is rich in flavonoids that are considered heart healthy.

"If you're willing to put in the time and effort to make your own homemade goodies," said Mohn, "you can substitute ingredients to make them healthier. For instance, if a recipe calls for oil, you can use equal amounts of unsweetened applesauce instead or if it calls for an egg use two egg whites. In most recipes, you can cut out 1/4 to 1/3 cup of sugar without noticing any change in flavor or texture."

Chocolate Avocado Chia Pudding

Creamy avocado and chia seeds add a healthy boost to this decadent dessert.

- 2 medium ripe avocados (*peeled, pitted*)
- 1/2 cup unsweetened almond milk
- 1/4 cup unsweetened Dutch-process cocoa powder
- 1/4 cup fat-free, plain Greek yogurt
- 3 Medjool dates (*pitted*)
- 1 teaspoon vanilla extract
- 2 tablespoons chia seeds
- 1/4 cup plus 2 tablespoons chopped almonds or walnuts (*optional*)

DIRECTIONS

Put all the ingredients except the nuts in a food processor or blender and mix until smooth. Transfer to serving dishes, cover and chill for at least 1 hour to thicken. Just before serving, sprinkle with nuts, if desired.

Source: American Heart Association

NUTRITION FACTS

Per 1/2 cup serving: 129 calories, 6.5 grams fat, 16 grams carbohydrates, 5 grams fiber, 3 grams protein and 9 grams sugar



Skinny Cannoli Dip

This is a family favorite Mohn likes to serve at the holidays. "You can sit around and enjoy it together."

- 8 oz. low-fat plain or vanilla Greek yogurt
- 8 oz. fat-free ricotta cheese
- 8 oz. of 1/3 less fat soft cream cheese (*to make smoother, you can use Greek yogurt for some of the cream cheese*)
- 1/2 teaspoon vanilla extract
- 3/4 cup powdered sugar (*can use less – to taste*)
- 1 cup mini semi-sweet chocolate chips

DIRECTIONS

Mix yogurt, vanilla, cream cheese, ricotta cheese and powdered sugar in a large bowl. Stir in 3/4 cup chocolate chips. Put in a pretty dish and garnish with remaining chocolate chips. Serve chilled with assorted dippers: vanilla wafers, apple/banana slices, strawberries and graham crackers or pizelles, broken into pieces.

NUTRITION FACTS

Per 1/4 cup: 200 calories, 7 grams fat, 7 grams protein, 15 grams sugar (*can use 1/3 cup Stevia to reduce calories and sugar*)





Hospital, County Mount Robust Effort to Tackle OPIOID ABUSE

Task Force Works to Turn Tide on Overdose Deaths in County

Even before there was a national opioid crisis, CalvertHealth Medical Center took the lead in forming a multidisciplinary task force with its community partners to tackle the problem comprehensively. CHMC's reliance on evidence-based practices, education and outreach has continued to produce steady gains in reducing opioid over-use.

Despite this progress, Calvert County is eighth in the state for opioid deaths as a percent of the population. According to the Calvert County Health Department, *every 11 days there is an overdose death in our community.* In 2019, the average age of those who died was 34 and it is believed half of those who died had children at home.

"We quickly realized that in order to tackle the problem in a comprehensive way, we needed all stakeholders to be involved," said **Dr. Stephanie Dabulis**, Chair Department of Emergency Medicine.

"We can get blinded by statistics, but this is a human story, not just a human health crisis," said **Dr. Drew Fuller**, former assistant director of CalvertHealth's Emergency Department (ED). "We need all-hands-on-deck and we need transformational approaches."

After working on the CalvertHealth task force, Dr. Fuller transitioned to the Calvert County Health Department as medical director for the Mobile Crisis Team, which consists of a physician/nurse practitioner, a nurse, a licensed counselor and a peer counselor. Working with the hospital and first responders, the team engages persons with opioid crisis throughout the county

Emerging Problem Identified

"We were seeing a dramatic increase in overdose-related deaths and injuries as well as narcotic-dependent behavior in patients that were coming into the ED and community practices," said Dr. Fuller.

"We didn't know how to start the discussion or who should be involved, but we knew, as a community hospital, we had to do something about the overdose deaths," said CalvertHealth Pharmacy Director, **Kara Harrer, PharmD.**

What evolved from that first meeting in 2015 was the Opioid Stewardship Task Force encompassing a multidisciplinary committee from CHMC as well as representatives from the Calvert County Health Department.

Setting Goals and Protocols

The task force set goals in 2016 to formalize opioid prescribing policy and guidelines, promote alternatives to opioids, work to become a 'Dilaudid®-free ED,' track and report prescribing practices, and develop a referral network for persons with opioid misuse disorder.

When used appropriately, opioids provide pain relief by altering the way normal healthy nerves process pain. Unfortunately, opioids change the chemistry of the brain and lead to drug tolerance. If used for an extended period of time, opioids produce dependence such that when people stop taking them, they have physical and psychological symptoms of withdrawal.

"We went from 'What can we do as a hospital?' to 'How can we partner with everyone in our community?'"

*- Kara Harrer, PharmD, CHMC Director of Pharmacy
Co-Chair of Opioid Stewardship Task Force*

“The great majority of people who develop an opioid addiction start with pills,” according to Dr. Fuller. “We felt it was our duty to make sure we were using the best evidence-based practices for prescribing opioids and that we had the highest level of accountability, which is why we adopted protocols and committed ourselves to measurement and to transparency.”

“If we can avoid the possibility of patients becoming dependent on opioids, then we will see a decrease in the misuse of opioids, fewer overdoses and deaths,” said Dr. Harrer.

Reducing Opioids in the ED

When the task force looked at data from the first year, they realized their plan to address the over-use of opioids was working – and continues to work. By educating doctors and nurses on pain management alternatives, the ED has:

- Reduced intravenous Dilaudid® orders by 94 percent
- Decreased the number of prescriptions written for controlled substances by 95 percent
- Decreased the number of opioid prescribing exceeding three days by 95 percent

“When people come to the ER in severe pain – of course our doctors and nurses work to get their pain under control as quickly and safely as possible and that may be through use of opioids,” said Dr. Dabulis. “If a patient needs continued access to pain relief while at home, we try to limit doses for just the period of time until they can get in to see their doctor or specialist.”

Addressing Patients Who Are Opioid Dependent

Equally important to reducing opioids prescribed by physicians, the Stewardship Team looked at protocols to address patients who arrived in the ED or other CalvertHealth System locations with an opioid dependence.

According to Dr. Dabulis, the Stewardship Team worked to lay the infrastructure for trying to help



The Opioid Stewardship Task Force is a multidisciplinary committee with representatives from CHMC, the Calvert County Health Department and the Calvert County Sheriff's Office.

substance abuse patients before they were discharged.

“That infrastructure includes education, empathy, NARCAN® kits, peer counselors and getting them set up with the health department that day or the next day,” Dr. Dabulis said.

Unlike a patient who is treated in the ED and told to follow up with their primary care physician within 10 days, opioid-dependent patients don't have 10 days to wait for follow-up treatment. There is a near 100-percent certainty that if these patients are not in treatment within 24 hours, they will use again, according to Dr. Fuller.

From Emergency Response to Treatment to Recovery

The Task Force developed protocols in line with the Substance Abuse and Mental Health Sciences Administration (SAMHSA) of the National Institutes of Health.

“It has been shown that if someone in crisis gets a dose of a medication-assisted treatment (MAT) in the ED, meets with a peer counselor and is linked up with a MAT provider such as the health department, they are twice as likely to follow up and stay in a recovery program,” said Dr. Fuller.

“A peer counselor is not some judgmental person coming in to fix someone, and is not even a social worker. He or she is someone who has been down the same road, and has been through multiple treatment facilities – sometimes multiple treatment options – until they have been successful in overcoming opioid addiction, and now, they want to help others understand treatment options so they can be successful, too,” said Dr. Dabulis.

Peer counselors can usually get to the ED in less than an hour but patients have to

want to see a counselor. According to Dr. Harrer, the percentage of patients who accept being seen by a peer counselor has risen, and this is great news because it shows that patients want help before they are discharged, she said.

MAT is shown to decrease deaths by 80 percent and the Calvert County Health Department has tripled its capacity in the last two years to take care of MAT patients.

“There is close collaboration between the health department and ED. We can see people the same day in the health department or the following morning seven days a week,” said Dr. Fuller.

Continued Education and Outreach

One of the initial goals of the Stewardship Team was to serve as a resource – locally, statewide and nationally – by engaging in outreach and education opportunities. To that end, education initiatives started within the Emergency Department will continue and will expand to all areas of the CalvertHealth System, and to local physician and dental practices. A sheriff's department representative has been added to the task force to provide input on trends and what law enforcement is seeing outside of the county.

“All of these efforts are to continue the robust collaboration we started in Calvert County and show how the successes we've had can be possible throughout the state and the nation,” said Dr. Harrer.

CalvertHealth is proud to join with our community partners to bring you classes, wellness programs, health screenings and events to help you live a healthier life. For more information about the events listed here, please call the numbers listed or contact the CalvertHealth Community Wellness Office at 410.535.8233. For a complete listing of classes and events, please visit our website at CalvertHealthMedicine.org/Classes.

DIABETES EDUCATION

Diabetes Self-Management Class Wednesdays 9 a.m.-4 p.m.

CHMC Classroom 2 (basement level)

Taught by certified diabetic educators, this comprehensive one-day class includes individual meal planning, meter training, health assessment, goal setting and follow up by a registered nurse and certified diabetic educator. Physician referral required, covered by most insurance. To register, call 410.414.2778.

CCHD Prevent T2 Diabetes

Designed for those with prediabetes, this year long lifestyle change program is divided into 16 weekly sessions followed by monthly sessions. Classes form regularly. Call 410.535.5400 x357 for more information.

HEALTH & WELLNESS

Dinner with the Dietitian Heart Healthy Eating and Cooking Demonstration

February 13 6-7:30 p.m.

Annex Building, Medical Center Campus

What's on Your Plate? Smart Food Choices and Cooking Demonstration

March 12 6-7:30 p.m.
Annex Building, Medical Center Campus

These classes offer nutrition advice for long-term, healthy eating. \$10 per person, includes dinner.

National Nutrition Month Celebration with MyPlate Bingo

March 5 6-7:30 p.m.

FREE! Come celebrate National Nutrition Month and enjoy games, refreshments, prizes and fun for the whole family. Sign up online or call 410.535.8233 for more information.

Weight Loss for Life Wednesdays 5:30-7:15 p.m.

March 11 – April 28

CHMC Cardiac Rehabilitation Suite

This eight-week session blends nutritional education with a registered dietitian and group fitness instruction to help you learn how to lose weight and keep it off. \$90 per person.

Healthy4Life Tuesdays 6:30-8 p.m.

March 10 – April 2

CHMC Cardiac Rehabilitation Suite

Healthy4Life is a weight management program for boys and girls ages 10-14 years-old. Course topics include learning healthy eating, portion sizes and label reading as well as exercising in a group setting with a health coach. \$90 per person.

Weigh to Wellness Tuesdays 5:30-6:15 p.m.

Cardiac Rehabilitation Suite, CalvertHealth Medical Center

Join us for weekly weigh-ins and a half-hour weekly discussion to keep you accountable and motivated! \$10 per class or \$30 per month. Advance registration required.

HEALTHWISE

CalvertHealth Foundation Estate Planning Series: Family Love Letters

February 13 3-4 p.m.
CHMC Executive Boardroom, Main Level

Your 'love letters' will provide written guidance, sentimental advice and detailed financial information to help carry on your legacy. This seminar helps you create a well thought out plan during a chaotic time for your loved ones; tackling difficult

subject matter in an effort to relieve family members of tough decisions and tasks. From heartfelt advice to children and personal wishes, to account passwords and the location of important financial documents, participants will be given a workbook to draft and prepare their own Family Love Letter as an important and helpful gift to leave their family members. Family Love Letters is presented by Denise Bowman, Attorney at Law, Davis Upton & Palumbo and is free and open to the public; pre-registration is required by calling 410.535.8348.

CalvertHealth Foundation Estate Planning Series: Estate Planning Basics for Women – A Discussion for Mothers, Daughters and Sisters

May 19 Noon-1:30 p.m.
CHMC Classrooms 1 and 2 (basement level)

A seminar especially designed for women, this panel discussion will present attendees with the information needed to prepare insurance, wills, tax planning, power of attorney, medical directives, long-term care and much more. This is a great opportunity to learn and share information with the women in your life as you begin the important discussions about your future. Your Legacy is presented by Denise Bowman, Attorney at Law, Davis Upton & Palumbo; Martha Rymer, Rymer & Associates, P.A.; Yvette Gathings, A & W Insurance Services; and Michael Cox, Pathway Investment Group. This seminar is free and open to the public, pre-registration is appreciated by calling 410.535.8348.

Heartsaver CPR

February 15 9 a.m.-2 p.m.
March 7 9 a.m.-2 p.m.
May 9 9 a.m.-2 p.m.

Calvert Medical Arts Building, Suite 205
Fees apply, advance registration is required.

Basic Life Support for Healthcare Providers

Required for all healthcare providers, this course is offered multiple times per month. Visit CalvertHealthMedicine.org/Classes for times and dates. Fees apply, advance registration required.

People, Programs and Services in Our Community

MATERNITY & FAMILY EDUCATION

ABCs of Breastfeeding

March 3 6-8 p.m.
May 5 6-8 p.m.

CHMC Classroom 1 or 2 (basement level)

The ABC's of Breastfeeding will help you to establish the knowledge and confidence to initiate and maintain breastfeeding. We will address concerns such as milk supply, weight loss, sore nipples, engorgement and many other topics. This class is taught by an International Board Certified Lactation Consultant. Recommended for any mom and support person who is thinking of breastfeeding their baby. \$30 per couple, register in mom's name only. Class may be cancelled and refunded if a minimum of four moms are not registered.

Childbirth Class

March 21 9 a.m.-5 p.m.
May 16 9 a.m.-5 p.m.

Classroom 1 (basement level)

This program is designed for the expectant mother and her partner to prepare for the birth experience. The class includes labor and delivery preparation, relaxation and breathing techniques, medication options, Cesarean section information, a tour of the Family Birth Center and more. Please wear comfortable clothing as there could be some light floor work, pillows are optional. Snacks and drinks welcomed. \$75 per couple, register in mom's name only.

Breastfeeding Support Group

Wednesdays 1:30-3:30 p.m.

Medical Office Building (connected to the medical center), Suite 101

Infant CPR

February 10 6 p.m.
February 22 9 a.m.
March 9 6 p.m.
April 12 6 p.m.

Calvert Medical Arts Building, Suite 205

Led by a certified American Heart Association instructor, this course will teach CPR for infants (birth-12 months). \$24 per person, advance registration is required.

Safe Sitter

February 22 9 a.m.-3 p.m.
March 14 9 a.m.-3 p.m.

Annex Building, Medical Center Campus

Safe Sitter is a medically accurate hands-on program that teaches boys and girls ages 11-14 how to handle emergencies when caring for children or when home alone. Advance registration required. |\$45 per person.

CANCER SCREENINGS

CCHD Colorectal Cancer Screenings

You may be eligible for no-cost screenings if: You are age 50 or older, you have no health insurance, your health insurance does not fully cover the cost of the screening or if you are under 50 with a family history or symptoms. Call the Calvert County Health Department at 410.535.5400 x 348 to determine eligibility. Program funded by the Maryland Cigarette Restitution Fund Program.

CCHD Breast and Cervical Cancer Screenings

You may be eligible for no-cost screenings if: You are a woman age 40-64, 65 and older with Medicare Part A only, you have no health insurance, your health insurance doesn't fully cover the cost of screening or you are under 40 with an abnormal exam. Call the Calvert County Health Department at 410.535.5400 x 350 to determine eligibility. Program funded by Maryland Department of Health & CDC.

SUPPORT GROUPS

A variety of support groups are available for breastfeeding, diabetes, Parkinson's disease, Lyme disease, breast cancer, general cancer and stroke. Call 410.535.8233 for times and locations.

Census Day: APRIL 1

Responding to the 2020 Census is an easy, safe and important way to help provide vital resources for our community for the next 10 years. Look for your invitation to be counted in mid-March. **Respond online, by phone or by mail.**

calvertcountymd.gov/census



National Doctors' Day

DOCTORS' DAY: March 30

In celebration of National Doctors' Day, we invite you to honor local doctors.



Let your doctor know what a difference he or she has made in your life. With your donation of \$5 or more, your doctor will receive a red carnation along with a personal note letting them know YOU are making a difference, in their honor, with your gift to the CalvertHealth Foundation. Your gift of thanks will be delivered March 30 to your chosen provider.

All gifts are tax deductible.
You can make your Doctors' Day gift online at CalvertHealthFoundation.org/DoctorsDay or by calling 410.414.4570.

SAVE THE DATE
Monday, MAY 11



Breast Imaging: Beyond the Basics

Why breast imaging specialists, 3D mammography are so important

This fall, the CalvertHealth Sheldon E. Goldberg Center for Breast Care was pleased to welcome **Dr. Chandra Baker**, a dedicated breast imager from Johns Hopkins, to its multidisciplinary team. Dr. Baker specializes in women's imaging including mammography, breast ultrasound, breast MRI and image-guided biopsy.

Dr. Baker (*see profile at right*) has been seeing patients in the Calvert Medical Imaging Center (CMIC) since 2018 and works closely with the medical center's cancer program. She also serves as medical director for CalvertHealth's breast imaging program.

"Dr. Baker's expertise and her commitment to women's health are impressive," said **Kasia Sweeney**, who oversees oncology services at CalvertHealth Medical Center. "We're delighted she chose to join the team at our breast center. She has sophisticated skills informed by more than a decade of radiology experience."

Since opening in 2010, the CalvertHealth Sheldon E. Goldberg Center for Breast Care has changed the landscape of how breast care is provided in Southern Maryland. The center brings together in one convenient location a multidisciplinary team of breast health experts with an experienced navigator backed by the latest breast-imaging technology like lower-dose 3D mammography – designed to detect even the most subtle signs of early cancer.

Recently, Dr. Baker sat down for a one-on-one interview to talk about CalvertHealth's breast imaging program, its technological capabilities, screening guidelines and other breast imaging topics.



Dr. Baker consults regularly with renowned breast surgeon, Dr. Theodore Tsangaris, director of CalvertHealth's oncology program to ensure coordination of care and positive patient outcomes.

Q *Why is breast imaging important?*

If we could only rely on clinical symptoms to make a diagnosis of breast cancer, we would rarely find lesions in the earliest stages when we have the best chance to cure the disease. The purpose of screening mammography is to try to find breast cancers early, when they are smaller and thus easier to treat successfully. (CMIC is designated as a "Breast Imaging Center of Excellence" by the American College of Radiology.)

Q *Why should women choose to come here?*

Calvert performs full-service breast care. That means whether you have benign or malignant breast disease, you can receive all of your care locally. Calvert is large enough to play that role while ensuring patients receive personalized care.

Q *Why are breast imaging specialists important?*

Medicine in general has become so complicated it is difficult for physicians to keep up with all aspects, even within a specialty – particularly a specialty as broad as radiology. When physicians subspecialize it is much easier to master one’s chosen domain. It can take quite some time to become confident interpreting mammograms and diagnosing various breast diseases so it is beneficial to be able to dedicate one’s entire practice to this field.
(All mammograms at CMIC are read by specialized breast imagers, who exclusively read breast images.)

Q *When should I start having mammograms?*

For patients of normal risk we recommend starting routine screening mammography at age 40. For patients with increased risk either due to family history or personal history, screening with mammography can start as early as age 25. Those patients would likely need to be screened with MRI in addition to mammography.

Q *Why is it important to know if I have dense breasts?*

For most women this information is not particularly helpful; however, for those with very dense breasts, the utility of mammography may be limited and they may benefit from adding breast ultrasound to their annual screening mammogram.

Q *What are the benefits of a 3D mammogram?*

A 3D mammogram compared to traditional full-field digital mammography (2D) is like comparing a chest X-ray to a chest CT. Because it essentially takes image slices through the breast, you see much more detail.
(CMIC added 3D mammography in 2013.)

When is a breast ultrasound warranted?

1. When the patient can feel something in the breast.
2. When the patient has focal breast pain.
3. When the patient is too young for mammography (younger than 25 if at increased risk for developing breast cancer or 30 if normal risk).
4. When the mammogram is inconclusive.
5. When there is bloody or clear unilateral nipple discharge.

Q *What are the advantages of an image-guided biopsy vs. a surgical biopsy?*

Image-guided biopsies are generally pretty easy. They are done with local anesthesia (lidocaine injection) only. You are completely awake and the procedure usually takes no more than 30 minutes. The pathology results are usually available within a few days. If the patient requires surgery, then planning can be done so that only one trip is made to the operating room. If the patient goes to surgery for a biopsy just to get the diagnosis, she may find herself having to return to the operating room for a more definitive surgery if needed after diagnosis.

Q *How is breast MRI beneficial?*

Breast MRI is extraordinarily sensitive and it can pick up early tiny cancers; however, this means it often will pick up benign lesions as well. It is generally reserved for determining the extent of disease in someone who has been diagnosed with breast cancer or response to chemotherapy, for screening along with mammography in very high-risk patients and for evaluating breast implants.

(The dedicated women’s suite at CMIC features a state-of-the-art PET/CT scanner, digital mammography and breast MRI as well as 3D mammography, breast ultrasound and stereotactic biopsy.)

Meet Chandra N. Baker, MD

“With breast imaging we get to interact with the person connected to the images we interpret,” said board-certified diagnostic radiologist **Dr. Chandra Baker**, who specializes in breast imaging. “This makes what we do so much more fulfilling.”



A fellowship-trained breast imager, Dr. Baker has been in practice for 10 years.

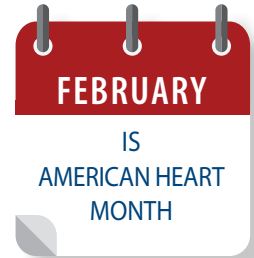
She went on to add, “Giving good news is easy but those times when it’s not I want my patients to know they are not alone and I want them to leave me feeling hopeful.”

Before coming to Calvert, Dr. Baker was an Assistant Professor for Radiology at The Johns Hopkins School of Medicine for two years. Prior to that, she was a partner in a private practice in North Carolina.

Dr. Baker graduated from Georgetown University School of Medicine and went on to complete her residency at MedStar Georgetown University Medical Center and a fellowship in interventional radiology at the University of Pennsylvania and a fellowship in breast imaging at George Washington University.

When it comes to patient care, she said: “I live by the golden rule. Treat others the way you would like to be treated. Period.”

WHAT YOU NEED TO KNOW TO Take Charge of Your AFib



Understanding the factors putting you at greater risk for stroke

If you have atrial fibrillation (*often called AFib*), you're not alone. According to the Centers for Disease Control and Prevention (CDC), it affects between 2.7 and 6.1 million adults in the United States. And that number is expected to rise dramatically with the aging of the baby boomer generation.

"This is something we can treat at Calvert in a very comprehensive way," said board-certified cardiologist **Dr. Awail Sadiq** of Chesapeake and Washington Heart Care in Prince Frederick, who is fellowship trained in interventional cardiology and is a structural heart disease specialist. (See profile on page 14.)

"There are some invasive procedures where people may need to go to a tertiary center," said **Dr. Sadiq**, "but most of the care can be provided locally." Being an informed advocate for yourself or a loved one is an important part of managing AFib, according to the American Heart Association (AHA).

Here, Dr. Sadiq answers some of the frequently asked questions about AFib, including who is at risk, what triggers it and treatment options.

What is AFib? Atrial fibrillation is the most common cardiac arrhythmia (an abnormal or irregular rhythm). When a person has AFib, the heart's upper chambers (*the atria*) beat irregularly or out of coordination with the lower chambers (*the ventricles*). There are different types of atrial fibrillation:

- *Occasional (paroxysmal)* – AFib comes and goes, stops by itself and usually lasts less than 7 days.
- *Persistent* – AFib lasts more than 7 days and doesn't go away. Medications or procedures may help to restore normal rhythm.
- *Long-standing persistent* – is continuous and lasts more than 12 months.
- *Chronic* – medical interventions are unable to restore normal rhythm for a meaningful amount of time.



Who is at risk? Atrial fibrillation becomes more common as people get older. Abnormalities or damage to the heart's structure are the most common cause of AFib. Anyone with heart disease — such as heart valve problems, congenital heart disease, congestive heart failure, coronary artery disease or a history of heart attack or heart surgery — has an increased risk. High blood pressure, obesity, diabetes and sleep apnea are other possible risk factors.

What can I do to prevent AFib?

There are ways to lower your risk of developing AFib or to reduce its impact if you already have the condition. The AHA recommends a heart-healthy lifestyle:

- ✓ Get regular physical activity
- ✓ Eat a heart-healthy diet
- ✓ Manage high blood pressure
- ✓ Avoid excessive alcohol and caffeine
- ✓ Control cholesterol
- ✓ Maintain a healthy weight

How is AFib diagnosed? Very often people may feel palpitations (*a noticeably rapid or irregular heartbeat*). Some may have increased fatigue or shortness of breath. As soon as you notice any symptoms of AFib – even if they go away – you should contact your doctor. If we find an irregular heartbeat, when we listen to your heart and check your pulse, the next step would be an *electrocardiogram* (ECG), which uses small electrodes placed on different areas of your body, including several on your chest, that give us a picture of your heart's overall electrical activity.

What triggers AFib? Some people may have more than one trigger at various times in their life and the triggers may not be so obvious. Recognizing triggers and avoiding them can help you manage AFib

effectively. For instance, too much alcohol or certain stimulants such as energy drinks and caffeine can trigger AFib for some people. Acute stress from an illness such as pneumonia or a major surgery can also trigger AFib. So, too, can an overactive thyroid.

How is AFib treated? There are two broad treatment strategies – *rate control* and *rhythm control*. In general, this can be achieved with medications called *antiarrhythmics* where the goal is to slow your heartbeat and bring it into a normal rhythm. If medications don't work, another option is to shock the heart to restore the normal electrical activity of the heart. This procedure is called *electrical*

cardioversion and is a common method for getting people out of AFib. If this proves ineffective, *ablation* may be recommended to correct the AFib.

Why is AFib associated with a greater risk for stroke? This is because AFib allows blood to pool in the heart's upper chambers, which could cause clots to form and travel to the brain. We calculate a patient's risk for stroke based on specific criteria and what other medical conditions they might have such as high blood pressure or diabetes. If their risk is above a certain threshold we feel they would benefit from *anticoagulants* or blood thinners to reduce the risk for blood clot formation.

BUILDING STRONGER HEARTS with CHMC's Cardiac Rehab

Whether you've suffered a heart attack or been diagnosed with a heart condition, cardiac rehabilitation is an important part of your journey to recovery. Cardiac rehab is a monitored and individualized exercise, education and risk modification program to help you live your best life with your current diagnosis or prevent another cardiac event.

Your heart is a strong muscle. Just as people who have had knee, hip or shoulder surgery complete physical therapy as part of their recovery, your heart needs therapy, too! Heart disease is not just a disease of the elderly. Since many patients continue to work, CalvertHealth offers classes as early as 7 a.m. in our newly renovated space in the main concourse of the hospital. Our team of registered nurses and personal trainers are here to support you with the tools you need to succeed at your own pace! The typical program commitment is one hour per day, three times per week for 12 weeks.

Medicare and many other insurance plans cover a cardiac rehab program if you've had a heart attack, angioplasty, stents, valve replacement, pacemaker, defibrillator or been diagnosed with angina, coronary heart disease (CAD) or congestive heart failure (CHF).

If you have not been diagnosed with one of these conditions, but would like to learn more about exercising for heart health, we recommend our Therapeutic Lifestyle Change (TLC) program. In this unmonitored program attended by a personal trainer, members pay a monthly fee and are given an individualized exercise plan to meet their health goals in a small gym setting.



Six months after a double bypass, 71-year-old local attorney Leonard Casalino was back to playing competitive lacrosse after completing the cardiac rehab program at CalvertHealth Medical Center.

To learn more about cardiac rehabilitation, call 410.414.4821 or visit the CalvertHealth website at: CalvertHealthMedicine.org

Chesapeake & Washington Heart Care Opens Prince Frederick Office

Chesapeake & Washington

Heart Care has opened an office in Suite 215 of the Calvert Medical Office Building in Prince Frederick. Established in 1984, the practice offers a wide array of cardiology services designed to support the community's cardiovascular health.

Four new cardiologists join **Dr. Terence Bertele** on the active staff at Calvert Health Medical Center. They are: **Dr. Jonathan Gardner**, **Dr. Samuel Itscoitz**, **Dr. Awail Sadiq** and **Dr. Roquell Wyche**. The group's highly trained physicians pride themselves on their knowledge of the latest in technology, procedures and research that affect the field of cardiology.

Board-certified in cardiovascular disease, **Dr. Gardner** completed his fellowship training in advanced heart failure and transplant cardiology at the nationally renowned DeBakey Heart and Vascular Center at Houston Methodist Hospital. "It was the most rewarding experience," he said. "I was

honored to train there."

Dr. Gardner said he chose to specialize in cardiology because "helping others is what I love to do." He takes a collaborative approach to patient care. "I want my patients to be open and honest with me and themselves, so we can work together to obtain the best quality of life we possibly can."

He went on to add, "I hope when my patients leave my office, they feel motivated, inspired and optimistic about their future health." He also likes to make his patients laugh. "It improves their mood, overall happiness and lowers blood pressure."

In private practice since 1980, board-certified cardiologist **Dr. Itscoitz** specializes in hypertension and coronary artery disease. His cardiology training was completed at the Peter Bent Brigham Hospital

in Boston, a world famous teaching hospital, as well as the National Heart, Lung and Blood Institute at the National Institutes of Health (NIH) in Bethesda. He has repeatedly received Top Doctors recognition in *Washingtonian* magazine.

"I do my best to give the care that I would want my own family to receive," he said. "The foundation of patient care is caring about the patient as the special individual that each one is."

In addition to being board certified in all types of cardiac imaging, **Dr. Sadiq** has specialized expertise in interventional cardiology including implanting the WATCHMAN™ device to reduce the risk of stroke in AFib patients and performing TAVR (Transcatheter Aortic Valve Replacement), a minimally invasive procedure done through the leg to avoid the need for open heart surgery.

Dr. Sadiq said he chose to specialize in cardiovascular disease because it gives him the opportunity to get to know his patients and interact with them on a personal level. "It's very rewarding to do procedures that can produce immediate improvement in a patient's symptoms."

He completed his fellowship in cardiovascular disease at the University of Nebraska Medical Center, a tertiary center with one of the highest number of cardiac transplant patients in the Midwest. "My training there gave me broad experience managing and taking care of some of the sickest patients with heart disease."

Dr. Sadiq said he is always aware of the enormous trust his patients place in him. "This is something I am ever grateful for and take very seriously. This faith is what inspires



Pictured left to right: Dr. Itscoitz, Dr. Sadiq, Dr. Wyche and Dr. Gardner

me to do my utmost to provide the highest level of care.”

Dr. Wyche is an outspoken advocate for promoting health and increasing awareness of cardiovascular disease and treatment, especially for women. “My goal with every patient is to help them feel empowered to take charge of their health by making healthier lifestyle choices on a daily basis.

“Women frequently are less likely to seek medical attention if they are having heart symptoms,” she added. “I believe more women need to know about their risk for cardiovascular disease and how to manage their risk factors.”

After graduating from George Washington University School of Medicine, Dr. Wyche completed her specialty training at Washington Hospital Center, where she focused on cardiovascular imaging including cardiac MRI and nuclear medicine.

“My philosophy of care is to address each patient as a whole person,” she said. “This includes an individualized assessment of their risk for heart disease and the best means to decrease it. Many times, this includes a weight management plan.”

CalvertHealth OB/GYN Welcomes New Provider

Board-certified obstetrician and gynecologist **Dr. Keshia Robertson** has joined CalvertHealth OB/GYN. The group provides gynecological and obstetrical care for women of all ages in Calvert County and the surrounding areas. She sees patients in the Prince Frederick office.

She joins **Dr. Barbara Estes, Dr. Hilary Ginter, Dr. Michelle Johnson, Dr. Aparajita Mahata** and Certified Nurse Practitioners **Deborah Davis** and **Raena Barnes**. Collectively, the team is experienced in the latest minimally invasive gynecological surgical techniques and treats a wide range of women’s health issues including reproductive and pelvic health, breast cancer screening, gynecologic cancer screening, contraception management and osteoporosis.

Dr. Robertson received her medical degree from The University of Tennessee Health

Science Center in 2005 and went on to complete her training in obstetrics and gynecology at Meharry Medical College in 2009. Following residency, she practiced at The Center for Women’s Health in Rosenberg, TX near Houston and later served as the Associate Medical Director.

With more than 14 years of experience, Dr. Robertson has provided care to a diverse group of women. She has a special interest in adolescent care and believes in arming these patients with early information. “I try to treat and advise every patient as I would any close family member or friend. It is important to me that my patients feel they can ask me any question.”

Her style is down to earth and personable. Always smiling and enthusiastic, she was affectionately nicknamed “Sunshine” by her fellow residents; a nickname that has stuck to this day.



Family Physician Joins CIMG

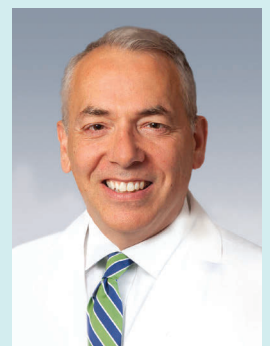
Board-certified family medicine physician **Dr. Paul Kline** has joined Calvert Internal Medicine Group (CIMG) in Dunkirk. He provides comprehensive health care for all ages from infants to seniors. An electrical engineer for years, Dr. Kline came to medicine and has found his passion caring for others.

“There is no other profession in the world that offers such rewards,” said Dr. Kline. “My work as a physician satisfies my intellectual curiosity, yet also fills my heart every day.” He added, “I feel privileged to be able to care for my patients throughout their lifetime.”

Dr. Kline graduated from George Washington School of Medicine in 2016 and went on to complete

his residency at Excelsa Health Latrobe Hospital in eastern Pennsylvania. “I decided to attend a smaller program because I wanted to learn about everything,” he said. “As a general practitioner, we were trained to treat everything from behavioral health issues such as anxiety and depression to performing skin procedures like mole and skin tag removals.”

His philosophy of care is simple. “I respect everyone as an individual and honor their goals and priorities. I do my best to listen to my patients and understand what is really bothering them.”





New Health Issues Raise Important Questions About the Safety of VAPING

Almost daily, news outlets are reporting on the alarming increase in lung illnesses and deaths resulting from vaping. As the Centers for Disease Control and Prevention (CDC) and researchers across the country talk to patients and collect data, parents of young people who vape are looking for answers.

We asked board-certified oncologist **Dr. Arati Patel**, Medical Director of the Thoracic Oncology Program at CalvertHealth Medical Center, board-certified family medicine physician **Dr. Amanda Cardella** at CalvertHealth Primary Care and CHMC Health Educator **Amy Dowling** to help our community decipher fact from fiction, and help parents and children better understand the health risks associated with vaping.

What is in E-cigarettes?

When e-cigarettes were introduced in the United States in 2006, they were marketed as a healthy alternative to smoking tobacco. These devices were developed for use by adult smokers who were addicted to nicotine and were looking for a way to taper off of their nicotine habit and quit smoking for good.

There are three main components in most e-cigarettes according to Dr. Patel: nicotine, a base solution such as propylene glycerol and a flavoring. E-cigarette devices, some of which resemble a USB flash drive, have a heating element which aerosolizes the ingredients into a vapor.

“Depending on the type of device used, the amount of product in the e-liquid and inhalation of the user, nicotine intake can vary widely among smokers,” said Dr. Patel.

In addition, e-cigarettes also contain several chemicals such as formaldehyde, a known carcinogen, heavy metals, benzene, organic compounds and acrolein, which can immediately damage the lungs and result in long-term consequences to the user’s health.

Although some of the flavorings used in e-cigarettes are safe when they are ingested into the stomach, it is unclear whether they are safe when vaporized and inhaled into the lungs.

“Toxins found in e-cigarettes

are significantly impacting respiratory and general health over a much shorter period of time than traditional cigarette use.”

- Dr. Arati Patel, Medical Director of the Thoracic Oncology Program at CalvertHealth

Gateway to Addiction

According to the nonprofit Truth Initiative, one of American’s largest public health organizations committed to helping youth reject tobacco in all forms, 63 percent of users ages 15-24 did not know that JUUL products always contain nicotine. What parents and teens don’t realize, according to Dowling, is these products are the gateway to addiction to nicotine and possibly other dangerous substances.

Adolescents are more likely to take risks with their health and safety because the part of the brain responsible for decision-making and impulse control has not yet fully developed.

“Young people are highly susceptible to nicotine because their brain receptors are still forming connections up to the age of 25,” Dowling said. Each time a new memory is created or a new skill is learned, stronger connections, or synapses are built between brain cells. Adolescent brains build these synapses faster than adults and as addiction is a form of learning that is why adolescents can get addicted to nicotine and other substances faster and more easily than adults.

“It is a critical time for brain development and I think a lot of times parents don’t think about the consequences of vaping,” said Dowling.

Adolescent Mental Health Concerns

A young person addicted to nicotine may lose the ability to concentrate, problem-solve and perform well in school. “Students who vape take a puff of JUUL and 30 minutes later their brains are telling them they need more.

According to the CDC, young people are more likely to use tobacco products if they see people their age or a parent using these products. According to Dr. Patel, young people expect positive results from smoking such as coping with stress better, or losing weight; however, there is a strong relationship between

youth smoking products with nicotine and depression, anxiety and potentially long-term mental health concerns.

Young people using e-cigarettes with nicotine may lose interest in activities that they used to love. They may be irritable and may experience personality changes, above and beyond what could be explained by going through puberty.

Risk of Tampering with Devices

E-cigarette devices and their cartridges or pods can be tampered with in order to add unregulated, illegal and untested substances such as those associated with the active ingredient in marijuana, according to Dr. Cardella. Tetrahydrocannabinol (THC) oil or cannabidiol (CBD) oil can be added to e-cigarettes.

“Not only are our young people being exposed to nicotine, but they may also be unknowingly exposed to illegal and dangerous substances,” said Dr. Patel.

What We Know Today

EVALI is the name given by the CDC to the dangerous, newly identified lung disease linked to vaping. The name EVALI is an acronym that stands for e-cigarette or vaping product use-associated lung injury and is associated with nearly 2,000 hospitalizations and a growing number of deaths reported to the CDC from 49 states, with nearly 40 percent of the patients younger than 20 years old.

According to the CDC, all EVALI patients have reported a history of using e-cigarettes or vaping products. Most patients, but not all, report a history of using THC-containing products.

“The latest national and state findings suggest products containing THC, particularly those obtained off the street or from other informal sources (*e.g. friends, family members, illicit dealers*), are linked to the most cases and play a major role in the outbreak,” as reported on the CDC’s website.

According to physicians working with the Mayo Clinic, in most circumstances, people who are hospitalized due to vaping injuries present with symptoms that resemble lung injuries seen with direct exposure to toxic chemical fumes and poisonous gases.

“What we are seeing with vaping is alarming because the toxins found in e-cigarettes are significantly impacting respiratory and general health over a much shorter period of time than traditional cigarette use,” said Dr. Patel. “Physicians have also observed inhalation injuries, chemical burns and injuries caused when e-cigarette devices malfunction and explode.”

In addition to the respiratory distresses and increased risk of lung infection, young people who vape are also experiencing fatigue, headaches, fever and gastrointestinal illnesses such as nausea, vomiting and diarrhea.

“What we are seeing with e-cigarettes is alarming because the toxins are different than traditional tobacco cigarettes and are impacting lung function rapidly,” said Dr. Patel.

What We Don’t Know

According to the CDC, “no one compound or ingredient has emerged as the cause of the lung injuries in the

cases of hospitalizations and deaths associated with vaping to date – the only commonality among all cases is that patients report use of e-cigarettes, or vaping products.

It is also possible there is more than one cause of the outbreak according to the CDC, and, therefore, many different substances and product sources are still under investigation.

With long-term use, according to Dr. Patel, there also is potential concern for developing cancer, as formaldehyde and acetaldehyde can form when the propylene glycerol within the device is heated and aerosolized. Both Drs. Patel and Cardella agree physicians still don't know enough about all the toxins that are produced when e-cigarette ingredients are heated and converted to vapor, but, "we do know that some are known to cause cancers," said Dr. Patel.

Because the specific compounds or ingredients causing lung injury are not yet known, according to Dr. Patel, Dr. Cardella and Dowling, the only way to assure that teens are not at risk is to recommend that they refrain from use of all e-cigarette, or vaping products.

What Parents Can Do

After years of steady decline in smoking among teens, data is showing the number of teen smokers is on the rise. This is directly linked to the popularity of e-cigarettes among youth who are attracted by the varieties of flavorings.

"I tell students they are the guinea pigs when it comes to e-cigarettes," said Dowling, who teaches Calvert County Public School students about the dangers of smoking through the Tobacco Road Show, a program which demonstrates the dangers of teen smoking. Although the long-term effects are unknown, she said, "We are already seeing severe lung disorders and even deaths from these unregulated products."

She encourages parents to become better educated and to talk with their children about the health risks, because they may think vaping is safer than cigarettes. It's also helpful to talk about what kind of peer pressure they are experiencing to try e-cigarettes and help them develop what to do or say when they encounter friends who are vaping.

For more tips on talking with your children about the harmful effects of vaping and strategies to quit, visit: CalvertHealthMedicine.org/Lung

DID YOU KNOW?



E-cigarettes come in a variety of shapes and sizes and may not look like a tobacco product, which can make them hard to spot.

.....

Some devices popular among teens - like JUUL and myblue - are as small as a USB flash drive and even look like one.

.....

Certain products emit very low amounts of aerosol or "vapor" which makes them easier to use discreetly.

.....

Most e-cigarettes contain nicotine, the same highly addictive drug in cigarettes. Some e-cigarettes may contain as much nicotine as a pack of 20 regular cigarettes.

.....

The toxins found in e-cigarettes are significantly impacting respiratory and general health over a much shorter period of time than traditional cigarette use

.....

Physicians still don't know enough about all the toxins that are produced when e-cigarette ingredients are heated and converted to vapor, but, "we do know that some are known to cause cancers."

.....

BIG problem

SMALL device

.....

In the past year alone, **VAPING** among **high schoolers** has increased **78%**

.....

IS MY CHILD VAPING?

- What to look for:*
- Loss of interest in activities that they used to love, like sports, music, reading
 - Loss of concentration and focus
 - Anxiety, nervousness, jumpiness and shaky hands
 - Irritability
 - Personality changes
 - Lack of endurance
 - Inability to spend long periods of time with family, without trips to bathroom or a private area away from view
 - New candies or gum to mask smell of fruity JUUL or e-cigarette vapor
 - New products such as an inhaler, watch, ruler, special pen, flash drive or anything that they have nearby all the time
 - Unexplained charges to debit card or need for cash

Laying the Foundation for the Future

CalvertHealth Foundation Supporters Make the Difference

In 2016, it was a one dollar gift that launched the hospital's largest-ever capital campaign, *Building on a Century of Care*.

Over the next three years, that single gift would grow to more than \$4 million, thanks to the generosity of many individuals, families and businesses from the Calvert community.

Overwhelming Support from Our Community

Great work comes from humble beginnings and for 100 years, Calvert's community hospital has grown to become a premier medical center providing acute, critical care and specialized services in cancer; behavioral health; cardiopulmonary and cardiac rehabilitation; physical and occupational therapy; surgical services; obstetrics and gynecology and more. Along the way, CalvertHealth has grown to meet the diverse and changing health needs of one of Maryland's fastest growing counties. This doesn't happen without overwhelming support from its community members.

The names listed are those who supported the *Building on a Century of Care* campaign to raise more than \$4-million toward the \$51-million project and bring private patient rooms to our medical and surgical patients. We are incredibly humbled by the outpouring of support for your local, community hospital. As we enter the next century of providing health care to our community, one thing remains the same – a dedication to do our best every day while making a difference in every life we touch.



In 2019 CalvertHealth completed Phase I of the \$51-million expansion to add private patient rooms to Levels 2 and 3. Phase II, to renovate the existing rooms on those levels, is underway and expected to be complete later this year.

Building on a Century of Care

LAYING THE FOUNDATION FOR THE FUTURE

The CalvertHealth Foundation gratefully acknowledges the following individuals and organizations who generously contributed to the Building on a Century of Care Capital Campaign. The following listing reflects gifts from 2016 through 2019, specifically designated for the private room expansion. If there are any errors or omissions, please accept our apologies and contact the CalvertHealth Foundation Office at foundation@calverthealthmed.org or by calling 410.414.4570.

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Leaving a Legacy of Compassion

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"As physicians, we are committed to keeping our promise to the community to make a difference in every life we touch. Compassion, expertise and an ability to guide our patients through difficult decisions is what good medical care is all about. I am so grateful to each member of the local medical community who helped us reach our \$4-million goal in the Building on a Century of Care capital campaign and I am honored to have been able to give back to the hospital in this way. Private rooms are the standard of care for our medical and surgical patients and it is what our community deserves."



– **Dr. Mark Kushner**
 Physician Champion for the Building on a Century of Care Campaign



CalvertHealth is thankful to each and every individual who contributed to the success of the campaign.

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The CalvertHealth Foundation is pleased to announce the appointment of new Foundation Board of Trustees Officers:

DENISE BOWMAN, Chair

Denise Bowman has served as a member of the CalvertHealth Foundation Board of Trustees since 2018. She is an attorney at law with the firm of **Davis, Upton & Palumbo** in Prince Frederick. Denise and her husband, Danny, are major supporters of the hospital's recently completed private room expansion, the *Building on a Century of Care Campaign* as well as the foundation's annual fund and benefit events. She is co-chair of the Foundation's Planned Giving Committee and shares her passion for estate planning and financial wellness as a regular presenter of community educational seminars at CalvertHealth.



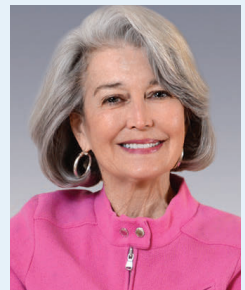
CINDY PARLETT, Vice Chair

Cindy Parlett is the longest serving board member and has been an integral member of the CalvertHealth Foundation Board of Trustees since 2011. She and her husband, Tim, have been major supporters of the Foundation and their gifts have impacted virtually every part of CalvertHealth Medical Center. Cindy most recently co-chaired the 2018 and 2019 CalvertHealth Foundation Galas, the hospital's signature annual benefit event. She brings to her position of vice-chair a dedicated and impactful history of philanthropic support and advocacy of our community hospital.



MARIANNE HARMS, Second-Vice Chair

Marianne Harms has served as a member of the CalvertHealth Foundation Board of Trustees since 2015. She most recently chaired the Steering Committee of the *Building on a Century of Care Capital Campaign* and was responsible for the campaign's record level of leadership giving. Marianne and her late husband, John, have been legacy supporters of the hospital and advocates for compassionate patient care. They created the **Harms Healing Garden**, a tranquil and beautifully landscaped space outside the Emergency Room where family, friends and staff members can take a peaceful break. The Sheldon E. Goldberg Center for Breast Care is home to the **Marianne Harms Women's Wellness Suite**, which impacts the lives and wellbeing of so many in our community. Marianne has also contributed to a number of other initiatives at the hospital and CalvertHealth is proud to have her serving as an officer on the Foundation Board after her many years of support.





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Theodore N. Tsangaris, MD, MBA, FACS