

MARYLAND'S

HEALTH MATTERS

Richard Ferraro, M.D.
Emergency Medicine

COVER STORY:

ADAPTING TO THRIVE

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UMMC FEATURE

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UNIVERSITY of MARYLAND
CHARLES REGIONAL
MEDICAL CENTER



ON THE COVER

ADAPTING TO THRIVE

Lessons learned during the pandemic



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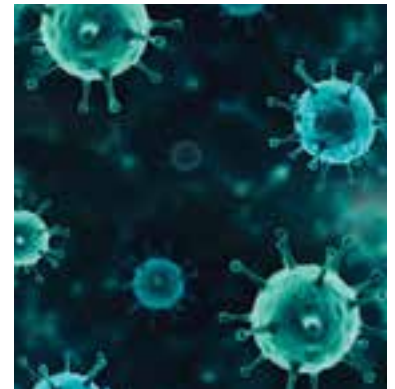
OUT OF THE WHITE COAT

Our new director of imaging and cardiovascular services

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READY FOR COVID-19

University of Maryland Medical Center activates a biocontainment unit for the sickest patients



UNIVERSITY of MARYLAND CHARLES REGIONAL MEDICAL CENTER

NOEL A. CERVINO
President/Chief Executive Officer

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CORRECTION: In the Spring 2020 issue of *Maryland's Health Matters*, "The Skill to Rebuild and Restore" incorrectly named the University of Maryland Orthopaedics at Camden Yards part of the University of Maryland Rehabilitation Network.

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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.

MESSAGE FROM THE CEO

OF THE MANY IMPACTS OF THE COVID-19

pandemic on health care, the most worrisome is that many people are putting off receiving emergent medical care for fear of being in the hospital. Visits to physicians, urgent care centers and hospital emergency departments have plummeted during the pandemic, showing that people are continuing to avoid hospitals despite worrisome symptoms in fear of becoming infected with the coronavirus.

In fact, emergency department physicians are seeing people whose symptoms—chest pains, abdominal pain, evidence of stroke—have advanced beyond the point they should have sought medical care. Left untreated, these symptoms may result in permanent injury and worse if not diagnosed and treated promptly.

It's important to remember that hospital employees are skilled at managing the spread of influenza-like illnesses. At the start of the pandemic, we put important safety measures in place like our universal masking policy—which applies to our off-site medical group practices as well—and restricted visitor access to the hospital.

Just as importantly, as you'll read about in our cover story in this issue, we have learned many valuable lessons along the way about this pandemic, including how to provide critical medical care while protecting our patients and staff. It has underscored what is most important: maintaining our focus on providing outstanding care to all our patients.

That's why I'm pleased to report that since the start of the pandemic, University of Maryland Charles Regional Medical Center has been honored with several notable awards and designations, including:

- Being named by *Newsweek* as one of the best maternity hospitals in America—one of only three in Maryland to earn that designation

- Being recognized by *US News & World Report* for the quality of care we provide to patients with chronic obstructive pulmonary disease (COPD)
- Earning official designation by the Maryland Institute for Emergency Medical Services Systems as a primary stroke center
- Receiving platinum recognition from the Workplace Partnership for Life for our efforts to increase organ donations

Since the beginning of the pandemic and continuing today, we have made important adjustments to be able to care for patients with COVID-19, learned important lessons along the way and maintained our ability to provide all types of emergent care. Don't put off getting important medical care, because your community hospital is ready and able to safely treat all patients.

Noel A. Cervino

President & CEO





Out of the *White Coat*

HIS FIRST JOB: I worked with an artist in college doing painting and clay.

TO UNWIND AFTER A LONG DAY: I like spending time with my family and keeping up with my 15-year-old daughter and 6-year-old son.

HIS FAVORITE MUSIC: Classical music. I prefer listening to original scores, from classics like John Wilkins to modern composers like Henry Jackman.

IF HE COULD ADD AN EIGHTH DAY TO THE WEEK: I'd make each weekend a three-day weekend with an extra day after Sunday to spend at home for home renovation.

HIS FAVORITE PART OF THE JOB: I enjoy interacting with the staff. I'm very process-driven so getting the team together to solve problems is very rewarding.

VLAD MABOUT BRINGS MORE THAN 20 YEARS OF EXPERIENCE IN HIS FIELD TO HIS NEW ROLE.

AFTER MOVING ON from another medical center, Mabout stepped into his new position as director of imaging and cardiovascular services in July amid the COVID-19 pandemic. He reflected that despite the widespread uncertainty at the time, it was an easier transition than he expected since all hospitals shared one main focus—acquiring PPE and ensuring maximum safety for all patients.

Now he's familiar with all the details and protocol at University of Maryland Charles Regional Medical Center and is settling into a new normal daily routine. As a director, Mabout starts early, and spends time making regular rounds on the floor of his departments and joining in leadership huddles.

Each day is filled with problem-solving on the fly, and he finds pride in bringing together his team to address issues in real time and make process improvements. No two days are the same—which is part of the excitement for Mabout—but he didn't always know he would end up in this field.

In his earlier years, Mabout was fascinated by photography. Only later would this transform into a passion for a different type of film: radiology. This propelled him to pursue his first degree from the University of South Florida, where he met his wife of 20 years in an organic chemistry class.

Early in his career he worked as a technologist for a variety of radiology modalities, including routine X-ray, then the magnetic resonance imaging (MRI), computerized tomography (CT) scan and interventional radiology (IR) imaging. Mabout would later pivot into a managerial role after receiving his MBA.

Although he misses the clinical side of imaging, even in his director roles Mabout still makes time to interact with patients and get their feedback. And if there's one thing he wants everyone to know, it's how much advanced technology the field of imaging has to offer. "it's not just X-rays!" he laughs.



Are You Ready for FLU SEASON?

THE COVID-19 PANDEMIC MAY BE TOP OF MIND, BUT ANOTHER DANGEROUS RESPIRATORY ILLNESS—FLU—IS ALREADY CIRCULATING.

FLU CASES TYPICALLY peak between December and February. Here's what you can do to prepare:

GET A FLU SHOT SOON. Getting your flu shot as early as possible this year is even more important because of the pandemic. The Centers for Disease Control and Prevention (CDC) recommends everyone 6 months of age or older get a flu shot before the end of October. Your body needs about two weeks after you receive the shot to start forming protective antibodies, so if you get vaccinated in early fall, your immune system will be ready by the time flu season is raging.

NO EXCUSES. Social distancing doesn't make you immune to the flu. Don't be afraid to get your flu shot. University of Maryland Medical System is taking many precautions to keep our facilities safe for care. There are also many other places where you can get the shot this year, including some pharmacies.

IF YOU'RE SICK. If you have flu-like symptoms or don't feel well, stay home. Preventing the spread of flu is always important but especially so this year. Reducing flu spread not only keeps others healthy, but it also reduces strain on the healthcare system as we fight the pandemic.

GET IN A GOOD HYGIENE GROOVE. If you start practicing preventive steps now—such as washing hands often, not touching your face, covering your mouth when coughing or sneezing, and sanitizing frequently touched objects and surfaces—they'll be second nature by flu season.



To learn where you can get a flu vaccine near you, visit umcharlesregional.org/flu.

ASSESSING THE NEEDS OF OUR COMMUNITY

DURING A PANDEMIC

EVERY THREE YEARS, hospitals are required to assess the health needs of their communities and adopt a plan for how to address and meet the needs identified by the study. In July, University of Maryland Charles Regional Medical Center partnered with the Charles County Health Department to conduct the next Charles County Community Health Needs Assessment (CHNA), scheduled for completion in 2021. The CHNA provides a snapshot of key factors impacting the health of Charles County residents.

Community input is a significant and important part of the CHNA process. UM Charles Regional engages county residents, community leaders and local stakeholders through a variety of different methods, including online surveys, paper surveys, focus groups and more. The findings are used to develop plans and programs to improve the health of individuals across Charles County and the broader area the hospital serves.

While COVID-19 presents some challenges with data collection, UM Charles Regional is committed to ensuring that we reach our most at-risk populations during the CHNA process.



To view past CHNAs or to participate in the 2021 CHNA and help us identify current health needs in the community, visit our website umcharlesregional.org/community/CHNA and complete the online survey.



Jill Kane, RN, MSN,
nurse manager on UM
CRMC's 3South unit.

Adapting to THRIVE

THE COVID-19 PANDEMIC FORCED MANY STAFF MEMBERS AT UNIVERSITY OF MARYLAND CHARLES REGIONAL MEDICAL CENTER OUT OF THEIR COMFORT ZONES. THEY ADAPTED AND ROSE TO THE CHALLENGE, AND THE UNEXPECTED LESSONS THAT LEADERS AND FRONTLINE PROVIDERS LEARNED DURING THE CRISIS STAND TO BENEFIT PATIENTS FOR YEARS TO COME.

A SPATE OF INFECTIONS and deaths at a nursing home in April brought the full force of the COVID-19 pandemic to Charles County, where, for weeks, University of Maryland Charles Regional Medical Center had been preparing. Leaders temporarily halted elective surgeries, implemented strict mask-wearing policies and created dedicated care areas for patients with COVID-19, among other safety measures.

“Through decisive action and coordination between the county health department and University of Maryland Charles Regional Medical Center, we were able to control the outbreak in our county and limit the damage compared to some of the hardest-hit neighboring counties,” said Richard Ferraro, MD, FACEP, chairman and medical director of the Department of Emergency Medicine at University of Maryland Charles Regional Medical Center. “Throughout the pandemic, the medical center has been the leader in not only treating the sickest of those who are infected but also informing the medical community of best practices.”

University of Maryland Charles Regional Medical Center weathered the hectic early days of the pandemic in the spring with the help of community members following stay-at-home orders and public health guidance. By mid-summer, the medical center had treated approximately 270 patients for COVID-19. Here's a look at how several key leaders helped the medical center respond to COVID-19 and how they think the pandemic will change health care for the better.

NAVIGATING UNCHARTED TERRITORY

Nearly every patient admitted for COVID-19 enters through the Emergency Department (ED). At the beginning of the pandemic, the virus' many unknowns were unsettling for Dr. Ferraro, who worried about the safety of his family—like many, he feared getting infected and potentially passing the virus to his loved ones—and his team of providers in equal measure. For him and his colleagues, however, trepidation quickly gave way to courage under pressure, which finally evolved into a new clinical routine.

"As we've learned more about how the disease is spread and how to keep ourselves safe, the staff has settled into comforting routines," Dr. Ferraro said. "When patients arrive through the ED lobby or via EMS, we establish their infectious risk immediately and place them into the appropriate treatment or waiting area. Everyone in contact with patients who may be infected wears appropriate personal protective equipment. We test for COVID-19 based on local and hospital guidelines."

Dr. Ferraro credits frequent communication and collaboration with colleagues throughout the University of Maryland Medical System and beyond with helping him and his team

determine how best to care for patients in the face of much uncertainty. That sort of cooperation will help define the future of health care.

LEANING ON EACH OTHER

Teamwork, already important in health care, became absolutely essential in the spring for the nurses of 3 South, a cardiac-turned-COVID-19 unit. Divided into separate, sealed-off areas for patients with COVID-19 and those with suspected infections awaiting test results, the unit at its busiest hosted 25 infected patients. Many patients who came through the unit were quite sick. For safety's sake, the unit and its staff were almost completely self-contained, with few outsiders allowed in. That meant Jill Kane, RN, MSN, nurse manager on the 3 South and 2 North units, had to learn new skills, such as ordering supplies for the unit and making minor plumbing repairs.

"We had to be a united team because no one else was coming onto the unit unless it was an emergency," Kane said. "I had to learn how to replace the spigots in some of the sinks with dialysis spouts because some of our patients needed dialysis. Those are the types of little things we had to do that I never would have anticipated."

Alone with their patients and each

other, the nurses developed deep camaraderie and seized the opportunity to get back to the basics of nursing.

"My biggest takeaway from that time is that we can conquer anything if we work as a team," Kane said. "We prevailed, and we did it safely, together. No one could have done it alone."

CARE GOES VIRTUAL

At University of Maryland Charles Regional Medical Group – Primary Care, adapting to the COVID-19 pandemic meant learning to care for patients differently.

"Back in the spring, we went through a really fast transition to telemedicine," said Kelli Goldsborough, FNP-C, certified family nurse practitioner at University of Maryland Charles Regional Medical Group – Primary Care. "We set up criteria for patients to whom we would only offer telemedicine appointments so we could keep anyone with respiratory symptoms at home. We also worked with the medical center and in the community to get patients tested for COVID-19 if they needed it."

Now, even after the return of in-person appointments, telemedicine remains an important tool for Goldsborough, and she thinks its profile will rise even higher in the future as more providers, including specialists,

AN UNFORESEEN CHALLENGE

"Humbling."

That's how Samantha Lane, RN, BSN, infection prevention specialist in the Performance Improvement Department at University of Maryland Charles Regional Medical Center, describes the pandemic. She has worked in infection prevention for years, coordinating the medical center's infection control program and developing policies to respond to various pathogens, including Ebola virus. Despite that, she never expected something like COVID-19.

"I never thought I would see a pandemic in my lifetime," she said. "Society became used to health care being able to quickly develop medications and vaccines to treat most diseases. I thought the world would be able

to contain this virus and stop the spread as quickly as it started. Unfortunately, I was wrong."

Using recommendations from state, national and international experts, Lane and her colleagues developed policies, procedures and/or guidance for isolating patients, contact tracing, cleaning and disinfecting, mask wearing, personal protective equipment use, and testing that were instrumental in keeping patients and staff safe.

"We learned from Ebola that prompt identification of cases, contact tracing and monitoring of high-risk individuals are essential to stopping the spread," Lane said. "The same principles are true for stopping the spread of COVID-19."



begin using it. For patients, telemedicine is convenient, and it promotes safety during a time when social distancing remains key.

"I didn't have any experience as a telemedicine provider, but there are some similarities between telemedicine and the phone triage I conducted as a hospice nurse earlier in my career," Goldsborough said. "With telemedicine, I have to assess patients and implement a plan of care without examining them in person, and I rely on the patient to be open with me. Being able to communicate effectively with patients has become even more important."

FINDING THE GOOD

For William Grimes, vice president of ancillary services at University of Maryland Charles Regional Medical Center, leading the medical center's COVID-19 response has been an exercise in problem-solving and positivity. Early in the pandemic, concerns abounded, including keeping patients and staff safe, securing adequate supplies of PPE, conducting sufficient numbers of COVID-19 tests and ensuring staffing levels could meet demand. No solution was easy and the work is ongoing, but the process left Grimes inspired.

"The pandemic has made me incredibly grateful for the people I work with," Grimes said. "Many have friends and family whose safety is in the back of their minds when doing their jobs, but they continue to do what's needed for our community."

Grimes has been particularly impressed by his colleagues' ingenuity, such as figuring out safe ways to reuse PPE and

adopting proning, which is the practice of turning patients sick with COVID-19 onto their stomach to help them breathe.

"We'd never done proning on a regular basis for patients in the intensive care unit, but with a lack of medicine that could make people feel better, we had to find ways to let their body have time to defeat the virus," Grimes said. "I'm sure we'll use proning in the future for other types of respiratory illness."

That's not the only product of the pandemic that Grimes believes will change the medical center and the health care field. Others include deeper cooperation between health care facilities and medical practices in the community, as well as new ways of designing hospitals and new processes to minimize patients' exposure to providers. Grimes knows one thing for sure: If there's a resurgence of COVID-19 in Charles County in the months ahead, the providers at University of Maryland Charles Regional Medical Center will draw on the lessons they learned during a difficult spring. They already know they're up to the challenge.



Visit umms.org/charles to keep up with news and patient safety information updates from University of Maryland Charles Regional Medical Center.



Jill Kane (center) and members of the 3 South nursing team.



Wondering About Women's Health?

HERE'S WHAT YOU
NEED TO KNOW

WOMEN NEED specialized services to address their bodies' unique health needs. Women's health care can complement care received during an annual visit with a primary care provider. This is why it is essential for women to seek out the specialized care they need. Nurse practitioner Stephanie Barnes, NP-C, emphasizes this importance, noting that "a woman's physical and emotional well-being can both be affected."

Barnes and her Women's Health team at University of Maryland Charles Regional Medical Group are passionate about educating the women of southern Maryland. She says her favorite part of the job is empowering the women she meets each day. A wide variety of services are provided under women's health, including preventive care, breast care, sexual health, gynecology, reproductive health, bladder care, pregnancy, childbirth and basic infertility services.

While much falls under the women's health umbrella, two important places to start are with regular well woman exams and management of any chronic conditions.

GENERAL WELLNESS VISITS

The best place for a woman to begin her wellness journey is taking the time for a yearly well woman exam. This annual appointment alone can include screenings for breast cancer, cervical cancer, osteoporosis and much more. Checking for these conditions is an important first step because early detection is crucial. Identifying problems sooner rather than later can mean being able to make simple lifestyle modifications to reverse or slow the progression of certain conditions.

Barnes acknowledges that some women might be nervous about scheduling a visit. Despite this hesitation, she urges all women to come in for an evaluation and advises them to not live in fear or uncertainty.

CARING FOR CHRONIC CONDITIONS

After completing a screening, some women will be diagnosed with a chronic condition. Examples of chronic conditions seen in women's health include irregular menses, polycystic ovary syndrome, endometriosis, osteoporosis and urinary incontinence.

Once a woman is diagnosed with a chronic condition, the women's health team will work with her to provide ongoing care and help monitor symptoms. The first step is education about the condition so that she can understand and make decisions about how to manage her condition.

Different management methods can vary greatly depending on the woman and the condition. Many will include lifestyle changes. Others may require medical treatments, procedures or even referral to a specialist.

There are many misconceptions when it comes to chronic conditions. People often equate a diagnosis with suffering. However, according to Barnes, most chronic conditions "can be managed and improved quality of life can be restored." This underscores the importance of early detection and highlights the necessity for preventive health measures, especially for women.

READY FOR

COVID-19:

**ACTIVATING A
BIOCONTAINMENT
UNIT FOR THE
SICKEST PATIENTS**

IT'S OFTEN WHERE THE MOST COMPLEX PATIENTS MUST TURN: AN ACADEMIC MEDICAL CENTER.

KNOWING THAT VERY sick and contagious patients were imminent because of COVID-19, teams at the University of Maryland Medical Center (UMMC) began preparing long before coronavirus was declared a pandemic.

In 2014, when there was concern over a possible Ebola outbreak in the United States, UMMC established a Biocontainment Unit (BCU) by readying people and adapting part of an existing intensive care unit. Dedicated to containing and caring for infectious disease patients, a multidisciplinary team was prepared to deliver greater care under uniquely challenging circumstances.

No Ebola cases came to Baltimore, but the BCU remained part of UMMC's emergency planning. The staff trained regularly and readied themselves for different scenarios that could lie ahead.

Fast forward to 2020: The BCU became the first COVID-dedicated unit in the University of Maryland Medical System (UMMS), and where the first critically ill patients came. The sickest COVID-19 patients in UMMS community hospitals across Maryland would be transferred to UMMC when they required the advanced care that an academic medical center can provide. The team quadrupled in size and played an essential role in caring for COVID-19 patients, especially those needing life support.

"What's significant isn't that we created a unit, it's that we have medical professionals, nurses and ancillary staff from different backgrounds, coming together and seamlessly working together to treat the sickest patients," explained Louie Lee, RN.

Every person on this team volunteers for the post. It is an array of people from various specialties, including medical and intensive care, as well as pediatrics, labor and delivery, outpatient care, respiratory therapy and other rehabilitation services. "To see everyone perform at such a high level is mind-blowing," said C. Pat Lombardi, RN, another member of the BCU.

ACTIVATING THE BCU

"When we activated the Biocontainment Unit this time, it was hectic, and we did not know what to expect," said Corey Stults, RN. But he is quick to point out that things normalized quickly.

In addition to adding more staff, the BCU's initial location was moved to a wing within the R Adams Cowley Shock Trauma Center where it could accommodate up to 32 patients, many on advanced life support. It also needed negative-pressure rooms to prevent the virus from becoming airborne.

"We spent time getting the rooms fully ready. For instance, we included specialty beds that turn patients regularly," says Lee. These high-tech beds help prevent complications from being in one position for too long.

"We were ready. Without exception, everyone was stepping up, making a difference. It was nurses, techs, unit secretaries, social workers all together with one common goal," said Hannah Entwistle, RN.

The BCU was not the only unit caring for COVID-positive patients, but it remained the place for the sickest patients throughout the state who needed the most advanced care.

ON THE UNIT

At a quick glance the BCU looks like a typical intensive care unit (ICU), but some things are noticeably different. "It is very quiet and there are a lot less people. It's almost a little eerie when you enter," said Natalie Mollish, RN, a nurse in the BCU.

The patients are behind the "airlock" in the "Hot Zone." Many of them are on both ventilators and ECMO (extracorporeal membrane oxygenation), a technology that takes over the work of the lungs—keeping a patient's blood full of oxygen—until they can heal. No one is allowed to just walk in. There are two sets of doors to ensure infection prevention and extensive protocols about what must be worn when entering the space.

The trends the public has heard about COVID-19 patients are consistent in the BCU. For instance, a patient can be any age. The common thread is that they are very sick, with many body functions shutting down.

SUSTAINING LIFE

UMMC is one of the leading hospitals in the country in its pioneering use of ECMO, with one of the largest ECMO programs in the country. Physicians and nurses have saved the lives of patients by using ECMO for critically ill patients after traumatic injury, organ failure and other life-threatening conditions. Now, it is being used to help COVID patients survive.

"ECMO is an extreme type of life support. This technology is not a treatment. It does not fight COVID, but it helps keep the body from further organ failure. It is highly specialized, very labor intensive and requires specific training, so it is not available everywhere and is only at two hospitals in the state," explained Ali Tabatabai, MD, assistant professor of medicine at University of Maryland School of Medicine and BCU Medical Director.

DONNING AND DOFFING PPE

Personal protective equipment (PPE) is vital in keeping the clinical teams safe. The specific way the PPE is put on and taken off is called donning (putting on) and doffing (taking off).

Learn
more about
ECMO by visiting
umm.edu/ECMO.

There are staff dedicated to ensuring PPE is donned and doffed properly. It takes 5 to 10 minutes to don the PPE. Doffing can be lengthier since the team must be extra careful not to contaminate themselves.

Wearing so much PPE is a different way of working. Fans designed to keep air flowing out of the head coverings protect the wearer from COVID but can make it difficult for staff to hear one another.

DIFFERENT STYLE OF NURSING

The way teams care for patients is a little different as well. In the ICU, a nurse will oversee one or two patients whom they know “inside and out,” said Stults. In the BCU, team-based nursing has been initiated where intensive care nurses and intermediate care nurses are paired together to care for up to four patients at once.

Entwistle likens it to football. “Instead of one on one, we are using zone defense. We are taking care of twice the number of patients but in a team.”

“In the ICU, it’s hard enough to help families understand what is happening to their loved ones when they can see them. It’s that much harder for them to understand what is happening when they can’t see them,” said Stults. Often staff relied on tablets as a way for family to see their loved one since visitor policies had to change during the pandemic.

CELEBRATING THE WINS

It is impossible to predict how COVID-19 will impact a person. There have been victories inside the BCU. The very first patient recovered and the team continues to get updates on his progress. Another patient was a new mom who recovered and was reunited with her baby. These successes are celebrated by the team and give them hope that others will survive.

“When it comes to COVID-19, every person is on the frontline, including everyone who is at home and anyone wearing a mask. When patients reach us in the BCU, we are the last line,” explained Entwistle. But those very sick patients have a team inside this academic medical center fighting for their survival. Every person in the BCU, covered from head to toe in PPE, is putting every effort on the line to positively impact the lives of the sickest Marylanders fighting COVID-19.



Hear more from the team in the Biocontainment Unit at umm.edu/BCU.

TELEMEDICINE ANSWERS THE CALL

THE COVID-19 PANDEMIC RAISED A KEY QUESTION FOR THE HEALTH CARE INDUSTRY: HOW DO YOU PROVIDE THE BEST PATIENT CARE WHILE STILL PRACTICING SAFE SOCIAL DISTANCING?

Medical professionals came up with many creative and innovative solutions to serve their patients while minimizing risk. In southern Maryland, one of the primary tools is telemedicine. These are doctor’s appointments conducted via video call, giving patients and medical professionals the opportunity to see each other and have open discussions about patients’ conditions, treatments, and recoveries.

Telemedicine is not a new concept. In fact, many practices within University of Maryland Charles Regional Medical Group already were offering video appointments through technology called SimpleVisit. Among the practices offering telemedicine are Diabetes & Endocrinology, Gastroenterology, Primary Care, and Women’s Health. In response to the pandemic, UM Charles Regional Rehabilitation began offering telemedicine physical therapy appointments, and the Center for Wound Healing is also holding telemedicine appointments.

HOW IT WORKS

Appointments can be conducted via a variety of video conferencing systems, including popular apps such as FaceTime, Skype or Zoom. The service is HIPAA-compliant, so it meets the necessary requirements regarding patient privacy. Video appointments are not recorded, and there is no stored data that could be compromised.

“While it’s comforting to be in the same room with your physician or therapist, a video call is truly the next best thing,” said Joseph Moser, MD, chief medical officer. “For many appointments, you can accomplish everything that you need to in this way. It gives patients peace of mind, knowing that we’re still there for them and that they’re staying safe while getting the care they need.”

Video appointments are typically covered by insurance the same as any other medical appointment, but the practices recommend that patients confirm in advance with their providers. The staff can take payment over the phone via credit card or a patient can request that a bill be mailed to them. The physician can even prescribe medication based on a telemedicine visit, and the prescription will be sent electronically to the patient’s pharmacy of choice.

When the pandemic has passed, patients will undoubtedly become more comfortable receiving medical care in person. However, telemedicine will continue to be a vital tool available to medical professionals and patients alike. University of Maryland Charles Regional Medical Center is excited to be on the leading edge of this innovative health care tool and thrilled to be able to offer its patients the added ease and convenience of telemedicine—even as it becomes a choice and not a necessity.

Where to Turn FOR CARE

UNIVERSITY OF MARYLAND MEDICAL SYSTEM PROVIDES SEVERAL WAYS FOR PATIENTS TO GET THE CARE THEY NEED BASED ON THE URGENCY OF THE SITUATION.



DOCTOR'S OFFICE \$

Your primary care physician knows you best, so turn here first unless your need is urgent. Best for:

- Routine wellness visits, preventive care and immunizations
- Treating rashes, cold and flu symptoms, high blood pressure, tooth pain, sore throat, pink eye, lower back pain, animal or insect bite, urinary tract infections
- Diabetes management, Pap smear, colonoscopy

TELEMEDICINE VISIT \$

Remote visits are convenient and provide social distancing. Best for:

- Treating seasonal allergies, sinus infection, rash, conjunctivitis, headache, back strain, minor burns, urinary tract infections, cold and flu symptoms
- Managing asthma, COPD and other pulmonary conditions, behavioral health, cancer treatment symptoms, diabetes, gastrointestinal conditions, high blood pressure and many other heart and vascular conditions, neurological conditions, pain management, palliative care, and some prenatal appointments



PATIENT HEALTH PORTAL [\$\$\$]

A secure online portal supplements telemedicine or doctor's office visits by providing access to health information anywhere with an internet connection. UMMS patients use MyPortfolio. Best for:

- Direct messaging for answers to basic medical questions
- Accessing test results
- Requesting appointments and prescription refills
- Check in online before an appointment



URGENT CARE CENTER \$\$

Turn here if you have an urgent but not life-threatening need for care when your doctor's office is closed, your doctor is unavailable or you don't have a primary care physician. Best for:

- Treating sprains and strains, injuries requiring stitches, cold and flu symptoms, sore throat, rash, pink eye, tooth pain, lower back pain, animal or insect bites, urinary tract infection



EMERGENCY ROOM \$\$\$

Seek emergency care immediately in a potentially life-threatening situation. Best for:

- Allergic reactions, breathing problems, babies needing immediate care, serious eye or head injuries, severe burns, suspected drug overdose, poisoning, severe abdominal pain, severe chest pain, possible heart attack or stroke symptoms, high fever



COST FOR MOST INSURED PATIENTS

[\$] = free

\$ = most affordable

\$\$ = more expensive

\$\$\$ = can be very expensive

Co-pays and fees may vary depending on insurance coverage and other factors.



To find out how to access care near you, including telemedicine virtual visits with a doctor, visit **umms.org**.



HOPE STARTS AT Home

AT UNIVERSITY OF MARYLAND Charles Regional Medical Center, the advent of the coronavirus pandemic was matched by the overwhelming and generous support our community provided to its frontline health care workers. Through the Charles Regional Medical Center Foundation and its very successful Thankful Thursday campaign, the hospital was able to solicit and coordinate the distribution of masks, gloves, and other personal protective equipment (PPE) and provisions to care for our patients and support our dedicated workforce.

Continuing to meet that challenge, this summer the Foundation launched its Hope Starts at Home campaign to raise funds for the CRMC Resiliency Fund. The campaign goal was set at \$150,000 to support this critical mission. Susan Vogel, executive director of the Foundation, said the fundraising target was set to underscore the continuing need to support hospital personnel battling the pandemic.

“We could not be more grateful for the generous contributions we’ve received,” she said. “But even as we’ve

seen conditions begin to slowly improve, it’s important to remember that health and safety efforts continue inside the hospital, and resources are still critically needed.”

To make a secure online tax-deductible contribution, visit resiliencyfund.crmcfoundation.org.

The website provides numerous gift options and shares some of the ways that contributions are being used to support patients and staff, such as:

- Tyvek isolation suits and critical PPE
- Disposable masks, gowns and gloves
- Powered Air Purifying Respirators (PAPRs) for frontline caregivers
- “Healthy Lungs = Healthy You” kits for recovering COVID-19 patients
- Employee Assistance Fund to support staff who may be experiencing hardships

“Community support has been key to weathering the pandemic, and it will continue to play an important role in helping us provide quality care to our patients and key resources, like PPE, for our staff,” Vogel said.

NEWS &

Events



LET'S TALK ABOUT HEALTH

A Community Conversation

- Third Wednesday of each month
- 12pm

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!

Learn more and register for the webinar at umms.org/letstalk.



PREDIABETES/TYPE 2 DIABETES SUPPORT GROUP FOR ADULTS

- Wednesday, Nov. 4, 2-3:30pm

The Center for Diabetes Education sponsors a support group open to adults with diabetes or prediabetes and their loved ones. Meet others who are also on the journey with diabetes or prediabetes and get tips on how to balance life, food, activity and blood sugar. This meeting will be held virtually.

For more information or to RSVP, call 301-609-5444 or email DiabetesCenter@umm.edu.



BRAIN INJURY & STROKE SUPPORT GROUP

University of Maryland Charles Regional Medical Center offers a FREE support group for survivors of stroke or traumatic brain injury and their caregivers. The group meets once a month on the first Monday of each month from 4-5pm. Each hour-long session consists of a variety of activities, education materials, guest speakers, question and answer period, and time for socializing.

If you have any questions or would like to attend a support group meeting, please email Kelly.crabtree@umm.edu or call 301-609-4890 for specific meeting information.



AMERICAN RED CROSS BLOOD DRIVE

- Monday, Dec. 28
- 12:30-6:30pm
- American Legion Post 82, La Plata

Jointly sponsored by University of Maryland Charles Regional Medical Center, La Plata Lions Club and La Plata United Methodist Church.

Please call 1-800-GIVELIFE today to make your appointment to donate blood so that others may live. Preregistration is required.



BIRTHING CENTER

Interested in attending a childbirth class or a breastfeeding support group or taking a tour of our newly renovated birthing center?

Our childbirth classes and maternity tours are offered on weekday evenings and weekends to accommodate varying schedules.

Preregistration is required. To register or learn more about our classes and activities, visit umms.org/charles/community/classes-events.





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Put Your Health First

Don't Delay Getting the Care You Need

Addressing health care issues as they arise can help prevent long-term damage. In Southern Maryland, UM Charles Regional is the perfect local resource to help you stay healthy and happy. Tap into our expansive network to access quality care in a safe environment across a wide range of medical specialties.

Take time to prioritize your health today.
UMCharlesRegional.org



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