

FREDERICK WEI AWAITE SYSTEM

Billy Miller **Neonatal Intensive Care Unit Earns** Level III Status

Keeping Our Community Healthy and Safe

Patient-Centered Care



New Alliance Brings New Hope

FRHS AFFILIATES WITH MD ANDERSON CANCER NETWORK®

Well Aware

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About the Cover

Frederick Regional Health System is now a certified member of MD Anderson Cancer Network®, a program of the MD Anderson Cancer Center. This collaboration will provide our certified physicians, pictured on the cover of this issue, with exclusive local access to a wide range of multidisciplinary care resources developed by MD Anderson, a leading hospital for cancer care in the United States and one of the leading research centers in the world.



A MESSAGE FROM THE PRESIDENT

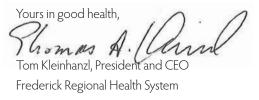
Over the past five years, our goal of providing high quality, better coordinated healthcare has taken us on a journey outside the four walls of our acute care facility on Seventh Street and into the community in new and innovative ways.



In the spring, shortly after we broke ground for the James M. Stockman Cancer Institute at FMH Rose Hill, we announced our membership in MD Anderson Cancer Network®, a program of MD Anderson Cancer Center. I invite you to read more about this prestigious affiliation in the pages that follow, but what that means is this: patients with cancer can be assured that Frederick Regional Health System's program follows the same guidelines for treatment, prevention, early detection, and follow-up as those used by one of the nation's leading providers of cancer care.

In this edition of Well Aware, you will also read about how we care for the Frederick community's newest and tiniest members. We will update you on several patient-centered care initiatives we've recently launched and bring you up to speed on what we're doing to enhance the health of our entire community through programs like our CARE Clinic, Bridges program, our new dental clinic, free educational workshops, and the local outreach efforts of our emergency response team.

Our people are the heart of our healthcare system, and I'm immensely proud of the partnerships they've forged and the relationships they've built to create a stronger, healthier community.





Did You Know?

At Frederick Regional Health System, an important part of our mission is to share our knowledge and expertise in healthcare with our community. That means providing accurate, up-to-date information in a way that's both clear and convenient. To help us meet this goal, our marketing team has worked hard to put together a new website. Launched this summer, the rebuilt site is faster, easier to navigate, and mobile friendly. We hope you will find it to be a valuable resource, rich in information and news you can use. To view and experience the features of our new site, visit fmh.org. If you experience any problems with the new site, please contact FMHFYI@fmh.org.

BUILDING BRIDGES TO BETTER HEALTH





Members of the Retired Seniors Volunteer Program (RSVP), sponsored by Asian American Center of Frederick, graduated from the Bridges Lay Health Educators Program on May 26th.

Bridges is an outreach program of Frederick Regional Health System that builds collaborative partnerships with Frederick County's faith-based, cultural, social, senior, and service organizations. The goal is to provide these groups with current information on health, safety, smart decisionmaking, and the responsible use of health resources using the services of volunteers called Lay Health Educators.



Frederick Regional Health System's Director of Cultural Awareness Janet Harding leads the program evaluation and discussion with the third cohort of graduates. Graduates have an opportunity to significantly impact the future direction of the program by identifying the needs of the communities they serve, requesting support at upcoming events, and suggesting workshops for continuing education.

So far, 42 people from a

broad cross section of Frederick's multifaceted community have been trained as Lay Health Educators, including volunteers from the Hispanic, African American and African, Asian Indian, Muslim, and Deaf communities. These health advocates are now serving Frederick County's needlest people to improve their access to care, reduce visits to the Emergency Department, and provide important information on Advanced Directives, stroke identification, heart health, and breast cancer.

The fourth class of Lay Health Educators begins on September 8, and is already starting to fill. If you are interested in bringing the Bridges program to your community, or in joining this vital group of health educators, please contact Program Coordinator Sue Eyler at sleyler@fmh.org or Director Janet Harding at jharding@fmh.org.



Dental Clinic Opens

The recent community needs assessment of Frederick County has identified dental care for the uninsured and underinsured as a top priority—a fact borne out by the fact that approximately one thousand adults come to the FMH Emergency Room for dental problems every year.

"When someone comes into the ED with a dental emergency like an abscess or an infection, the staff can treat their symptoms and prescribe an antibiotic," said hospital Senior Vice President Jim Williams. "But the underlying issue can't be taken care of there, so they have to be referred out." And, says Williams, private community dentists and "safety-net providers" like Mission of Mercy and others need help to meet the need.

To help close this gap in care, Frederick Regional Health System has teamed up with the University of Maryland's School of Dentistry to create Monocacy Health Partners Dental Clinic. The clinic, located on Trail Avenue across the street from the hospital, opened in June. Acute care for Frederick residents over the age of 18 is provided by tenured dental students who are supervised by local dentists who have volunteered their time. Fees are based on a sliding scale.

"At this time, we are providing emergency and medically-necessary dental care only," said Williams. "But given the importance of good oral health on general health and wellbeing, we plan to expand the program to include preventative care in the future."



NEW LEVEL OF CARE FOR THE TINIEST PATIENTS

ill infants through our Billy Miller Neonatal Intensive Care Unit (NICU). Recently, our program earned accreditation as a

Giving birth is one of the most natural things in the world. The vast majority of women have uncomplicated, full-term pregnancies that result in healthy infants who require very little to no specialized care. But for the relatively small percentage of women whose pregnancies are classified as high risk, or whose babies are born ill or prematurely, having a Level III Perinatal Center for newborn care at FMH provides welcome peace of mind.

Frederick Memorial Hospital has a special arrangement with Johns Hopkins School of Medicine, one of the nation's leaders in pediatric research and neonatal care, to provide the highest quality of newborn care for premature or very ill infants. Led by Medical Director Dr. Bharti Razdan, the Johns Hopkins team is made up of physicians and nurse practitioners who specialize in neonatology, the field of pediatrics that focuses on the care of ill and premature newborns.

Infants in our neonatal intensive care unit are cared for by a multidisciplinary team that includes not only medical providers and nurses, but also a respiratory therapist, social worker, nutritionist, physical and occupational therapists, chaplain, and the most important team member—the parents—who all collaborate to provide carefully coordinated care at this earliest, most vulnerable stage of life. In addition, with the help of telemedicine (when needed), other specialists such as a cardiologist or a neurologist can provide consultation right here at FMH without having to transfer the baby.

"Caring for these babies here in Frederick instead of transporting them keeps our families together at a critical time," said Dr. Razdan. "It helps the mom and dad to bond with the baby and provides an opportunity for them to participate in the care of their baby. And when parents and siblings become a part of their baby's care immediately, everyone learns together—and the baby benefits from the constant early, loving contact that only their family can give."



WHAT IS TELEMEDICINE?

Neonatologists in the Billy Miller NICU have the ability to connect with pediatric cardiologists, neurologists, and other specialists at Children's National Medical Center in DC and Johns Hopkins Hospital in Baltimore using telemedicine. Telemedicine is the electronic exchange of medical information from one site using technologies like interactive two-way video, smart phones, and other wireless tools. Offsite specialists can see the newborn in real time through a highresolution camera and scope equipment, listen to their heartbeat, lung, and bowel sounds, and review diagnostic tests. Telemedicine allows our neonatal intensive care team to collaborate with other high level pediatric specialists without actually having to transfer the infant to another location.

To learn more about the history of the Billy Miller NICU and one of its earliest graduates, visit fmh.org and search Angel.

The Mighty Quinn

Quinn Marie Musser is a happy and curious, 9-monthold baby girl. She rolls over, laughs at funny faces, enjoys pureed fruits and vegetables, and mimics walking when held upright with her feet on the floor. As energetic and interactive as she is, it's hard to believe that her first months of life were spent in the Billy Miller Neonatal Intensive Care Unit (NICU) at FMH.

Quinn's parents, Ryann and Paul Musser, were expecting their baby girl to arrive in mid-January of this past year. Little Quinn, however, had other ideas. While a typical pregnancy lasts 40 weeks, Quinn was born on October 20, 2015 at 27 weeks and 2 days. She measured a mere eight inches long and weighed just 15 ounces.

As recently as 2015, a baby as small as Quinn would have been flown to a neonatal intensive care unit in



Paul and Ryann Musser with their daughter Quinn Marie in the Billy Miller Neonatal Intensive Care Unit at FMH shortly after her birth in October of 2016.

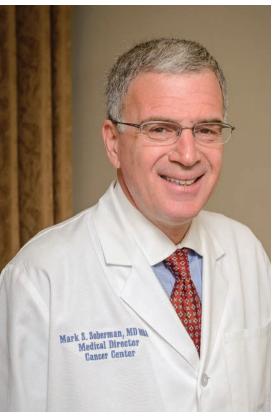
Washington, DC or Baltimore for care. Fortunately for Quinn and her family, Frederick Memorial Hospital had recently earned its Level III designation as a Perinatal Center, which allows the staff to care for infants as young as 24 weeks of gestational age. As a result, Quinn was able to stay right here in our Billy Miller NICU, where she was cared for by Johns Hopkins neonatologists and neonatal nurse practitioners, and her parents could be an integral part of her care.

During the 102 days she spent in the hospital, most of the issues related to Quinn's prematurity were resolved. Her parents say that while it's possible she may have some neurological impairments, so far she is surpassing everyone's expectations developmentally and is on track to catch up with the timing of milestones for her actual age.

Quinn's family credits FMH with not only helping to safely deliver their little girl, but helping her survive and thrive as well.

"I only have one word for Quinn's care while she was in the Billy Miller NICU: unsurpassable," said Ryann Musser. "We are so lucky to have a NICU of this caliber in our backyard. The nurses, nurse practitioners, and physicians are of the highest quality, and we always felt as if we were leaving our baby girl with someone who loved and cared for her as much as we do. Everyone there is an angel sent by the hand of God."

A NEW ALLIANCE BRINGS NEW HOPE



Dr. Mark Soberman, Medical Director of Frederick Regional Health System's Oncology Services.

Dear Friends.

Fighting cancer takes tremendous courage and strength, but it also takes experience and expertise.

Those battling cancer in our community have always found deep reserves of courage and strength within themselves and from the love and support of their families and friends. When it comes to experience and expertise, our community has looked to Frederick Regional Health System's oncology program for over 40 years.

I'm proud to say that our program was an early adapter of progressive strategies in the care and treatment of cancer patients. Early on, we saw the benefit to our patients of a multidisciplinary approach to care, nurse navigation services, and access to clinical trials. Our oncology program has been widely praised, earning the highest level national accreditations and certification.

Over the years, Frederick Regional Health System has invested in leading-edge technologies for cancer treatment, including CyberKnife, Intensity-Modulated Radiation Therapy, and the daVinci Robotic Surgery system, to name just a few. We have recruited highly-trained cancer specialists and support staff for our care teams. The decision to build a brand new state-of-the-art facility on our Rose Hill campus is a symbol of our commitment to excellence in cancer care, visible to all in our community.

To ensure our access to some of the latest advancements in cancer care, we have recently aligned Frederick Regional Health System's oncology program with a national leader in cancer care, MD Anderson Cancer Center. As a certified member of MD Anderson Cancer Network®, a program of MD Anderson, our program is assured of access to an even wider range of

multidisciplinary care resources, including the most up to date guidelines and best practices for cancer treatment, prevention, and follow-up care. I invite you to read more about this prestigious affiliation and, most importantly, what it means to cancer patients in our community on the following pages.

For now, I'd like to leave you with this thought: our membership in MD Anderson Cancer Network brings to our community a new standard of cancer care, that elevates the level of care that we provide and brings new hope for those dealing with cancer and for their families.

Sincerely,

Dr. Mark Soberman, Medical Director, Oncology Services

Frederick Regional Health System

ALIGNING WITH A GLOBAL LEADER





Earlier this year, Frederick Regional Health System became Maryland's first and only certified member of MD Anderson Cancer Network®, a program of MD Anderson Cancer Center, and just the 14th such affiliate in the nation. We chose to align our oncology program with one of the world's leaders in cancer care because we share their commitment to continuous innovation, quality improvement, collaboration, and teamwork.

Why did we choose MD Anderson Cancer Network?

As of 2015, MD Anderson Cancer Center was ranked the global leader for cancer care. Founded in 1941, MD Anderson is one of three original comprehensive cancer centers designated by the National Cancer Act of 1971, and is considered a worldwide leader in cancer patient care, research, prevention and education.

In 2012, inspired by America's drive a generation ago to put a man on the moon, MD Anderson launched an ambitious and comprehensive plan to "rapidly and dramatically reduce suffering and death from cancer." Called the Moon Shots Program, the plan's goal is to "take aim at all aspects of cancer, so that the disease in all its forms is preventable, detectable, treatable and forgettable."

Simply put, their mission is to "make cancer history"." But they know they can't do this alone. That's one reason they created MD Anderson Cancer Network.

"A single institution in a single location doesn't have the resources or the reach to accomplish a mission of this magnitude," said Dr. William A. Murphy, Jr. M.D., chair of the Physicians Network Board of Directors. "MD Anderson Cancer Network is one way we collaborate with qualified hospitals and health systems in communities across the country to make our mission a reality, a mission we all back."

"Being certified by MD Anderson Cancer Network means that our cancer program has met clinical and programmatic qualification thresholds, and both hospital and physicians have undergone rigorous due diligence."

> - Tom Kleinhanzl, President and CEO Frederick Regional Health System

MD Anderson Cancer Network

MD Anderson is one of the world's most respected centers devoted exclusively to cancer patient care, research, education, and prevention. Located in Houston, Texas, the institution is one of 44 National Cancer Institute-designated comprehensive cancer centers. During the more than seven decades they have working to eliminate cancer, they have generated and amassed invaluable information on the treatment, prevention, early detection, and follow-up care of all types of cancer. In fiscal year 2014, MD Anderson's 20,000-plus cancer fighters provided care for more than 127,000 patients. It also has the largest clinical trials program in the nation.

Patients, caregivers, and community members can find information about MD Anderson Cancer Center by visiting MDAnderson.org/cancernetwork.

A NEW STANDARD OF CARE

Frederick Regional Health System is now a certified member of MD Anderson Cancer Network®, a program of MD Anderson Cancer Center.

So what exactly does this mean for our community?

First and foremost, it means that our patients will benefit from the existing and emerging expertise and experience of the nation's top hospital for cancer care—MD Anderson. If you or someone you love needs cancer care, you'll stay right here in Frederick under the care of your personal physicians while your care team has access to the most current knowledge and expertise in the field, from the most respected experts in the field. When faced with a particularly unusual or complex cancer, our local physicians certified by the network can confer with an MD Anderson faculty member to decide the best course of treatment.

"Treating cancer is becoming increasingly complex," said Dr. Mark Soberman, Frederick Regional Health System's Director of Oncology Services. "Every year, there are hundreds of new studies with implications for how we care for our patients. Promising developments are happening every day, but it can be a challenge to keep up with them all. Our collaboration with MD Anderson Cancer Network assures us that we will have access to some of the best and most current guidelines to care for our patients with cancer."

"Our membership in MD Anderson Cancer Network means that the expertise of one of the world's preeminent cancer care programs is now as close as our smart phones—their treatment protocols, guidelines, pathways... everything."



Dr. Yin Wu, an MD Anderson Certified Physician with Monocacy Health Partners Oncology Care Consultants, examines a patient.

- Dr. Mark Soberman, Medical Director Frederick Regional Health System **Oncology Services**

"We now have the confidence of knowing that the way we diagnose, stage, and treat cancer here at Frederick Regional Health System aligns with the standards of the No. 1 hospital for cancer care in the world," said Director of Oncology Operations Carol Mastalerz. "And if we find an area where we need to do better, we can address it and improve on that immediately."

Patients, caregivers and community members can find more information about Frederick Regional Health System's relationship with MD Anderson Cancer Network at fmh.org or by calling 301-418-6465.

MD ANDERSON CANCER NETWORK® **CERTIFIED PHYSICIANS**

Frederick Regional Health System is a certified member of MD Anderson Cancer Network®, a program of MD Anderson Cancer Center. Before Frederick Regional Health System was accepted into the network, representatives from MD Anderson carefully reviewed all aspects of our oncology service line. This process included rigorous onsite and offsite evaluations of our medical, radiation, and surgical oncology programs, diagnostic imaging, pathology and the inpatient and outpatient pharmacies. Results confirmed what we've always known; that our approach is multidisciplinary, patient-centered, and evidence-based, making us a fit as an excellent affiliate in the nation's premier cancer care hospital's network.

In addition to our program's compliance with MD Anderson Cancer Network guidelines, our medical oncologists, radiation oncologists, and surgeons also had to meet rigorous standards. Their education and training—as well as the quality of how they evaluate, stage, and treat their patients—were all carefully examined.

Certified physicians receive access to all the network resources, including the ability to video-conference with MD Anderson's world-renowned faculty on rare or complex cases, participate in disease-specific tumor boards, and attend educational conference and symposia. A number of our doctors are currently certified by MD Anderson Cancer Network,

and others are in the process of becoming certified.



A number of Frederick Regional Health System physicians are currently certified by MD Anderson Cancer Network, and others are in the process of becoming certified. Certified physicians pictured left to right include: Dr. Meredith Wernick, Dr. Mark Goldstein, Dr. Brian O'Connor, Dr. Elhamy Eskander, Dr. Mark Soberman and Dr. Susan Bahl. Not pictured: Dr. Howard Berg, Dr. Gregory Gagnon, Dr. Kambiz Tajkarimi and Dr. Yin Wu.

"We understand that every person and every incidence of cancer is absolutely unique. And because cancer is a different disease in every patient, we need access to the widest range of the very latest findings so that we can put everything together to come up with the best plan possible—not just for any patient—but this particular patient.

> Dr. Elhamy Eskander, Medical Oncologist/Hematologist Monocacy Health Partners Oncology Care Consultants

"Frederick Regional Health System's affiliation with MD Anderson Cancer Network combines the best of what we do locally with the expertise of a global leader," said Frederick Regional Health System's President & CEO Tom Kleinhanzl. "This collaboration means our patients will now benefit from two leading teams with one shared mission: to end cancer."

For more information about our affiliation with MD Anderson, patients and physicians can call 301-418-6465.



A CANCER INSTITUTE BY AND FOR THE COMMUNITY



Chairman's Message

Dear Friends.

These are exciting times for Frederick Regional Health System's oncology program!

Construction of the James M. Stockman Cancer Institute is expected to be completed mid-summer 2017. As most of you know, this facility will provide a new home for our award-winning oncology program.

That's good news, but here's even better news: more than \$16.5 million of the \$21 million it will cost to build and equip this new facility has already been raised. We have surpassed our original goal for The Time is Now Campaign ahead of schedule.

Ready for the best news of all? Despite the fact they've exceeded their goal, our Development Council volunteers have not stopped! This dedicated group is moving full speed ahead toward an even more remarkable goal: to fund this entire project entirely through charitable support.

Making the James M. Stockman Cancer Institute a facility that was built by the people of Frederick for the people of Frederick will take a community-wide effort. If you have already made a gift to *The Time is Now* Campaign, thank you very much. If not, we invite you to make a gift to this worthy cause at fmh.org/cancer, or by calling 240-566-3478.

Sincerely yours,

Dr. P. Gregory Rausch, Chair

FMH Development Council







The James M. Stockman Cancer Institute is fast becoming a reality. With a beautifully and carefully designed environment to promote healing and relaxation, this new facility will have ample space to accommodate our patient-centered, multidisciplinary approach to care.

Combine these advantages with our recent affiliation with MD Anderson Cancer Network®, and we are well on our way toward bringing a new level of experience and compassionate care to the Frederick community.

We invite you to stay in touch by visiting fmh.org/cancer.

SAFEGUARDING OUR COMMUNITY

Tornados, hurricanes, floods, and other natural disasters can happen anywhere, at any time. Emergencies resulting in mass casualties—such as chemical, radioactive, or biological contaminations, or an outbreak of infectious disease—can also occur, with far-reaching implications for public health and safety.

How well a community responds when disaster strikes depends heavily on how well it has prepared in advance. That's why Frederick Regional Health System created H.E.R.T., the Hospital Emergency Response Team.

H.E.R.T. is made up of physicians, nurses, pharmacists, interpreters, security officers, and volunteers, as well as representatives from plant operations, environmental health services, materials management,



Our H.E.R.T. members commit to four hours of drills each month. In this practice exercise, Emergency Department nurses, physicians and other hospital staff members practice hospital protocols for patients suspected of having the Ebola virus or another highly contagious or infectious disease.

patient transportation, respiratory therapy, and patient registration. Together with our local health department, law enforcement agencies, fire services, and other first responders, these volunteers are always working behind the scenes to create and sustain a rapid, effective emergency response strategy for Frederick County.

According to FMH Community Response Coordinator Mike Kane, H.E.R.T. team members receive training in managing hazardous materials, patient triage, stair chair evacuation, securing and maintaining equipment, and what to do in the event of an 'active shooter' threat. "All hospital employees are proficient in the use of fire extinguishers and personal protective equipment, such as that which would be required to deal safely with chemical or biological agents, highly contagious viruses, and other pathogens," he adds.

"Our Hospital Emergency Response Team works closely with local government and other agencies to prepare for our response to emergencies and disasters. FMH is a vital part of our community's infrastructure, and ensuring that we are well prepared to provide the care our residents require in times of need is one of our priorities."

> - Phil Giuliano, Team Leader Hospital Emergency Response Team

Visit fmh.org and search H.E.R.T. for more information about this dedicated group of Frederick Regional Health System volunteers is helping to keep our community safe and healthy.



UNINSTALLING THE REVOLVING DOOR

In today's healthcare environment, patients may begin their road to recovery in the hospital—but very few finish it there. Most are discharged with a detailed plan of care that may involve follow-up appointments with primary care physicians, consultations with specialists, significant lifestyle changes, new medications, and daily self-monitoring. Patients with adequate resources, solid support systems, and a good working knowledge of their conditions can continue to thrive after discharge, but what about the others?

Unfortunately, too many bounce back and forth between home and the hospital, unable to get fully well. That's why Frederick Regional Health System believes the path to a



The staff of Frederick Regional Health System's CARE Clinic works together to address patients' medical issues as well as the underlying emotional, practical and social factors that can interfere with chronic disease management and overall wellness. Pictured L-R: In-house Clinical Provider Kathy Troupe, CRNP, Medical Assistant Tina Trott, Sara Littleton, RN, Social Worker Nicole Wetzel, Case Manager Assistant Melissa Carpenter and Pharmacists Jessica Jordan and Andrea Backes. Not pictured: Mary Gray, RN.

healthier community is paved with programs that address all aspects of our residents' physical, emotional and social wellbeing.

One such program is our CARE Clinic. Held on Mondays and Wednesdays at our Seventh Street location, its multidisciplinary staff provides medical, social, and practical support to recently discharged patients and others who are trying to better manage their overall health and wellness.

Read more about how the professional staff of Frederick Regional Health System's CARE Clinic helped support one local resident who was struggling to manage her chronic disease and continue to recover at home on page 13.

"At the CARE Clinic, we see patients on a limited basis to help them better understand their conditions, and the things they need to do to improve their health. That includes providing education about their illness, helping them make any additional appointments they might need, reviewing and reconciling their medications, providing them with basic health-monitoring equipment, and connecting them with any other resources they need to get and stay feeling better."

> - Kathy Troupe, CRNP **CARE Clinical Provider**

Talk to your healthcare provider if you think you could benefit from the services provided by the multidisciplinary CARE Clinic team.

DECREASING HOSPITAL ADMISSIONS

Bonnie* worked several jobs most of her life. She retired from Frederick County Public Schools several years ago after a debilitating bout with colon cancer, which marked the beginning of a period of declining health. Hospitalized most recently for a flare-up of her Chronic Obstructive Pulmonary Disease (COPD), Bonnie also developed blood clots in her legs and experienced atrial fibrillation.

Like many patients living with chronic disease, Bonnie has a detailed plan of care that involves frequent visits to multiple specialists and the use of various medications. Although she is covered by Medicare, Bonnie reached out to the CARE Clinic to help her manage her new and chronic health challenges and stay out of the hospital.



Medical Assistant Tina Trott encourages Bonnie to weigh herself daily. An unplanned weight loss can occur in patients with chronic lung disease due to the increased effort it takes to breathe, a loss of appetite, side effects from medications and even depression. An unexpected weight gain can be caused by medications and decreased mobility. Maintaining a healthy body weight helps a patient with chronic lung disease to fight infection, preserve muscle and maintain strength.



After several hospitalizations this spring, Bonnie's care plan included follow-up visits to a pulmonologist, hematologist, cardiologist, and primary care physician. Nurse Practitioner Kathy Troupe and others on the CARE Clinic staff helped connect Bonnie with these specialists, and monitored her health until she was able to make it to her appointments.



Like many patients with persistent or chronic conditions, Bonnie takes a variety of medications. Because drug interactions can occur when a medication reacts with another drug or supplement a patient is taking, or with something they have had to eat or drink, it is important to take them exactly as directed. Pharmacist Andrea Backes counsels Bonnie on how to take her medications properly, and provides information on more affordable options when possible.

"I'm feeling good now for the first time in a long while, and the clinic staff has been a big part of that," said Bonnie. "I wish I had come here the first time I got out of the hospital. I probably would have stayed well a lot longer—I may have even been able to stay out of the hospital altogether."

*Last name witheld at patient's request

In addition to clinical care and medical monitoring, an important part of the CARE Clinic's multidisciplinary approach involves addressing emotional, social, and practical barriers to getting and staying well. To read more about how the clinic is doing this, visit fmh.org and search Social Work.



GETTING ON THE SAME PAGE: BEDSIDE SHIFT REPORT

When patients are engaged in their healthcare, it often leads to improvements in safety, quality, and personal satisfaction. That's why, at Frederick Memorial Hospital, the critical changeof-shift nursing report is now taking place at the bedside—where the patient's and family's input is both sought after and encouraged.

If you've ever been a patient in the hospital, you may have experienced what many describe as a certain loss of control. An openin-the-back gown becomes your round-theclock garment, menu choices and meal times are assigned, and your care plan dictates things like which medications you receive and what, if anything, you can do independently.

Add that to what has historically been a lack of information about your daily care and the results have been, for many patients, less than satisfying. For example, during the change of shift, when nurses who had been caring for you



Moving the conversation between nurses at the change of shift to the bedside enables patients and families to contribute information, correct inaccuracies, ask questions, and learn first-hand about their plan of care.

were "handing off" your care to others, this report often took place in the hallway or at the nurses' station—well out of your earshot.

About a year ago, the FMH nursing staff starting having these change of shift conversations at the patient's bedside. According to Michael McLane, the hospital's Director of Medical-Surgical Nursing & Behavior Health there are significant advantages to bedside shift reporting.

"Bedside shift reporting creates an environment where patients and families work as partners with their nurses and other hospital staff to improve the quality and safety of their care while they are in the hospital. Allowing the patient and family to be involved in the communication between the nurse who is going off duty and the one whose shift is just beginning lets them hear what has occurred so far with their care, and what the next steps are expected to be. It also gives them the chance to ask questions and provide input into the care process."

> - Michael McLane, Director Medical-Surgical Nursing & Behavioral Health

To read more about how bedside shift reporting is helping FMH provide more patient-centered care, visit fmh.org and search Bedside.

ALL HANDS ON DECK

When patients are admitted to FMH, their care is overseen by physicians who are uniquely trained to manage the needs of hospitalized patients. Called hospitalists, these expert physicians use a strategy called multidisciplinary rounding to coordinate care among everyone involved in their patients' care. Like bedside shift reporting, multidisciplinary rounding is another tool Frederick Memorial Hospital's nursing staff is using to improve the quality, safety and patient experience of care.

Multidisciplinary Rounding at FMH is based on a similar idea to the flight check a pilot



Hospitalists at FMH collaborate with others involved in patient care, including nurses, social workers, pharmacists, nutritionists, a chaplain, therapists, and nursing assistants during Multidisciplinary Rounds on 3-G.

performs. Before a pilot takes off, they review a checklist to be sure everything is in order. After this thorough evaluation assures that "all systems are go," then—and only then—does the aircraft leave the ground

Like the pilot, the physician who is managing a hospitalized patient's care has a list of items that need to be reviewed regularly with everyone on the care team. What are this patient's care priorities, and who is taking the lead on which items? What goals do we have for this patient before they can go home? What support does the patient need after discharge?"

FMH Director of Medical-Surgical Nursing & Behavioral Health Services Michael McLane credits this collaborative strategy with improving the quality of patient care, reducing the length of their hospital stay, and preventing gaps and delays in care that can often result in readmission.

"The Multidisciplinary Rounding we do at FMH is the first step toward creating a more coordinated and effective system," says McLane. "This process helps every member of the team be aware of what they need to do personally to move the patient from admission to discharge smoothly and successfully."

To read more about Multidisciplinary Rounding is helping FMH to provide well-coordinated care to patients inside and outside the hospital walls, visit fmh.org and search MDR.



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How well we manage our health and wellness depends a lot on having the right information. That's why FMH is offering a series of lectures, classes, and workshops on topics of interest that are free and open to the public. The following seminars are being planned for this fall. Dates and times will be available soon. Visit fmh.org or contact Trish Reggio at 240-215-1447 or preggio@fmh.org for updates.

I Only Leak When I Laugh! September 2016

Do you leak when you laugh, cough, or sneeze? Do you have a sense of urgency to go the bathroom when you turn the key to the front door? A side effect of aging, childbirth or other medical conditions, the leakage of urine or other pelvic floor disorders is more common than you might imagine. And more than half of women affected don't discuss it with their healthcare provider. September is pelvic health month. Come and meet the experts for a lively and factual educational seminar and learn how to have the conversation about urinary incontinence. It's treatable!

National Breast Health Month October 2016 (all month long)

How well do you know your own breasts, risk factors for breast cancer, prevention screening, and so much more? October is a great time to visit the Women's Center at FMH Crestwood for the answers and receive up to date information from local healthcare providers at our annual women's health events and seminars on breast care. Think pink!

How Sweet It Is November 2016

"How Sweet it Is," an educational seminar on Diabetes and prevention, will be held in November as part of National Diabetes Awareness month. Diabetes is the seventh leading cause of death in the United States and a strong contributor to other serious medical conditions such as high blood pressure, kidney disease, and heart disease. This educational seminar will cover screening tests for prevention, healthy lifestyle changes, diagnosis, and up to date treatments. It's a sweet way to get the information needed to help prevent this chronic disease or help support those living with it.

Events are are free and open to the public, and are held at the Women's Center at FMH Crestwood, 7211 Bank Court, Frederick, MD 21703. Walkins are welcome, but registrations are appreciated. For more information, please contact Trish Reggio at 240-215-1447 or preggio@fmh.org. Interpreters are available by advance request by calling 240-566-4370.