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UNIVERSITY OF MARYLAND SHORE REGIONAL HEALTH

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COVER STORY

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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.



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WE WOULD LIKE TO HEAR FROM YOU

Please send your comments, information requests or change of address to trena.williamson@umm.edu.

LETTER FROM THE CEO

WITH DEEP GRATITUDE



Maryland's Health Matters highlights the progress made in advancing health care in your community. I am inspired by the dedication of University of Maryland Shore Regional Health's (UM SRH) team members and proud of the progress our organization continues to make. But I would be remiss if I did not also express my gratitude to our three hospital foundations and auxiliaries that play such an important role in our advancement.

Many of the facilities, programs, services and technologies we offer today would not be possible without the generosity of our family members, friends, neighbors and volunteers. Through the many gifts and event sponsorships to our foundations, and the funds raised and thousands of hours donated by our dedicated auxiliary volunteers, UM SRH is able to better serve our patients and their families throughout Caroline, Dorchester, Kent, Queen Anne's and Talbot counties.

Gifts and fundraising events help UM SRH purchase state-of-the-art medical equipment, fund facility improvements and expansions, provide scholarships for nursing and support staff's continuing education and certification, and support programs that promote access to health care. One hundred percent of the gifts contributed to our foundations are used right here in our communities.

Our foundations and auxiliaries—and all who support them—have my deepest thanks for everything they do: sponsoring golf tournaments and other events, offering special vendor sales, staffing gift and consignment shops, escorting patients and directing visitors, and supporting our clinical staff in so many ways in our outpatient sites and our hospitals. In turn, we are devoted to making our volunteers, our foundations and our communities proud by offering the quality of care you have come to expect from UM SRH.

Thank you for your continued support.

Kenneth D. Kozel, MBA, FACHE
President and CEO
University of Maryland Shore Regional Health

What You Should Know About **CBD Oil**

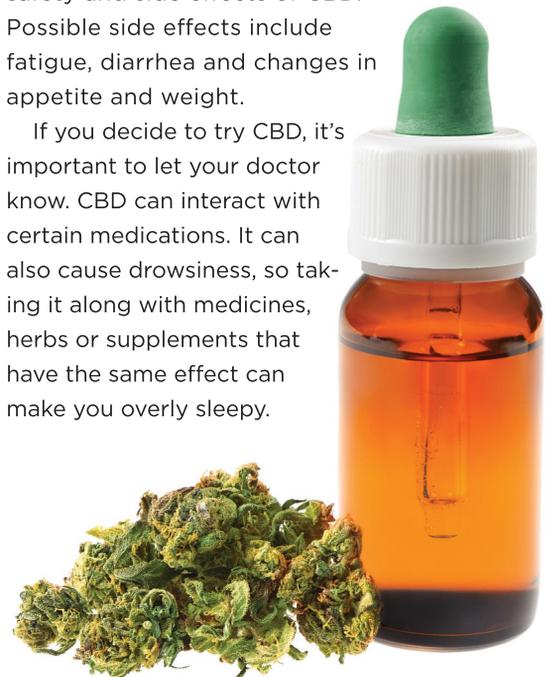
Stores selling everything CBD-related, from oils to gummies to lotions, are popping up online and in malls and downtowns nationwide.

Cannabidiol (CBD) is derived from marijuana. Even though CBD and THC both come from the marijuana plant, CBD doesn't have THC's intoxicating effects.

People are turning to CBD to alleviate a range of physical and mental illnesses. Studies show it may reduce pain and anxiety, and it's considered promising for treating epilepsy. For most other conditions, there's not enough evidence to say if it works. Early research indicates CBD might help with insomnia, some symptoms of multiple sclerosis and Parkinson's disease, schizophrenia, social anxiety disorder and quitting smoking.

More research is also needed on the safety and side effects of CBD. Possible side effects include fatigue, diarrhea and changes in appetite and weight.

If you decide to try CBD, it's important to let your doctor know. CBD can interact with certain medications. It can also cause drowsiness, so taking it along with medicines, herbs or supplements that have the same effect can make you overly sleepy.



The Truth About Vaccines

One hundred years ago, about 6,000 Americans died from measles every year. But once a vaccine was introduced in the 1960s, measles cases and deaths dwindled. The disease was declared eradicated in the United States in 2000.

Now, measles is back. With people choosing not to vaccinate and traveling overseas where immunization rates are lower, 28 states are reporting more than 1,100 cases so far this year.

As misinformation about vaccines spreads, you might be tempted to delay or skip them. But vaccines are among the best ways to protect you and your child from dangerous, deadly diseases, according to the Centers for Disease Control and Prevention. Here's what you need to know:

Vaccines are very safe. Most children experience no side effects or mild, short-lived effects such as soreness, fussiness or fever.



FOR MORE INFORMATION

To learn more about vaccine safety for children and adults, visit [cdc.gov/vaccines](https://www.cdc.gov/vaccines).

5 WAYS TO PROTECT YOUR VISION

Your eyesight might be fine—but that doesn't mean you can ignore your vision health. These five guidelines can help you keep your eyes in top shape as you age.

1. Get regular eye exams. The Centers for Disease Control and Prevention reports that 11 million Americans ages 12 and older need glasses or contact lenses. But eye exams are important even if your vision seems fine—you may be so used to vision problems that you don't notice them. Plus, you could have an eye disease such as glaucoma, cataracts, diabetic retinopathy or macular degeneration. These diseases often don't have symptoms at first, but catching them early can help prevent vision loss.

Vaccines save lives. Without vaccines, children can become seriously ill or disabled and can even die from the diseases that vaccines prevent.

Vaccines don't overwhelm your child's immune system. Your baby encounters and fights off thousands of germs every day. Vaccines contain weakened or dead versions of antigens that are designed to help your baby's immune system fight off threats.

Vaccines are recommended on a schedule that best protects your child. Younger children are often at higher risk of contracting these preventable diseases, so delaying vaccinations can put your child in harm's way.

2. Eat leafy greens such as spinach and kale, and choose a healthy diet overall. Keep your body weight within a normal range for your height.

3. Make sure you know about any family history of eye problems or diseases. Your eye doctor can use this information to watch for signs of trouble or recommend more frequent screenings.

4. Wear sunglasses. Check the label—they should block at least 99 percent of UVA and UVB radiation.

5. Quit smoking. Tobacco use increases your risk of macular degeneration, glaucoma and other eye diseases.



How to Manage Menopause Symptoms

As your body transitions away from regular monthly menstrual cycles, your changing hormone levels might cause symptoms such as hot flashes, insomnia and urinary problems.

Some women move through menopause with little trouble, while others find that the transition affects many aspects of their lives. If your symptoms are bothering you, here are some ways you can manage them.

Hot flashes. Dressing in layers that you can remove, drinking cold water and using a fan can help. Watch for triggers—spicy foods, alcohol, stress and caffeine might bring on hot flashes. Low-dose birth control or hormone replacement therapy might help.

Insomnia. Exercise can help you sleep better. So can good habits like not snacking or drinking before bed, limiting screen time and avoiding naps.

Urinary problems. Some women develop incontinence during menopause. This isn't just a normal part of aging—there are a range of treatment options including Kegel exercises, weight loss, physical therapy and surgery.



DO YOU NEED A WOMEN'S HEALTH PROVIDER?

Visit umshoregional.org/women to learn about an array of services, including pelvic health and continence.




 While pursuing his physician assistant master's degree in 2017, Ben Flowers (seated at right) did his clinical rotation with UM Shore Regional Health. During his clinical experience in The Orthopedic Center, he worked primarily with Karen Luethy, PA (left), and Myron Szczukowski Jr., MD (standing). Flowers and Luethy are two of five PAs now providing care in The Orthopedic Center.

YOUR ADVANCED PRACTICE PROVIDER WILL SEE YOU NOW

AT UM SHORE REGIONAL HEALTH, GROWING NUMBERS OF ADVANCED PRACTICE PROVIDERS ARE IMPROVING ACCESS TO CARE WHILE ALSO HELPING PATIENTS TAKE A MORE ACTIVE ROLE IN THEIR OWN HEALTH CARE



Have you seen a doctor about this?" It's a common question your friends or family members might ask in response to your health concerns. But these days, the answer might not be a simple yes or no.

At your next medical appointment or hospital stay, the person caring for you may be a physician, but he or she also may be an advanced practice provider (APP) such as a certified registered nurse practitioner (CRNP), a certified nurse midwife (CNM), a doctor of nursing practice



▲ UM Shore Regional Health nurse practitioners were honored during National Nurse Practitioners Week by Maryland state Sen. Addie Eckardt (front row, third from left). Shown at far right is Timothy Shanahan, DO, medical director, UM Shore Medical Group.

(DNP) or a physician’s assistant (PA). Over the past decade in the U.S., the growing demand for access to health care has led to a dramatic increase in APPs working in primary care and many other medical specialties.

The numbers at University of Maryland Shore Regional Health (UM SRH) certainly bear this out. In 2013, there were just 10 advanced practice nurses working within the system. Today, there are 54 advanced practice providers in 19 specialties.

A GROWING TREND

UM SRH Chief Medical Officer William Huffner, MD, predicts that APP ranks among Eastern Shore providers will continue to keep pace with national trends. Since 2016, UM SRH has provided clinical rotations for students in several nearby nurse practitioner master’s programs and the physician

assistant master’s program offered jointly by Anne Arundel Community College (AACC) and the University of Maryland, Baltimore (UMB).

“Providing clinical rotations gives our physician and advanced practice preceptors the opportunity to participate in shaping the next generation of medical care in varied medical specialties,” Dr. Huffner says. “And while the students are with us, they experience firsthand the values of our organization, our commitment to quality patient care and the opportunities they might enjoy if they become employed with us.”

A PA takes patients’ medical histories and conducts physical examinations, orders and interprets tests, diagnoses illnesses, develops and implements treatment plans, assists in surgery and even performs minor outpatient surgical procedures. In fact, more than 25 percent of PAs have a surgery specialty.



Extending Access to Care

Nurse practitioners, nurse midwives and physician assistants play a growing role in the following specialties at UM Shore Regional Health:

- Behavioral Health
- Breast Care
- Cardiology
- Diabetes and Endocrinology
- Emergency Care
- Gastroenterology
- Hospital Care
- Neurology
- Neurosurgery
- Oncology
- Orthopedics
- Pain Management
- Palliative Care
- Pediatrics
- Primary Care
- Surgery
- Urology
- Women’s Health
- Wound Care



Award-Winning Care

Nurse practitioner and certified wound specialist Lisa Jeffers, a provider with UM Shore Medical Group – Wound Care, was one of two winners of the Aurora Awards case study competition held in March by the medical

technology company Kerecis. Shown at the Northern Lights workshop in Reykjavik, Iceland, with Iceland President Gudni Johannesson and G. Fertram Sigurjonsson, president and CEO of Kerecis, Jeffers won for

In Maryland, they also can prescribe medications because they practice under the supervision of a physician.

Advanced practice nurses work with patients to assess their health, order and evaluate diagnostic tests, develop treatment plans, prescribe medications and therapies, coordinate with other professionals and educate patients about their illnesses and treatments.

The path for an advanced practice professional is rigorous, completing a degree program that includes extensive clinical training. Upon completion of the coursework and clinicals required for the degree, candidates must pass rigorous licensure examinations.

FOCUS ON PRIMARY CARE

At UM SRH, the largest number of APPs work in primary care. “The Shore region, like many areas of the U.S., has been struggling to overcome a significant shortage of primary care providers,” says Gail Shorter, DNP, who works in the Pain Center at UM Shore Medical Center at Easton and is chair of the UM SRH Advanced Practice Provider Council. “Today, UM Shore Medical Group – Primary Care includes eight NPs providing care in Centreville, Easton and Galena along with nine physicians located in Centreville, Chestertown, Denton and Easton.”

Women’s Health is another practice in which APPs play a strong role, with two DNPs and three CNMs on

board. “In the past 25 years, the role of nurse practitioners and nurse midwives in women’s health care has grown exponentially,” says Barbara Keirns, MD, chair of the Department of Obstetrics and Gynecology for UM SRH Medical Affairs. “Their ability to manage uncomplicated cases enables physicians to concentrate more on patients who require more complex care, and ultimately extends access to care to more patients.”

For women experiencing normal labor and delivery, nurse midwives can provide care autonomously, without a physician’s involvement. UM SRH credentialing restrictions mandate that all APPs work in close collaboration with

physicians in their specialties. “I trust and depend on my nurse practitioners and nurse midwives as I do my physician colleagues,” Dr. Keirns says.

Jessica Pate, one of three nurse midwives in UM Shore Medical Group – Women’s Health, emphasizes shared decision-making in her approach to patients. “Our goal is to partner with patients by personalizing their care,” Pate says. “We strive to give women the information they need to make educated decisions based on their own preferences and needs. We sit down with them—it’s a mutual dialogue. I’m especially excited that our two nurse practitioners, Jennifer Dyott and Dale Jafari, recently earned their doctoral (DNP) degrees and completed research projects on topics directly related to the care we provide our patients, giving us more resources regarding their care.”

PREVENTIVE MEDICINE IS KEY

A particular advantage of advanced practice providers is their focus on health education, wellness and disease prevention that enables them to counsel patients on appropriate screenings, test results and referrals to specialists. “This focus allows APPs to be very effective in engaging their patients to ask questions and take an active role in their health,” Dr. Keirns says.



Shown at her UM Shore Medical Group – Primary Care office in Galena in northern Kent County, nurse practitioner Lisa McDonald sees an average of 20 patients a day. “Most are from Kent County, but they also come down from Cecil County, and I have some patients from Caroline,” McDonald says.

a study focused on a Kerecis product designed to heal severe chronic wounds. “As a provider specializing in wound care, my goal is to save limbs, prevent amputation and heal patients’ wounds so they can get back to their lives,” Jeffers says.

For Doris Tate, a CRNP in the UM Center for Diabetes and Endocrinology at UM Shore Medical Center at Easton, empowering patients to manage their health is the most appealing aspect of being a nurse practitioner. Formerly a diabetes nurse educator, Tate always believed she was helping diabetes patients take ownership of their health and achieve a better understanding of how to manage the disease to avoid potentially serious complications. “I felt I was making an impact, but that as a nurse practitioner, I would be able to do an even better job of helping patients get to their goal by providing treatment as well as by educating them.”

Tate says being involved in diabetes treatment is exciting and gratifying. “The role of technology in diabetes is just exploding, and I see it as a real advantage,” she says. “Continuous glucose monitoring technology enables patients to monitor more easily and without pricking, and as a result their health improves. With my colleague Lisa Bronaugh, also a nurse practitioner, I focus on diabetes care while the center’s endocrinologists treat patients with complex endocrine issues as well as those with diabetes.”

Tate is quick to point out that her path to becoming a nurse practitioner included diverse clinical experiences, including in emergency care handling minor injuries and ailments—“everything from lacerations to toothaches to neck pain”—and in primary care. “It was very demanding

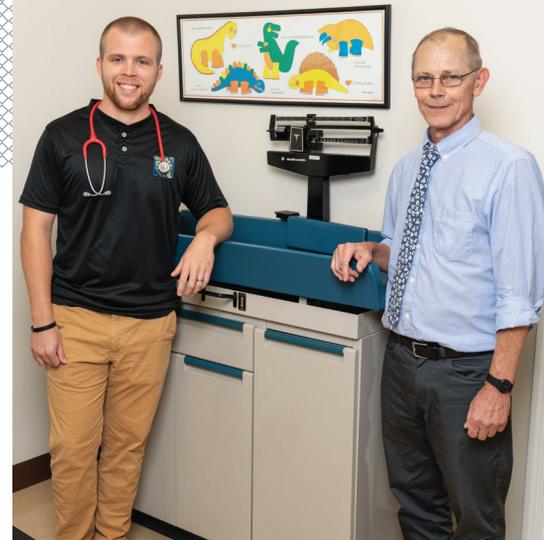
and required a lot of sacrifices, but it was definitely worth it,” she says.

More education is ahead for Eric Abbott, a PA in emergency care at UM Shore Medical Center at Easton. He completed his PA master’s degree six years ago after serving as a community ambulance volunteer in Kent County and as a paramedic doing interfacility transports. “I loved being a medic, but I was eager to be able to do more in terms of patient care,” Abbott explains. “I still get excited by the idea of learning more and being able to provide a higher level of care, so I am now pursuing the doctor of medical science degree through Lincoln Memorial University. It offers online classes and conferencing, so I will be able to keep working while going through the program.”

Abbott’s path is not unusual for PAs. Mary Jo Bondy, program director of the Masters in Health Sciences/Physician Assistant Program at UMB, says most students accepted into the AACC/UMB PA program have some work experience, often in health care. “We find that candidates with a bit of work history and life experience are most likely to succeed in the program, which is very demanding,” Bondy says.

EXTENDING CARE

For Walter Atha, MD, medical director of Emergency Medicine for UM SRH, Abbott’s presence—along with that of two other PAs and two NPs—is a huge benefit to emergency care. “For all patients seen in the emergency departments at Shore, care is supervised by emergency physicians, either directly in more severe cases or via discussion and/or reviewing the charts of less complex patients,” Dr. Atha explains. “The NPs and PAs are part of what we



▲ Ryan Davis (left), pediatric nurse practitioner, is shown with pediatrician Richard H. Fritz, MD, at UM Shore Medical Group – Pediatrics in the Shore Medical Pavilion at Easton. Davis relocated from Tennessee in May.

call the subacute group, and Eric is the lead for that group. While they generally handle less severe cases, they have the education and experience to manage high-acuity patients. We could not handle emergency department volumes without them. They enable us to extend access to care to more patients.”

“Working in collaboration with physicians throughout the five counties served by UM Shore Regional Health, advanced practice providers are extending access to care with a holistic and collaborative approach,” Shorter says. “This means listening to patients and their family members, educating them about their medical conditions and engaging them in managing their health in a proactive way. It’s exciting for us as providers, and beneficial to patients, that UM Shore Regional Health has embraced this increasingly important trend in our national health care landscape.” ♦



MORE INFORMATION

Searching for a provider?
Call UM Shore Medical Group,
410-822-1000, ext. 5005, or
visit [umshoreregional.org/
findadoctor](http://umshoreregional.org/findadoctor).

THE FULL SPECTRUM OF CARE

UMMC'S IBD PROGRAM FIGHTS COMPLEX DIGESTIVE DISEASES WITH A HOLISTIC APPROACH

After giving birth to her first child, Paige Marcus was looking forward to bonding with her newborn son. Instead, she was consumed by debilitating symptoms of ulcerative colitis—a type of inflammatory bowel disease (IBD) caused by ulcers in the colon and rectum.

She identified a shift in her health during her third trimester, and it only got worse after her baby was born. “I was losing weight, having major stomach pain and bleeding, and was going to the bathroom 12 to 15 times a day,” she says.

Prednisone, a steroid used to calm inflammation, kept the disease in check in the past. But then the medication no longer controlled her symptoms.

Paige lost all of her baby weight and more mere weeks after giving birth. She had trouble producing breast milk and switched to formula. “You could physically see that I was withering away,” she says.

Eventually, her IBD was so intense she had trouble caring for her baby.

“My mother and my husband tag-teamed feeding the baby in the middle of the night because I didn’t have the strength to get up,” she says. “I’d be feeding him, then have to pass him off and run to the bathroom.”

For six weeks, Paige could barely leave the house. Despite her condition, her local physician insisted she “stay the course” and continue on prednisone.

Paige and her family weren’t satisfied with this answer. “One night, I heard

my mom crying to my husband that something needed to be done. I wasn’t getting better,” she says.

That’s when her husband made an appointment at the Digestive Health Center at University of Maryland Medical Center (UMMC).

TIMELY INTERVENTION

Paige met with Raymond Cross, MD, professor of medicine at the University of Maryland School of Medicine (UMSOM), director of the Inflammatory Bowel Disease Program and co-director



Paige Marcus

of UMMC’s Digestive Health Center. Dr. Cross recognized Paige’s critical condition and admitted her to the hospital, where she stayed for a week.

She began taking Remicade, a biologic drug administered intravenously. The drug eased her symptoms, but it took six months to fully recover.

Today, she receives Remicade infusions every eight weeks. “I haven’t had any symptoms since that flare. I’m in total remission. I feel like I owe Dr. Cross my life,” she says.

CARE IN ONE LOCATION

Many IBD patients experience debilitating symptoms. However, the disease’s profile is shockingly diverse.

“IBD has many variables: what kind of patient and the part of the body it affects, what problems it causes, how the patient responds to medications, what side effects people have. No two people are the same,” says Andrea Bafford, MD,



“Patients have access to gastroenterologists, colorectal surgeons, specialized nurses, a dietitian, a pharmacist and a social worker all in one setting.” — Raymond Cross, MD

assistant professor at UM SOM and chief of colorectal surgery at UMMC.

To address this, the IBD Program offers services across the full spectrum of care—all in one location. “Patients have access to gastroenterologists, colorectal surgeons, specialized nurses, a dietitian, a pharmacist and a social worker all in one setting,” Dr. Cross says.

This holistic, all-in-one approach is unique among IBD programs. It’s not only convenient, but it has also been shown to improve patient outcomes.

The team meets weekly to discuss people with complex cases. This is especially important for patients considering surgery. “There’s a surgeon and an IBD gastroenterologist having office hours at the same time most days. This facilitates joint appointments and discussing complex cases. It keeps everyone on the same page,” Dr. Bafford says.

FRIENDLY FACES

The disease may be individual, but Paige’s hardship isn’t unique. Many

IBD patients find it difficult to participate in daily activities while having a flare.

“IBD is unsettling. These symptoms can affect their ability to go to school, work and have families. It affects them psychosocially,” Dr. Cross says.

Keeping this in mind, the team works together on-site to create a convenient and friendly atmosphere for patients. Being located in a single place allows the team to create a comprehensive treatment plan that’s difficult to achieve when working with IBD specialists in different locations. “We not only find the right therapy for each patient, but also provide them the support they need to get through the process,” Dr. Cross says.

The social worker collaborates with patients to solve problems they might have accessing or paying for care. They also connect patients with a therapist if needed. “This aspect of IBD care is essential, because a patient’s mental health is just as important as their

physical health,” says Uni Wong, MD, an assistant professor at UM SOM and a gastroenterologist.

Additionally, the nursing team coordinates care between visits, aiding the transition from the hospital to outpatient care and more.

Each team member, from the secretaries to the surgeons, works together to provide the most comprehensive care possible for patients.

PREGNANCY PARTNERS

Reproductive care for IBD patients is another unique service the program offers.

“We educate patients on which medications are contraindicated in pregnancy and how to keep the disease under control during pregnancy,” Dr. Wong says.

“Some non-GI providers perceive the immunosuppressant and biologic medications we use as contraindicated in pregnancy, even when that isn’t the case,” Dr. Wong says.

COMBATING “THE SILENT KILLER”

Randy Beardsley is a living example of how much IBD can vary from person to person.

He was diagnosed with Crohn’s disease after a routine colonoscopy discovered a fistula, an opening in the intestine that creates leakage. Crohn’s is a type of IBD that can cause inflammation anywhere in the digestive tract and usually results in symptoms such as abdominal pain, diarrhea and fatigue.

However, Randy has been largely asymptomatic throughout his life. “If it wasn’t for the colonoscopy, I never would have known I had Crohn’s,” he says.

After his diagnosis, he read about IBD voraciously. His reading taught him that even if he wasn’t having debilitating symptoms, he still



Uni Wong, MD

needed to be proactive and combat the disease. “Crohn’s can be a silent killer,” says Uni Wong, MD. “Asymptomatic patients might end up in the emergency room with a bowel perforation because an ulcer eroded through the bowel.”

With this knowledge in hand, he was recommended to the IBD Program to get the disease under control.

Randy now takes Humira weekly to ease inflammation. He has the medication delivered to his home and self-injects, easily incorporating treatment into his daily life.

He also altered his diet to keep inflammation down, following recommendations from his reading and the IBD Program’s on-site dietitian. “The hardest thing was switching to black coffee,” he says.

Seven years later, he still works with Dr. Raymond Cross to monitor the disease and change the course of treatment as needed.

“We’ve been able to manage the disease pretty effectively. Overall, it’s been a positive experience,” Randy says.



Randy Beardsley



DIGESTIVE HEALTH CARE AT UM SRH

Providers at University of Maryland Shore Medical Group in Easton diagnose and treat disorders of the digestive tract and liver. Team members provide high quality care, forming a unique treatment plan for each patient. Procedures include:

- **Colonoscopy:** Allows a doctor to examine the lining of the large intestine (colon) for abnormalities
- **Upper Endoscopy/EGD:** Allows a doctor to examine the lining of the upper part of the gastrointestinal tract (esophagus, stomach and small intestine)
- **Flexible Sigmoidoscopy:** Allows a doctor to examine the first half of the colon
- **Endoscopic Retrograde Cholangiopancreatography (ERCP):** A test that examines the bile ducts, pancreatic duct and gallbladder
- **Percutaneous Endoscopic Gastrostomy (PEG):** Allows nutrition, fluids or medications to be put directly into the stomach

■ **Testing for Lynch Syndrome:** Also called hereditary nonpolyposis colorectal cancer, Lynch syndrome is an inherited disorder that increases the risk of many types of cancer.

Diagnostic gastroenterology procedures (colonoscopies, endoscopies and sigmoidoscopies) also are offered at UM Shore Medical Centers at Chestertown and Dorchester; both hospitals and UM Shore Medical Center at Easton also offer infusion treatment. A referral from a primary care provider or specialist and insurance verification are required.

PROVIDERS

.....
 Laura Jin, MD
 George John, MD
 Volkan Taskin, MD
 Matthew Troshinsky, MD
 Melissa Eigenbrode, NP
 Mary Horseman, NP
 Mickee Roser, NP

When Paige and her husband decided to have a second child, she partnered with the IBD Program team to determine the best approach for keeping her disease in remission before pregnancy.

“Dr. Cross said it’s better for the baby to have the disease controlled than to risk going off Remicade,” she says. “I stayed on the medication and got monthly ultrasounds to ensure the baby was growing appropriately.”

The team worked with Paige’s OB-GYN to schedule her cesarean section around Remicade infusions, so her symptoms would remain controlled during the first weeks of caring for her newborn.

The result? She had her second child without a flare. “I had no issues at all. It was a huge relief,” she says.

NEW HORIZONS

The IBD Program’s connection to UM SOM allows them to offer research opportunities and innovations for IBD patients who don’t respond to conventional treatments. “We see any type of research that’s going to improve our patients’ lives as critically important, so we participate in many studies and clinical trials,” says Dr. Cross.

The team has recruited

more than a quarter of the patients currently participating in SPARC IBD. This nationwide, long-term study follows IBD patients to identify predictors of severe disease and response to treatment.

The team also explores medical technologies like telemedicine. “We led the largest U.S. trial studying remote monitoring in IBD patients and found that it was associated with decreased hospitalization rates,” says Dr. Cross.

With the telemedicine program, patients can access staff remotely for appointments. This allows the team to provide their expertise to people outside of state lines.

SUPPORT WHEN YOU NEED IT

The team works together to provide the holistic support that many patients need in one location, setting them apart from other IBD treatment programs.

“We align ourselves to make the patient experience as positive as it can be,” says Dr. Cross.

This holistic approach has produced exceptional results for many patients, including Paige: “I’ve had a 180-degree turnaround, going from the lowest of lows to the highest of highs. I’m so happy.” ♦



LEARN MORE

For more information about UMMC’s IBD Program, please visit umm.edu/IBD or call **410-706-3387**.



MAKE AN APPOINTMENT

UM SMG – Gastroenterology is located at 511 Idlewild Avenue, Suite B, in Easton. To schedule an appointment with a provider, call **410-822-6005**.

5 Ways to Improve Gut Health

A HEALTHY BALANCE AND DIVERSITY OF BACTERIA IN THE LOWER GASTROINTESTINAL TRACT (THE GUT) IS A KEY PART OF GOOD HEALTH, RESEARCHERS ARE FINDING. GOOD BACTERIA IN THE GUT HELP DIGEST AND ABSORB NUTRIENTS FROM FOOD AND BOOST THE IMMUNE SYSTEM.

1 Sleep Better

A growing body of research shows that getting **seven to eight hours of sleep** each night is key to maintaining a healthy gut. In turn, studies find that poor gut health may negatively affect sleep.



2 Consider Probiotics

Probiotic supplements may help **bolster the number of beneficial bacteria** in the gut, aiding digestion and improving immunity. These supplements are live bacteria, so be sure to speak with your health care provider before taking one.



3 Manage Stress

Stress can wreak havoc on gut health through the gut-brain connection. Meditation, yoga, tai chi, breathing exercises and **spending time in nature** are all good ways to reduce stress.



4 Eat More Fiber

Recent research shows healthy gut bacteria feed on fiber from our diet. Adding more **fruits, vegetables, beans, nuts, seeds and whole grains** to your meals provides a healthy mix of fibers and nutrients.



5 Exercise

Numerous studies have found links between regular exercise and improved gut health. Aim for the recommended minimums of 150 minutes of **moderate-intensity aerobic exercise** or 75 minutes of **vigorous activity** per week.



Did You Know?

- 70 to 90 percent of cells in the human body are bacterial
- Many researchers consider the gut microbiome a separate human “organ” inside the body
- Microorganisms account for 1 to 3 percent of the body’s mass

SOURCES: AMERICAN MUSEUM OF NATURAL HISTORY; NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES; NATIONAL INSTITUTES OF HEALTH

Advancing Health Care in Your Community

YOUR SUPPORT MAKES A WORLD OF DIFFERENCE



University of Maryland Shore Regional Health (UM SRH) enjoys the dedicated support of three dynamic foundations and three volunteer auxiliaries. Each year, patients benefit from thousands of hours donated by volunteers and from funds raised through individual and corporate donations and event sponsorships.

Purchases of vital, state-of-the-art medical equipment are made possible by contributions to UM Chester River Health Foundation, Dorchester General Hospital Foundation and UM Memorial Hospital Foundation and through fund-raising initiatives by the hospital auxiliaries. Community support has helped UM SRH achieve many essential equipment upgrades and acquisitions, including:

- 3D tomosynthesis mammography machines for breast cancer screening and diagnosis
- Portable digital X-ray system, reducing diagnostic time from 30 minutes to less than five
- GE Revolution EVO CT scanner,
- a state-of-the-art diagnostic tool for emergency, inpatient and outpatient care
- LUCAS 3 Chest Compression System for cardiac arrest response
- Invasive and noninvasive

- ventilators for patients with breathing problems
- Two ceiling-mounted safety lifts to help transfer patients in emergency care
- Six telemetry monitors for use in cardiopulmonary rehabilitation
- GlideScope, a video laryngoscopy technology that facilitates intubation
- Anesthesia machines
- Ultrasound equipment and fetal monitors for use in the Birthing Center
- Arthroscopic and laparoscopic surgical equipment
- Pediatric scale for use in emergency care
- Intensive care unit equipment upgrades
- Total Gym PowerTower for use in Rehabilitation Services

Support for UM SRH foundations and auxiliaries also benefits staff development and training—for example, scholarships for nurses who pursue specialized certification and advanced degrees—and programs that improve community access to health screenings, diagnosis and treatment, such as the Wellness for Women community outreach program.

UM SRH invites you to support the health care team that serves you and your family, friends and neighbors.



FOR MORE INFORMATION

Learn more online at umms.org/shore/giving.

HOW YOU CAN HELP

UM Chester River Health Foundation supports patient care through funding new equipment and technology, new services, capital improvements and advanced staff education at UM Shore Medical Center at Chestertown and the patient benevolent fund at Chester River Home Care. Contact Maryann Ruehrmund, executive director, **410-810-5660**.

The Dorchester General Hospital Foundation supports patient care needs, equipment upgrades and staff development at UM Shore Medical Center at Dorchester and UM Shore Rehabilitation Services at Cambridge. Contact Ida Jane Baker, president, **410-228-8182**.

UM Memorial Hospital Foundation supports patient care needs, equipment upgrades and staff development at UM Shore Medical Center at Easton, UM Shore Emergency Center at Queenstown, the Cancer Center at Shore Regional Health, the Clark Comprehensive Breast Center and other outpatient sites. Contact F. Graham Lee, vice president for philanthropy, **410-822-1000**, ext. **5509**.

Chester River Hospital Auxiliary volunteers provide assistance to hospital clinicians and patients. They raise funds through the hospital gift shop, the Nearly New Shop and vendor sales. Contact Sue Edson, president, **410-778-7668**, ext. **2351**.

Auxiliary of Dorchester General Hospital volunteers provide assistance to hospital clinicians and patients, and they raise funds through the hospital gift shop, the Robin Hood Shop and vendor sales. Contact Vivian Coghlan, volunteer coordinator, **410-228-0091**.

Auxiliary of Memorial Hospital at Easton volunteers provide assistance in the hospital and outpatient centers and raise funds through Maggie's Gift Shop, The Bazaar at 121 Federal Street, Tree of Lights and vendor sales. Contact Terry Stephan, **410-822-1000**, ext. **5839**.

Wellness Calendar

CHILDBIRTH & PARENT EDUCATION PROGRAMS

Classes are free and are held in the Nick Rajacich Health Education Center, UM Shore Medical Center at Easton. To view the full 2019 class schedule, please visit umshoreregional.org/birthing. To register, call **410-822-1000, ext. 5200**, and follow the recorded instructions.

■ LABOR AND DELIVERY

Saturdays, 9 a.m. to 3 p.m.:
Oct. 5, Nov. 2, Dec. 7.

■ BREASTFEEDING

Saturdays, 9 a.m. to 12:15 p.m.:
Sept. 21, Nov. 16.

■ NEW MOM, NEW BABY: SAFETY & CPR

Saturdays, 9 a.m. to 1:30 p.m.:
Oct. 19, Dec. 14.

■ BIG BROTHER, BIG SISTER: SIBLING PREPARATION

Saturdays, 9:30 to 11 a.m.:
Oct. 26, Dec. 12.

CANCER SUPPORT GROUPS

■ **CHESTERTOWN:** Fourth Monday, 6 p.m., Education Center, UM Shore Medical Center at Chestertown, 100 Brown St., Chestertown, 21620. Led by Chrissy Nelson. Contact: **410-778-7668, ext. 2175**.

■ **EASTON:** First and third Thursdays, 5 to 7 p.m.,

Cancer Center, 509 Idlewild Ave., Easton, 21601. Led by Sharon Loving. Contact: **443-254-5940**.

CANCER CAREGIVERS' COFFEE

First Saturday, 9 to 10:30 a.m., Cancer Center, 509 Idlewild Ave., Easton, 21601. Led by Patty Plaskon. Contact: **410-820-6800, ext. 5361**.

WOMEN SUPPORTING WOMEN: BREAST CANCER

Fourth Tuesday, 6:30 p.m., Christ Episcopal Church, 601 Church St., Cambridge, 21613. Led by Sue Todd. Contact: **410-463-0946**.

SCREENINGS & SUPPORT GROUPS

BREASTFEEDING

First and third Tuesdays, 10 to 11:30 a.m., fifth-floor meeting room, UM Shore Medical Center at Easton. Led by Carol Leonard. Contact: **410-822-1000, ext. 5700**.

STROKE

■ **MID SHORE:** First Thursday, noon to 2 p.m., UM Shore Medical Pavilion at Easton, 500 Cadmus Lane, Easton, 21601. Led by Nicole Leonard. Contact: **410-822-1000, ext. 5068**.

■ **QUEENSTOWN:** Fourth Tuesday, noon to 2 p.m., UM Shore Medical Pavilion at

Queenstown, Suite 320, 125 Shoreway Drive, Queenstown, 21658. Led by Nicole Leonard. Contact: **410-822-1000, ext. 5068**.

DIABETES

■ **CAMBRIDGE:** Fourth Wednesday, 5:30 p.m., Board Room, UM Shore Medical Center at Dorchester. Led by Wynne Aroom. Contact: **410-822-1000, ext. 5757**.

■ **CHESTERTOWN:** Fourth Tuesday, 6:30 p.m., UM Shore Medical Center at Chestertown.

Led by Chrissy Nelson. Contact: **410-778-3300, ext. 2175**.

■ **DENTON:** First Tuesday, 5 p.m., St. Luke's UM Church, 100 S. Fifth Ave., Denton, 21629. Led by Jessica Tippet. Contact: **410-822-1000, ext. 5757**.

■ **EASTON:** Second Monday, 5:30 p.m., Talbot County Senior Center, 400 Brookletts Ave., Easton, 21601. Led by Karen Hollis. Contact: **410-822-1000, ext. 5757**.

NOT ALL WOUNDS ARE VISIBLE

A COMMUNITY CONVERSATION: ADVERSE CHILDHOOD EXPERIENCES (ACEs)
PLUS: KNOWING WHAT WORKS

■ **9 a.m. to 2 p.m. Wednesday, Nov. 13**
UMB Campus Center
621 W. Lombard St., Baltimore

Join the University of Maryland Medical System and the University of Maryland, Baltimore for a FREE community conversation about adverse childhood experiences (ACEs). ACEs are stressful or traumatic events that strongly affect health outcomes throughout a person's life. Join us as we continue an important discussion about this critical public health issue. This event is open to the public and provides an opportunity to gain valuable insight, tools and resources for inspiring resilience and supporting anyone managing stressful or traumatic events. You will not want to miss this chance to ask questions and learn how to get help for yourself, family and friends in your community. Registration is strongly encouraged at umms.org/community/conversations.



FREE BLOOD PRESSURE SCREENINGS

■ **CAMBRIDGE:** Every Tuesday and Friday, 11 a.m. to 1 p.m., UM SMC at Dorchester, Main Lobby. (Excluding holidays.)

■ **EASTON:** Every Tuesday and Wednesday, 9 a.m. to

noon, Diagnostic & Imaging Center. (Excluding holidays.)

■ **CHESTERTOWN:** UM SMC at Chestertown. Coming soon; to be announced.

CELEBRATING

100+
YEARS
of Caring



It all boils down to
healthy households

Being in the kitchen is not so different from being in the operating room.

For Drs. Palak Doshi, an obstetrician-gynecologist, and Dabanjan Bandyopadhyay, a general surgeon, there is a similar goal. These University of Maryland Shore Regional Health physicians are focused on making sure their family, as well as yours, is healthy – and happy too. So whether Dr. Doshi needs to deliver a baby in the middle of the night or Dr. Bandyopadhyay needs to perform an appendectomy during the weekend, this married pair doesn't hesitate to do what is necessary to keep our communities thriving. They don't just work here. This is where they live and where they are raising their children. It's pretty cut and dried, healthy neighbors and households matter to them.

**Be a part
of something
greater**