

MARYLAND'S

HEALTH MATTERS

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UNIVERSITY
of MARYLAND
MEDICAL
SYSTEM



ON THE COVER

UP TO SPEED AFTER BRAIN AND SPINE SURGERIES

Doug Zander turned to the same care team at UM Baltimore Washington Medical Center for two life-changing procedures.



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ACADEMIC MEDICINE AT WORK:

An Answered Prayer, Right on Cue—When James Harris Jr. needed a kidney transplant, his one-time pool tournament rival Russ Redhead stepped up to be his living donor.

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THE ART OF REMEMBRANCE

A new mural honors the dedication and resilience of health care providers during the COVID-19 pandemic.



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UM BALTIMORE WASHINGTON MEDICAL CENTER

KATHY McCOLLUM

President and Chief Executive Officer

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Please send us your comments, information requests or change of address to:

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Message from the CEO



FOR NEARLY 60 years, UM Baltimore Washington Medical Center (UM BWMC) has been an important health care resource in Anne Arundel County. Critical to this work has been our ability to nurture strong relationships with

our community and experts across the University of Maryland Medical System. Together, we're able to help more people get the care they need, when and where they need it.

I'm excited to support two newly opened UM Urgent Care centers in Pasadena and Glen Burnie. These locations will help more residents across the region access care. More importantly, the urgent care providers are ready to help patients connect to primary, specialty and emergency care services available at UM BWMC for follow-up appointments and care maintenance.

In this edition of *Maryland's Health Matters*, we highlight examples of when you may need these different care locations and how you can find them in your community.

We also share examples of innovative treatments available at UM BWMC, including those for vascular and neurological care. Doug Zander, featured in our cover story, has benefited twice from our neurosurgery services—first for an emergency brain procedure and more recently, for support with debilitating back pain. Part of what encouraged Zander to come back to UM BWMC for his spinal surgery was the trust he developed with UM BWMC's neurosurgery team.

It's these trusting relationships that continue to drive our commitment to caring for the community. Whether you need care or just want to check in on your health, we're here to support you.

Kathy McCollum
President and Chief Executive Officer

→ Putting Plaque ←

UNDER PRESSURE

A MINIMALLY INVASIVE TREATMENT CALLED INTRAVASCULAR LITHOTRIPSY MAKES RESTORING BLOOD FLOW TO PERIPHERAL ARTERIES EASIER.



PERIPHERAL ARTERY DISEASE (PAD)—a buildup of plaque that reduces blood flow in arteries outside the heart, often in the legs—can make your legs weak and walking uncomfortable. Plaque contains calcium, which can stiffen and narrow the arteries as more of it accumulates.

“Often, this calcium will crack and respond to angioplasty—inflating a balloon to open an artery—or placing a metal tube called a stent to restore blood flow,” said

Justin Nelms, MD, RPVI, clinical assistant professor of vascular surgery at University of Maryland School of Medicine and chief of vascular and endovascular surgery at UM Baltimore Washington Medical Center (UM BWMC). “Sometimes, though, we encounter tough calcium that doesn't respond well. In those situations, intravascular lithotripsy is helpful as a supplement to angioplasty and stenting.”

THE SOUND OF SUCCESS

As one of the most experienced users of intravascular lithotripsy in Maryland, UM BWMC recognizes this technology as a frontline treatment for calcified arteries because of its minimally invasive approach.

Working through a small incision in the groin or wrist, the vascular surgeon sends a guidewire with a balloon through the blood vessels to the clogged artery. A machine sends electrical impulses to the balloon to create a sound wave.

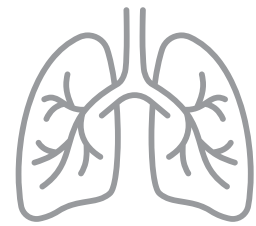
“The pressure from the wave causes microfractures in the plaque while minimizing the risk of injury to the artery itself,” Dr. Nelms said. “This makes the plaque softer and more responsive to angioplasty or stenting.”

With intravascular lithotripsy, patients have a lower rate of complications, increased comfort and shorter hospital stays.



To see if you may be at risk for PAD and other vascular diseases, take our quick and free online risk assessment at umbwmc.org/vascularHRA9. Learn more about our vascular care at UM BWMC by visiting umbwmc.org/vascular.

Protect Your Family from



PNEUMONIA

LEARN MORE ABOUT THIS SERIOUS LUNG INFECTION AND HOW TO AVOID IT.

WHAT IS PNEUMONIA AND HOW DO YOU GET IT?

Pneumonia—an infection caused by viruses, bacteria or fungi:

- Causes inflammation and fluid buildup in the tiny branches of the lungs
- Prevents those areas from getting oxygen into your bloodstream
- Leads to coughing, shortness of breath and other symptoms

Pneumonia can be contagious. The most common way you can get pneumonia is by inhaling droplets from an infected person when they sneeze or cough. You can also get infected by touching a surface with pneumonia-causing germs and then touching your face.



WHAT ARE COMMON SYMPTOMS?

In addition to symptoms such as coughing and chest pain, watch for:

- Chills
- Fatigue
- Fever
- Low appetite
- Reduced energy
- Shortness of breath



GIVE PNEUMONIA YOUR BEST SHOT

Flu is the leading cause of viral pneumonia for all ages, but pneumococcus is the primary source of severe pneumonia in older adults. Staying up to date on adult vaccines, including pneumococcal, flu, and RSV, is one of the best preventive steps you can take. Vaccination can't prevent all pneumonia infections but can significantly reduce their severity.

WHO IS MOST AT RISK TO GET PNEUMONIA?

Anyone can get pneumonia, but the following groups are the most vulnerable:

- Children younger than **2 years** old
- **Adults 65 years** old and older
- People with some **chronic illnesses** like COPD, diabetes or heart disease
- People who **smoke**

Don't take pneumonia lightly.

It's highly treatable, but for some people who are high risk, it can lead to severe symptoms, hospitalization and even death. See your primary care provider as soon as possible, especially if you're in a high-risk group.

FOR ADDITIONAL PROTECTION:

- Wash your hands often
- Avoid contact with people who are sick
- Eat plenty of fruits, vegetables, and other heart-healthy and immune system-boosting foods
- Exercise regularly to strengthen your immune system
- Get at least seven hours of sleep each night
- Kick the habit if you smoke



Find a primary care practice near you at umbwmc.org/primary.

KNOW WHERE TO GO FOR CARE

SHOULD YOU VISIT THE EMERGENCY DEPARTMENT (ED), AN URGENT CARE CENTER OR YOUR PRIMARY CARE PROVIDER (PCP) WHEN SYMPTOMS OCCUR? THE ANSWER ISN'T ALWAYS CLEAR.

CHOOSING THE RIGHT place to seek care can save time and money and help you feel better faster. Brushing up on where to go for different types and severities of illness can help you make the smartest decision.

IS IT AN EMERGENCY?



If a symptom seems life- or limb-threatening or you're in doubt about its seriousness, call 911 or go to the nearest ED. Some of the most serious symptoms include chest pain, which could indicate a heart attack, and sudden speech problems or weakness on one side of the body, which could point to a stroke.

"By going to the ED, you could receive early diagnosis of a heart attack or stroke," said Omoyemi Adebayo, MD, chair of the Department of Emergency Medicine at UM Baltimore Washington Medical Center. "Both conditions are extremely time-sensitive with respect to the therapies a hospital can offer to treat, stop and, sometimes, reverse the damage they cause."

URGENT BUT NOT EMERGENT



Going to an urgent care center makes the most sense when a symptom or condition needs prompt evaluation and treatment but isn't a medical emergency. Examples include cold and flu symptoms, eye and ear infections, and mild allergic reactions, such as a rash (but not difficulty breathing—that's an emergency). Urgent care centers also frequently treat sprains and strains.

"Urgent care centers can perform X-rays for sprains and strains to rule out a fracture," said Scott Burger, DO, FAAEM, chief medical officer at UM Urgent Care. "We can also provide splinting, bracing, medications and guidance on what to do next."

THE PRIMARY CARE OPTION



Your PCP is an expert on your health history. That makes them the ideal choice for providing regular checkups and managing ongoing conditions, including diabetes.

"For people with diabetes, the advantages of seeing a PCP include receiving tailored advice on diet, exercise and medication management," said Aleksei Kondrashov, MD, internal medicine physician at UM Baltimore Washington Medical Group. "Regular visits to a PCP also allow for timely adjustments in treatment plans, early detection of complications and coordination with specialists when necessary."

CARE LOCATIONS



PRIMARY CARE

UM Baltimore Washington Medical Group - Primary Care:

- Glen Burnie
- Hanover
- Millersville
- Pasadena

URGENT CARE

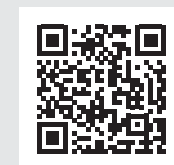
UM Urgent Care:

- Glen Burnie
- Pasadena

EMERGENCY CARE

UM Baltimore Washington Medical Center in Glen Burnie provides 24-hour emergency care.

Watch this video to learn more about where to go for care based on your symptoms.



To find the right care for you, visit umbwmc.org/wheretogo.

MINI-STROKE VS. STROKE: *What's the Difference?*

BHAVANA SHARMA, MD, NEUROLOGIST
AT THE SPINE AND NEUROSCIENCE
CENTER AT UM BALTIMORE
WASHINGTON MEDICAL CENTER (UM
BWMC) EXPLAINS WHAT TO KNOW
ABOUT STROKES.



DON'T LET THE name fool you—a mini-stroke is a big deal. It isn't quite a stroke, but it's a major warning sign for your health.

WHAT IS A MINI-STROKE?

A mini-stroke, also known as a transient ischemic attack (TIA), is similar to an ischemic stroke—the most common type of stroke—

which occurs when plaque or a blood clot in an artery reduces or stops blood flow to the brain. Blood flow is disrupted for typically five minutes or less. It seldom causes damage to brain cells or permanent disability like a stroke.

DOES HAVING A MINI-STROKE MAKE A STROKE MORE LIKELY?

A mini-stroke increases your risk of a full stroke, especially during the 90 days afterward. According to the American Heart Association, a mini-stroke precedes about 12% of strokes. Getting treatment for a mini-stroke can lower your stroke risk.

WHAT ARE THE SYMPTOMS OF A MINI-STROKE?

Mini-stroke symptoms are similar to those of a stroke:

- A sudden change in or loss of vision
- Arm or leg weakness on one side of the body
- Drooping on one side of the face
- Problems with balance
- Slurred speech

WHEN SHOULD YOU SEEK HELP?

When stroke-like symptoms start, it's impossible to tell whether a stroke or mini-stroke is occurring, which is why you should call 911 immediately.



To learn more about neurological care at UM BWMC, or to find a neurologist, visit umbwmc.org/neurology.

POSTURE PERFECT

IMPROVE YOUR SPINAL HEALTH AND
LOWER THE RISK OF BACK PAIN.



BACK PAIN IS a common condition, affecting people of all ages. Changing the way you sit, stand and move can enhance your spinal health, lessening back pain.

“Taking care of your body and your spine can prevent problems that could impact your mobility as you get older,” said Kelley Stefancik, MSN, CRNP, nurse practitioner at the Spine and Neuroscience Center at UM Baltimore Washington Medical Center (UM BWMC).

SPINE HEALTH IS WHOLE BODY HEALTH

There are things you can do to improve your posture and overall health.

- When sitting, fight stiffness and improve circulation by rolling your neck and shoulders and stretching.
- Set up an ergonomic workspace that supports your body and maximizes comfort. A lumbar pillow can help relax your back muscles.
- If you're standing for long periods of time, mind your posture and wear supportive shoes.
- When lifting heavy objects, use proper technique, such as bending and lifting with your knees and keeping your back straight.

“Pain is a warning sign that something's not right in your body,” Stefancik said. “If acute pain doesn't get better after a few days of rest, call your provider.”



Learn more about spinal care at UM BWMC at umbwmc.org/spine.



Up to Speed

AFTER BRAIN AND SPINE SURGERIES

AFTER A LIFESAVING BRAIN PROCEDURE AT UM BALTIMORE WASHINGTON MEDICAL CENTER (UM BWMC), DOUG ZANDER CHOSE THE SAME NEUROSURGERY CARE TEAM FOR HIS SPINE SURGERY YEARS LATER.

DOUG ZANDER WASN'T used to slowing down. A motorcycle enthusiast, Zander found himself unexpectedly stalled by a medical condition. Thankfully, the skilled team at UM BWMC helped him get back on track by performing a critical procedure on his brain. Their expertise impressed Zander so much, that when a second surgery—this time on his spine to improve his back pain—became necessary, they were the only team he trusted.

THE CROOKED WALK TO FORGETFULNESS

“On April 11, 2018, I was remodeling an old farmhouse in Odenton and smacked my head on a board,” Zander said. “That hit knocked me off my feet, but I wasn’t bleeding.”

He didn’t feel dizzy, have blurred vision or experience any other symptoms. Despite causing no visible damage, that blow to the head put Zander’s life at risk.

A couple weeks after the accident, Zander attended a submariner reunion at Myrtle Beach, South Carolina. There, the retired U.S. Navy Commander went walking on the beach. While heading back to his

hotel, Zander's now ex-wife asked Zander why he was walking crooked. Zander brushed off the comment. He insisted he was walking just fine, and then—

"That's the last thing I remember," Zander said.

The next few days are a blank. Zander only has secondhand knowledge about what happened.

According to friends and family, Zander's ex-wife became alarmed at Zander's odd walking and called the hospital where he had previously received care. The specialist suspected the symptoms were connected to another existing condition and asked that Zander get emergency care.

When Zander woke up the next morning, he needed help getting his boots on. He couldn't even push himself out of a chair. Friends ended up helping him into a van to get to the airport for his flight home to Maryland. When he arrived, a concierge pushed Zander through the airport and onto the plane in a wheelchair.

CHANGES AND ABNORMALITIES

Back in Maryland, Zander and his ex-wife returned home.

"The next morning, my body shut down," Zander said. "I wasn't sure what was happening to my body."

Panicked, Zander's ex-wife called a friend, who told her to call 911. The ambulance brought Zander to UM BWMC. A CT scan revealed a large blood clot on Zander's brain. Known as a subdural hematoma, the clot filled Zander's skull and pressed against his brain.

"The clot was very significant and severe," said Clifford Solomon, MD, clinical assistant professor of neurosurgery at

University of Maryland School of Medicine and neurosurgeon and director of neurosciences at UM BWMC. "It was applying immense pressure on Doug's brain."

With no time to waste, Dr. Solomon and Megan Bell, PA-C, neurosurgical physician assistant at UM BWMC, rushed to transport Zander to the operating room.

THE FIRST NEUROSURGERY

Once inside the operating room (OR), Dr. Solomon and Bell launched into a craniotomy. Dr. Solomon removed part of Zander's skull and found the site of bleeding at the brain. A few hours after Dr. Solomon closed the leaking blood vessel, Zander was already back to talking.

Zander continued to recover in the coming days. Soon, his nurses gave the green light for Zander to get out of bed on his own and walk around the intensive care unit.

"They treated me like a VIP," he said. "I can't say enough about them."

Before heading home, Zander got more news. His head injury damaged his pituitary gland. This left him with trauma-induced diabetes. He would have to take insulin to manage the disease, a minor inconvenience for staying alive.

MULTIPLE SURGERIES, SEAMLESS SUPPORT

Over the next few years Zander needed more procedures. He underwent liver transplantation for his liver failure and had cataracts and a detached retina corrected. Then, at age 61, he decided to finally address the back pain that had nagged him for 25 years.

Over the years, he tried non-surgical treatments. He went to physical therapists and chiropractors and received injections and nerve ablations—a procedure that destroys nerves in an area of pain. Nothing gave lasting relief.

"The pain got worse over time," Zander said. "Eventually, it felt like someone was stabbing me in the back 25 or 50 times a day."

Zander mentioned it to his neurologist, who scheduled him for an MRI and referred him to see Dr. Solomon once again.

When Zander met with Dr. Solomon and Bell, they reviewed Zander's MRI and ordered a CT scan. The CT showed Zander's spinal canal had narrowed, a condition known as lumbar spinal stenosis, often caused by aging. Because bone was pressing against the nerves in Zander's lower back, he had difficulty walking and felt numbness and pain.

"With back pain and other conditions, I first help connect patients with conservative treatments when possible," Bell said. "In this case, Doug already tried those options, so our team determined surgery would be the best route. With every patient, we try our best to be focused in our approach and customize our care to their needs."

THE SECOND NEUROSURGERY

On March 13, 2024, Zander reported to UM BWMC for surgery. While his life wasn't at risk this time, his quality of life was on the line.





Megan Bell, PA-C, sitting next to Clifford Solomon, MD.

Inside the OR, Dr. Solomon performed a decompressive laminectomy without fusion. This involved shaving off some of the bone inside Zander's spinal canal to give his spinal cord more space.

"Megan and I, along with the rest of the care team, prefer minimally invasive surgical techniques when possible because they benefit the patient in so many ways," Dr. Solomon said. "In Doug's case, we were able to avoid using metal to stabilize his spine, so fortunately, fusion was not necessary."

The procedure went as planned, and Zander was discharged and began physical therapy soon after.

A few months after his procedure, Zander felt better than he had in years. He's now back on his motorcycle and planning to move to his new house in Florida at the end of the year. He credits Dr. Solomon, Bell and God for saving and improving his life.

"I get emotional talking about it," he said. "I don't know why, but I'm still here. God works in mysterious ways."



To learn more about how the UM BWMC neurosciences team can help you, call **410-553-8160** or visit **umbwmc.org/neurospine**.

A DECADE OF LEARNING AND WORKING TOGETHER

While serving as a nurse at UM Baltimore Washington Medical Center (UM BWMC), Megan Bell decided to return to school. Her goal: Become a certified physician associate (PA-C).

Diploma in hand, she was eager to work in surgery. She heard of neurosurgeon Clifford Solomon, MD, and contacted him for an interview. During the interview, the director of neurosciences at UM BWMC showed Bell a few magic tricks. This put Bell at ease.

Today, the pair's relationship is stronger than ever. They've cared for countless patients together over the past decade and look forward to even more moving forward.

"We have a mutual respect for each other and genuinely enjoy working together," Bell said. "We've worked together so long that we know what the other person is doing and thinking at all times. We're like a well-oiled machine."

THE ADVANTAGE OF ACADEMIC MEDICINE

When you turn to UM Baltimore Washington Medical Center (UM BWMC), you get advanced care from compassionate experts. You also gain access to the entire team of specialists across University of Maryland Medical System (UMMS).

This is possible through the Spine and Neuroscience Center at UM BWMC, and the network of neurosurgeons, orthopedic experts and additional specialists available across the medical system. Together, these specialists:

- See patients at UMMS facilities across the state
- Collaborate on difficult cases via phone or video conference calls
- Participate in clinical trials
- Adopt best clinical practices and procedures to ensure patients receive high-quality care at all UMMS facilities
- Refer patients to other specialists with expertise in detecting and treating specific conditions

"We're like a tapestry, part of a bigger rug," said Clifford Solomon, MD. "We know each other and work well with experts across UMMS hospitals. Because of this cooperation, patients get the quality care they need and deserve, and they appreciate that."

Connect with the Spine and Neuroscience Center at UM BWMC by calling **410-553-8160**.



An Answered Prayer,
RIGHT ON CUE

WHEN JAMES HARRIS JR. NEEDED A KIDNEY TRANSPLANT, HIS ONE-TIME POOL TOURNAMENT RIVAL RUSS REDHEAD STEPPED UP TO BE HIS LIVING DONOR.

A KIDNEY TRANSPLANT was Harris' last option. Denise Epps-Harris, his wife, was his champion and, thankfully, a casual conversation at a pool tournament in November 2022 led to the break Harris desperately needed. Harris, an avid pool player, struggled with end-stage kidney disease and waited for a deceased donor two years on the national waitlist. None of Harris' family members were a match to be a living kidney donor, the most promising path forward.

In that moment of need, Epps-Harris encountered Russ Redhead, a Pennsylvania pool player who, years earlier, railed against Harris—and later apologized—after losing to him in a high-stakes tournament. During her conversation with Redhead, Epps-Harris, who works at University of Maryland Medical Center (UMMC), mentioned her husband needed a kidney.

“Russ started asking me all these questions, and I just thought he was being curious,” Epps-Harris said. “And then he said, ‘I’ll do it.’ I said, ‘Do what?’ He responded, ‘I’ll be a donor.’ I started crying in the middle of the pool hall. He just gave me a hug and said, ‘It’s OK.’”

THE GREATEST GIFT

As of March 2024, more than 89,000 people in the U.S. await a kidney from a deceased donor, according to the Organ Procurement and Transplantation Network. Most wait three to five years, the American Kidney Fund reported, and some may die before receiving an organ. Living donation offers another option—and more reason to hope.

Although most humans come into the world with two kidneys, the body can function perfectly well with just one, which makes living donation possible. Typically, living donors either direct their donated organ to go to a specific recipient, such as a friend or family member, or a stranger based on medical need. Living donors must be an adult in good health and have a blood type compatible with the recipient.

UMMC, the academic medical center of University of Maryland Medical System, hosts the region's largest kidney transplant program, where around one-third of transplanted kidneys are living donations. Potential living donors complete a thorough evaluation process that includes meeting with a transplant surgeon, a transplant nephrologist and a nurse coordinator to learn more about the donation process. Most candidates learn whether they're approved to be a living donor within a week.

For Redhead, 42, the decision to be evaluated as a potential donor for Harris, 54, was “the right thing to do” and a manifestation of his long-held values.

“The way I was raised is that you put good out into the world, and it restores a little bit of hope in other people,” Redhead said. “No matter how small or big an impact you could have on someone, the more hope you put out in the world, hopefully, the world catches on.”

ON THE SAME TEAM

In late 2023, following an extensive evaluation, Redhead learned he was a good match for Harris and eligible to donate. For Epps-Harris, who calls Redhead her “angel,” it represented the culmination of years of advocating for her husband as a UMMC Living Donor Transplant Champion. Champions can help speed the process of finding a living donor by sharing their loved one's story and spreading the word about their need for a new organ.

On Feb. 8, 2024, after spending the previous evening playing pool together in Harris' basement, Harris and Redhead shared a fist bump before their respective surgeries. Then, in an operating room, a transplant surgeon, controlling a surgical robot from a console, removed one of Redhead's kidneys using a minimally invasive technique. Harris reflected on Redhead's generosity moments before his surgery.

“I don't know how you thank someone for doing something like that,” Harris said. “I don't think he realizes how much it means to me to have a life back.”

With the kidney in a sterile bag, a physician delivered it to a different operating room, where a second team transplanted it into Harris.

The next day dawned as the first day of the rest of Harris' life. Both patients—old competitors now forever linked by an act of kindness—took a walk down a hospital hallway and relived old pool matches.

LIFE, ENERGIZED

Harris followed up with his nephrologist at weekly clinic visits for the first month after the transplant before transitioning to monthly appointments. Before surgery, his need for frequent dialysis treatments led him to quit his job as a truck driver and sapped his energy. Now, he feels “tremendous” compared with how he felt before receiving a new kidney.

“I have much more energy and much less stress not having to deal with dialysis,” Harris said. “I was restricted to 32 ounces of fluid [per day] prior to the transplant. Now, I can drink as much as I want.”

With no restrictions on how much he can drink, Harris enjoys frequent milkshakes—one of the small joys the kidney transplant made possible.

“I can tell he's just content with his life,” Epps-Harris said of her husband. “It's a good sight to see.”



Looking for an expert who can help you figure out the path forward after a kidney disease diagnosis? Find a nephrologist by visiting umms.org/find-a-doctor.



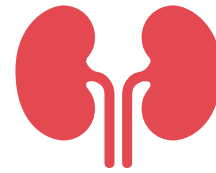
CELEBRATING PRICELESS GIFTS AND SELFLESS GIVERS

Donating an organ is an extraordinary act of generosity worth celebrating. Across University of Maryland Medical System, hospitals support and recognize organ donors in a variety of ways, including:

- Connecting potential organ donors and their families with Infinite Legacy—an organ procurement organization serving the DMV area—to assess organ systems for donation potential
- Holding flag-raising ceremonies and educational programs—often in partnership with Infinite Legacy—for National Donate Life Month each April
- Honoring organ donors with special visual displays
- Hosting honor walks for organ donors and their families on the day of organ procurement
- Procuring donor organs

Thank you to the organ donors who give hope and new life to recipients and to the clinicians and staff who help make the process possible.

Do you have a loved one in need of a kidney or liver transplant? Raise awareness of their story and help them find a living donor by becoming a University of Maryland Medical Center Living Donor Transplant Champion. For more information, visit umm.edu/LDChampion.



DIABETES AND KIDNEY DISEASE:

WHAT'S THE CONNECTION?

FIND OUT HOW DIABETES AND YOUR KIDNEYS' HEALTH ARE LINKED.



DIABETES IS THE leading cause of kidney disease, which can lead to kidney failure.

When you have high blood sugar, the blood vessels in your kidneys can become damaged, preventing them from working as well as they should.

Diabetes can also lead to nerve damage, which can affect the functioning of the bladder and cause urine to get backed up in the kidneys.

Usually, diabetic kidney disease develops gradually. You may not have any symptoms until the disease has progressed, when you might notice signs such as muscle cramps, nausea and loss of appetite.

PREVENTING KIDNEY FAILURE

Up to 40% of people with Type 2 diabetes, as well as 30% of those with Type 1 diabetes, develop kidney failure. To help prevent this, be sure to get tested for kidney disease regularly by your doctor.

“While diabetic kidney disease can’t always be prevented, controlling glucose levels can prevent it from worsening,” said Tatyana Sergeyeva, MD, endocrinologist at UM Center for Diabetes and Endocrinology at UM Baltimore Washington Medical Center (UM BWMC). “Maintaining a healthy weight, eating a balanced diet and getting regular exercise can also help.”

To make an appointment with an endocrinologist at the UM Center for Diabetes and Endocrinology at UM BWMC, call **410-787-4940**. A diabetes nurse practitioner on the primary care team is also available to help patients manage diabetes. Call **410-553-2900** to learn more.

Help Give the GIFT OF LIFE

WHEN SOMEONE YOU CARE ABOUT NEEDS A KIDNEY OR LIVER TRANSPLANT, YOU WANT TO DO EVERYTHING YOU CAN TO HELP.



WHAT IS A LIVING DONOR CHAMPION?

Someone who supports another person who is seeking a living kidney or liver donor and who acts as a spokesperson on the organ recipient's behalf

WHAT DOES A LIVING DONOR CHAMPION DO?

Helps find a donor by sharing the recipient's story as widely as possible and asking people to be evaluated as a possible living donor

Provides emotional support and encouragement to the recipient and motivates him or her to stay hopeful and focus on healthy habits

WHO CAN BE A LIVING DONOR CHAMPION?

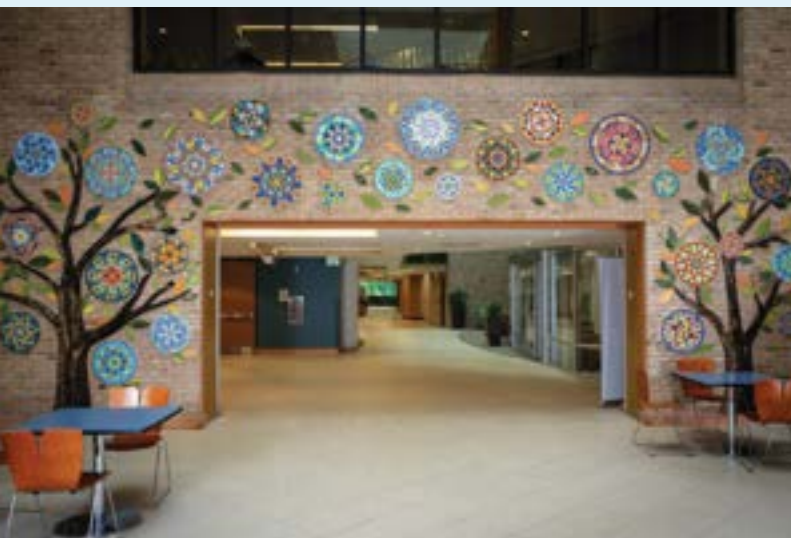
Anyone in the recipient's life, such as a family member, friend or coworker

WHAT ARE THE BENEFITS OF BEING A LIVING DONOR CHAMPION?

A living donor champion gets the word out, which increases the chance of the recipient finding a living donor quickly

By helping to find a living donor, the champion allows the recipient to focus on his or her health

To learn more about becoming a living donor champion, download University of Maryland Medical Center's Guide at umm.edu/LDChampion.



THE ART OF Remembrance

A NEW MURAL HONORS THE DEDICATION AND RESILIENCE OF HEALTH CARE PROVIDERS DURING THE COVID-19 PANDEMIC.

THIS SPRING, UM Baltimore Washington Medical Center (UM BWMC) unveiled an especially meaningful work of art. The COVID-19 Memorial Mural is a mixed-media mosaic depicting trees, leaves inscribed with messages and colorful mandalas (circles with geometric designs). The 13-by-34-foot artwork surrounds an archway in the atrium of the hospital. It is a dual commemoration of the health care workers, who at one point during the pandemic cared for more hospitalized patients than any other hospital in Maryland, and the community.

“The mural was designed to be a tribute to our health care workers and support staff who tirelessly and selflessly cared for our community during the acute phase of the pandemic,” said Kathy Burk, vice president of development and executive director of the Baltimore Washington Medical Center Foundation. “It’s also a testament to the community that gave back and supported us during an extremely trying time.”

A COLLABORATIVE AND CATHARTIC CREATIVE PROCESS

With leadership and support from the foundation, UM BWMC partnered with Baltimore non-profit Art with a Heart, which designed the mural and hosted workshops for UM BWMC team members and community members to create the mosaic’s elements.

More than 600 volunteers, including more than 300 UM BWMC team members, contributed to the artwork.



Iskra Gillis, MSN, RN

“I wanted to forget about COVID-19 after experiencing it, but I could not walk away from contributing to this beautiful mural,” said Iskra Gillis, MSN, RN, director of acute care nursing at UM BWMC, who made one of the mandalas during a workshop. “Initially, I only planned on adding a piece or two; however, every time I placed a piece, I was compelled to place another and then another. It was unexpectedly therapeutic. The more I looked around and saw everyone’s engagement, the more meaningful and important the mural became to me.”

The COVID-19 Memorial Mural will serve as a permanent reminder of the shared experience between patients, health care workers, family members and the community and continue to celebrate their shared experiences.



For more information on ways to connect with the Baltimore Washington Medical Center Foundation, visit umbwmc.org/giving.



Carol Burke with her daughter, Kristen Burke, at the COVID-19 Memorial Mural unveiling at UM BWMC.

“Anytime medical providers came into my room, they were dressed in protective gear. They had to have been scared to death. I think they were the most courageous people ever. I don’t know if I could have done what they did.”

—CAROL BURKE, 70, OF SEVERNA PARK, WHO SPENT 31 DAYS HOSPITALIZED WITH COVID-19 AT UM BWMC IN 2020 AND SPOKE AT THE DEDICATION OF THE COVID-19 MEMORIAL MURAL EARLIER THIS YEAR

NEWS & Events

UM BALTIMORE WASHINGTON MEDICAL CENTER (UM BWMC) OFFERS A WIDE RANGE OF HEALTH SCREENINGS, CLASSES, SUPPORT GROUPS AND RESOURCES TO HELP YOU IMPROVE AND MANAGE YOUR HEALTH.

BLOOD DRIVES*

Nov. 15, Dec. 6, Jan. 17, Feb. 21, March 28

Participate in an American Red Cross blood drive sponsored by UM BWMC and help save lives. Register and review eligibility guidelines at redcrossblood.org or call **1-800-733-2767**.

WORKSHOPS AND CLINICS

- CPR Anytime class covers adult and infant CPR, defibrillator skills and choking relief.
- Safe Sitter* class teaches students in sixth through eighth grade how to safely babysit.
- Diabetes Self-Care Success* class provides diabetes education to patients in the community living with diabetes. Class will be taught in English or Spanish.
- Smoking Cessation* classes offer peer support and education from a certified American Lung Association Freedom From Smoking facilitator. All classes are free to adults who live or work in Anne Arundel County.

RESOURCES FOR PARENTS AND GROWING FAMILIES

- Childbirth education classes
- Pascal Women's Center tour
- Nest and Nurture, a free, incentive-based education and support group for pregnant individuals in Anne Arundel County who are at risk for adverse pregnancy and birth outcomes
- Car seat safety checks, performed by a certified car seat safety technician at UM BWMC who also demonstrates proper car seat installation and checks for recalls

HIRING EVENTS

UM BWMC hosts in-person and virtual hiring events as a way for community members to connect with our recruiters and hiring managers to learn more about our job opportunities. For a list of upcoming hiring events at UM BWMC, visit jobs.umms.org.

**Activity is located in the Outpatient Care Center at UM BWMC (255 Hospital Drive, Glen Burnie, MD 21061).*

SUPPORT GROUPS

- Cancer Survivorship Support Group for cancer patients and survivors
- Mental Health Support Group for UM BWMC adult mental health patients, their families and any other individuals interested in psychiatric issues
- Lactation Support Group for mothers in the community to connect and learn about the challenges and successes of breastfeeding
- Stroke Support Group for stroke survivors, high-risk stroke candidates and anyone interested in learning more about stroke recovery
- Parkinson's Support Group for individuals with Parkinson's disease, their caregivers, family members, friends and anyone interested in learning more about the disease

EXERCISE CLASSES*

- Zumba
- Gentle Chair Yoga and Mindful Movement
- Level 1 Vinyasa/Flow Yoga
- Prenatal and Postnatal Yoga

FLU SHOTS

UM BWMC will provide free flu shots throughout Anne Arundel County this fall. Everyone 6 months and older is recommended to get a flu vaccine each year. For details, visit umbwmc.org/flu.

COMMUNITY WELLNESS EVENT

Community Wellness Day is a free, family-friendly community event hosted each fall and spring by UM BWMC. Activities include health screenings, education tables, kid-friendly activities and more. For details, visit umbwmc.org/wellnessday.



Please call **410-553-8103** or visit umbwmc.org/calendar for additional activities, exceptions, virtual offerings and more information. You can also scan the QR code with your cell phone camera and follow the link that appears. As always, the health and safety of our patients, visitors and community remain our priority.

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