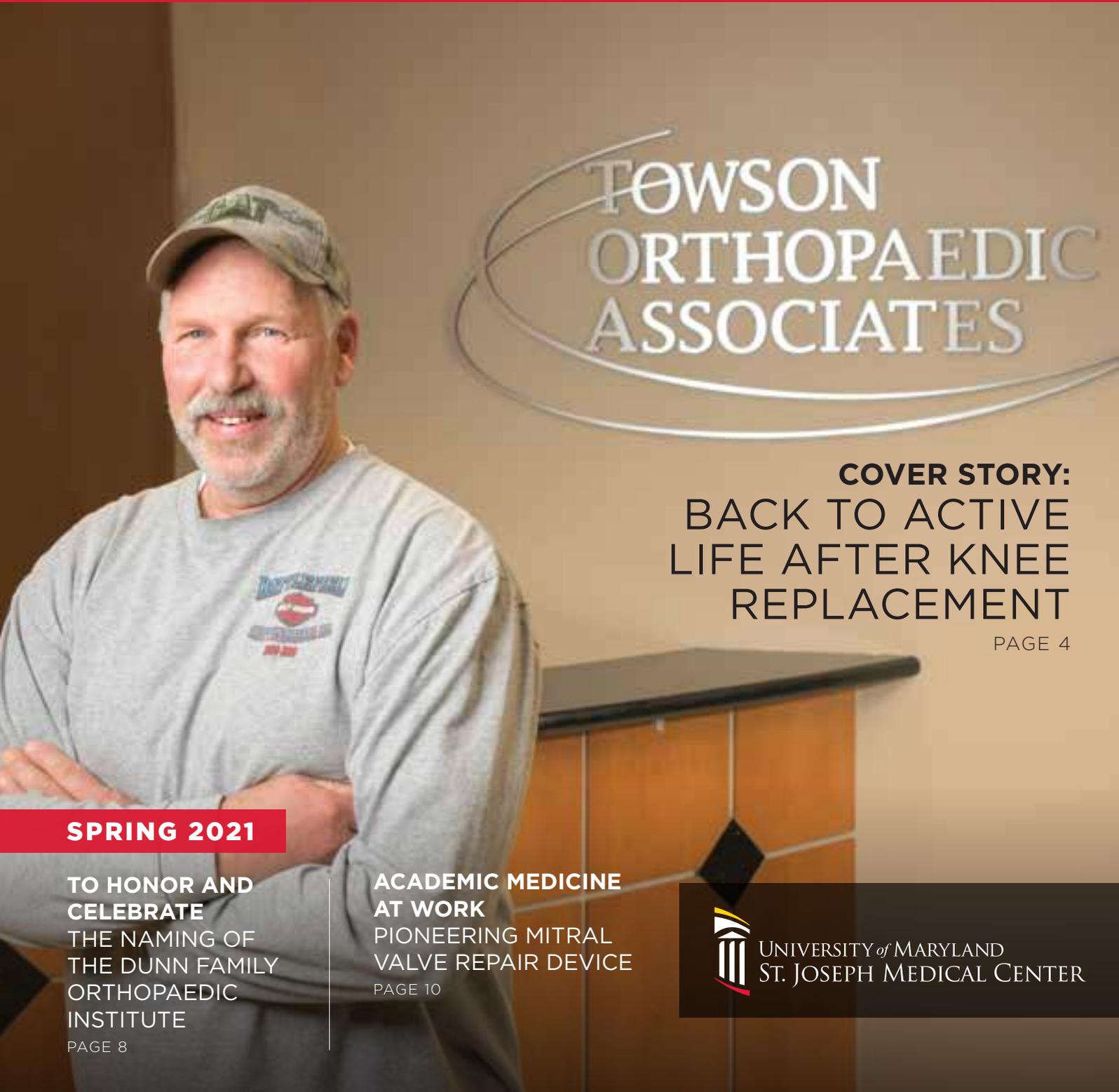


MARYLAND'S

HEALTH MATTERS



TOWSON
ORTHOPAEDIC
ASSOCIATES

COVER STORY:
BACK TO ACTIVE
LIFE AFTER KNEE
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SPRING 2021

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CELEBRATE
THE NAMING OF
THE DUNN FAMILY
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**ACADEMIC MEDICINE
AT WORK
PIONEERING MITRAL
VALVE REPAIR DEVICE**

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UNIVERSITY of MARYLAND
ST. JOSEPH MEDICAL CENTER



BACK TO ACTIVE LIFE AFTER KNEE REPLACEMENT

Baltimore County farmer and contractor Stephen Zemanek returns to the activities he loves with the help of Dr. Schroder from Towson Orthopaedic Associates.

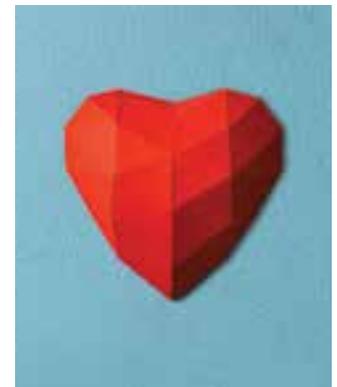


8 TO HONOR AND CELEBRATE

With his much-loved family members in mind, Jack Dunn IV made a transformative gift to support the Orthopaedic Institute.

10 ACADEMIC MEDICINE AT WORK

PIONEERING MITRAL VALVE REPAIR DEVICE
University of Maryland Medical Center physician researchers use an innovative minimally invasive device in a clinical trial surgery.



THOMAS B. SMYTH, MD
President and CEO

MARY ANN HODES
Director of Marketing and Communications

Maryland's Health Matters is published by the Marketing and Communications Department at the University of Maryland St. Joseph Medical Center. This publication is not intended to provide professional medical advice. It is to provide general health and wellness information.

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umsjmatters@umm.edu; 7601 Osler Drive, Jordan Center, Towson, MD 21204; or call **410-337-1700**.

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注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 410-328-4141.

NOTE: All photographs taken during the COVID-19 pandemic were produced using appropriate prevention measures, including physical distancing and masking when distancing was not possible. Photographs without these measures in place were taken prior to the COVID-19 pandemic. During this time, we are taking extra steps to ensure your safety when you walk through our doors. According to the University of Maryland Medical System's Universal Masking Policy, everyone must wear a mask inside at all times in UMMS facilities.



Recognized for **PATIENT SAFETY INNOVATION**

THE UNIVERSITY OF MARYLAND
ST. JOSEPH MEDICAL CENTER RECEIVED
THE 2021 MINOGUE AWARD FOR PATIENT
SAFETY INNOVATION.

The award was given by the Maryland Patient Safety Center based on the creation of UM St. Joseph Medical Center's unique Value Delivery System to enhance patient safety.

In 2017, UM St. Joseph forged a partnership with the renowned Virginia Mason Institute, which offers an innovative approach to patient safety based on the Toyota Production System. This model of care is focused on providing consistently safe and high-quality care driven by employees, all of whom are encouraged to "stop the line" whenever safety is a concern. After several years of committed study and evaluation, UM St. Joseph designed its own Value Delivery System (VDS) based on these principles.

"Our Value Delivery System is our promise to our patients that our team will work together using shared tools, standardized processes and ongoing, respectful and transparent communication to keep zero patient harm top-of-mind for every staff member," said Dr. Thomas B. Smyth, UM St. Joseph President and CEO.

Since the VDS implementation, UM St. Joseph—which is rated the state's #1 community hospital by *U.S. News & World Report* and has consistently earned top grades by The Leapfrog Group and the Centers for Medicare & Medicaid services (CMS) for patient safety—has seen significant improvements in its Patient Harm Index and patient experience ratings.

UM St. Joseph was one of only 10 hospitals throughout Maryland recognized by the Maryland Patient Safety Center for top safety and quality solutions in health care.



Trina Chakraborty Ridout, MD, family medicine physician at UM SJMG – Primary Care at Towson, visits with a patient via telemedicine.

PRIMARY CARE for Patients of All Ages

WE OFFER HIGH QUALITY, PERSONALIZED CARE FOR EVERYONE IN YOUR FAMILY—FROM NEWBORN TO SENIOR—AND EVERY STAGE OF LIFE IN BETWEEN.

At University of Maryland St. Joseph Medical Group – Primary Care, our respected primary care providers specialize in family medicine (all-ages care) and internal medicine (adult care).

Committed to patient wellness, our providers emphasize patient education, as well as preventive care and early detection of disease. Whether you are visiting us for an annual physical exam, routine immunizations, a new health issue or ongoing management of a health condition, we are dedicated to the UM St. Joseph tradition of providing loving service and compassionate care.

When necessary, our primary care providers coordinate specialty care with the University of Maryland St. Joseph Medical Group network of expert specialists. Together, the UM St. Joseph care team provides comprehensive, multidisciplinary care to keep you and the ones you love healthy.

WE WANT TO PARTNER WITH YOU IN YOUR CARE

We are here for you and your family at convenient office locations in your community or online via telemedicine. UM St. Joseph Medical Group – Primary Care is now accepting new patients in Towson, Hereford and Rosedale.



To find a doctor near you or to learn more about services available at UM St. Joseph Medical Group – Primary Care, visit umstjoseph.org/primary.



Dr. Schroder and Stephen Zemanek

BACK TO AN

Active Life

After Total Knee Replacement

BALTIMORE
COUNTY FARMER
AND CONTRACTOR
STEPHEN ZEMANEK
RETURNS TO THE
ACTIVITIES HE LOVES.

If your knee is painful and failing, when is the right time to decide to have a knee replacement? Millions of Americans ask themselves that question every year, and approximately 750,000 total knee replacement surgeries are done annually. Board-certified orthopaedist David Schroder, MD, has a key insight to help patients answer the question.

IS YOUR KNEE RUNNING YOUR LIFE?

“When your knee is running your life, it’s time to consider a knee replacement. When your knee determines where you park, where you go, what activities you say yes to, and your life is dominated by your knee, it’s time to look into it,” said Dr. Schroder, a highly experienced joint replacement specialist with Towson Orthopaedic Associates, a proud affiliate of University of Maryland St. Joseph Medical Center.

Stephen Zemanek, a general contractor and Maryland farm owner, has had two total knee replacements performed by Dr. Schroder.

“That’s exactly the question that Dr. Schroder asked me,” Zemanek said. “Every decision I made was based on my knee. I was always asking myself questions like ‘How far can you walk? Can you climb that ladder? Can you make money today?’ The mechanical breakdown of my knee was starting to dictate my life.

“But I kept putting off knee replacement because I was scared,” Zemanek added. “If I’d ever known that the process was going to go as well as it did, I would have done it earlier.”

A patient’s quality of life combined with an X-ray showing the extent of deterioration in the knee should be taken into account when going forward with a knee replacement, noted Dr. Schroder.

OSTEOARTHRITIS, INJURY AND KNEE REPLACEMENT

Total knee replacement involves removing all or part of the damaged knee and replacing it with an artificial joint. This is an established therapy for severe osteoarthritis of the knee, whether the osteoarthritis occurs as a natural progression or if it is what Dr. Schroder describes as “post traumatic, meaning a trauma that’s resulted in a knee that we can no longer repair.

“For some patients, osteoarthritis is hereditary, but for others, it may develop as a result of a high-demand job that requires being on your feet or your knees or climbing a lot,” Dr. Schroder added. “For example, patients who are ex-military may have experienced higher wear and tear on their joints than most civilians.”

KNEE REPLACEMENT AFTER RECONSTRUCTION

Zemanek’s two total knee replacement surgeries took place a little over a year apart. The first, his left knee replacement, was needed because of a previous knee reconstruction, which was successfully performed by a now-retired orthopaedist. However, arthritis had set in, causing increasing pain and stiffness in Zemanek’s reconstructed anterior cruciate ligament (ACL).

“I’d fallen off a ladder at work in 1988 and tore all the tendons in my knee,” said Zemanek, describing his old injury. “The doctor had to rebuild the knee and insert

some screws. Dr. Schroder explained to me that he would have to work around the old injury and hardware to perform the total knee replacement, so that the operation wasn’t going to be the same as replacing a normal knee. However, the process turned out to be seamless. Everything went smoothly from start to finish. Everyone on the operating and recovery teams made sure I knew what step was coming next. Three or four months after the surgery, it hit me that I didn’t even feel like I’d had a knee replacement!”

A CAREFUL CHOICE

When looking into a surgeon to perform his knee replacement, Zemanek decided to consult Dr. Schroder because a close family friend had a hip replacement performed by him with excellent results.

“I really liked Dr. Schroder’s approach and immediately felt I could trust him,” Zemanek said.

Towson Sports Medicine’s physical therapist, Jordan Altekruze, PT, DPT, assesses the health and strength of Zemanek’s latest knee replacement.



TOP HOSPITAL FOR JOINT REPLACEMENT

“Total knee replacement is a very successful surgery,” said Dr. Schroder, who is one of a number of joint replacement specialists at Towson Orthopaedic Associates. “More than 96% of the patients we perform this surgery for in our group practice are happy with our results. That’s higher than the success rate nationwide, which is in the high mid-80s percentile.”

In 2020, Healthgrades named UM St. Joseph Medical Center one of America’s 100 Best Hospitals for Joint Replacement and *U.S. News & World Report* rated UM St. Joseph high performing in knee replacement.

Following total knee replacement surgery, patients should expect to take it easy and stay off their feet for three to four days, according to Dr. Schroder. Both the local and spinal anesthesia given at surgery help provide pain relief for several days, plus patients can use ice and non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen or naproxen for discomfort. During the first few days, recovery includes a combination of heel slides and gentle motion to avoid complications such as blood clots. Physical therapy begins three to five days after surgery, and a physical therapist comes to the patient’s home.

PERSONALIZED RECOVERY

“Most patients need three to four weeks of physical therapy, but the path for recovery depends on how much patients can do on their own,” Dr. Schroder said. “What you do with your home exercise is the main event. You need to be working on your own, doing your exercises daily.”

Although Zemanek was at higher risk for stiffness post-surgery because of his previous knee reconstruction, his physical therapy and recovery went very well.

“He took off like a rocket,” Dr. Schroder said. “Recovery is a partnership involving the physical therapist, the doctor and the patient—and Zemanek’s partnership succeeded.”

As part of his recovery, Zemanek participated in regular, supervised physical therapy with the experts at Towson Sports Medicine.



Recovery varies from person to person, and every knee is unique.

“I tell patients not to get caught up in being ahead or behind what they hear in other patients’ recovery stories,” Dr. Schroder said. “Rarely, patients may need a lot more time for rehabilitation if they were extremely debilitated or suffered a lot of stiffness prior to surgery.”

IN THE SWING AGAIN

“Within a month after surgery, I was swinging a golf club again,” marveled Zemanek, who recalled trying out some golf clubs in a local sporting goods store. “To my surprise, my swing was flawless and felt so natural. Until then, I thought I’d never be able to swing a golf club again.”

At two weeks post-surgery, most patients can drive for short trips. Those with a sedentary job can return to work in two to four weeks. Patients with a standing job can usually return at six weeks. For those whose jobs are more physical, the recovery time is more customized at between six and 12 weeks. Dr. Schroder usually releases patients from his care during their 12-week appointment, scheduling the next follow-up appointment at their one-year anniversary.

Once Zemanek’s left knee was replaced, he began noticing that his right knee was bothering him significantly during his activities on the farm. He returned to Dr. Schroder for his second knee replacement, which also went very well.

TOTAL TEAM FOR TOTAL KNEE

Dr. Schroder points with pride to the outstanding reputation the orthopaedics team at UM St. Joseph has for performing total knee replacement surgery.

“Our total knee replacement surgeons are obsessive about lowering infection rates after surgery,” Dr. Schroder said. “We have one of the lowest complication rates in the state and one of the lowest in the nation. That’s a tribute to the exceptional anesthesia and nursing staffs, as well as the teamwork mentality in the operating rooms.

“Providing joint replacement for patients makes me feel fantastic,” Dr. Schroder added. “I love it when patients tell me they have their life back—that they’re hiking and doing things with their partners and children again. I find it incredibly gratifying to be able to remove pain and fix things for people.”

To learn more about Towson Orthopaedic Associates, call **410-337-7900** or visit **TowsonOrtho.com**.

To learn more about orthopaedic services at University of Maryland St. Joseph Medical Center, visit **umstjoseph.org/joint**.

The physicians of Towson Orthopaedic Associates





TO HONOR AND *Celebrate*

TO HONOR HIS LATE WIFE AND TO CELEBRATE HIS GRANDDAUGHTER, JACK DUNN IV WAS INSPIRED TO MAKE A TRANSFORMATIVE GIFT TO THE ORTHOPAEDIC INSTITUTE.

ZOEY ELIZABETH DUNN, 7, has big plans. Named after her grandmother, the budding ballerina is envisioning a multi-faceted career as a model/fashion designer/face painter. To honor the memory of his late wife and to celebrate Zoey's bold future, her grandfather, Jack Dunn IV, has made a transformative gift to the newly blessed Jack and Elizabeth Dunn Family Orthopaedic Institute at University of Maryland St. Joseph Medical Center.

"This gift is about family," Dunn said. "My wife and granddaughter have been incredibly important women in my life and I want to honor them in a significant way. Our family has always had a first-rate experience with St. Joe's, so it is especially meaningful that this gift will help other families who choose St. Joe's for their care."

FROM INSPIRATION TO ACTION

Dunn was moved to support University of Maryland St. Joseph Medical Center because he sees many of the traits in the medical center's staff that he deems essential

for excellence in any field. In 1995, Dunn became president and CEO of FTI Consulting, a global business advisory firm dedicated to ensuring its clients achieve extraordinary success in their organization.

"We could not help companies attain game-changing levels of excellence unless we were wholly dedicated to excellence within our own company," Dunn said. "For that reason, we always sought 'blue chip' people at the top of their field, who were not only exceptionally qualified but also had a palpable excitement about the work they were doing. When my close friend Frank Kelly introduced me to Dr. Tom Smyth, the president and CEO of St. Joe's, and Dave Dalury, the chief of Orthopaedics, I immediately recognized that level of passion and excitement. It leads to exceptional results and is a joy to see. My primary reason for making the gift specifically to support the Orthopaedic Institute was to honor Dave Dalury for his stellar achievements in orthopaedics."



Jack Dunn IV sits with his son, Jack Dunn V and granddaughter Zoey in the Visitor Lounge of the newly named Jack and Elizabeth Dunn Family Orthopaedic Institute.

“I have always found it to be true that when you build a platform with the best people, there is nothing you can’t achieve.”

—JACK DUNN IV



REALIZING A VISION

Dunn is particularly enthusiastic about the medical center’s embrace of the Value Delivery System, UM St. Joseph Medical Center’s uncompromising quest to achieve clinical excellence, coupled with zero patient harm and the perfect patient experience. By constantly examining and improving processes, the medical center delivers superior outcomes.

“I have always believed you achieve success through measurement,” Dunn said. “St. Joe’s slogan of ‘better never stops’ shows me they are never satisfied, no matter how high their rankings or how successful their outcomes. They are always looking ahead to affect further improvement. This is an incredible blessing for their patients.”

In addition to a commitment to clinical excellence and innovation, Dunn finds the consistency of care at UM St. Joseph Medical Center most welcome.

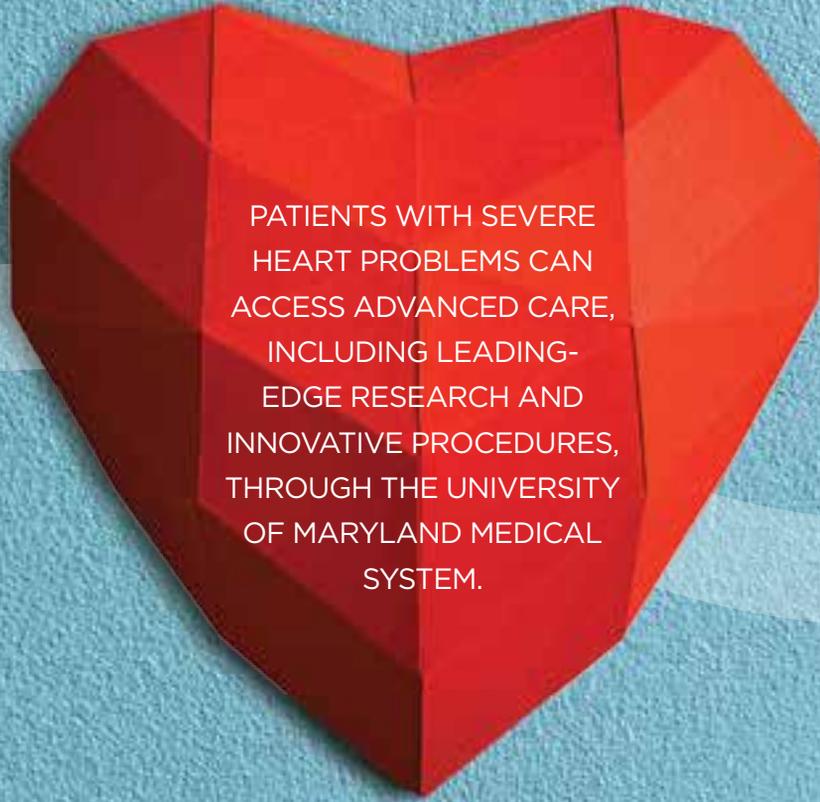
“I have found that in recent years, as things become more automated, organizations are trying to counter that impersonality with a greater dedication to warmth

and hospitality,” Dunn said. “While this is a relatively new phenomenon for many organizations, it has always been the standard at St. Joe’s in virtually every discipline. Simply put, they welcome you in and make you better. I am proud for my family to be associated with this wonderful hospital and honored to make this gift that invests in such an amazing culture.”

Granddaughter Zoey Elizabeth may or may not be a face-painting, fashion-designing ballerina one day. But the legacy her grandparents have left to UM St. Joseph Medical Center is one that Zoey will always be able to treasure, no matter where her journey takes her.



If you feel inspired by this story of generosity, learn more about giving opportunities at umstjoseph.org/giving.



PATIENTS WITH SEVERE
HEART PROBLEMS CAN
ACCESS ADVANCED CARE,
INCLUDING LEADING-
EDGE RESEARCH AND
INNOVATIVE PROCEDURES,
THROUGH THE UNIVERSITY
OF MARYLAND MEDICAL
SYSTEM.

A Higher
LEVEL OF HEART
CARE

“Since the heart is beating throughout the operation, the mitral valve repair is adjusted in real time, allowing us to achieve the perfect result.”

— MURTAZA DAWOOD, MD, ASSISTANT PROFESSOR OF SURGERY AT UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE

MITRAL VALVE REGURGITATION is a common but serious heart condition. While a healthy mitral valve will open and close with each heartbeat, a patient with mitral valve regurgitation has a valve that doesn't close entirely. Every time the heart pumps, blood flows backwards from the heart's lower chamber into its upper chamber. This makes the heart work inefficiently. Without proper treatment, it can lead to heart failure.

The traditional way to treat mitral valve regurgitation is to replace the damaged valve through open-heart surgery. But for a patient with complex health conditions, undergoing such an invasive procedure may not be safe.

This is what makes the minimally invasive HARPOON mitral valve repair system so revolutionary. Physicians may soon have this option to treat mitral valve regurgitation in a patient whose frail condition or complex health concerns may have prevented them from receiving treatment at all.

INNOVATIVE RESEARCH IN ACTION

Currently designated an investigational clinical device, the HARPOON system was developed by research clinicians at the University of Maryland School of Medicine (UMSOM). In December 2020, it was used as part of the RESTORE clinical trial sponsored by Edwards Lifesciences on a patient at the University of Maryland Heart & Vascular Center (UM HVC), located at the University of Maryland Medical Center (UMMC) in Baltimore. The device operates in stark contrast to traditional mitral valve replacement surgery.

“Currently, when the valve is replaced through surgery, the doctor needs to make a large cut in the patient's chest, open the ribcage, and put the patient on a cardiopulmonary bypass machine,” said Murtaza Dawood, MD, Assistant Professor of Surgery at UMSOM and a cardiac surgeon at UM HVC. “A cardiopulmonary bypass machine takes over the heart and lungs' functions and supplies blood and oxygen to the body. The surgeon can then operate while the heart isn't beating.”

Using the HARPOON device, the surgeon reaches the patient's heart through a minimally invasive incision in the left chest and repairs the leaky valve. (See “How the Harpoon System Works” to learn more.)

“When a patient's mitral valve is healthy, two separate clusters of cords limit the movement of the valve flaps when the heart squeezes or contracts,” Dr. Dawood said. “Those flaps, or leaflets, keep the blood from flowing backward. When a patient's cords stretch or break, mitral valve regurgitation results. Mitral valve repair replaces those natural cords with artificial ones to help the mitral valve remain closed during contraction.”

The HARPOON system is designed to allow the surgery to be performed while the patient's heart is still beating, with no need for a cardiopulmonary bypass machine. When the heart remains active throughout the operation, the surgeon can make adjustments in real time.

“Repairing the mitral valve is the most important factor in determining a patient's long-term prognosis,” Dr. Dawood said. “Those benefits increase when surgeons can repair mitral valves without the potential health risks involved in open-heart surgery.”

Continued on page 12



HOW THE HARPOON SYSTEM WORKS

Using image-guided technology, the surgeon inserts the device into the heart near the leaky mitral valve. The device uses a specially designed needle that makes a tiny hole to send new polymer cord material through the leaflet. The needle then withdraws the cord and secures it to tighten and close the valve. Several cords may be repaired in this manner to help the mitral valve function properly again.

THE WAY OF THE FUTURE

The HARPOON device is one of more than 40 clinical trials available to cardiovascular patients at UM HVC at UMMC. The academic flagship of the University of Maryland Medical System, UMMC is driving innovation to provide advanced treatments for serious health conditions.

“Our cardiovascular specialists are dedicated to advancing patient care through a variety of novel methods and techniques,” said Dr. Dawood. “By participating in clinical trials, we hope to develop new technologies to provide our patients with safe, effective treatments.”

Clinical trials are a vital part of furthering medical research. UM HVC cardiac surgeons have participated in numerous clinical trials that include new minimally invasive surgeries, new devices and new ways to treat valve disease.

The UM Heart & Vascular Center has also been a clinical trial site for the MitraClip, another minimally invasive procedure developed to potentially repair a damaged mitral valve for patients who are not good candidates for traditional open-heart surgery. At this point, the MitraClip has been approved for two indications, with an extension for a third indication now being studied. These clinical trials are a necessary step to receive approval from the U.S. Food & Drug Administration.

Patients who enroll in clinical trials have access to groundbreaking procedures before they are available nationwide. Participants may also take pride in being able to help further medical research and identify new ways to treat heart disease and other conditions.

Minimally invasive surgeries offer multiple benefits for patients, among them less time in surgery, shorter hospital stays, faster recovery time and reduced pain.



Learn more about UMMC's advanced heart and vascular program and specialists at umm.edu/heart.

WHO QUALIFIES FOR THE RESTORE CLINICAL TRIAL?

Possible candidates have been diagnosed with severe degenerative mitral valve regurgitation and meet other specific eligibility criteria.

Those who have had prior heart valve repair or replacement surgery or are scheduled for a cardiac or peripheral vascular procedure are among those who do not qualify.

To learn more about the RESTORE clinical trial, call **410-328-8209**.

Studies of the HARPOON device are funded by Edwards Lifesciences (IDE G200067). The device inventor and three others on the research team report ownership of stock and/or options to purchase stock in Harpoon Medical. At the present time, the U.S. Food & Drug Administration has not approved the HARPOON device for patients in the United States. Limited by federal law to investigational use.

COVID-19 Connected to MORE SEVERE HEART ATTACKS

THE CORONAVIRUS HAS IMPACTED HEART HEALTH AND HEART CARE IN WAYS THAT PUT THE GENERAL POPULATION AT HIGHER RISK OF COMPLICATIONS FROM HEART DISEASE.

“The number of patients coming to UM St. Joseph Medical Center for heart care during the pandemic has dropped, suggesting they are not getting the care they need,” said board-certified interventional cardiologist Shumile Zaidi, MD. “Time is muscle. Many people are worried about leaving home and coming to the hospital during the pandemic, when in reality taking care of your heart and staying in touch with your doctor is more important than ever.”

According to Dr. Zaidi, “In the past year, we have learned through research that COVID-19 patients who demonstrate evidence of heart injury tend to do worse than patients with COVID-19 who do not have heart disease or patients with heart disease who do not have COVID-19. Because COVID-19 seems to induce the body to clot, we believe this is the reason we are seeing more severe heart attacks in these patients.

“At UM St. Joseph, our cardiologists are keenly aware of COVID-19's impact on the heart and are working to improve patient outcomes,” continued Dr. Zaidi, who related the story of a middle-aged woman who recently came to the ER with chest pain. A rapid COVID-19 test showed that she was positive for COVID-19, which she did not realize she had.

“Her symptoms indicated possible coronary artery blockage, necessitating emergency transfer to the cardiac catheterization lab where I opened the blockage in her side wall artery with a coronary stent, which is a wire mesh device similar to a Slinky,” he continued. “This was an ideal outcome because the patient promptly came to the emergency room after developing symptoms.”

Dr. Zaidi has this advice, “If you or a loved one has chest pain, please come to the ER promptly. Be aware that COVID-19 and heart disease can coexist, so if you have COVID-19, don't ignore symptoms of chest pain or pressure. The shorter the time between development of these symptoms and getting care in the hospital, the more likely your outcome will be good and full recovery is possible.”

Where Heart Problems HAPPEN

THE HEART IS RESILIENT, BUT IT CAN ALSO BE SENSITIVE TO INJURY AND CHANGE. A VARIETY OF PROBLEMS MAY AFFECT THIS HARD-WORKING MUSCLE. LET'S EXPLORE SOME OF THEM AND WHERE THEY OCCUR.

CORONARY ARTERIES

These blood vessels bring blood into the heart after the blood has picked up oxygen in the lungs. Over time, plaque can accumulate in the arteries' walls, causing the blood vessels to narrow and increasing the risk of a heart attack.

VENTRICLES

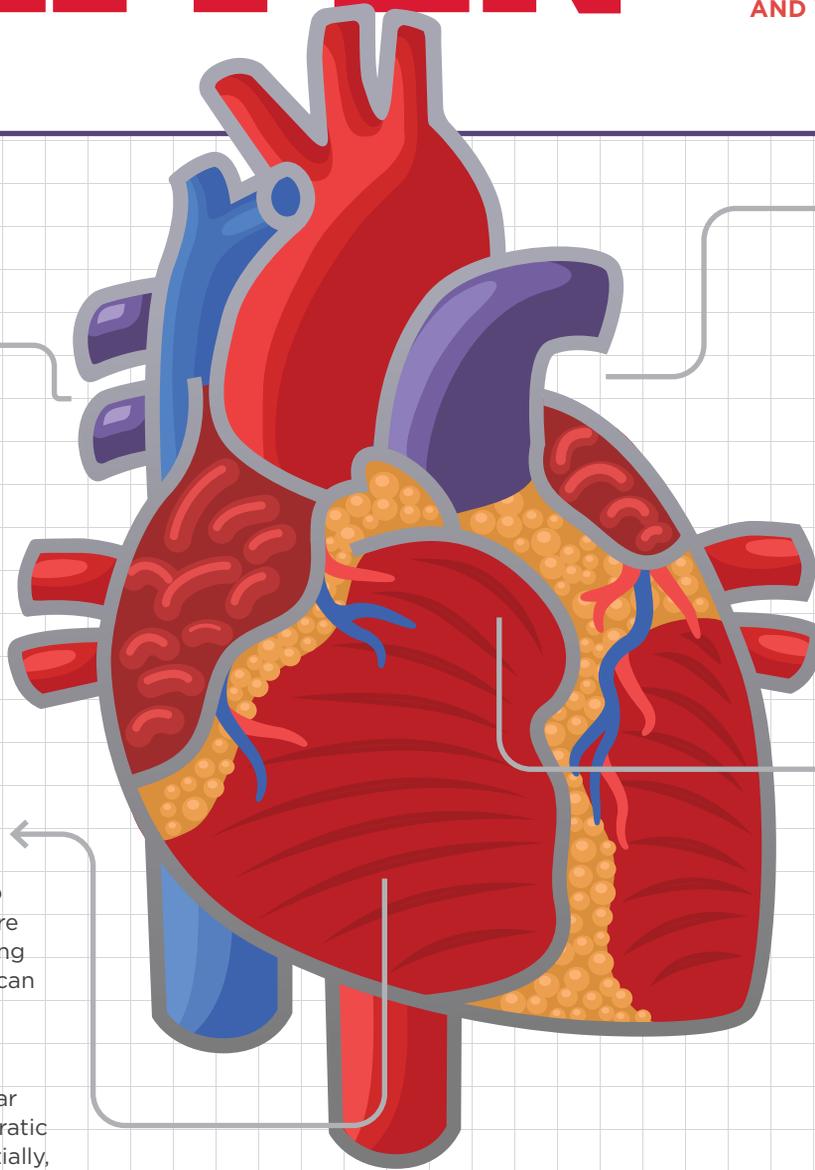
These are the heart's two lower chambers, which are responsible for maintaining blood flow. Arrhythmias can develop in the ventricles, including ventricular tachycardia—a fast heartbeat—and ventricular fibrillation, which is an erratic heart rhythm and, potentially, a medical emergency.

ATRIA

These are the heart's two upper chambers, which pump blood out of the heart. Atrial fibrillation—one of the most common types of arrhythmia, or irregular heartbeat—occurs in the atria. Also known as AFib, this condition causes the heart to beat abnormally fast and can increase your risk for stroke.

HEART VALVES

Four valves keep blood flowing on a one-way path through the heart. Problems with blood flow can occur if the valves weaken and allow blood to leak backward or don't open or close properly.



How heart-healthy are you? Visit umstjoseph.org/heartaware to take our quick online risk quiz to find out. For a referral to one of our heart specialists, call **410-337-1338**.

12.1% OF ADULTS IN THE UNITED STATES ARE DIAGNOSED WITH HEART DISEASE

—FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS

HEALTH MATTERS CALENDAR

Community Health Events

SPRING/SUMMER 2021

PROGRAMS

PREVENT T2

A class for those with prediabetes with a goal of preventing or delaying the onset of Type 2 diabetes. Group meets regularly for a full year. To be held virtually. **Registration required. Call 410-337-1479.**

CHRONIC PAIN SELF-MANAGEMENT

Free six-week workshop for those experiencing chronic pain to help with goal setting, fatigue and pain management. Topics include proper nutrition and exercise, communication with physicians and family members, and relaxation techniques. Program includes simple exercises to help relieve pain. To be held virtually. **Registration required. Call 410-337-1479.**

LET'S TALK ABOUT HEALTH

A Community Conversation

Tune in for a lunchtime webinar series on a different health topic each month. Topics include Accessing Care, Children's Health & Safety, Men's Health, Women's Health, Diabetes, Pulmonary Health, Pharmacy/Medication, Cardiovascular Health, Advanced Directives, Asthma, Stroke, and more!

To learn more and register, visit umms.org/letstalk.

- Third Wednesday of every month, 12pm



CLASSES AND SUPPORT GROUPS

STROKE SURVIVOR SUPPORT GROUP

Provides a forum for learning, listening and socializing with others. Our free stroke support group encourages participants to share their experiences as well as offer comfort and empowerment to others. A team of stroke professionals provides useful information about healthy living, stroke management and support after experiencing a stroke. Meetings held virtually. **Call 410-427-2175 or contact KarenGonzalez@umm.edu to register.**

- Third Tuesday of every month, 2-3:30pm

DIABETES SUPPORT GROUP

Are you interested in learning more about diabetes? Do you want to receive encouragement and up-to-date information? Please join us for the Diabetes Support Group, designed to encourage an exchange of information and support between presenters and attendees. Meetings held virtually.

Call 410-337-1382 to register.

- First Monday of the month, 1-2pm

AMERICAN RED CROSS BLOOD DRIVE

Schedule a lifesaving donation. For medical and eligibility questions, please call 1-866-236-3276 before scheduling your appointment. **To register, call 1-800-733-2767 or visit redcrossblood.org.**

- Tuesday, June 22, 7:30am-1:30pm
- Friday, Aug. 20, 7:30am-1:30pm
- Irwin Center

SAFE SITTER CLASSES

Do you have a child who would like to start babysitting? Join us for a one-day class designed for students ages 11 to 13 to ensure they have the skills they need to be a safe and competent sitter! In this class, your child will learn about the following topics:

- safety for the sitter
- business skills
- child development
- first aid
- how to perform CPR
- how to handle a choking child

Classes are held on Sunday, June 13 or July 11, 9:30am–4:30pm. Fee is \$45 per class. Registration required.

For more information, please email sjmchildbirthed@umm.edu or call 410-337-1880.



FAMILY EDUCATION CLASSES

Call **410-337-1880** or visit umstjoseph.org/readyforbaby to register. Fees apply.

CHILDBIRTH CLASSES

Our childbirth classes provide educational and helpful information for happy and healthy birth-and-beyond experiences. Classes are taught by registered nurses certified in childbirth education, with years of skilled and compassionate clinical experience. Offered as a five-week series, a three-week series or a day-long class to meet your scheduling needs.

ON-DEMAND CHILDBIRTH CLASS

This Childbirth Class is designed with YOU in mind—specifically for busy parents who can't commit to an in-person class. You will be assigned your own certified childbirth educator for one-on-one consultations at your convenience, with all the education and information you need VIRTUALLY!

BREASTFEEDING CLASS

Is breastfeeding right for you? Learn about the benefits to you and baby, best-bet techniques and tips for success. This one-day class is for expectant mothers and their partners and provides education and an introduction to breastfeeding their babies. This class is taught by a certified lactation consultant.

BABY CARE CLASS

Care for your baby with confidence! This two-session class held over two weeks offers expert instruction from our registered nurse educators. Learn everything you need to know to get ready to bring your baby home and how to care for your baby through the first year.

BREATHING EASIER FOR BABY

Allows you and your partner time to learn and practice the skills you need for labor and delivery of your newborn. Designed for couples planning for low-intervention, or unmedicated, birth experiences, this class provides education to help parents labor at home longer or manage labor comfortably after being admitted to the hospital.

PRENATAL YOGA

Stay active and healthy during your pregnancy. This yoga class is offered to expectant mothers delivering at University of Maryland St. Joseph Medical Center and is taught by one of our certified yoga instructors.

GRANDPARENTS' UPDATE

A great “refresher” for new grandparents, featuring instruction on infant CPR and choking safety, the latest safety concerns regarding newborns, and how to best support and care for the new mom and baby you love.

CIRCLE SUPPORT GROUP

For women in pregnancy, postpartum and throughout life, led by one of our certified midwives. Meets on the second and fourth Monday of every month from 2:30–4pm.

LITTLE LATCH CLUB

Breastfeeding support group for moms and newborns, led by a board-certified lactation consultant. Discuss feeding triumphs and struggles with other moms. All are welcome. Meets every Thursday from 10am–12pm.



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