

# MARYLAND'S

## HEALTH MATTERS

COVER STORY

### **SURVIVING STROKE:**

Timely diagnosis, treatment and rehabilitation lead to the best outcomes.

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**WINTER 2024**

**ACADEMIC MEDICINE AT WORK**  
NOT A STROKE, A WAKE-UP  
CALL: A NETWORK OF CARE  
RESTORED A YOUNG MAN'S  
BRIGHT FUTURE

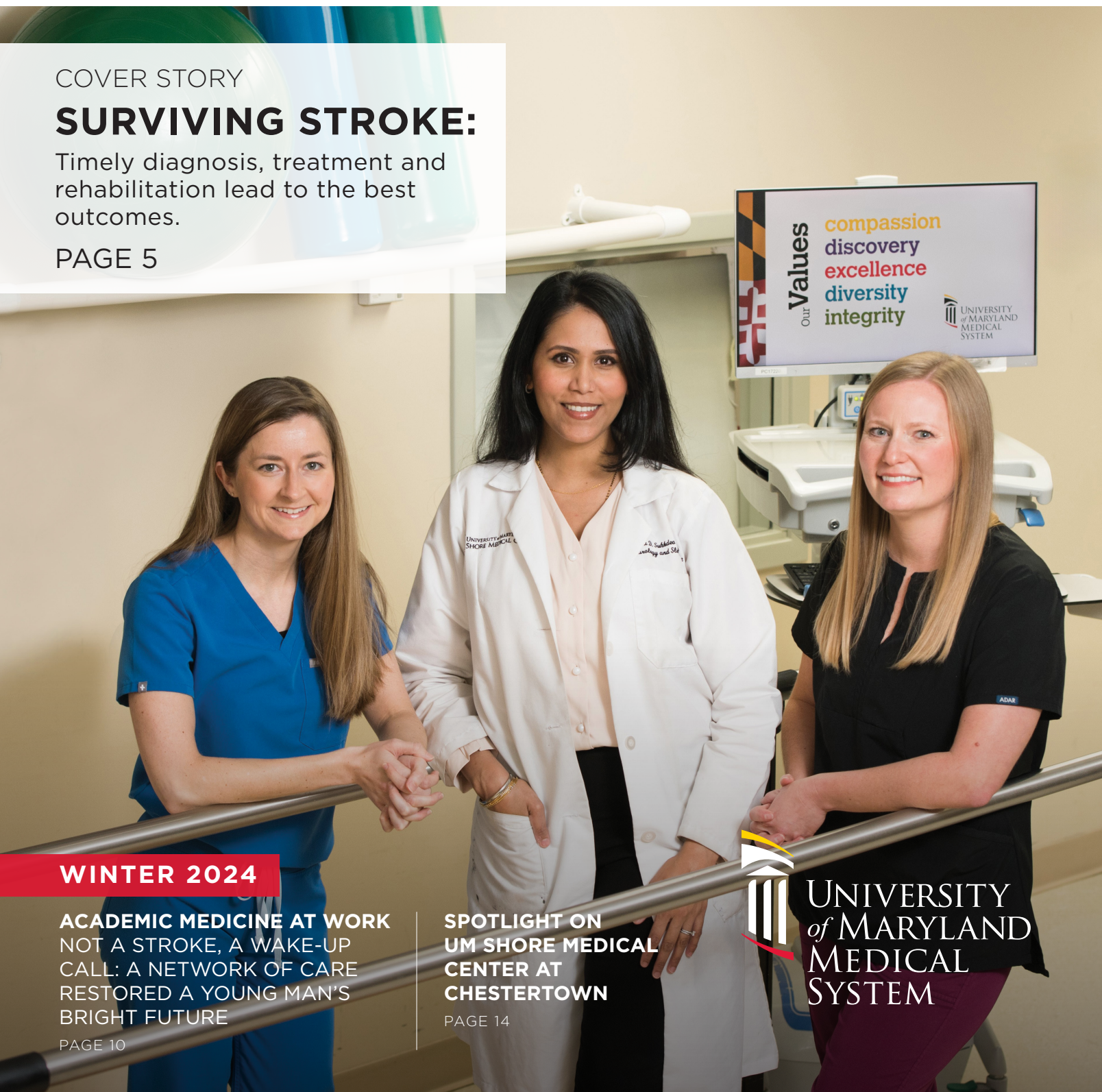
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**SPOTLIGHT ON**  
**UM SHORE MEDICAL**  
**CENTER AT**  
**CHESTERTOWN**

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**UNIVERSITY**  
*of* **MARYLAND**  
**MEDICAL**  
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ON THE COVER

## SURVIVING STROKE

Timely response, treatment and rehabilitation lead to the best outcomes.



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Rural hospital offers specialized emergency, inpatient and outpatient care.



## STAY CONNECTED WITH

## UM SHORE REGIONAL HEALTH

**KENNETH D. KOZEL, MBA, FACHE**  
President & Chief Executive Officer

### WE WOULD LIKE TO HEAR FROM YOU

Please send your comments, information requests or change of address to: [trena.williamson@umm.edu](mailto:trena.williamson@umm.edu).



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**On the cover:** Caring for stroke patients are neuroscience specialist and stroke coordinator Nicole Leonard, Primary Stroke Center medical director Rena Sukhdeo Singh, MD, and occupational therapist Sara Pender. Photo credit: Melissa Grimes-Guy

*Maryland's Health Matters* is published by the Communications & Marketing office at University of Maryland Shore Regional Health. This publication is not intended to provide professional medical advice. It is to provide general health and wellness information.





## Letter from the CEO

**PLANNED FOR CONSTRUCTION** on Route 50 at Longwoods Road, University of Maryland Shore Regional Medical Center will bring a new standard of patient-centered care to the Eastern Shore. We are confident that the six-floor, 325,000-square-foot, 147-bed hospital will support the health needs of the five-county region served by UM Shore Regional Health.

It will feature expanded services in recognized areas of medical expertise and health care needs: heart and vascular care, women's and children's health, orthopedics, and cancer care, with the most innovative radiation therapy and infusion services. It also will provide easier and safer access for ambulance and helicopter transport, and ample parking for patients, staff and visitors.

In addition to the increased number of beds, the hospital will offer universal room design that will accommodate all patients who need telemetry, unlike the current hospital which has a limited number of telemetry beds. Universal design will facilitate faster inpatient

admission as patients needing telemetry care will be less likely to have to wait for a bed.

The design of the new UM Shore Regional Medical Center also incorporates multiple options for future expansion. For example, the new facility's medical office building wing includes 60,000 square feet. In the event that space becomes needed for more patient beds, renovations can be made to utilize some of this space. Another option, if needed, would be to add another floor to this wing.

We look forward to keeping you informed about our progress toward realizing this critical new and comprehensive health care facility. In the meantime, best wishes to you and your family for good health as we move through this winter season.

Sincerely,

**Kenneth D. Kozel, MBA, FACHE**

President and CEO

University of Maryland Shore Regional Health

# Introducing ...

UNIVERSITY OF MARYLAND  
SHORE REGIONAL HEALTH  
WELCOMES NEW PROVIDERS.

## UM SHORE MEDICAL GROUP - CARDIOLOGY



UM Shore Medical Group - Cardiology welcomed **Dipesh Ludhwani, MD**, this past July. Dr. Ludhwani holds a Bachelor of Medicine, a Bachelor of Surgery (MBBS) from Sardar Patel University Pramukhswami Medical College in Anand, India; an MD in Internal Medicine from the Chicago Medical School at Rosalind Franklin University of

Medicine and Science in Chicago; and an MD in Cardiology from West Virginia University in Morgantown, West Virginia. Dr. Ludhwani has authored and co-authored abstracts for publication by the American College of Physicians, the American Medical Association, and the American Heart Association. He has also published articles on cardiology and related topics in several medical journals. He is board certified by the American Board of Internal Medicine.

To make an appointment with a UM Shore Medical Group - Cardiology provider, call **410-822-5571**.

## UM SHORE MEDICAL GROUP - BEHAVIORAL HEALTH



**Caroline Sica, DNP, PMHNP-BC**, joined UM Shore Medical Group - Behavioral Health last September after earning her Doctor of Nursing Practice (DNP) in May 2023 and her Nurse Practitioner - Psychiatric Mental Health certification in 2022, both from George Mason University in Fairfax, Virginia. She also holds multiple specialty certifications.

She earned her BSN from Drexel University in Philadelphia. Prior to earning her DNP, Sica worked in Lynchburg, Virginia, as a registered nurse at Centra Lynchburg General Hospital and Bedford Memorial Hospital, and as a charge nurse at Centra Virginia Baptist Hospital and at Centra Lynchburg General Hospital.

To learn more about UM Shore Medical Group - Behavioral Health inpatient care, call **410-822-1000, ext. 8700**.

## UM SHORE MEDICAL GROUP - WOMEN'S HEALTH



**McCall "Mickey" Breuer, MSN, CNM**, joined UM Shore Medical Group - Women's Health last June. Her midwifery experience includes general benign gynecology, prenatal, OB triage, contraceptive, intrapartum and postpartum care. She has managed patients with gestational hypertension, preeclampsia and gestational diabetes. Prior to earning her CNM, Breuer worked as a nurse in

maternity care at hospitals in Philadelphia and Voorhees Township, New Jersey. She also has 10 years' experience as a birth and post-partum doula in Washington, D.C., and Philadelphia. In addition to multiple specialty certifications, Breuer holds a BS degree from Tufts University in Boston, and BS and MSN degrees from the University of Pennsylvania.

To make an appointment with a UM Shore Medical Group - Women's Health provider, call **410-820-4888**.

## UM SHORE MEDICAL GROUP - PRIMARY CARE AT CENTREVILLE



UM Shore Medical Group - Primary Care at Centreville welcomed **Lisa Brown, FNP-C, MSN, BSN**, in September. She brings 13 years of patient care experience in a variety of inpatient units at Broward Health in Coral Springs, Florida, University of Miami Hospital in Miami, and Holy Cross Hospital in Fort Lauderdale, Florida. A U.S. Army veteran, Brown spent six years (2014-2022) as a

nurse specialist for the Army New Parent Support Program in Wahiawa, Hawaii. In that capacity, she provided highly specialized intervention services to active duty personnel and their families. Brown earned her BSN from Barry University in Miami Shores, Florida. While pursuing her MSN/FNP-C from Chamberlain University in Addison, Illinois, Brown completed practicums in family practice, primary care and pediatrics. She is a member of the American Academy of Nurse Practitioners.

To make an appointment with a UM Shore Medical Group - Primary Care at Centreville provider, call **410-758-4432**.





Caring for stroke patients: Neuroscience specialist and stroke coordinator Nicole Leonard, Primary Stroke Center medical director Rena Sukhdeo Singh, MD, and occupational therapist Sara Pender.

# Surviving **STROKE**

A STROKE IS A MAJOR MEDICAL EMERGENCY THAT REQUIRES PROMPT DIAGNOSIS AND TREATMENT TO LOWER THE RISK OF LONG-TERM DISABILITY. HELP BEGINS WITH A 911 CALL.

**TIMELY DIAGNOSIS AND** treatment can make it possible to stop stroke in its tracks. The Brain Attack Team (BAT) at University of Maryland Shore Medical Center at Easton was created to do just that and is ready to spring into action 24/7/365.

“With a stroke, every minute matters, and the sooner we start treatment, the better the outcome,” said Nicole Leonard, RN, BSN, neuroscience specialist and stroke coordinator at the Easton hospital, which is designated as a Primary Stroke Center by the Maryland Institute for Emergency Medical Services Systems. “Our BAT is all about expedited response—providing care and treatment as thoroughly and quickly as possible.”



Members of the UM Shore Medical Center at Easton’s Brain Attack Team (BAT) pause outside the hospital emergency department. The team includes diverse specialists as well Emergency Care physicians.

## ACTIVATE THE BAT

Most of the BAT’s work takes place inside the hospital, but it kicks into gear before a patient who may be experiencing a stroke arrives. While the ambulance is in transit, emergency medical services (EMS) professionals identify the symptoms, determine when they started and begin pre-hospital care. If a stroke is suspected, EMS alerts the hospital and BAT activation begins immediately.

For possible stroke patients who are already hospitalized and those who come to the Emergency Department via non-emergency transport, activation starts immediately.

The first step in activation is assembling members of the BAT. The team includes a critical care nurse, physician, phlebotomist, CT technologist and stroke coordinator. Pharmacy is also notified to be available. A potential stroke patient is rapidly assessed and then immediately undergoes a CT scan. During the scan, the physician contacts the on-call neurologist at University of Maryland Medical Center in Baltimore, the academic medical center of the health system, to discuss symptoms and medical history and determine a treatment plan.

## TIMELY TREATMENT

“Many criteria are involved when deciding on stroke treatment,” said Rena Sukhdeo Singh, MD, board-certified

neurologist and medical director of the Primary Stroke Center. “The main consideration, however, is time.”

Most strokes are ischemic strokes. With this type, the most common cause is a clot obstructing one or more blood vessels or arteries. This prevents blood and oxygen from reaching the brain, which causes stroke.

Both of the two main approaches for treating ischemic stroke—medication or surgery—are time-sensitive:

- **Medication.** Thrombolytics, also known as clot-busters, are standard medications that are injected to dissolve stroke-causing clots. Symptoms typically lessen right away, allowing lost motor skills to be regained quickly. However, these medications are effective only if administered within four and a half hours of the onset of symptoms.
- **Surgery.** Thrombectomy is a procedure to remove the clot and restore blood flow. It must take place within 24 hours of the first symptom—the sooner the better. As with thrombolytic medications, thrombectomy usually has immediate positive effects. This surgery is performed at University of Maryland Medical Center downtown campus after a seamless transfer from UM Shore Regional Health.

“Noticeable improvements can be seen within a few minutes after giving medicine or within an hour after removing the clot,” Dr. Sukhdeo Singh said.

## MOVING TOWARD RECOVERY

After the initial improvement following stroke treatment, the road to full recovery takes time and typically involves professional rehabilitation. For this stage of recovery, patients who meet certain criteria may be admitted to the Requard Center for Acute Rehabilitation, located on the fifth floor of UM Shore Medical Center at Easton.

During their stay in Requard, patients undergo three hours of intensive therapy, six days a week, in the Center’s rehab gym. The gym includes a variety of specialized rehab equipment; for example, the In-Motion Arm, a high-tech robot that helps rewire a patient’s brain to regain arm function after a stroke.

“Rehabilitation is beneficial, even if treatment resolves almost all noticeable effects of stroke,” Dr. Sukhdeo Singh said. “Rehabilitation works to retrain the brain and reinforce pathways to help with speech, movement and fine motor skills.”

Depending on each patient’s particular needs, stroke rehabilitation may involve one or more of the following:

- **Occupational therapy** to regain coordination and motor function and relearn the skills to perform daily tasks, such as bathing, cooking and dressing
- **Physical therapy** to regain physical strength, improve balance and gait, and recover other physical abilities
- **Speech-language therapy** to address difficulties with reading, writing, talking, understanding speech, cognition or swallowing





Tom Mendenhall of Saint Michaels, Maryland, found the Virtual Stroke Support Group useful during his recovery from a stroke three years ago.

“We look at the whole person during stroke rehab,” said occupational therapist Sara Pender, MS, OTR/L, BCPR. “Our caring therapists keep up with the latest advances in stroke recovery and partner with patients to enable them to return home safely.”

Rehabilitation often continues on an outpatient basis once a patient returns home from the hospital. It may involve a series of appointments at an outpatient rehab center to achieve recovery goals, or having home health rehab therapists come to the patient’s residence.

“Having a stroke is a life-altering event that can change a person forever,” Dr. Sukhdeo Singh said. “By following up with your primary care provider and neurologist, you stay on top of your health and reduce the risk of worsening symptoms or another stroke.”

## SUPPORT ALONG THE JOURNEY

Experiencing a stroke is hard on body and mind. The Virtual Stroke Support Group at University of Maryland Shore Regional Health can help.

“This is an awesome group of people,” said Nicole Leonard, RN, BSN, neuroscience specialist and stroke coordinator at UM Shore Regional Health and coordinator of the support group. “They’re here to learn about stroke recovery for themselves and loved ones—and to support others on their journey.”

Open to anyone who has experienced stroke as well as their family members, friends and caregivers, the group meets virtually on the first Thursday of every month. At each meeting, a guest speaker presents information tailored to group members’ needs. Time is available for members to share experiences and get advice from one another.

Tom Mendenhall of Saint Michaels, Maryland, experienced a stroke in April 2021. He was successfully treated at UM Shore Medical Center at Easton by the Primary Stroke Center team. He then received inpatient rehabilitation at the Requard Center for Acute Rehabilitation, followed by outpatient rehabilitation in UM Shore Rehabilitation Center at Easton to regain endurance, strength, and gross and fine motor coordination.

Since his recovery, Mendenhall has participated in the stroke support group.

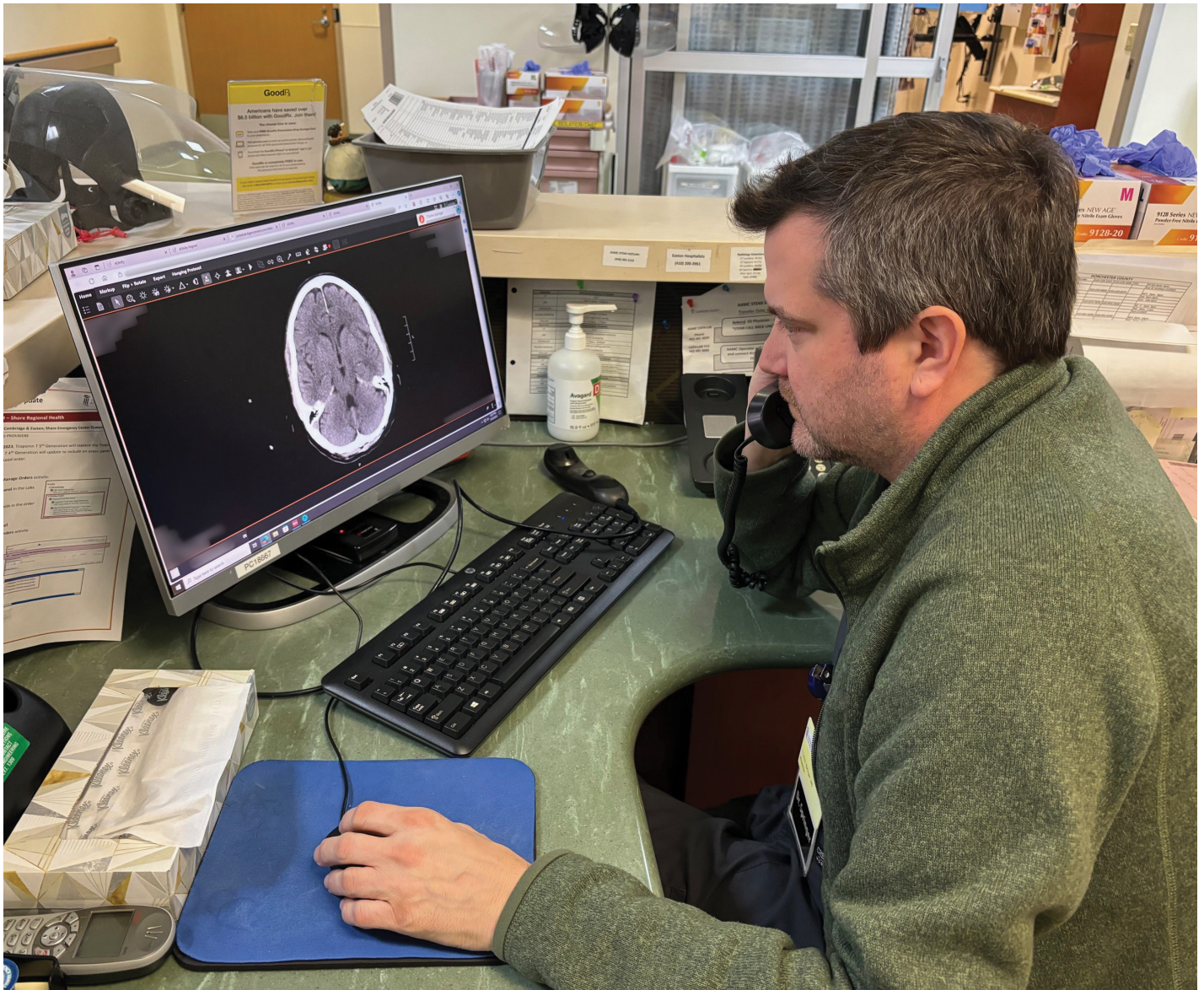
“While I can’t attend every session, I find that it gives me a comprehensive view of the characteristics of strokes and the multiple resources available to assist those of us who have had one,” he said.

Email [nleonard@umm.edu](mailto:nleonard@umm.edu) or call **410-822-1000, ext. 5068**, to sign up for the stroke support group.



To learn more about stroke care at UM Shore Regional Health, visit [umshoreregional.org/stroke](https://umshoreregional.org/stroke).





Emergency Department providers caring for a patient with symptoms of stroke can share CT images of the brain with the Brain Attack Team (BAT) at University of Maryland Medical Center and discuss by phone to make fast decisions regarding the patient's status and next steps for optimal care. Shown above, at UM Shore Emergency Center at Queenstown, Charles Springer, MD, views a CT scan.

## 'BE FAST' TO STOP STROKE

Detecting a potential stroke makes it possible to get fast treatment and reduces the risk of long-term complications. The acronym BE FAST is a good way to recognize signs of stroke:

- **Balance.** A sudden change in balance or the feeling of dizziness may set in, making it difficult to stand.
- **Eyes.** Vision problems, such as blurriness or losing one side of your vision altogether, may occur.
- **Face.** One side of the face may feel numb or droop, causing an uneven smile.

- **Arm.** One arm (or leg) may become weak or numb. When both arms are lifted, one may slowly drop.
- **Speech.** Speech slurring or confusion may be evident or the person may have difficulty getting their words out or understanding words.
- **Time.** Time to call 911! Don't wait to get treatment and do NOT drive yourself to the hospital.

"Any of these symptoms could be caused by a stroke," said Rena Sukhdeo-Singh, MD, board-certified neurologist and medical director of UM Shore Regional Health's stroke center at Easton. "If you notice these symptoms in yourself or someone else, call 911 immediately."



## STROKE STATS, STAT!

Each year, some 795,000 Americans experience a stroke. Stroke can affect people at any age, although the risk doubles every decade after age 55, with approximately 75% of all strokes occurring at age 65 or older.

Additional stroke numbers include:

- **In the five-county region** served by UM Shore Regional Health, just over **22%** of the population is older than **65**. Talbot County has the largest proportion of older residents—**30.5% are older than 65**.
- **About 25%** of strokes affect people who have had a previous stroke.
- **About 87%** of strokes occur when plaque blocks blood from reaching the brain (ischemic stroke).
- **About 13%** of strokes are caused by bleeding into or around the brain (hemorrhagic stroke).
- **1.9 million** brain cells die every minute a stroke goes untreated.
- **7 million** stroke survivors are alive in the U.S.
- **600** individuals are treated for stroke at UM Shore Regional Health each year.

## VACATION INTERRUPTED

Philip and Susan Vandenberg headed to Oxford, Maryland, for a long weekend. Their trip took a turn on Friday morning.

“I woke up and couldn’t move my legs,” Philip said. “Susan took one look at me, noticed I was slurring my words and called 911.”

An ambulance whisked Philip to University of Maryland Shore Medical Center at Easton.

Before Philip arrived, the brain attack team (BAT) assembled. They quickly realized Philip needed a procedure offered at University of Maryland Medical Center in Baltimore. There, a surgeon removed the clot causing Philip’s stroke. A few days later, Philip started rehabilitation close to his Elverson, Pennsylvania, home.

“When someone asks about Philip’s stroke, we give glowing reports about the care he received,” Susan said. “It was a good experience in a bad situation.”



Speedy transport of patients suffering stroke by emergency services teams in the five-county region served by UM Shore Regional Health helps save lives. Shown here are members of the Talbot County Emergency Services team.





# NOT A STROKE— *A Wake-Up Call*

A NETWORK OF CARE BROUGHT KASEY TRENT FROM EMERGENCY ASSESSMENT THROUGH SPECIALIZED CEREBROVASCULAR NEUROSURGERY, RECOVERY AND INTENSE REHABILITATION TO A BRIGHT FUTURE.



**KASEY TRENT, 27**, has the sort of vibrant, independent life many 20-somethings crave. The Freeland, Maryland, native lives and works in San Diego, California, where he spends his free time playing sports and hanging out with friends. Given his youth, the best, it would seem, is yet to come. Two and a half years ago, however, Trent's bright future was clouded by a rare brain condition.

During the summer of 2021, not long after moving to California, Trent began experiencing strange symptoms—an uncharacteristic loss of balance while snowboarding and tingling in his face, tongue and fingertips while eating a piece of cake. Something was wrong, but Trent assumed it was minor.

"I thought I was having an allergic reaction to something," he said. "When you're my age, the idea there might be an issue with your brain is the last thing you think about."

## RECEIVING A RARE DIAGNOSIS

During visits home to Maryland in November and December 2021, Trent's mother, Zhanna, could tell her son didn't feel like himself. The difference was especially apparent during the December trip. The left side of his body seemed weak, and his speech wasn't quite right.

"He was talking as if something was in his mouth," Zhanna said.

Suspecting a stroke, Zhanna took her son to the Emergency Department at University of Maryland St. Joseph Medical Center in Towson. Scans revealed something far less common than a stroke: a cavernous malformation—a tightly packed bundle of abnormal blood vessels (See page 12 for more information.) Located within Trent's brainstem, the cavernous malformation caused a bleed, and the group of vessels was so large it was putting pressure on structures within the brainstem that help regulate movement, heart rate and other vital functions.

When Mohamed A. M. Labib, MD, an assistant professor of neurosurgery at the University of Maryland School of Medicine, learned about Trent's case, he knew he was perfectly positioned to help. A cerebrovascular neurosurgeon who specializes in treating cavernous malformations of the brain, Dr. Labib contacted Zhanna and advised her to bring her son to University of Maryland Medical Center, the academic medical center of University of Maryland Medical System, in downtown Baltimore. There, he could receive the highest level of neurosurgical care. Zhanna followed Dr. Labib's advice.

## MISSION: POSSIBLE

Surgery to remove the brainstem cavernous malformation was the best treatment option for Trent, but challenges abounded. Sitting at the base of the brain, the brainstem is difficult for neurosurgeons to access. Its roles in various vital functions mean any unintentional harm during surgery could be especially damaging.

"Few neurosurgeons will operate on the brainstem because of the inherent risks," Dr. Labib said.

Two factors worked in Trent's favor: his youth and Dr. Labib's specialized training. During the February 2022 surgery, Dr. Labib needed to reach Trent's brainstem while minimizing the effects of surgery on other parts of the brain. Instead of relying excessively on surgical instruments to move the cerebellum, a part of the brain that sits behind the brainstem, the team placed Trent in a sitting position for the surgery, which allowed gravity to shift the cerebellum and provide better access to the cavernous malformation.

After making an incision behind Trent's right ear, Dr. Labib used magnification to delicately navigate around key structures of the brain and reach the brainstem. Stains from the brainstem bleed and navigation confirmed he'd found the site of the cavernous malformation. Dr. Labib carefully opened a groove in the brainstem and removed the tangle of abnormal blood vessels.

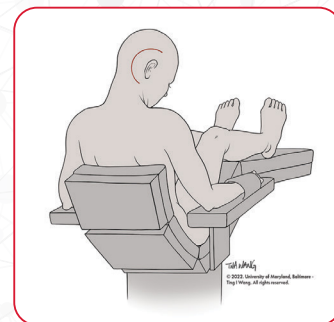
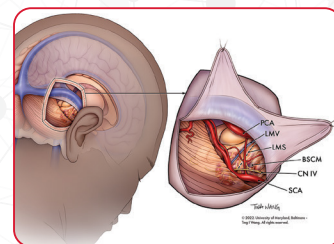
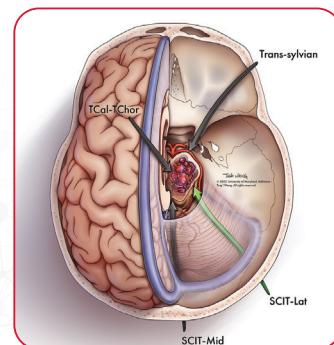
The threat of further damage was gone. Trent's tingling sensations and weakness vastly improved. Still, he faced a long road to recovery. His mother and surgeon were there for him every step of the way.

## UP TO THE CHALLENGE

The brainstem cavernous malformation had taken a toll on Trent's functional abilities. During the year after his surgery, he had to relearn some of life's most basic skills, from walking to opening jars. Right from the start, he refused to accept limits.

"I don't want to hear anyone tell me I might not be able to walk again," he recalled thinking when he was still in the hospital after the operation. "Everyone knew what had happened to me and didn't want to give me false hope, but Dr. Labib was confident he could fix me."

Throughout Trent's rehabilitation, through moments of despair and doubt, Dr. Labib offered encouragement and reassurance, and Zhanna provided unwavering support. Slowly, Trent achieved small victories. Strength and muscle mass returned. He was able to pour himself a bowl of cereal and fill his dog's water bowl.



He started walking again, and walking led, eventually, to running.

Having painstakingly regained his strength and mobility, and with his cognitive abilities unaffected, Trent is once again enjoying life in California—and not taking any part of it for granted. Both he and his mother are grateful for the surgeon who helped them through some of the most difficult moments of their lives.

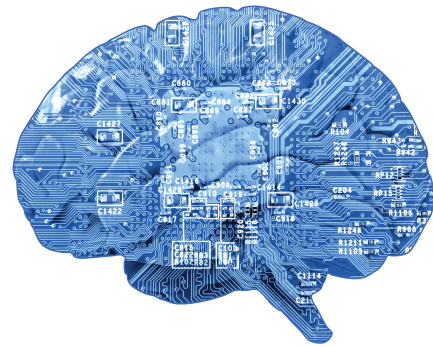
“Dr. Labib was amazing,” Zhanna said. “He was there for me and my family, reachable and kind, and he explained everything. He’s a very, very good doctor and human being.”

## CAVERNOUS MALFORMATIONS

A cavernous malformation is a bundle of small blood vessels called capillaries that have become irregular and dilated. Capillaries, the body’s tiniest blood vessels, connect arteries and veins. Kasey Trent had a cavernous malformation in his brainstem, but these abnormal groups of blood vessels can form anywhere in the body. Here are three things to know about cavernous malformations:

- 1. Cavernous malformations in the brain and spinal cord are the most serious.** These are the ones most likely to produce symptoms. Cavernous malformations in the brain, called cerebral cavernous malformations, can cause seizures, bleeding, headaches and more.
- 2. Cerebral cavernous malformations can run in families.** Most people who develop these types of malformations don’t have a family history of the condition. Some, however, inherit genetic mutations that can cause cerebral cavernous malformations from their parents.
- 3. Surgery isn’t always necessary.** Some symptoms, such as seizures, are treatable with medications. Surgery may be appropriate for patients with worsening symptoms that can’t be controlled with medication, but patients and surgeons should weigh the risks and benefits of the procedure.

To learn more about how UMMC is leading the way in neurosurgery, visit [umm.edu/neurosurgery](http://umm.edu/neurosurgery), or call **410-328-6034** to schedule an appointment.



# NEUROSURGERY CLOSE TO HOME

UNIVERSITY OF MARYLAND SHORE  
MEDICAL GROUP - NEUROSURGERY,  
BASED IN EASTON, TREATS A WIDE  
RANGE OF BRAIN, SPINE AND PERIPHERAL  
NERVE INJURIES AND DISEASES.

**USING THE MOST** advanced technologies and specializing in minimally invasive spine surgery, Khalid Kurtom, MD, FACS, medical director, and Wendy Towers, MSN, CRNP, are dedicated to providing compassionate and exceptional neurological care for patients diagnosed with primary and metastatic brain, spinal cord and pituitary tumors; cervical, thoracic and lumbar spine conditions; peripheral nerve disease; hydrocephalus; and head injuries.

Neurosurgery care starts with a full medical review of the patient’s condition to determine the best treatment options. In some cases, further diagnostic testing is requested.

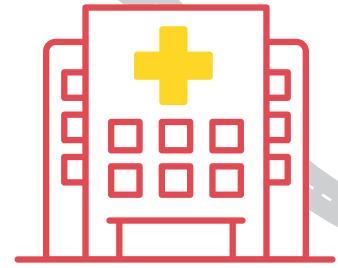
Dr. Kurtom first works to relieve symptoms through a nonsurgical approach, referring patients to providers who specialize in pain management or to a physiatrist to manage the patient’s condition, whether through physical therapy, injections, medications or other nonsurgical methods. Only when nonsurgical approaches prove ineffective does Dr. Kurtom consider surgical options. Depending on the patient’s condition, treatments may be minimally invasive, include radiation or involve more detailed surgery.

To make an appointment with a UM Shore Medical Group – Neurosurgery provider, call **410-820-9117**. To learn more about the practice, scan this QR code:





# Driven by SYMPTOMS



WONDERING  
WHERE TO TURN  
FOR MEDICAL  
ATTENTION? LET  
YOUR SYMPTOMS  
BE YOUR GUIDE.

**GOING TO THE** right place for medical care helps ensure you get the right care at the right time. If you can wait for an appointment, your primary care provider (PCP) is your first choice. After hours, consider an urgent care clinic. For life- or limb-threatening injuries, going to an emergency department (ED) or calling 911 connects you to the specialists you need to see. Here's where a few symptoms should take you:

## PCP/URGENT CARE

## EMERGENCY DEPT



### Chest Pain

Happens when eating certain foods, occurs only when lying down, feels sharp, lasts only a **few seconds**, and is not accompanied by shortness of breath, vomiting or sweating

Feels like **pressure or tightness in the chest**, is accompanied by shortness of breath, sweating or vomiting, and may radiate to the neck, back, shoulder(s) or jaw



### Falls

You're **younger than 65** and hit your head or suspect you broke a bone or sprained a ligament. Those **65 or older** who've hit their head should go to the ED.

Results in frequent vomiting, loss of consciousness, a **bad headache that medication can't help**, seizures, slurred speech, extreme pain or bone poking out of the skin



### Headaches

**Doesn't improve** with medication or makes sleep, work or daily activities difficult

Sudden and severe, and may be accompanied by confusion, difficulty speaking or walking, fever, **numbness on one side of the body**, or a stiff neck



If you need a primary care provider, visit [umms.org/find-a-doctor](https://umms.org/find-a-doctor).



UM Shore Medical Center at Chestertown physicians David Zamara, MD, and Richard Saba, MD, are shown in the hospital's Emergency Department.

## *Spotlight on UM Shore*

# MEDICAL CENTER AT CHESTERTOWN

RURAL HOSPITAL OFFERS SPECIALIZED EMERGENCY, INPATIENT AND OUTPATIENT CARE.

**“A CONVERSATION ABOUT** the care provided at University of Maryland Shore Medical Center at Chestertown would have to start with the unique population we serve,” said David Zamara, MD, medical director of the Department of Emergency Services at the Chestertown hospital. “Farmers, watermen and especially seniors—who account for about 28% of the local populace—make up a large share of our patients, and we are well prepared to meet their particular health care needs.”

This preparation is reflected in the hospital's achievement of Level 3 Geriatric Emergency Department Accreditation (GEDA), which requires that accredited emergency facilities have strategies and protocols in place to serve the particular needs of older patients. These include best-practice approaches to care that address common geriatric health issues, improved emergency

throughput, and optimal transitions of care for patients discharged from the ED to their home or other setting.

“Our emergency care physicians and advanced practice providers, nurses and other allied health professionals have benefited greatly from the in-depth training about health conditions prevalent among the elderly that was part of attaining GEDA,” Dr. Zamara said.

### **AVAILABLE WHEN NEEDED**

Timely access to care is another advantage of the UM Shore Medical Center at Chestertown ED.

“Unlike many hospital emergency departments that experience near-constant long wait times, we usually are able to see and assess patients very promptly,” Dr. Zamara said.

The Chestertown ED staff sees older patients with chest pain, difficulty breathing, altered mental state and



## AT A GLANCE - UM SHORE MEDICAL CENTER AT CHESTERTOWN

Serving the residents of Kent and northern Queen Anne's counties, UM Shore Medical Center at Chestertown provides exceptional, patient-centered care. Its key units and services include:

- Cardiopulmonary rehabilitation
- Chronic disease management support
- Diabetes and endocrinology
- Eleanor and Ethel Leh Women's Center
- Full-service Emergency Department—24/7/365
- Heart and pulmonary care
- Health and wellness classes
- Inpatient hospital care
- Laboratory testing
- Medical imaging services and radiology
- Outpatient (same-day) surgery
- Palliative care

## UM SHORE MEDICAL GROUP - LOCAL PROVIDERS

Staffed by top-rated physicians and advanced practice providers with convenient locations throughout the area, University of Maryland Shore Medical Group (UM SMG) practices providing care in Kent County include: Cardiology, Continence and Pelvic Health, Diabetes & Endocrinology, Nephrology, Primary Care, Pulmonary Care, Surgical Care, Urology, and Women's Health.

To find a specialist near you, visit [umms.org/shore/smg](http://umms.org/shore/smg).

## SHORE COMMUNITY OUTREACH TEAM (SCOT)

SCOT team members collaborate with partner organizations to bring health care access and support services to residents in their home settings and at convenient community sites throughout the region. The team includes a nurse, a social worker and two community advocates.

To learn more, call **410-778-3300, ext. 5644**.

## SPECIAL RECOGNITION

In addition to achieving Level 3 Geriatric Emergency Department Accreditation (GEDA), UM Shore Medical Center at Chestertown is designated as an Age-Friendly Health System (AFHS) and is included in Healthy People 2030.

dehydration—symptoms that suggest underlying illnesses, including chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), asthma, pneumonia, urinary tract infections and dementia. They also see patients with cellulitis—swollen, painful skin—which is caused by a bacterial infection that can become life-threatening if untreated.

On average, just under 10% of patients coming to the Chestertown ED will be admitted to inpatient care in the hospital. Patients whose health condition(s) would be better treated in a larger hospital are transferred to ensure appropriate care.

According to Richard Saba, MD, hospitalist and internal medicine specialist, common conditions treated in the ED at UM Shore Medical Center at Chestertown are CHF, cellulitis, pneumonia, pancreatitis, altered mental status and serious COPD symptom flare-ups (also called exacerbated COPD).

“For me and my colleagues, patient safety is the most important consideration,” Dr. Saba said. “We do our best to ensure that patients and family members understand their conditions, treatment needs and options. We take pride in serving this community and promoting accessibility and continuity of care.”

Drs. Saba and Zamara agree that a strength of the UM Shore Medical Center at Chestertown is the staff's commitment to quality care. For most of the team, the patients they see may be friends, neighbors and even family members.

“This hospital is integral to the community,” Dr. Zamara said. “We do everything we can to maintain the trust of our patients and families by providing safe, compassionate care in the ED and in the rest of the hospital.”

# Better care for headaches.



Headaches are a common condition that can affect most people at some point in their life.

Headaches and migraines have a variety of causes, like allergens, smoke, depression, emotional stress, muscle strain, weather changes and eating certain foods.

At **UM Shore Medical Group - Neurology and Sleep Medicine**, our providers evaluate and treat patients for various types of headaches. There are many different treatment options and each provider takes the time to find the best option for each patient's needs.

To schedule an appointment at one of our locations, call **410-770-5250**.

**Easton**  
490 Cadmus Lane  
Suite 102

Monday - Friday, 8:30am - 4:30pm

**Cambridge**  
713 Cambridge Market Place Blvd  
Suite 2-700

Tuesdays, 8:30am - 4:30pm



Rahel Alemu, CRNP



Fallon Bauer, PA-C



M. Walid Kamshah, MD



Trisha Coulbourn, CRNP



Rena Sukhdeo-Singh, MD



Tatyana Valentin, CRNP

[umshoreregional.org](http://umshoreregional.org)

**A better state of care.**