

Johns Hopkins Bayview

health & wellness



JOHNS HOPKINS
MEDICINE

The Keys to Understanding Sepsis

Learn how the body's response to everyday infection can be a silent killer

(pages 4-5)

inside this edition

Living the Life She Wants

Unique treatment plan for thoracic outlet syndrome *(page 6)*

The Ripple Effect of Depression

(Back Cover)

Introducing Kevin Sowers

Kevin W. Sowers, MSN, RN, FAAN, is the new president of the Johns Hopkins Health System and executive vice president of Johns Hopkins Medicine. Sowers came to Johns Hopkins Medicine after 32 years with the Duke University Health System, including eight years as president and CEO of Duke University Hospital.



Sowers began his career as a staff oncology nurse at Duke University Medical Center Hospital in 1985. He chose oncology after his grandfather was diagnosed with glioblastoma, with the hope of making sure no other family went through what his family did.

Sowers will help define and execute strategic initiatives that advance all three parts of the Johns Hopkins Medicine mission—delivering outstanding care, training the next generation of leaders, and advancing research and discovery.

Active in many professional and community organizations, Sowers is a member of the Vizient board of directors and the Association of American Medical College's Council of Teaching Hospitals and Health Systems administrative board. He served as chair of the AmSurg board and was a member of the North Carolina Hospital Association board of trustees and the North Carolina Institute of Medicine board of directors. He also held leadership roles with the American Heart Association, Susan G. Komen and the Oncology Nursing Society.

Sowers is an American Academy of Nursing fellow and has collaborated on numerous research efforts as well as consulted internationally. He has published extensively and speaks nationally and abroad on issues such as leadership, organizational change, mentorship and cancer care.

Making Hearing Aids More Affordable

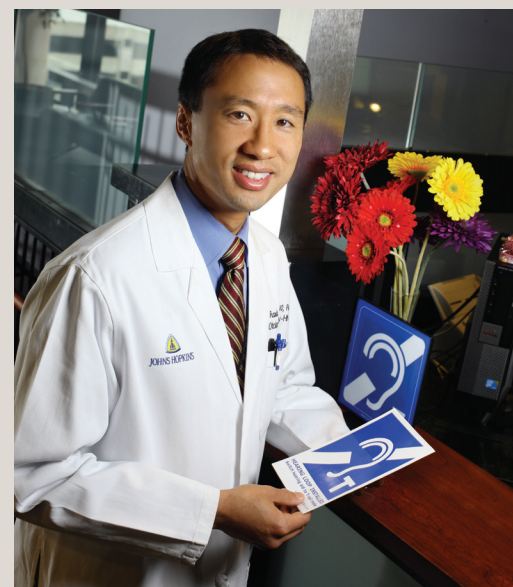
Hearing aids will become more affordable, thanks in part to the efforts of Frank Lin, M.D., an otolaryngologist at Johns Hopkins Bayview Medical Center.

Dr. Lin, who has spent years studying how hearing loss is linked to dementia, helped U.S. government and health care leaders create the Over-the-Counter Hearing Aid Act of 2017. The Act, which became law last August, makes certain types of hearing aids available over-the-counter to adults with mild hearing loss, and requires the U.S. Food and Drug Administration (FDA) to regulate over-the-counter hearing aids by 2020.

“Treating hearing loss is ridiculously expensive,” says Dr. Lin. “The average cost of getting two professionally fit hearing aids is about \$4,700.” This new law gives consumers the option to buy a safe, high-quality, FDA-regulated device at a lower cost.

Dr. Lin cautions not to wait if you've been thinking about purchasing a hearing device. Over-the-counter hearing aids won't be on the market for a few years. The FDA still needs to write rules that will ensure these new products are safe and effective.

In the meantime, he suggests seeing an audiologist if you are having difficulty hearing (see sidebar). “Untreated hearing loss increases the risk of other health problems, such as cognitive decline and dementia, falls, hospitalization and disability,” says Dr. Lin. “That's why it's so important to prevent, screen and treat hearing loss as soon as possible.”



Dr. Frank Lin, M.D., has spent years studying the link between hearing loss and dementia.

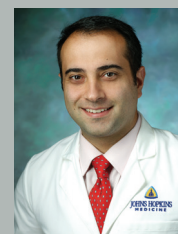
Common Symptoms of Hearing Loss

- Speech or other sounds mumbled or slurred
- High-pitched sounds, such as “s” or “th,” are hard to distinguish
- Conversations are difficult to understand, particularly when there is background noise
- Men's voices are easier to hear than women's
- Some sounds seem overly loud and annoying
- Tinnitus (ringing in the ears) may occur in one or both ears

For more information or to schedule an appointment with a Johns Hopkins audiologist, call 443-997-6467.

Welcome
Dr. Herati

Amin Herati, M.D., joins the Department of Urology. He specializes in male infertility, vasectomy, vasectomy reversal and complex urological reconstruction.



Amin Herati, M.D.
Urology

To schedule an appointment, call 410-955-6100.

Rehabilitation After Stroke

Persistence and patience pay off for a beloved mother and grandmother



Camp Superkids is a week-long, residential summer camp for children with asthma, ages 7 1/2 to 12. Set for July 8 to 13, 2018, at Summit Grove Camp in New Freedom, Pa., Camp Superkids provides a variety of camp activities such as swimming, arts and crafts, and teambuilding skills. Children come from all over the mid-Atlantic region to enjoy a camp designed especially for them, with their asthma in mind.

Camper applications are available online at hopkinsmedicine.org/jhbmc/campsuperkids.

Find us on Facebook by searching for “Camp Superkids - camp for children with asthma.”

For more information, call 410-550-0374 or email campsuperkids@gmail.com.

23rd Annual Golf Classic

to benefit Patient Safety Programs

Monday, June 25, 2018

Hayfields Country Club

700 Hayfields Road, Hunt Valley, Md.

Johns Hopkins Bayview’s patient safety programs reduce preventable harm to patients. Programs include computerized physician orders for testing and lab work; bar code technology to verify patient medications at the bedside; and monthly safety rounds on high-risk patient care units, to name a few.

For more information or to register for the golf tournament, visit hopkinsmedicine.org/jhbmc/golf or email cfrank23@jhmi.edu.

Mary Ford knows a thing or two about taking care of people. The 88-year-old Scrabble player and church choir singer raised seven children with her husband, and later took care of him when he was diagnosed with Alzheimer’s. Watching him go through his diagnosis and treatment made her nervous about ever having to entrust herself to someone else’s care. So when she was hospitalized for a stroke, Ford was uneasy about the experience.



Mary Ford stands up for a picture, guided by her rehabilitation team.

It was difficult for her to be alone in an unfamiliar place. But once Ford and her family got to know the inpatient rehabilitation team at Johns Hopkins Bayview Medical Center, their worries eased.

Ford’s stroke affected the right side of her body, making it difficult for her to stand up, use her hands and even talk. An avid user of her tablet and very much a people-person, Ford did not want to give up any of her favorite things in life. She spent several weeks at Hopkins Bayview participating in physical, occupational and speech therapy.

An Unexpected Complication

A few days before Ford was to be transferred to subacute rehabilitation, she woke up with pain in her left leg. A blood clot in her superficial femoral artery was completely blocking blood flow. She was rushed to the operating room, where surgeons removed the blood clot.

Arterial blood clot in a leg can be a limb- and life-threatening condition that should be addressed in minutes to hours. Thanks to the quick and accurate assessment by the rehabilitation team and the physicians on duty, Ford was in the operating room in enough time to save her leg and possibly her life.

Back to Making Progress

It’s difficult enough to regain the functions that are damaged by a stroke. Add to that an emergency surgery, and it’s no surprise that Ford felt the impact of this setback. But she was far from giving up.

“I know it takes patience; you just have to believe that you will continue to get better,” she says.

And that’s exactly what she did. “Mary made great progress improving her overall level of function. We worked to help her with her activities of daily living,” says Dana Alonzi, one of Ford’s occupational therapists.

This story can be found online at hopkinsmedicine.org/jhbmc/strokerehabstory and was repurposed with permission.



To schedule an appointment with a physical medicine and rehabilitation provider, please call 443-997-5476.

The Keys to Understanding Sepsis

Learn how the body's response to everyday infection can be a silent killer

When you get sick—with the flu, a stomach bug or even pneumonia—you expect to start feeling a little better each day. But sometimes the body can react unexpectedly to an infection, leading you to get worse instead of better.

Sepsis is a life-threatening response to an infection in the body. Any infection, even a minor one, can lead to sepsis. In fact, several of the influenza deaths reported in the news this past flu season were actually the result of patients acquiring sepsis.

One of the biggest challenges in diagnosing and treating sepsis is a lack of understanding about what it is, and what the warning signs are. Arming yourself with the knowledge of what to look for is a good place to start.

Suspect Sepsis

We don't fully understand why, but sometimes the body mounts an unexpected and extreme response to a common infection like food poisoning, a cut or scrape, or a urinary tract infection, says Jeffrey McCue, a

physician assistant in Johns Hopkins Bayview's emergency department. Because they begin with an ordinary infection, many sepsis patients delay seeking treatment until they are very sick, and end up in the emergency department.



Joseph Bowens is stronger than ever since his treatment for sepsis.

Sepsis progresses quickly, and can lead to tissue damage, organ failure or death. The Medical Center has introduced new technology, educated providers and staff, and hired a dedicated sepsis coordinator to help ensure that sepsis cases are detected and treated early.

“We now use technology to help us identify possible sepsis patients early,” says Yamisi Daniel, BSN, RN, Johns Hopkins Bayview's sepsis coordinator. “Early identification and treatment is the key to fighting sepsis, so people can go back to living their lives.”

Patients and family members can do their part by understanding the symptoms of sepsis:

- Hyperventilation
- Severe weakness
- Confusion or delirium
- Rapid heartbeat
- Decreased urination
- Vomiting
- Fever
- Chills
- Lethargy
- Skin rash

Joseph's Story

In 2016, Joseph Bowens had a full life that didn't include time to be sick. Bowens, now 30 years old, worked a full-time IT job during the day and moonlighted as a security guard. When he wasn't working, he was playing and composing classical music, mostly on the piano. So, when he

started coming down with something, he tried to work through it. He had a bad headache, chills and fatigue, and briefly blacked out at work. He went to his primary care doctor, who advised him to stay hydrated and rest.



For more information about sepsis, visit hopkinsmedicine.org/healthlibrary or cdc.gov.

Over the next couple of days, Bowens' symptoms continued to progress. His fever spiked. "I felt like I was dying," Bowens says. "I'll never forget it."

Eventually, he was no longer able to stand on his own. His parents had to help carry their son to the car, and used a wheelchair to get him into Johns Hopkins Bayview's emergency department.

The care team in the emergency department immediately began ordering tests to try to determine what was making Bowens so sick. His white blood count was through the roof, proof that his immune system was trying to fight off a significant infection. All possibilities were explored, including meningitis, Zika virus and other tropical diseases, since Bowens had recently traveled.

Sepsis is often difficult to diagnose because its symptoms mimic those of other common infections, especially in the early stages. "We don't want to cry wolf," says Ed Chen, M.D., a pulmonary and critical care medicine doctor at Johns Hopkins Bayview. "Our job is to make sure that sepsis is considered as a possibility."



After Bowens was admitted to Johns Hopkins Bayview, his heart rate accelerated, another common symptom of sepsis. His treatment plan included antibiotics and fluids, both standard in the treatment of sepsis. His heart rate came down, and further tests indicated no other heart problems. After a few days of testing, monitoring and treatment, he was cleared to go home.

McCue, who treated Bowens in the emergency department, says that his sepsis was the response to a skin infection that became an abscess. McCue says that Bowens did exactly what he should have done: he went to see his primary care doctor when

he was sick, and then came back to the emergency department when he noticed that he was getting worse instead of better.

Bowens' illness gave him a new perspective on life. Now, in addition to his music, he has found a second passion. "I started taking my health very



Joseph Bowens returns to his roots as a classical pianist composing music where he studied at the Peabody Institute.

seriously," he says. "I love going to the gym, lifting weights and challenging myself." He has also reduced the hours he works, giving himself more time for the things he loves.

Act Fast

Doctors are equipped with sophisticated tests, but each person is their own best judge of when something is wrong, says Dr. Chen. "You know how you normally feel on a daily basis," he says. "If you don't feel like yourself, especially if you continue to get worse, seek immediate medical attention." It's also important to give medical providers as much information as you can. Knowing about the recent scratch from your cat, or the case of food poisoning from your weekend cookout, can help doctors put together the pieces.

Anyone with possible symptoms of sepsis should treat it as a medical emergency. If you have symptoms of an infection that continue to worsen, "think sepsis" and seek immediate medical attention. Swift diagnosis and proper treatment can be the difference between life and death.

— Sara Baker

Stop Sepsis. Start Now.

How Can You Help Prevent Sepsis?

1

Get vaccinated to prevent infection in the first place. Talk to your doctor about getting vaccinated against the flu, pneumonia and other infections that can lead to sepsis.

2

Clean scrapes and wounds to prevent infection. Monitor their healing, and seek treatment if they worsen.

3

Always practice good hand hygiene, not only during cold and flu season.

4

Don't wait. If you have an infection, look for signs and symptoms of sepsis (see list in article).

Seek immediate medical attention if you develop any of them.

5

Educate yourself.

For more information about sepsis, visit hopkinsmedicine.org/healthlibrary or cdc.gov.

Living the Life She Wants

Unique treatment plan brings pain relief for thoracic outlet syndrome

It's something many of us have tried—searching the internet to self-diagnose a medical problem. Just type in the symptoms you are experiencing and hit “search.” At age 26, Julia McCoy had arm and neck pain that wouldn't go away. She saw her primary care doctor, an orthopaedic surgeon, a physical therapist and had a nerve conduction study—all to no avail. The pain persisted.

A student at Towson University, McCoy couldn't carry a backpack or use the stairs. Unable to go to the gym or walk her dog, she was confined to the couch in constant pain.

So she searched online. “Poor hand strength. Collar bone pain. Neck pain. Hand turning purple.” The unofficial diagnosis? Thoracic outlet syndrome, or TOS, a syndrome that occurs when blood vessels between the collarbone and first rib are compressed, leading to many of the symptoms McCoy had.



*Julia McCoy
with her
rescue running
mate, Zoe.*



To schedule an appointment with a vascular surgeon, call 410-550-4335.

The Search for Treatment

McCoy's next online search was for physicians who treat TOS. Enter Maggie Arnold, M.D., a vascular surgeon at Johns Hopkins Bayview Medical Center who specializes in thoracic outlet syndrome.

Maggie Arnold, M.D.
Vascular Surgeon



Dr. Arnold took a thorough patient history and conducted a physical exam. She also performed an ultrasound to look for compression. McCoy showed compression of her blood vessels, which explained why her hands were turning purple. Diagnosis: neurogenic thoracic outlet syndrome.

TOS can be caused by injury, anatomical defects, tumors that press on nerves, poor posture, pregnancy or repetitive arm and shoulder movements and activity. In McCoy's case, Dr. Arnold suspects that it may have developed as a result of overuse, since she was quite active in athletics.

Treatment options for TOS range from conservative, non-surgical approaches such as

physical therapy and injections to more aggressive options like surgery and McCoy had a compelling reason to start with the most conservative treatment—she is a recovering alcoholic who is highly motivated to avoid medications.

Dr. Arnold prescribed physical therapy, but McCoy didn't get results. Next was an injection of Botox®. The pain subsided for nearly four months.

McCoy will be the first to admit that she was not a compliant patient. She returned to the gym sooner than recommended, and paid a price. The pain returned, and a second Botox® injection did not work as well as the first.

Personalized Care

McCoy and Dr. Arnold were ready to talk about surgery—a resection of her first rib. During the 60- to 90-minute procedure, the first rib is removed, usually through an incision in the underarm. This makes more space for the nerves that go from your neck to your arms and relieves the nerve compression. Patients are able to regain their full shoulder movement and strength through physical therapy.

The rib resection successfully eliminated McCoy's arm pain, but the neck pain eventually returned.

Determined to help McCoy return to the quality of life she had lost to pain, Dr. Arnold

connected her to a pain management specialist who could formulate a personalized medication plan that took all of her unique needs into account.

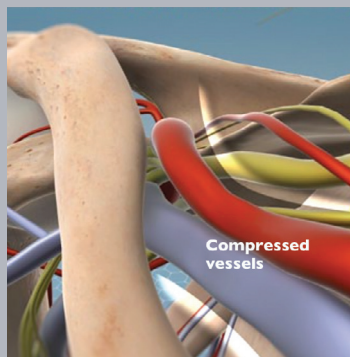
In August 2016, Allan Belzberg, M.D., a neurosurgeon at The Johns Hopkins Hospital, performed a procedure called a neural lysis to repair and decompress the nerves in McCoy's clavicle area. At last, she was on a road to recovery.



With her pain behind her, McCoy is back to the gym, able to hike with her dog, and no longer needs a rolling backpack at school. Inspired by her care team, she is changing her educational path from nursing to pre-med. "Dr. Arnold had my back and was always accessible to me," she says.

— Kristin Mears

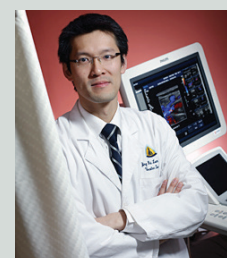
What Is Thoracic Outlet Syndrome?



Thoracic outlet syndrome results when nerves, veins or arteries are compressed between the muscles of the neck and shoulder, or between the first rib and collarbone. Symptoms include feelings of burning, tingling and numbness along the arm, hand and fingers. If a nerve is compressed, you may experience weakness in your hand. If a vein is compressed, your hand can turn pale or blue and could be sensitive to cold. Women are more likely than men to have TOS, and it usually starts between the ages of 20 and 50. TOS occurs in about one to two percent of the population.

Treatment options will depend on what is being compressed.

If a vein or artery is compressed, then surgery is typically required. If a nerve is compressed, then treatment can be tailored to the patient and can include physical therapy and/or injections.



Want to know more about thoracic outlet syndrome? Watch Dr. Lum's Q&A Video at:



bit.ly/thoracicoutlet



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The Ripple Effect of Depression

W. Daniel Hale, Ph.D., knows depression inside and out. As a clinical psychologist, he studied depression for more than 40 years after the subject attracted his interest in graduate school. He realized that each of the one in five people who will experience severe depression during their lives is surrounded by a group of family and friends. Dr. Hale was grateful to be able to

make a difference in so many lives—helping each single patient cope with the strain of depression also rippled outward, improving the lives of their friends and loved ones.

Despite seeing the ways depression “could destroy careers, wreck relationships and even be life-threatening,” Dr. Hale wasn’t emotionally prepared when he had the first of two major depressive episodes in his own life. He was eventually able to recognize the severity of his depression and, with his family’s support, sought treatment in the form of both medication and therapy. Thanks to the care Dr. Hale received, he was able to continue treating patients while raising his family.

Unfortunately, depression continued to haunt Dr. Hale’s family—his firstborn daughter Libby began to wrestle with the disease in her early teens. As she became more withdrawn and less of the vivacious, nationally-ranked swimmer she had been, Dr. Hale and his family pushed her to get treatment. With sustained effort, she was able to hold depression off, graduating from college before marrying and having children of her own.



Libby (second from left), with her children Kamryn, Jordan and Collin after Jordan’s high school graduation.

When Libby moved away, she struggled to find support for medical treatment in her new surroundings. With her depression untreated, she slipped further into her own darkness, committing suicide at the age of 36.

Since Libby’s death, Dr. Hale has spoken publicly and often of the importance of recognizing depression’s destructive potential, as well as the importance of receiving proper treatment. He hopes speaking about his family’s story can help prevent tragedy for others, and urges anyone feeling an inability to enjoy life, lack of appetite, difficulty sleeping, hopelessness or thoughts of harm or suicide to reach out to someone—a physician, mental health professional or a suicide prevention hotline.

—Martin Fisher



Hear Dr. Hale tell his and Libby’s story at hopkinsmedicine.org/jhbmc/patientstories.

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