

MARYLAND'S

HEALTH MATTERS

COVER STORY

BRINGING BETTER HEALTH TO YOU:

Comprehensive
Population Health
programs bring
wellness within
reach of everyone
in the community.

PAGE 5

SPRING 2024

ACADEMIC MEDICINE AT WORK
BACK IN THE GAME: NO LONGER
SIDELINED BY HEART FAILURE
AFTER ROBOTIC SURGERY

PAGE 10

SPOTLIGHT ON
UM SHORE
REGIONAL HEALTH
AT CAMBRIDGE

PAGE 14



UNIVERSITY
of MARYLAND
MEDICAL
SYSTEM



ON THE COVER

BRINGING BETTER HEALTH TO YOU:

Population Health programs help people where they live, work and socialize.



10

ACADEMIC MEDICINE AT WORK:

Comeback Coach— Minimally invasive robotic surgery repaired D'avonte Fletcher's leaky mitral valve.

14

SPOTLIGHT ON UM SHORE REGIONAL HEALTH AT CAMBRIDGE

Opened in 2021, the state-of-the-art Emergency Department now serves about 50 patients per day.



STAY CONNECTED WITH

UM SHORE REGIONAL HEALTH

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

WE WOULD LIKE TO HEAR FROM YOU

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



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On the cover: Melanie Chapple, PharmD, Population Health pharmacist at UM Shore Regional Health, is shown with Brenda Hayward in the Harry and Jeanette Weinberg Intergenerational Center in Cambridge. Hayward is an active participant in Population Health's Medication Management Program.

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Letter from the CEO



AS WE APPROACH all the pleasures of summer living on Maryland's Eastern Shore, I am struck by how quickly 2024 is flying by. We've already seen momentous developments that promise a bright future for University of Maryland Shore Regional Health and access to

state-of-the-art health care in the five-county region we serve. Leading the list are the Maryland Health Care Commission's approval of the Certificate of Need for our new regional medical center and the State of Maryland's commitment of \$100 million in funding for the project, followed closely by the enthusiastic engagement of our clinical teams in finalizing plans for patient care units and services in the new facility.

As the new medical center moves closer to reality, I am so grateful for the collaborative efforts of University of Maryland Medical System senior leaders, our local and state government entities and our broader community that includes our Board of Directors, team members, volunteers and supporters.

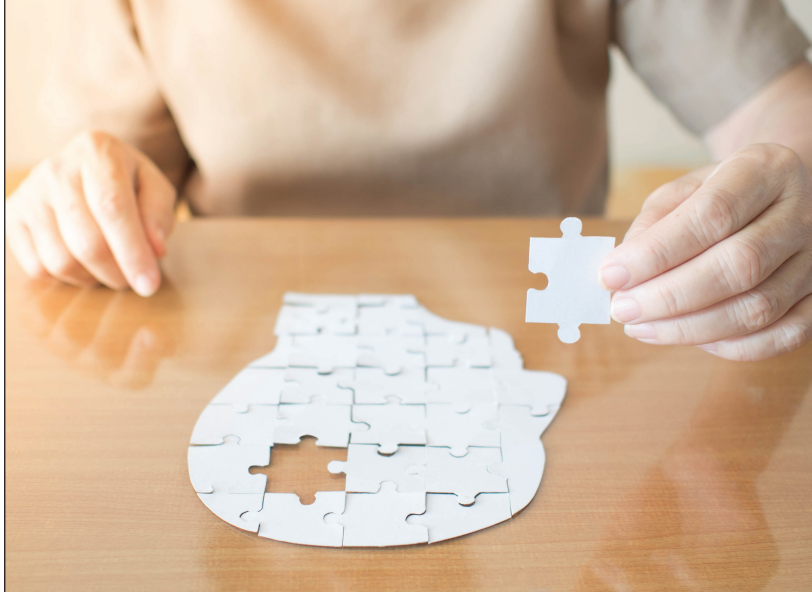
This issue highlights Population Health, a rapidly evolving initiative that supports health beyond our hospital walls through educational presentations, screenings and follow-up care in patients' homes and convenient community settings. I hope you enjoy learning more.

All the best for a safe and healthy summer!

Kenneth D. Kozel, MBA, FACHE

President and CEO

University of Maryland Shore Regional Health



QUALITY STROKE CARE

IN FEBRUARY 2024, University of Maryland Shore Medical Center at Easton's Primary Stroke Center received the 2023 Get With The Guidelines®—Stroke Gold Plus quality achievement award from the American Heart Association/American Stroke Association (ASA) and was included in ASA's Target Type 2 Diabetes Honor Roll. This is the eighth consecutive year that the center has received the Stroke Gold Plus award.

These achievements highlight UM Shore Regional Health's dedication to prioritizing quality care for stroke patients and commitment to providing the most effective stroke treatment according to nationally recognized, research-based guidelines based on the latest scientific evidence. UM Shore Regional Health provides stroke care to about 600 patients every year.

"This significant achievement testifies to our providing state-of-the-art, patient-centered stroke care for our communities," said Rena Sukhdeo Singh, MD, medical director of the Primary Stroke Center. "We are honored to be recognized for helping patients have the best possible chance of survival and recovery following a stroke."



Additional information about the Primary Stroke Center at UM Shore Medical Center at Easton can be found at umshoreregional.org/stroke.

THINK YOU'RE TOO YOUNG FOR BREAST CANCER?



KNOWING YOUR RISK STARTS THE
JOURNEY TO BETTER BREAST HEALTH.

THE LATEST GUIDANCE from the U.S. Preventive Services Task Force recommends women at average risk for breast cancer begin annual mammograms at age 40. Because cancer found at a later stage is often more difficult to treat, women at high risk should ask their providers the age when they should begin screening and whether any supplemental breast imaging is needed.

Any woman could develop breast cancer during her lifetime, but certain factors increase the risk of cancer occurring before age 45. These include:

- Family history of early breast cancer diagnosis
- Family or personal history of ovarian cancer
- Genetic test results showing changes to BRCA1 or BRCA2 genes
- Personal history of breast health problems

A young woman with any of these hereditary factors should ask her provider when her first mammogram or screening MRI should be scheduled.

PRIORITIZING BREAST HEALTH

Along with learning family history, it's important to manage lifestyle choices that raise the risk for breast cancer, such as being sedentary and eating an unhealthy diet. Any concerning symptom—such as a mass in the breast or unusual nipple discharge—should be evaluated right away.

To locate a University of Maryland Medical System provider, visit umms.org/find-a-doctor. To make an appointment with a breast care provider at the Clark Comprehensive Breast Center at UM Shore Regional Health, call **410-820-9400**.

Easier, Shorter BREAST CANCER RADIATION TREATMENT

ACCELERATED PARTIAL BREAST
IRRADIATION IS AN EXCELLENT
TREATMENT OPTION FOR PATIENTS
WITH EARLY-STAGE BREAST CANCER.

NOW AVAILABLE TO patients at the Cancer Center at University of Maryland Shore Regional Health, accelerated partial breast irradiation (APBI) treats only the immediate area surrounding the original tumor and minimizes radiation exposure to the rest of the breast, skin, ribs, lungs and heart.

HOW IT WORKS:

- After lumpectomy, a CT scan pinpoints the tumor site for the radiation oncology team.
- In an outpatient procedure, tiny gold markers are placed in the breast.
- After a second CT scan, a treatment plan is generated and the patient returns for five treatments. The gold markers are tracked during each treatment, allowing radiation to focus on a smaller volume of breast tissue.

“Along with the more precise targeting of the immediate area surrounding the original tumor, a significant advantage of APBI is that it is accomplished in five sessions over five treatment days, as opposed to 15 to 20 sessions over several weeks,” said Rashmi Benda, MD, medical director, UM Shore Regional Health Reardon Radiation Oncology Center. “In addition, patients experience little to no pain, swelling or skin redness with the treatment.”



Rashmi Benda, MD, medical director, Radiation Oncology in the Cancer Center at UM SRH

“In addition, patients experience little to no pain, swelling or skin redness with the treatment.”

APBI has been shown to be comparable in effectiveness to traditional longer and more intensive treatment regimens.

“We are pleased to now be able to offer this innovative and beneficial treatment to our patients in the Shore community,” Dr. Benda said.

Information about breast cancer care provided by UM Shore Regional Health can be found by visiting umshoreregional.org/shore/breast.



Population Health team members Kathy Sellers, CHW, and Terry Satchell, RN, provide free screenings for diabetes and prediabetes to seniors in Dorchester County.

BRINGING BETTER HEALTH **TO YOU**

UNIVERSITY OF MARYLAND SHORE REGIONAL HEALTH'S POPULATION
HEALTH PROGRAMS PUT WELLNESS WITHIN REACH.

HEALTH CARE IS changing. Instead of attending only to immediate health issues, many health care organizations are now turning their attention to helping you maintain your best health. University of Maryland Shore Regional Health is in the forefront of this new focus with comprehensive population health programs.

“This transition represents a culture change for our communities and health care providers,” said Nancy Bedell, director of Population Health at UM Shore Regional Health. “In a strong population health model—such as the one we’ve adopted—providers go out into the community and interact with people where they live, work and socialize.”

Put simply, population health programs seek to help the whole community so everyone can enjoy better health and, if possible, avoid hospitalization. Here are some ways population health programs work to achieve those goals—at no cost to those served.

BETTER MEDICATION MANAGEMENT

Recognizing that a key factor leading to rehospitalization is problems with medication, the Population Health team created a Medication Management Program.

Run by Melanie Chapple, PharmD, Population Health pharmacist, the Medication Management Program targets individuals over age 65. Every month, Dr. Chapple visits 10 senior centers in the five counties served by UM Shore Regional Health—Caroline, Dorchester, Kent, Queen Anne’s and Talbot—to reach as many seniors as possible.

Her presentations offer education about varied topics, including arthritis and diabetes medications, barriers to affording medication, keeping medications organized, and Medicare Part D.

Following the talk, seniors can meet one-on-one with Dr. Chapple to ask questions or discuss concerns about their medications, covering topics such as doses, side

effects, interactions, cost and insurance coverage.

Brenda Hayward of Cambridge is one of many enthusiastic participants in the Medication Management program. “I learn a lot from Melanie’s presentations, and I always follow her advice,” Hayward said during a recent session at the Harry and Jeanette Weinberg Intergenerational Center in Cambridge. “And I’m glad that if I have a problem or a question that needs immediate attention, I can call her directly for help.”

Last year, Dr. Chapple served more than 500 seniors, pointing them to financial resources, explaining which insurance coverage works best for them and recommending medication changes when necessary. In one case, she worked with an insurance company to cover a resident’s medication. She also provides guidance on communicating with primary and specialty care providers—how to report concerns and what questions to ask.

“I’m here to educate and advocate for people,” Dr. Chapple said. “We look at the whole person to make sure they get what they need for their best quality of life.”

FROM HOME TO HOSPITAL

Returning home after a hospital stay can present problems. You



During a visit to the Harry and Jeanette Weinberg Intergenerational Center in Cambridge, Melanie Chapple, PharmD, Population Health pharmacist (standing) is flanked (from left) by Dorchester seniors Louise White and Louise Prah; Arlene Moaney, director of Senior Services; and senior Diane Jones.



Shore Community Outreach Team's Emily Welsh, MSN, RN, checks blood pressure for Maryanne Alderson at the HomePorts Health Fair in Chestertown.

may forget about follow-up appointments or get confused about discharge orders. As a result, you may find yourself back in the hospital. UM Shore Regional Health's clinical team members avoid this cycle by identifying patients who are at high risk for readmission and referring them to the Transitional Nurse Navigator (TNN) team for follow-up.

"Without this system, we wouldn't know about patient difficulties or concerns," said Jessica Denny, PT, DPT, Population Health manager. "It gives us real-time feedback that drives the team to action."

They talk with patients to understand their circumstances and factors in their lives that could affect their recovery. These are called the social determinants of health. Services to support patient needs may include:

- Completion of an advance directive
- Education tailored to the patient's condition
- Help with payment for nutritious food
- Strategies for medication affordability
- Transportation arrangement

One patient well-served by the TNN program is Nathaniel Limberry, 74. Limberry was very sick—on oxygen and multiple medications and in frequent need of emergency care—in the years before he received a heart pacemaker in February 2022. That same month, he reached out for help. Linda Callahan, RN, helped him obtain the services he needed to recover at home, understand his complex health conditions and avoid readmission. Kathy Sellers, CHW, community health advocate, joined Limberry's care team a few weeks later. Sellers helps him schedule and keep follow-up appointments, communicate effectively with providers, and obtain and take prescribed medications. She smooths his path so he can better manage his health care needs.

"Thanks to my care team, I've come a long way," Limberry said. "I'm not on oxygen anymore, and I haven't been in the hospital for two years."

ONCE YOU GET HOME FROM THE HOSPITAL...

Alert! After being discharged from either UM Shore Medical Center at Chestertown or UM Shore Medical Center at Easton, patients receive an automated phone call. Call recipients are asked about their discharge instructions and medications and whether they are having difficulty filling prescriptions.

Last year, more than 1,200 people answered yes to one or both of those questions, and each of them received a phone call from a Population Health team member who provided answers to support patients' recovery and peace of mind. The system also invites people to share feedback about their hospital stay or recognize a team member who assisted in their care.

Transitional nurse navigators also identify individuals with chronic diseases who can benefit from a continuum of care program. In 2023, they worked to connect 189 patients with diabetes and 182 with congestive heart failure (CHF) with specialty care from local providers and other professionals who provide ongoing education, monitoring and additional services.

After six months, participating patients with diabetes improved blood sugar levels by an average of 10%. Those with CHF were encouraged to participate in cardiac rehabilitation and experienced reduced trips to the hospital.

HEALTHY AND SAFE AT HOME

People don't need to have been in the hospital to benefit from Population Health programs. UM Shore Regional Health's Shore Community Outreach Team is a vital resource for medically vulnerable residents in Kent and northern Queen Anne's counties.

After being alerted by a neighbor, loved one, medical provider or social services, the team sets up an in-home meeting with the individual who needs assistance.

"Inside someone's home, we can have open, honest conversations about their health and their needs," said Emily Welsh, MSN, RN, nurse coordinator. "Our goal is to identify barriers to health care and find solutions to reduce or eliminate those barriers so people can care for themselves."

Armed with information about the patient's barriers to good health, such as transportation issues, medications, and vital signs, team members help create a plan. They may connect the patient with Meals on Wheels, arrange transportation or contact a pharmacist to find ways to lower prescription costs. While some people meet only once with the team, others stay in touch for months or even years.

The Shore Community Outreach Team—which includes a medical social worker, two community health workers and Welsh—made 920 home visits during 2023. The program has especially benefited patients who visit the hospital for emergency services or inpatient care two or more times in three months; in fact, 75 patients in this group saved an average of \$5,919 in health care costs last year.

"We provide whatever assistance patients need, from connecting with a primary care provider to getting a valid ID," Welsh said. "We're here to help."

TEACHING AND TESTING

Regular screening is essential to manage your health. However, getting to the hospital or a primary care provider for testing isn't always easy. To help, the Population Health team brings screenings to health fairs, job sites, churches, residential complexes and other gathering places. At these locations, they offer blood pressure and diabetes screening, COVID-19 vaccinations, educational programs and, on occasion, social activities.

“We’re in the business of keeping people healthy and happy, and these preventive wellness programs focus on helping people do just that.”

—MELANIE CHAPPLE, PHARMD, POPULATION HEALTH PHARMACIST AT
UNIVERSITY OF MARYLAND SHORE REGIONAL HEALTH

DIFFICULT CONVERSATIONS BRING COMFORT

Talking about death is uncomfortable, but not having that conversation is much worse when someone experiences a life-altering accident and can’t communicate their wishes. It’s hard on family members when they don’t know if their loved one wants life-sustaining care or wishes to donate organs after death. An advance directive can answer these questions and more.

“Advance directives aren’t just something to worry about in your later life,” said Terry Satchell, MHA, BSN, RN, Population Health manager. “Everyone needs an advance directive, and we’re working to help every resident have one completed and readily available to health providers.”

To meet that goal, the Population Health team offers the following services:

- Providing an advance directive form and helping to fill it out
- Scanning the advance directive and adding it in the electronic medical record where it can be easily accessed by providers across University of Maryland Medical System

Completed advance directive forms may be placed in the drop box located at the entrances of all four UM Shore Regional Health emergency departments. As time goes by, the Population Health team can update the advance directive if needed.

Thanks to this program, more than 1,100 advance directives were completed and scanned during 2023.

REMOTE PATIENT MONITORING

Living with chronic disease requires constant monitoring. Launched in February 2024, Remote Patient Monitoring makes it easier to keep an eye on your health.

“Remote Patient Monitoring lets us interact with patients before they come to the hospital,” Satchell said. “And it enables them to take more control over their health.”

The program serves patients diagnosed with various conditions, including asthma, COPD, heart disease, diabetes, heart failure and high blood pressure.

It provides tools to measure blood pressure, pulse, weight and blood sugar levels at home daily. The results are uploaded to the UM Shore Regional Health monitoring system. When patients’ numbers are abnormal, their care team is notified. A nurse then calls the patient to discuss the change and suggest possible remedies. Patients are called if they go 30 hours without logging their measurements. If medical attention is needed, the nurse guides the patient to a walk-in clinic, primary care provider or elsewhere.

“Remote Patient Monitoring is a good example of our commitment to better community health,” Satchell said. “It helps us help people live their best lives and stay out of the hospital.”

CARE FOR ALL

“Everyone should have the basic right to achieve their best health,” Welsh said. “A healthier community is a better community. Breaking down barriers and helping people improve their health is a win for everyone.”



To learn more about UM Shore Regional Health’s Population Health programs, call **410-822-1000, ext. 5080** or visit umshoreregional.org/population-health.



Youth football coach D'avonte Fletcher is among the first people to have robotic mitral valve surgery at University of Maryland Medical Center.



With a guiding touch, the physician is able to perform delicate, minimally invasive procedures through robotic surgery.

Comeback COACH

A HEART PROBLEM PUT FOOTBALL COACH D'AVONTE FLETCHER ON THE SIDELINES. NOW, HE'S GETTING BACK IN THE GAME, THANKS TO A HIGH-TECH SURGERY.

IN EARLY 2023, D'avonte Fletcher, 30, a Huntingtown, Maryland, landscaper who also coaches youth football, sought medical help for some alarming symptoms.

"I was flown to University of Maryland Medical Center because I was swelling badly," Fletcher said. "I gained 13 pounds in a week."

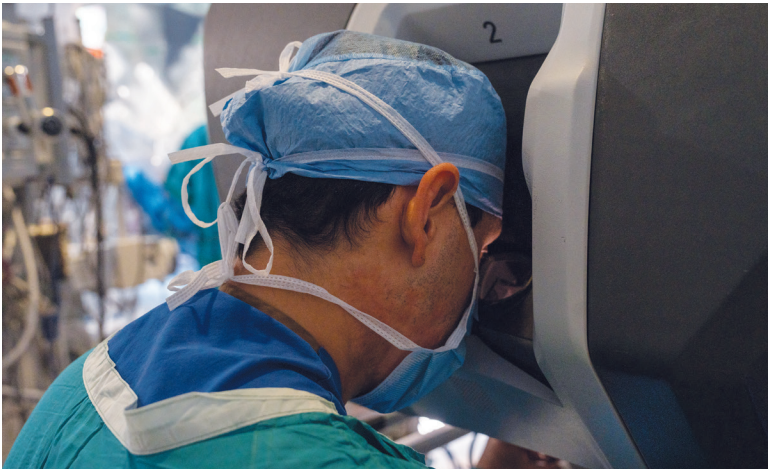
At UMMC, Fletcher learned he had heart failure. His cardiologist, Manjula G. Ananthram, MBBS, an assistant professor of medicine at the University of Maryland School of Medicine, identified the potential cause: a leaky mitral valve, one of four valves that help blood flow on a one-way route through the heart. If the mitral valve leaks or is too narrow, the heart may struggle to pump blood efficiently, potentially leading to heart failure or other problems.

Fletcher needed surgery to fix the valve.

Previously, some patients had to have open-heart surgery involving a large incision in the chest to repair or replace a faulty mitral valve. That wasn't the case for Fletcher, thanks to the arrival of robotic heart surgery in Maryland.

COMPREHENSIVE AND INNOVATIVE HEART CARE

No matter where you live in Maryland, University of Maryland Medical System is ready to help your heart. UMMS clinicians provide the full range of cardiac care. When a patient needs mitral valve repair, heart surgery specialists determine the best option, whether that means open heart surgery or a minimally invasive procedure. Recently, the



Dr. David Zapata performs minimally invasive mitral valve surgery with robotic assistance.

health system added to its legacy of innovation in heart care by becoming the first in Maryland to offer robotic mitral valve repair and replacement.

Cardiothoracic surgeon David Zapata, MD, assistant professor of surgery at the University of Maryland School of Medicine, began performing robotic mitral valve surgery at UMMC last year.

“Robotic surgery offers the exact same surgery that we would perform in an open manner, but it’s less invasive,” Dr. Zapata said. “Nothing about the technique or what I do during the operation changes. The key difference with robotic surgery is the approach and direction we take to reach the mitral valve.”

THE BENEFITS OF SPARING BONE

Dr. Zapata partners with an interventional cardiologist to determine the best treatment approach for each patient with a mitral valve disorder. Surgical options depend on the patient’s anatomy and condition. For example, a patient with mitral regurgitation may be able to avoid open heart surgery if they qualify for a transcatheter interventional minimally invasive valve repair.

Open-heart surgery is often relied upon when direct access to the heart and nearby blood vessels is needed. During open-heart mitral valve surgery, the surgeon makes a large incision in the chest and separates the sternum (breastbone), which is known as a median sternotomy. When Fletcher saw Dr. Zapata, he was pleased to learn he wouldn’t need a median sternotomy.

“Dr. Zapata told me he was going to do the surgery with the robot—something I’d never heard of,” Fletcher said. “I thought it was cool that he could do the surgery in less time, allowing me to get moving sooner.”

With robotic surgery, the surgeon approaches the heart between the ribs through several small incisions, the largest of which is only three centimeters.

“With robotic surgery, no bone needs to heal,” Dr. Zapata said. “Therefore, patients usually heal faster and have a lower risk of wound complications. With a median sternotomy, sometimes the bone doesn’t heal correctly, which can lead to wound infections in the sternum.”

STAYING AHEAD OF WORSENING HEART FAILURE WITH REMOTE MONITORING



Albert Hicks III, MD, MPH

Understanding when heart failure is getting worse can be tricky.

“The first sign of worsening is rising blood pressures in the heart, especially in the artery that takes blood to the lungs,” said cardiologist Albert Hicks III, MD, MPH,

assistant professor of medicine at the University of Maryland School of Medicine and section chief of heart failure and transplant at University of Maryland Medical Center. “This can be a sign the body isn’t getting rid of enough fluid. A rise in pressures can happen up to a month before patients experience symptoms. If we can see a rise in pressures, we can make adjustments to prevent hospital stays and related problems.”

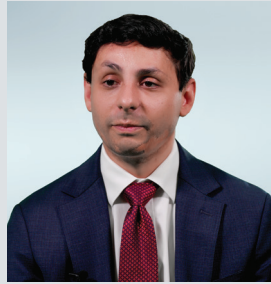
Medical providers have long needed better tools to help them find poorly controlled heart failure. Now, cardiologists at the University of Maryland Heart and Vascular Center can use a device placed inside patients’ arteries to monitor their blood pressures remotely. They can adjust patients’ medicine if they see heart failure getting worse.

The remote monitoring device, which goes into the artery during a simple procedure, measures the pressure in the blood vessel. Patients send the data to their cardiologist daily by lying on a sensor for 18 to 20 seconds. If the monitor indicates a problem, the cardiologist contacts the patient and tells them to change how much medicine they take.

“We find that patients with heart failure who receive the remote monitoring device have improved survival and reduced hospitalizations compared with those who have heart failure and don’t receive the device,” Dr. Hicks said. “So, not only does this technology keep people out of the hospital, but it also helps keep patients alive.”



Watch a video of Dr. Zapata talking about robotic mitral valve surgery at umm.edu/roboticheartsurgery.



After having robotic surgery, some patients are able to leave the hospital several days earlier than those who have open-heart surgery. Patients experience less postoperative pain without a large incision. With the breastbone undisturbed, patients can get back to driving, exercising, performing chores around the house and lifting heavy items weeks earlier than after open-heart surgery.

For Dr. Zapata, the robotic system's cameras allow him to view the heart valve with unparalleled clarity from as close as one centimeter—much closer than he could get by standing over the patient. In addition, the robot's instruments, which he controls from a console, move in ways human wrists can't. These factors help Dr. Zapata operate with the highest level of precision.

'100 TIMES BETTER'

Dr. Zapata repaired Fletcher's mitral valve in November 2023. After being out of work for a year and a half due to his heart, Fletcher is easing back into it.

"I'm taking my time, but I feel 100 times better," he said. "Before surgery, I noticed my breathing and little things like that. Now, when I work out, I'm not as tired as before, and I move around better than I did previously. I would definitely recommend Dr. Zapata and the robot."

Dr. Zapata and his colleagues are exploring use of the robot for other types of heart surgery such as tricuspid valve surgery, atrial septal defects, atrial fibrillation procedures, and cardiac tumor removal. All patients who are seen by Dr. Zapata and his colleagues are considered for a less-invasive, robotic approach to heart surgery.

"A less-invasive approach helps with patient recovery," Dr. Zapata said. "The emphasis UMMS places on less-invasive procedures shows we're thinking about how we can help patients have the best experience in the hospital and in their lives."



Use this QR code to learn more about robotic heart surgery at UMMS.



CATH LAB UPGRADE

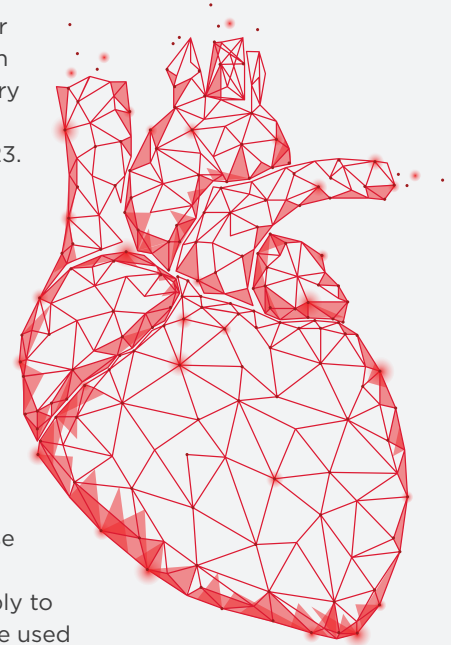
A MAJOR RENOVATION to one of University of Maryland Shore Medical Center at Easton's two cardiac catheterization labs has led to state-of-the-art improvements in cardiac care at UM Shore Regional Health.

Completed in February, the project represents a \$2.5 million investment toward the hospital's Cardiac Intervention Center (CIC) designation, which the UM Shore Medical Center at Easton first received in 2018 and is renewed every five years. The CIC was reaccredited in April 2023.

Each year, the UM Shore Regional Health cardiology team performs more than 200 emergency percutaneous coronary interventions (PCIs).

PCI is a non-surgical, minimally invasive procedure used to treat obstructive artery disease or blockages to restore and maintain blood supply to the heart. PCI can also be used for non-emergent diagnostics and treatment of vessel blockage and disease.

"These improvements are an investment in the heart health of our region," said Ken Kozel, UM Shore Regional Health president and CEO. "The renovations enable our highly skilled cardiology team to continue offering the outstanding cardiac care our communities expect from UM Shore Regional Health."



To learn more, visit umshoreregional.org/cardiac-cath.

Symptoms of HEART FAILURE

HEART FAILURE IS PROGRESSIVE AND MAY START WITH MILD SYMPTOMS THAT CAN BE EASY TO OVERLOOK.

IF YOU ARE experiencing one or more of the following symptoms, talk with your doctor about whether your heart is pumping all the blood and oxygen your body needs.



CONFUSION

Heart failure can lead to memory loss or impaired thinking.



COUGHING

You may have a chronic cough that produces pink or white mucus.



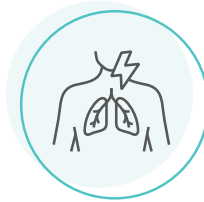
FATIGUE

You may feel exhausted after even basic activities, such as grocery shopping.



LACK OF APPETITE

You may feel full or nauseated, even when you haven't eaten.



SHORTNESS OF BREATH

You feel shortness of breath with regular activity that worsens with exertion. You have trouble breathing when you lie flat.



SWELLING

Buildup of fluid (edema) may occur in your feet, legs, hands and abdomen.



INCREASED HEART RATE

Your heart may start racing or throbbing.



WEIGHT LOSS OR GAIN

Sudden changes in weight are common due to lack of appetite and fluid buildup.

4 STAGES OF HEART FAILURE

Stage A.

You are at high risk for heart failure but don't have either symptoms or structural heart disease.

Stage B.

You have structural heart disease but no symptoms of heart failure.

Stage C.

You have both structural heart disease and heart failure symptoms.

Stage D.

You have advanced heart failure. This means you have severe symptoms and your heart is not functioning well.



Need a doctor to identify your risk for heart disease? Visit umms.org/find-a-doctor to locate a primary care provider near you.



Luke Whalen, MD, and AnnMarie Hernandez, MSN, BSN, have led the clinical teams in the Emergency Department at UM Shore Regional Health in Cambridge since it opened in 2021.

Dorchester County residents receive emergency care and a wide array of outpatient care services at UM Shore Regional Medical Center at Cambridge.

Spotlight on

UM SHORE REGIONAL HEALTH AT **CAMBRIDGE**

LOCATED OFF ROUTE 50 in Cambridge, University of Maryland Shore Regional Health at Cambridge is home to a state-of-the-art, 39,000-square-foot, 22-bed Emergency Department that includes two designated resuscitation/trauma rooms equipped for both adult and pediatric patients and four negative pressure rooms with private bathrooms. Opened in 2021, the Cambridge ED now serves an average of 50 patients a day.

“Common patient complaints include chest pain, shortness of breath, musculoskeletal pain, dental pain and abdominal pain,” said Luke Whalen, MD, medical director of the Cambridge ED. “We see a lot of viral syndromes during the cool months.”

Dr. Whalen, who previously worked in the Dorchester hospital ED, said he developed an affinity for serving the local community.

“It can be challenging,” he said. “Like any emergency department, we sometimes see patients with complicated medical histories that are not well documented. But Cambridge is a unique community, and all of the emergency care providers who work in this ED are committed to being here.”

HIGHER-LEVEL GERIATRIC ED SERVICES

This spring, the ED team members are pursuing recognition as a Level 3 Geriatric Emergency Department Accreditation (GEDA), which requires strategies and protocols to serve the

particular needs of older patients.

According to AnnMarie Hernandez, MSN, BSN, nurse manager for the ED, providing quality care is made easier in the Cambridge ED thanks to its up-to-date design and facilities.

“The rooms are spacious, private and equipped with computers and televisions,” she said. “We also have more rooms that offer cardiac monitoring, a large triage area, dedicated laboratory and radiology departments, plus a large, comfortable waiting area. Patients and visitors appreciate the space—we get compliments all the time about how beautiful and clean the facility is.”

MORE SERVICES AND WAYS TO CARE

Telemedicine capabilities in the Cambridge ED enable providers to consult with specialists at UM Shore Medical Centers at Easton and Chestertown, University of Maryland Medical Center in Baltimore and other hospitals in the Mid-Atlantic region.

The first floor houses UM Shore Behavioral Health’s Intensive Outpatient Program, cardiac rehabilitation, the infusion clinic, and laboratory and radiology services for patients receiving emergency care. The second floor serves as a medical pavilion offering a wide array of outpatient services (see page 15 for a complete list).



University of Maryland Shore Regional Health at Cambridge is home to a wide variety of services and specialists, offering our patients accessible care – close to home.

First Floor

- Center for Cardio – Pulmonary Fitness and Wellness **443-225-7504**
- Emergency and Observation Services ... **443-225-7501**
- Infusion Clinic
- Behavioral Health Intensive Outpatient Program **443-225-7505**

Second Floor

- Chronic Disease Management Services
- Community Education Room
- Diagnostic Imaging and Laboratory Services
- Outpatient Surgery Center **443-225-7512**
- Sleep Disorders Center **410-822-1000, ext. 5338**
- Rehabilitation and Balance Center **443-225-7515**
- UM Shore Medical Group – Cardiology... **410-822-5571**
- UM Shore Medical Group – Pediatrics **443-225-7519**
- UM Shore Medical Group – Surgical Care **410-228-4616**

UM Shore Medical Group Multi-Specialty Suite, Second Floor

- Diabetes and Endocrinology ... **410-822-1000, ext. 5757**
- Gastroenterology **410-822-6005**
- Nephrology **410-820-9823**
- Neurology and Sleep Medicine **410-770-5250**
- Pulmonary Care **410-822-0110**
- Urology/Continence and Pelvic Health.... **410-820-0560**
- Women’s Health **410-820-4888**

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