

MARYLAND'S

H E A L T H



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UNIVERSITY OF MARYLAND SHORE REGIONAL HEALTH

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SPOTLIGHT ON UNIVERSITY OF MARYLAND MEDICAL CENTER

Fighting the Opioid Epidemic
Using innovative approaches to prevent and treat addiction to opiates, UMMC providers are leading the way in Maryland. See page 10.

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Through a partnership between the Cancer Center at UM Shore Regional Health and YMCA of the Chesapeake, the LiveSTRONG program is helping cancer survivors get back to living their lives.



COVER STORY

ON THE COVER: UM Shore Regional Health gastroenterologist Michael Fisher, MD, who is battling two different types of cancer, with YMCA LiveSTRONG instructor Barbara Jarrell.

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.

5 STOP THE BLEED

Knowing what to do in this emergency situation can help save a life.



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BE A PART OF SOMETHING GREATER.

MARYLAND'S HEALTH MATTERS

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Get health information and updates from our experts.
twitter.com/umshoreregional

WE WOULD LIKE TO HEAR FROM YOU

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

FROM THE CEO

THE POWER OF PARTNERSHIPS

Our cover story reflects the value of community partnerships between our health care organization and nonprofit, government and private organizations. The partnership between UM Shore



Shore Regional Health since 2015, is helping to reduce avoidable 911 calls, emergency department visits and hospital admissions by connecting at-risk patients and their families with in-home services and referrals to appropriate community agencies.

Regional Cancer Center in Easton and the YMCA of the Chesapeake LiveSTRONG program helps cancer survivors regain their strength and build a support network.

There are many other partnerships. In Kent County, we have worked closely with HomePorts, providing financial support and strong staff participation in its annual health fair, which attracts residents of Kent County and beyond. Through our collaboration with Compass Regional Hospice, a four-bed hospice care unit has been established in our hospital, and through the work of our Regional Opioid Task Force, we have forged a partnership with the A.F. Whitsitt Center that helps patients treated for overdose receive prompt transfer for addiction treatment.

In Caroline County, we celebrated the opening of our long-awaited UM Shore Medical Pavilion at Denton. We also provided grants for the county's Emergency Medical Services.

In Queen Anne's County, the Mobile Integrated Community Health Pilot Program, supported by UM

Our plan for a new health care campus in Dorchester County continues to engage us in partnership with local physicians, county and city officials, and representatives of various community, business and health organizations. Their input is helping us create a state-of-the-art medical complex that will meet a wide spectrum of health care needs—emergency, observation, diagnostic, outpatient, rehabilitation, and access to primary care and medical specialists.

I look forward to the continued expertise, engagement and sense of shared purpose our many community partners bring to these and other initiatives. In the meantime, my best wishes to you and your family for a healthy spring and summer.

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

6 SYMPTOMS YOU SHOULD NEVER IGNORE

It can be easy to ignore a symptom and hope it goes away. But these symptoms can point to serious medical problems that need expert attention.

1 Chest pain, which might be a sign of a heart attack, though it could stem from other causes.

2 Changes in mental status, like confusion or unusual behavior. Problems such as concussion, low blood sugar, medication side effects, nutritional deficiencies and others can cause these changes.

3 Difficulty breathing or shortness of breath, which could be a sign of a range of lung problems.

4 Feeling as though you might harm yourself or other people.



5 Severe abdominal pain can be caused by a lot of conditions that aren't serious, but it needs evaluation to rule out dangerous possibilities such as appendicitis or an intestinal obstruction.

6 Coughing up or vomiting blood, which might be caused by serious lung or gastrointestinal problems.

If you notice these symptoms in yourself or someone else, get to the emergency department or call 911 right away. Call 911 if you think the condition is life-threatening or might get worse on the way to the hospital.



LEARN MORE

Visit umshoreregional.org/healthy to find emergency and urgent care locations.

Not All Wounds Are Visible

A COMMUNITY CONVERSATION:
LET'S TALK ABOUT HOW
ADVERSE CHILDHOOD
EXPERIENCES (ACEs)
IMPACT WHO WE ARE

9 a.m. to 4 p.m., Wednesday,
June 19, UMB Campus Center,
621 W. Lombard St., Baltimore

The University of Maryland Medical System and the University of Maryland, Baltimore are hosting a FREE community conversation about the impact of adverse childhood experiences (ACEs)—stressful or traumatic events that strongly affect health outcomes throughout a person's life. Trauma survivor Tonier Cain-Muldraw will share lessons learned about the consequences of untreated trauma on individuals and society at large, including mental health problems, addiction, homelessness and incarceration.

For information on how you can livestream the event, visit umshoreregional.org/healthy.



ADULT VACCINES:

What They Are and Who Should Get Them

Children aren't the only ones who need to roll up their sleeves. Adults also require certain vaccines to protect themselves and those around them from preventable illnesses.

SHINGLES

Adults 50 and older should receive the new Shingrix vaccine. It protects against the re-emergence of herpes zoster, the virus responsible for chickenpox, which can cause a painful rash in later life. You should get it even if you previously received Zostavax, which is the old shingles vaccine.

PNEUMOCOCCAL DISEASE

Adults 65 and older—and adults younger than 65 with health conditions

such as asthma, diabetes and HIV—should get the pneumococcal vaccine, which protects against pneumonia, bloodstream infections and meningitis.

TETANUS, DIPHTHERIA AND PERTUSSIS

Adults should get the Tdap vaccine, which protects against tetanus, diphtheria and pertussis, once if they didn't get it as an adolescent to protect against whooping cough, and then a Td (tetanus and

diphtheria) booster shot every 10 years. Women should get the Tdap vaccine between the 27th and 36th weeks of each pregnancy, regardless of when they last had the shot.

INFLUENZA

Everyone should get a flu shot every year. Vaccination is particularly important for people with chronic health conditions, pregnant women and adults 65 and older.



LEARN MORE

Need a general practitioner? Visit umshoreregional.org/healthy.

The Truth About Cholesterol

You've known about the connection between cholesterol and heart disease for years. But are you falling for these myths?

MYTH: You can control your cholesterol with diet and exercise.

✓ **Fact:** Diet and exercise help maintain good cholesterol levels, but they aren't always enough. Your age, weight and genetic factors can also influence your cholesterol levels.

MYTH: If a food doesn't contain cholesterol, it's good for your heart.

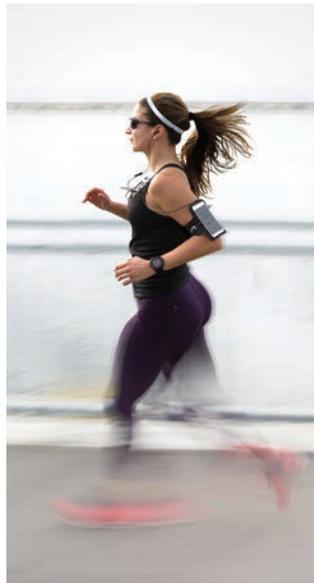
✓ **Fact:** Foods with low or no cholesterol can still have high levels of saturated or trans fats that can raise your cholesterol levels.

MYTH: If you're thin, you don't need to worry about your cholesterol levels.

✓ **Fact:** While people who are overweight are more likely to have high cholesterol, it affects thin people, too. Everyone ages 20 and older should have their cholesterol levels checked every four to six years, according to the American Heart Association.

MYTH: High cholesterol doesn't affect kids.

✓ **Fact:** There's an inherited form of high cholesterol, called familial hypercholesterolemia, that puts kids at high risk of heart disease. Talk to your pediatrician to see if you should test your child's cholesterol. Plus, all kids can benefit from an early start on a healthy diet and lifestyle that can reduce the risk of future heart problems.



LEARN MORE

To make an appointment with a cardiologist, call **410-822-5571**.



Uncontrolled bleeding can cause death in under 10 minutes. If you identify someone suffering from massive bleeding, take the following steps to control the bleed before professional help arrives:



ME

BE AWARE OF YOUR OWN SAFETY

Be sure the scene is safe to approach.



A

ALERT 9-1-1

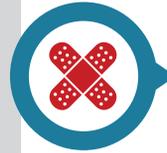
Call 9-1-1 or designate someone to call. Be sure they confirm that they are calling (closed-loop communication).



B

BLEEDING

Find the source of the bleeding and recognize if it's life-threatening.



C

COMPRESS

Stop the bleeding by compressing the wound. Use direct pressure with both hands and any cloth available, pack the wound and compress, or apply a tourniquet.



Know the Signs of Life-Threatening Bleeding:

- » Blood that is spurting out of a wound
- » Blood-soaked clothing or gauze
- » Loss of part or all of an extremity
- » Confusion or loss of consciousness
- » Blood that is pooling on the ground
- » Blood that won't stop coming out



R ADAMS COWLEY
SHOCK TRAUMA CENTER
UNIVERSITY OF MARYLAND

REGISTER for a Stop the Bleed training class today at bleedingcontrol.org. The R Adams Cowley Shock Trauma Center bleeding control training is performed by trained medical professionals and includes hands-on instruction and visual presentations.

When cancer patients begin to get active again, “they start to feel more positive about the future,” says YMCA LiveSTRONG instructor Barbara Jarrell, shown here with participant Michael Fisher, MD.



STRENGTH, STAMINA AND SUPPORT

THROUGH A PARTNERSHIP BETWEEN THE CANCER CENTER AT UM SHORE REGIONAL HEALTH AND YMCA OF THE CHESAPEAKE, THE LIVESTRONG PROGRAM IS HELPING CANCER SURVIVORS GET BACK TO LIVING THEIR LIVES

When people battle cancer, finding a sense of normalcy during and after treatment can be difficult. Regaining their strength can help, but they don't always know where or how to start.

To help, the Cancer Center at University of Maryland Shore Regional Health (UM SRH) and YMCA of the Chesapeake are working together to offer LiveSTRONG, a no-cost, 12-week fitness program led by YMCA instructors who are trained in working with cancer survivors.

"It's a program designed to help cancer survivors get their lives back together. When somebody goes through cancer treatment, they'll have fatigue, muscle loss and difficult emotions," says Barbara Jarrell, YMCA LiveSTRONG instructor. "Getting them moving again helps to really get their lives back. Their stamina improves, their endurance is better, they're getting stronger and they're starting to feel more like themselves. When they begin to get active again, they start to feel more positive about the future."

Margot Spies, oncology nurse navigator at the Cancer Center, notes that powerful, targeted cancer treatments are helping people live longer. And for certain cancers, there's evidence that being leaner and more active can reduce the likelihood of a recurrence. "We need to support our patients in their survivorship," she says.

STRENGTH SLOWLY BUILDS

YMCA of the Chesapeake's LiveSTRONG program, launched in Talbot County in October 2017, is offered at the Easton Family YMCA at Washington, located on South Washington Street. Participants

meet twice a week for 90-minute sessions that include up to 20 minutes of cardio, followed by work on strength training, balance and flexibility. Each group has six to 12 members and may include people still in cancer treatment as well as cancer survivors. LiveSTRONG instructors are trained by the YMCA in the special needs people face during and after cancer treatment.

People start the program at a range of experience levels. "Most people who enter these programs have never been in a YMCA before," Spies says. "It's exciting to help people who have never had an exercise routine find a way to work it into their lives."

Other LiveSTRONG participants have been very active but aren't sure how to rebuild their fitness after cancer treatment. "We start very slowly and progress through each session. They might start at a low level, but each time

they come in, they do a little more than they could before and they start feeling better," Jarrell says.

About halfway through the program, instructors from various group exercise classes come in and lead workouts designed for LiveSTRONG participants. In these classes, the participants get familiar with the YMCA's other offerings, so they can continue exercising once the LiveSTRONG program ends.

"I want them to feel 100 percent welcome, comfortable and confident walking into the Wellness Center at the YMCA or finding a group fitness class they love. My goal is for them to be able to do any of our classes or work out on their own," Jarrell says.

Most participants continue their fitness program when the LiveSTRONG program ends. "Once they go through the 12 weeks, they don't want to stop. They want to keep moving forward," Jarrell says.



Margot Spies, oncology nurse navigator at the Cancer Center at UM Shore Regional Health, says for certain cancers, being more physically active may reduce the likelihood of a recurrence.



GETTING MY LIFE BACK

“My cancer affected my heart, so after I finished chemo, I enrolled in the hospital’s cardiac rehab program. Afterward, I was lost as to where to go and what to do to find a program that would accommodate my needs and issues. **Then I heard about the LiveSTRONG program and signed up.** I’m not a ‘group joiner,’ but this program changed my view. We learned to listen to our bodies and move at our own pace. We worked on balance, stamina and building muscles. It brought me the missing link to getting my life back.”

— Lisa Finn, Easton

CONNECTING WITH EACH OTHER

While LiveSTRONG is centered on exercise, a key component is the camaraderie that builds among the cancer survivors as they get to know one another. At the start of each session, everyone gets together and talks about how they are doing. They might share the challenges of continuing to work, managing doctors’ appointments or dealing with possible side effects of cancer treatment.

That discussion might only last for five or 10 minutes, but it’s powerful.

“That part has turned out to be one of the most important aspects of the program,” Jarrell says. “Everybody who has participated in LiveSTRONG comments on the relationships, friendships and support they got from the program and from each other. I think it was surprising for many of them.”

It’s been an ongoing source of support for Easton-based gastroenterologist Michael Fisher, MD, who is battling two

types of cancer (see sidebar). “The treatment arm of cancer can beat people down physically, emotionally and sometimes financially. It’s hard. LiveSTRONG gives you something to work toward as well as a psychological support group. It’s really turned out to be a very rich experience. For me, some of those relationships are ongoing today, well after I finished the program,” Dr. Fisher says.

LiveSTRONG is designed to help people no matter what type of cancer



YMCA staff members Wendy Palmer, Jennifer Gill and Barbara Jarrell have worked closely with UM SRH Cancer Center staff to create the LiveSTRONG partnership.

A PARTNERSHIP THAT **STRENGTHENS** THE COMMUNITY

Both UM Shore Regional Health and the YMCA are focused on keeping people healthy in the community. As Brian Leutner, vice president, UM SRH Ambulatory Services, explains, “The Y is a perfect partner in something like this. Health care today is not just about fixing sick people. It’s also about finding ways to help everyone maintain their best health outside the hospital. For that, we rely heavily on our many community partners, and we are delighted to have the Y among them.”

they are battling or how old they are. As Jarrell explains, “We might have a breast cancer survivor next to a prostate cancer survivor. She’s 32, and he’s 70. It doesn’t seem to make any difference—they have that common thread of being cancer survivors.”

Brian Leutner, vice president, Ambulatory Services for UM SRH, appreciates the value of these personal connections. “While the Cancer Center offers support groups, people are often so busy that it’s tough for them to attend,” Leutner says. “Programs like this—where the group is focused on exercise and builds camaraderie at the same time—can help provide the support that people may not even realize they need.”

The LiveSTRONG program supports families, too. Each LiveSTRONG participant receives a family pass to the YMCA so a partner can exercise while the program participant is in the group workout. Likewise, a parent can bring children to the YMCA for kids’ activities. ♦

Robbie Gill, YMCA of the Chesapeake’s CEO, wants to see the YMCA help people connect to the support they need and to rebuild a sense of normalcy. “Cancer is a terrible disease. It’s very challenging. It causes a whole shift in your way of life,” he says. “And our partnership with the Cancer Center is helping the YMCA connect with cancer survivors and their families and provide meaningful support.”

Going forward, Gill wants the LiveSTRONG program to expand across the Eastern Shore into all of the communities served by YMCA of the Chesapeake.

APPRECIATING HOMETOWN CARE:

A UNIQUE VIEWPOINT

Michael Fisher, MD, has worked as a gastroenterologist for UM Shore Regional Health for more than 30 years. The 62-year-old was diagnosed with two different cancers and has now experienced the system’s care as a patient. Here, he shares his appreciation for the care he’s receiving in his home community.

My wife, Karen, and I started working in Talbot County together about 30 years ago. We hoped, but we didn’t know, that this would be the place where we would spend our entire working lives. We are here because we appreciated that Shore Regional Health is this gem of a medical community, and we could live and enjoy rewarding careers in this beautiful place where people hope they can retire.

My life has been spent diagnosing and preventing cancer, so it’s perhaps ironic that now my fight is personal. I’m battling two cancers, both in stage 4. I am so grateful that the vast majority of my treatments and diagnostic exams can be done right here at home.

My care at Shore Regional has been excellent. Consider this: The people who work in our health care system are our friends and townfolk. They want you to get well and to resume your life in our community. They do a great job helping you get through the often frustrating process of your illness journey.

After some of the experiences I’ve had as an anonymous member



**Karen Fisher, CRNP,
and Michael Fisher, MD.**

of the medical consumer masses elsewhere, I will take my care in my home community any day.

My family and friends also have been excellent. My wife, Karen, has been my rock, and I’ve had great support from my two now-grown children. And there’s been this outpouring of support, not only from my doctors and staff, but from my own staff, nurses, colleagues and patients. It’s been remarkable—the embrace of this community has helped me through this difficult time. It has made me very grateful for the Cancer Program and the Y’s LiveSTRONG program, and for UM SRH’s commitment to providing quality care, close to home.



CONNECT WITH LIVESTRONG

If you’d like more information about LiveSTRONG at the YMCA, email Barbara Jarrell at bjarrell@ymchasesapeake.org or call **410-822-1515**.

FIGHTING THE OPIOID EPIDEMIC

HOW UNIVERSITY OF MARYLAND MEDICAL CENTER IS BATTLING
MARYLAND'S DEADLY PUBLIC HEALTH CRISIS

Jane Smith,* 39, struggled with opioid addiction after being prescribed Percocet for chronic pain that arose after major surgery.

"My prescription made me feel better emotionally," Smith says. "I felt that I wasn't doing drugs because I wasn't touching the street stuff. It was just the medication that the doctors gave me."

Over time, Smith needed more Percocet to function normally. "If I didn't have four to six Percocet every four hours, I'd feel so sick that I couldn't get out of bed," she says. As a mother of seven, Smith needed to be able to take care of her kids—even if it meant taking more Percocet.

After building up a tolerance to her prescription, she began buying opioids off the street and was eventually arrested and incarcerated. "My children were separated. My marriage suffered. I lost my house. I lost everything," she says.

While incarcerated, Smith committed herself to entering treatment for her addiction disease. When she was released from incarceration and returned to her family,



she enrolled in a program at the Center for Addiction Medicine (UM CAM) at the University of Maryland Medical Center (UMMC) Midtown Campus. She currently takes buprenorphine, a medication that blocks opioid cravings, and attends counseling.

"I'm finally going back to the person that I used to be," Smith says. She has been in recovery since entering UM CAM's program in 2017.

Smith's story is familiar to many Marylanders. The opioid crisis touches every part of the state. Harford County saw a 173 percent increase in opioid-related deaths from 2013 to 2017, and Baltimore City saw a 69 percent increase. Similar statistics are found in counties across Maryland. Opioid overdose is among the state's top four causes of death.

UMMC has taken many steps to combat Maryland's opioid epidemic.

LOOKING INWARD

For many people, addiction begins in the doctor's office. UMMC's Opioid Stewardship Task Force was established in 2017 with this in mind. One of the task force's top priorities is to educate physicians on how to responsibly prescribe opiates.

"We produce a monthly report that shows providers what medications they're prescribing. If someone utilizes opiates more than their colleagues, we address their prescribing practices and work to cut down on their opiate prescribing," says Christopher J. Welsh, MD, associate professor of psychiatry at the University of Maryland School of Medicine (UM SOM) and medical director of Outpatient Addiction Treatment Services. "We're increasing our training of all clinicians across the board," he says. To bolster this effort, the task force has streamlined processes so doctors can better understand patients' opioid histories.

The task force has also created processes within the emergency department (ED) at both campuses to address opioid abuse.

Drs. Christopher J. Welsh (left) and Eric Weintraub are using innovative approaches to both prevent and treat opioid addiction.



“We screen all ED patients for their risk of opioid abuse disorder,” says Janine L. Good, MD, associate professor of neurology at the UM SOM and chief medical officer at UMMC Midtown Campus, who established the task force. “If they come into the ED with an opioid overdose, we engage a trained ‘peer recovery coach’ to intervene and guide them to treatment. These are people in recovery themselves who engage with patients in the ED and, based on the patient’s risk, encourage them to enter a treatment program.”

The peer recovery program has seen great success. By December, UMMC’s

campuses had referred 4,480 patients to treatment.

The pipeline from the ED to treatment engages patients when they need help the most. Unlike many other U.S. hospitals, UMMC’s doctors can prescribe buprenorphine in the ED.

The task force also makes an effort to influence state policy. “We are at the table advocating on behalf of the complex pain patients we treat at our hospitals and on behalf of our doctors caring for patients,” Dr. Good says.

Additionally, the task force collaborated with the Baltimore City Health Department’s formation of a ranking system to measure each hospital’s capability

and resources to combat the opioid epidemic. UMMC’s campuses are the only two hospitals in the city that were awarded top ranking. “We are leaders in the state for dealing with opioids,” Dr. Welsh says.

A MEDICAL APPROACH TO ADDICTION

Maryland has one of the five highest opioid-related death rates in the U.S. Despite this, the stigma surrounding addiction continues to be an obstacle to treatment. “People are ashamed. Sometimes they refuse evidence-based treatments because they are pressured by people in their lives to avoid taking the medications that can help,” says Eric Weintraub, MD, associate professor of psychiatry and director of the division of addiction research and treatment at the UM SOM.

To combat this stigma, UMMC offers addiction

treatment centers that take a medical approach. A combination of counseling, detoxing or taking medications that curb opioid cravings helps patients recover.

“The medical model that we follow affords more respect for our patients’ medical issues and diminishes some of the stigma,” says Marian Currens, CRNP, director of UM CAM.

Each clinic works to treat the entire patient, not just the addiction. Aside from counseling services, some clinics offer additional health services. One clinic partners with the Institute of Human Virology to treat infectious diseases such as hepatitis C and HIV, which are more common among people with an addiction disorder. They have recently expanded the practice to offer primary care services. They also established a drop-in center that provides

ALTERNATIVES FOR CHILDREN IN PAIN

Research shows that nearly 1 in 4 high school seniors have been exposed to prescription opioids. Unfortunately, even legitimate opioid prescriptions increase a child’s risk of future misuse. In fact, 80 percent of high school seniors who reported recreational opioid use once had legitimate prescriptions.

Orthopaedic surgeons frequently prescribe opiates to treat painful conditions. Joshua M. Abzug, MD, associate professor of orthopaedics and pediatrics at the University of Maryland School of Medicine and a pediatric orthopaedic surgeon at University of Maryland

Children’s Hospital, worked with his colleagues at the Pediatric Orthopaedic Society of North America on groundbreaking research to explore the opioid crisis’s role in pediatric orthopaedics.

To limit opioid prescribing, Dr. Abzug and his colleagues looked at alternative pain relief methods. For example, providing the non-opioid pain medication gabapentin before surgery lowered children’s overall narcotic consumption afterward. Often over-the-counter pain relievers, such as acetaminophen (Tylenol), were enough to relieve pain.



Joshua M. Abzug, MD

This study and others like it help providers take new approaches to pain management and provide patients with safer alternatives for pain relief, which is particularly important

when treating children and teenagers.

To combat the opioid crisis, physicians need to better understand their prescribing habits and any safer alternatives. University of Maryland Medical Center dedicates academic resources to exploring these problems to curb opioid use while improving quality of care.



**Janine L.
Good, MD**



**Marian
Currens, CRNP**



**Anne D.
Williams, DNP**

LIFESAVING INTERVENTIONS FOR OVERDOSE VICTIMS

a safe place for clients to relax with snacks and games.

Another UMMC clinic focuses on female patients and pregnant women with opioid use disorders. “The clinic has a play center where women can leave their children while they’re in counseling. It removes a barrier to treatment,” Dr. Welsh says.

FOSTERING AWARENESS

Public awareness is essential for fighting the opioid epidemic. UMMC’s Community Health Improvement Team fulfills this need by circulating information about opioids at community events throughout West Baltimore.

“We have a handout that helps the general community understand the types of drugs that are out there, how they can identify if their loved one has an addiction problem and where they can go for help,” says Anne D. Williams,

DNP, director of community health improvement.

“One of the main things people can do to get drugs off the street is to remove old medications from their homes and dispose of them appropriately,” Williams says. To facilitate this, the team provides information about drug takeback locations across Maryland. UMMC pharmacies have their own drug takeback bins.

“This problem has so many facets, and the community should take this seriously,” Williams says. “They should try to get themselves or their loved ones help. Dispose of your medications properly, and if you’re actively using pain medications, make sure they are locked up.”

“This is a deadly epidemic. It cuts across all segments of society. We all need to pull together to combat this disease,” Dr. Weintraub says. ♦

UM Shore Regional Health (UM SRH) has teamed up with the Caroline, Dorchester, Kent, Queen Anne’s and Talbot county health departments, and with first responders in the region, to provide a coordinated intervention for people who may have experienced an opioid drug overdose.

Led by UM SRH Director of Emergency Medicine Walter Atha, MD, and Dorchester County Health Officer Roger Harrell, the Regional Opioid Task Force created a standard intervention that includes: medical evaluation and stabilization; a voluntary behavioral health assessment; a standardized educational message and list of resources to assist patients in connecting with appropriate treatment providers; expedited referral to A.F. Whitsitt Center for continued drug treatment and rehabilitation; the drug reversal agent naloxone that can counteract the effects of an opioid overdose provided to opioid overdose patients at discharge from the emergency departments; and follow-up contact from peer advocates to support patients in pursuing recovery.

The goal of this intervention program is to offer people abusing opioids an opportunity to reassess their lives and make better choices. A carefully crafted script stresses the need for “treatment now, not later,” and front-line staff members are educated on techniques to turn the potential tragedy of overdose into a life-changing moment.

Another aspect of the opioid initiative is the use of peer counselors whose “lived experience” in recovery from substances can have a profound effect on helping others reach out and decide that “today is the day I get help.”



CONTACT US

If you or a loved one has an opioid addiction, please call:
UM Center for Addiction Medicine: **410-225-8240**,

UMMC’s Outpatient Addiction Treatment Services: **410-328-6600**,
or UMMC’s Women’s Mental Health Program: **410-328-6091**.



WHY PEER SUPPORT?

Learn more about how peer counselors can help at umshoreregional.org/healthy.

Drug-Free Ways to **Relieve Pain**

SEEKING ALTERNATIVES TO POTENTIALLY ADDICTIVE PRESCRIPTION PAIN MEDICATIONS, PAIN MANAGEMENT SPECIALISTS TODAY ARE USING A RANGE OF NONDRUG STRATEGIES TO EASE PAIN AND IMPROVE QUALITY OF LIFE.

Relaxation Techniques

Meditation, biofeedback and guided imagery have been shown to **reduce pain** and **anxiety**.



Physical Therapy and Exercise

These activities can help **relieve muscle pain** and help patients **recover from joint injuries**.



Hot and Cold Therapy

Heat **relaxes muscles**, and cold **numbs pain** and **reduces inflammation**.



Cognitive Behavioral Therapy

Counseling can help people **cope with the depression** and **anxiety** that can accompany chronic pain.



Massage

Studies show that massage may help relieve **lower back, neck** and **shoulder pain**.



Acupuncture

Acupuncture is often used to treat chronic pain of the **lower back, neck** and **knees**.

Chronic pain is a multifaceted syndrome that can affect a person's physical, emotional, socioeconomic and spiritual well-being.

Did you know?

- More than 25 million Americans suffer from daily chronic pain.
- Pain affects more Americans than diabetes, heart disease and cancer combined.
- Chronic pain is the most common cause of long-term disability.

Our New Nurse Practitioners: Donna Stubbs, CRNP; Victoria Kuntz, AG-ACNP-BC; Elizabeth P. Sipala, CRNP; and Ashley Schmitz, CRNP

University of Maryland Shore Regional Health recently welcomed new providers in urology, palliative care, diabetes and endocrinology, and surgery.

DONNA STUBBS, CRNP



Donna Stubbs joined University of Maryland Community Medical Group – Urology in February. Stubbs earned her

bachelor's and master's degrees in nursing from Salisbury University and completed her nurse practitioner training at Wilmington University. She came to UM Shore Regional Health from the Rose Hill Family Physicians practice in Cambridge. Her specialties include prostate health checkups and male hormone health, and treating difficulties with urination, sexual dysfunction, and women's pelvic floor relaxation and voiding problems. She is seeing patients at Shore Medical Pavilion at Easton, 490 Cadmus Lane.

VICTORIA KUNTZ, AG-ACNP-BC



Victoria Kuntz joined University of Maryland Community Medical Group – Palliative Care in January.

As a board-certified adult-gerontology acute care nurse practitioner, she brings nursing experience in primary care, inpatient palliative

care, medical/surgical care, intensive care and oncology to UM Shore Regional Health's palliative care team. Most recently, she spent five years on the inpatient oncology unit at Anne Arundel Medical Center in Annapolis. She earned her bachelor's and master's degrees in nursing from Walden University in 2018.

ELIZABETH P. SIPALA, CRNP



Elizabeth Sipala joined the University of Maryland Center for Diabetes and Endocrinology in April. A resident of Rock Hall in

Kent County, Sipala sees patients in the multispecialty suite at UM Shore Medical Center at Chestertown. Her previous experience includes serving as a nurse practitioner at Chestertown Family Medicine, the A.F. Whitsitt Center in Chestertown, Unicorn Health Center in Millington, Easton Family Physicians and the Queen Anne's County Health Department. Sipala also has served as clinical preceptor for Georgetown

University, Wilmington University and Salisbury University and as clinical nursing faculty associate for Wilmington University and the University of Maryland. She earned her BSN, cum laude, from Wesley College in Dover, Delaware, and her MSN from the University of Pennsylvania in Philadelphia.

ASHLEY SCHMITZ, CRNP



Ashley Schmitz joined the University of Maryland Community Medical Group – Surgical Care

practice in December. Schmitz is a graduate of Ohio State University, where she received a Master of Science/Family Nurse Practitioner degree and a PhD in human nutrition. She earned her BSN from Marian University. Schmitz specializes in general surgery and is seeing patients at UM CMG – Surgical Care, Suite 205, UM Shore Medical Pavilion at Easton, 500 Cadmus Lane.



MAKE AN APPOINTMENT

To schedule an office visit with Donna Stubbs, call **410-820-0560**; for Victoria Kuntz, call **410-820-4434**; for Elizabeth Sipala, call the Diabetes and Endocrinology Center, **410-822-1000, ext. 5757**; and for Ashley Schmitz, call **410-822-4553**.

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/healthy. To register, call **410-822-1000, ext. 5200**, and follow the recorded instructions.

- **LABOR AND DELIVERY**
Saturdays, 9 a.m. to 3 p.m.:
June 1, July 13, Aug. 3, Sept. 7.
- **BREASTFEEDING**
Saturdays, 9 a.m. to 12:15 p.m.: July 27, Sept. 21.
- **NEW MOM, NEW BABY: SAFETY & CPR**
Saturdays, 9 a.m. to 1:30 p.m.:
June 22, Aug. 24.
- **BIG BROTHER, BIG SISTER: SIBLING PREPARATION**
Saturdays, 9:30 to 11 a.m.:
June 29, Aug. 31.

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**.

BREAST CANCER
Fourth Tuesday, 6 to 7:30 p.m., Cancer Center, 509 Idlewild Ave., Easton, 21601. Led by Patty Plaskon. Contact: **410-822-1000, ext. 5387**.

CANCER CAREGIVERS' COFFEE
Second 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
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**.



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.

DIABETES

- **CAMBRIDGE:** Fourth Wednesday, 5:30 p.m., Board Room, UM Shore Medical Center at Dorchester. Led by Wynne Aroom. Contact: **410-822-1040, ext. 5757**.
- **CHESTERTOWN:** First Tuesday, 6:30 p.m., UM Shore Medical Center at Chestertown. Led by Chrissy Nelson. Contact: **410-778-3300, ext. 2175**.
- **DENTON:** First Thursday, 5:30 p.m., St. Luke's UM Church, 100 S. Fifth Ave., Denton, 21629. Led by Chrissy Nelson. 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**.

Chester River Health Foundation

25th Anniversary
GOLF
TOURNAMENT

Sponsored by
Chester River Hospital Center Auxiliary

Friday May 31, 2019

Chester River Yacht & County Club

Call: 410-810-5661

FREE PRESENTATION:

GET A LEG UP ON VASCULAR DISEASE

■ **Wednesday, June 26, 6:30 p.m., Holiday Inn Express, 1020 Kent Narrows Road, Grasonville 21638.**

Join vascular surgeon David Neschis, MD, and Theresa DeVaux, CRNP, for a discussion on vascular disease and how issues such as peripheral artery disease can be diagnosed and corrected. Free; to register, call **410-787-4367**.

UM SHORE REGIONAL HEALTH
SPORTING CLAYS
Classic
SATURDAY
JUNE 8, 2019

The Point at Pintail
Queenstown, MD

Call: 410-822-1000, ext. 5763

CELEBRATING

100+
YEARS
of Caring



Where the Health of the Eastern Shore Comes First

Understanding the unique health needs of our communities

is our business. At University of Maryland Shore Regional Health, we make sure the health care you need is right here, close to home. Our network of physicians and providers work side-by-side with University of Maryland School of Medicine specialists to bring a higher level of expertise directly to the communities we serve across the Eastern Shore. When you see a Shore Regional Health sign, it's our promise for creating healthier communities together. You don't need to travel far for advanced care with a personal touch. It's here in your own backyard, as it has been for more than a century.

Be a part
of something
greater