40 Years Ago
a Hospital was Born

First Generation Featured:
Babies
Dear Friends,

As we celebrate our hospital’s 40th anniversary year, it is a time to reflect on the unprecedented growth the hospital and our county have experienced during this time. When we first opened our doors as The Columbia Hospital and Clinics Foundation on July 9, 1973, we served 36 patients and admitted four. We are now a comprehensive, acute-care medical center, specializing in women’s and children’s services, surgery, cardiology, oncology, orthopedics, gerontology, psychiatry, and emergency services.

The expansion and enhancements of our services, technologies and facilities are a reflection of our commitment to meet the ever-expanding needs of our patients and their families. We would not be able to provide award-winning care without the ongoing contributions of my caring and committed coworkers, a collaborative community, our generous donors, dedicated board members, gifted and talented physicians, outstanding volunteers and our exceptional partnership with Johns Hopkins Medicine.

Beginning with this issue of Wellness Matters, patients, families, doctors, donors, nurses and others will share their personal stories from the past 40 years. And, we will share our gratitude for individuals—like Evelyn Bolduc, chair of our Board of Trustees (pictured to the right with her husband J.P. Bolduc)—and many others like her who have donated their valuable time and resources, helping to make this hospital what it is today.

As we take stock of the hospital’s accomplishments of the past 40 years, I am pleased to report that we have become the premier health care provider of choice for Howard Countians. Serving as president and CEO for the last 23 years, I have watched our hospital and county flourish, and with the start of this new year, I am gratified by the myriad awards and honors the hospital has received, the increasing number of patients and families we serve, and the bright future ahead for our hospital and our community.

I look forward, with great anticipation, to celebrating this 40th anniversary milestone with all of you.

Sincerely,

Victor A. Broccolino, President and CEO
Howard County General Hospital
Born in 1973

Nearly 40 years ago, the first modern, yet modest hospital in Howard County opened its doors with little fanfare and limited news coverage. In its first day of operations, the hospital saw 36 patients in the emergency room and had four admitted patients. That sounds small compared to 731, today’s average number of patients we interact with daily. Other key portions of the hospital, including the “maternity” section were delayed a few more days but opened just in time for the delivery of the first baby. The Howard County Times reported that baby Sarah Ruth Phillips was born via a “natural delivery” at 11:11 p.m. on Friday, July 20, 1973. Sarah, the first child of Long Reach residents Mr. and Mrs. James Wynn Phillips, weighed 6 pounds, 7.5 ounces. In the next several days, Sarah was joined in the nursery by several new baby girls, but it was not until July 23, the day that Sarah went home, that the first baby boy was born.

Changes in Attitudes

In the 1970s, maternity units and the labor and delivery process were undergoing big changes as the new era of natural childbirth and Lamaze introduced in previous decades was finally taking hold. HCGH was in the forefront of that change. Here, mothers, who previously had been sedated during the delivery, were encouraged to stay awake and become involved in the experience. The role of fathers expanded as they transitioned from pacing in the waiting room to participating as coaches in the labor and delivery room. Carol Katz delivered one of her children at HCGH in the early days of the new hospital. She says that she and her husband, Dr. Joel Katz, “felt like it was family there versus delivering elsewhere. It felt like home.”

Mrs. Phillips is quoted in the Howard County Times about her experience saying, “Downstairs in the prep lab and the delivery room, everyone was very encouraging…whatever I wanted, they provided.” This was a big departure from old protocols that required laboring mothers to remain in bed and hooked up to intravenous drips. Mary Ellen Miles, who celebrates 25 years of nursing at HCGH this year, talks about the evolution of care: “Of course, now we have telemetry, which allows us to track and monitor a patient’s progress even as patients are up and walking about. Certified nurse midwives and doulas have also become a part of the birth experience.” Mary Ellen, whose fourth grandchild was born here last year in an un-medicated...
delivery says, “Technology, or non-technology, the hospital is supportive of the patient’s choice and that is key to the experience.”

Rules changed in the early 70s for the nursery, too. No longer were babies required to be isolated for 12 hours in the nursery away from their mothers. Instead, infants were now allowed to “room in” with new mothers who were encouraged to take an active role in the care of their newborn. Support systems have improved. Lactation specialists now educate new moms about breastfeeding. Perhaps the biggest change was the opening of the Special Care Nursery, now known as the Lundy Family Neonatal Intensive Care Unit (NICU), in 1990. “It changed things across the board,” says Mary Ellen. “Now we had an obstetrician in house 24/7. This was a huge improvement, and there were fewer unattended deliveries. Prior to that change, nurses were often called upon to make the delivery.”

The hospital’s location between Baltimore and Washington, DC; access to top physicians; and a relationship with Johns Hopkins Medicine have certainly been conducive to the positive changes that HCGH has experienced. In a county ranked second in the nation for educational attainment, Mary Ellen believes that the evolution of health care for mothers and babies can also be attributed to educated patients. “Patients are informed about their options. They have questions, and they want answers and to understand their alternatives.”

One thing remains constant throughout the years of change – the high level of dedicated nursing care. “Nurses are the link between doctors and patients,” says Mary Ellen. “We are present throughout the birthing process, and, years later, former patients will come up and tell us ‘you helped birth my baby.’ How amazing! In one day we can make such an impact that patients can remember you for a lifetime. What a gift that is to the nurses!”

HCGH has welcomed more than 90,500 babies in its first 40 years, and, during that time, our busy Labor and Delivery unit has trained a new generation of nurses, like Shelly Baldwin, RN, who has been here for eight years. Shelly’s perspective is one of a true caregiver. She says, “Even if mom has tried to prepare herself for this experience, when she gets into fear and pain mode, the nurses are here to prepare her, tell her what to expect and walk her through the experience, step by step.” This type of nursing merges compassion with best practice and the latest technology. The technology makes it easier to monitor contractions, fetal heart rate and other critical data. And, technology, theories and practice are constantly evolving. Shelly adds: “One practice that has changed since I started in nursing is allowing moms to ‘labor down.’ Instead of having moms start pushing as soon as they are dilated 10 centimeters, if the baby is not low in the birth canal, we let the uterus naturally push the baby further down before having mom push. It’s safer for moms and babies.”
Generations Born at HCGH

Diana and Lou Ulman moved to Columbia in 1972. HCGH had been open less than one year when Diana Ulman went into labor with her first child in May of 1974.

At that time, HCGH referred high-risk mothers and babies to The Johns Hopkins Hospital for delivery, but Diana was anticipating a normal delivery with her husband Lou by her side every step of the way—a practice that was fairly new at the time.

Things did not go as anticipated. Diana recalls, “Ken was more than nine pounds, and it was a difficult delivery. Four hours after he was born, Ken turned blue.” Nurses told Diana that he was cyanotic. During the early days, pediatricians were not always at the hospital; instead they maintained an on-call schedule. Pediatrician Joel Katz, M.D., was on call that night, and when Ken turned blue again eight hours after his birth, Dr. Katz made the decision to transport him to Hopkins for special care. It was the right decision, but it was difficult for Diana to be separated from her new son. Diana recalls that everyone was worried about sending this little baby alone to Hopkins. “One of the nurses was going off duty and offered to ride down in the ambulance with the baby, and another employee followed the ambulance so that the nurse could return home,” remembers Diana who called every half hour to check on Ken. “The nurses at Hopkins were great— they were very patient with me every time I called.” Ken did well at Hopkins, and he was soon released home.

Since then, HCGH services have continued to evolve to meet the needs of babies like Ken. These important changes were in place for the next generation of Ulmans when Ken and his wife, Jaki, chose HCGH to welcome their daughter, Lily, into the world in 2005. Ken recalls, “The hospital had beautiful new rooms and all of the resources of a modern hospital. We’ve come a long way.” Now serving as Howard County Executive, Ken and the county government continue to support the hospital. He is proud of his status as one of the early babies born at HCGH, explaining, “I consider the county funding given to HCGH an investment in better service for the citizens of Howard County.” Diana agrees, “We’ve used the hospital over the years—as any family would—and we’ve found it to be a wonderful facility. We are lucky to have it in our community.”

When HCGH opened its doors, pediatrician Joel Katz, M.D., was one of a handful of doctors caring for Columbia’s youngest residents, some of the first babies born at the new hospital. Originally from New York, Dr. Katz, his wife Carol; and daughter, Lauren, moved to Maryland to work with the Columbia Medical Plan.

The community welcomed Dr. Katz and his expertise with open arms, and he soon became a respected figure at the new hospital. For the next decade, Dr. Katz welcomed many newborns to the world, performed their first exams, and then cared for them in his Columbia office as they grew. He served as the hospital’s chief of pediatrics from 1981–1983.

Dr. Katz and the entire staff considered all of the babies born at HCGH as part of the hospital’s extended family. One nurse took it upon herself to start a running list of names of all babies born at the hospital since it opened its doors. A special reunion was held at the 10-year mark, and each child born at HCGH was told which number they were in order of birth.

In 1983, the Katz family found themselves on the other side of the doctor-patient experience when, at the age of 44, Dr. Katz suffered a heart attack and was brought to HCGH. “The hospital was great,” says Carol. “His heart was badly damaged, and he had to be transferred to Hopkins. His doctor, Dr. Alan Stahl, even rode with him in the ambulance.”

Dr. Katz did ultimately pass away. In his memory, HCGH dedicated the newborn nursery to him, and, for many years, a physician lecture series was held in his honor. Lauren, just 15 years old when her father died, has fond memories of watching him work with the babies. Dr. Katz left an indelible mark on the history of newborn and pediatric medicine at HCGH.
Tuvia Blechman, M.D., is arguably the father of the Lundy Family Neonatal Intensive Care Unit (NICU) at HCGH.

He and his wife, Zippy, have seven children of their own, including two sets of triplets. As director of the NICU for 22 years, he has cared for many thousands more. When the unit opened in 1990, it fulfilled a need in Howard County. At the time, approximately 2,400 babies were delivered here each year. Those born prematurely, or in need of intensive care for other reasons, required a transfer to other hospitals. Dr. Blechman and his co-director at the time, Pauline Sisone-Reyes, M.D., who died in 1994, began this much-needed program that has helped local parents keep their premature babies close to home and in the hands of a dedicated, highly skilled and compassionate team of neonatal professionals.

“When I learned about the job, it was a dream come true,” explains Dr. Blechman. “We had a brand new unit and were welcomed by the obstetricians and pediatricians as well as the hospital executives, staff and families in the community.” It was a great opportunity for the young doctor to build a program. As his family grew, so did the NICU.

The NICU has evolved quite a bit in its treatment methods and techniques as well as the physical space and environment. First housed in a small space on the ground level of the hospital, the unit initially had the capacity to care for six to 12 babies. In 2002, a new unit opened on the second floor of the hospital. “We learned many things through the years about the importance of the environment in caring for neonates,” says Dr. Blechman. “We incorporated that knowledge into the design of the new unit with low light and noise levels as well as private care spaces for each infant and family. It’s what’s known as ‘parent-centered’ care, and the parents are very involved in the baby’s care.”

Caring for Fragile Newborns Evolved

In the unit’s early days, babies with breathing problems were treated fairly aggressively with ventilators and oxygen to help them breathe and steroids to help their lungs develop. While these treatments improved the baby’s lung health, the side effects could be devastating, including lasting vision problems. In the ensuing years, more advanced treatment methods and equipment, such as oscillating ventilators, have helped achieve the same results in a gentler way. This special equipment is often made possible by generous donors who are grateful NICU parents themselves.

Today, thanks to a lifelong commitment by Dr. Blechman and a dedicated team, a principal strength of the NICU program is the vast amount of experience among the nurses, physicians and nurse practitioners, most of whom have 20–25 years of experience. Add to that the sophisticated, specialized technology and around-the-clock access to world-
renowned experts at Johns Hopkins, and HCGH’s NICU program has the ability to care for some of the sickest babies right here in Howard County. The highly trained Hopkins neonatologists who staff the unit full time are in constant contact with specialists at Hopkins. For example, Johns Hopkins pediatric radiologists remotely read all NICU images and are available 24/7 to discuss patients’ conditions. This is an essential service because, if there is a problem, doctors know right away and can intervene. Pediatric cardiologists from Johns Hopkins read echocardiograms and can provide video consultations with parents sitting in our hospital. Specialized pediatric surgeons can perform many procedures at HCGH now, as well.

Family-centered Care a Staple from the Beginning

Moira Mattingly’s daughter, Emily, spent nearly five months in the NICU in 2004. “The whole team gave us straight information, never seemed rushed and took extra care,” says Moira. In addition to caring for Emily, the nurses “taught us how to change her diaper because we couldn’t hold her and told us how to touch her and move her. Dr. Blechman has such a gentle nature, not just with the babies but the parents; I was struck by how empathetic he was. He has a lot of responsibility but you’d never guess when he comes by and spends time chatting. He remembers all of the kids and parents. He has a genuine passion for his job. You have to be a special person to do this work. It’s a calling.”

When asked what he likes about his work, Dr. Blechman simply says, “I can see real results, and I feel like I made a difference. The relationships you develop with the families are very special.”

Those parents can be reassured that they are receiving the best care possible. “Most of the care can be done right here,” says Dr. Blechman. “We have a lot of experience and good equipment and can provide excellent care, with the strength of Johns Hopkins behind us 24/7.”

Our clinical staff and families of former NICU patients will gather on Sunday, March 10, 2013, from 2–5 p.m. at Martin’s West to celebrate life and honor Dr. Blechman and other NICU caregivers. For event details or to honor a member of our NICU team with a donation, visit hcgh.org/NICU.
When Moira Mattingly suddenly went into labor at 24 weeks, she had no idea what to expect. She just knew it was important to delay delivery as long as possible. But, after one week, it was evident that baby Emily was going to be born extremely early, a stage known as a micro-preemie. “She weighed a pound and a half and was 13 inches long—the size of a telephone,” explains Moira. “In babies that young, the skin hasn’t developed yet. It’s red and kind of moist, so they have special isolettes with humidity to keep their skin from tearing and drying up.”

Throughout the long and extremely emotional experience, Moira and her husband, Jeff Leco, credit Tuvia Blechman, M.D., and the entire HCGH NICU staff with helping them navigate the difficult and confusing journey.

“Dr. Blechman and his team were just fantastic,” Moira recalls. “They tell you this is going to be a roller coaster ride—you’re going to make progress and then you’re going to have a back slide. And it was true. Every time Emily would take a little step forward, two days later, we’d get a call in the middle of the night saying ‘we might need to do a spinal tap, something’s going on…’,” she says. “Those are calls you never want to get.”

After 131 days of ups and downs, Emily was able to go home with her parents and today is a thriving 8 year old. Because of the exceptional care Emily received in the NICU, the Mattingly-Leco family has given back to HCGH through donations to the unit that holds a special place in their hearts. “There were a million little things the staff did that made it more bearable,” says Moira. “From dressing Emily in a Halloween costume to putting a stocking on the incubator at Christmas. The fact that when we go back there we still see the same people and the same faces is a testament to their dedication. The hospital is a great place to be and a great place to have in the community,” she adds.
Perpetual Philanthropy

For George Doetsch, chairman of Apple Ford, supporting HCGH is not a one-time thing. Involved with the hospital since the 90s, he has demonstrated an unwavering commitment to give back.

George knows firsthand the vital role HCGH has played in the lives of so many patients. Seven years ago, following a horse accident, he suffered a stroke and was told he would be bedridden for the rest of his life. “My right side was paralyzed. I couldn’t speak,” says George.

He received outpatient therapy four hours a day, four days a week at HCGH. “My speech therapist said, ‘You won’t be here long,’” recalls George, skeptical of her confidence. But, her persistence paid off. Now functioning at near 100 percent, he says doctors call his recovery a miracle.

Helping enable miracles for others has fueled George’s support of HCGH. “From donating a classic 1967 Mustang for the 20th anniversary endowment campaign raffle, supporting our annual Symphony of Lights festivities and golf classic, giving $250,000 to the Campus Development Plan, and being the lead sponsor of our 40th anniversary gala this year, George has an impressive 20-year legacy of giving back,” comments Sandy Harriman, vice president of Development, Howard Hospital Foundation. “He has also volunteered his time, transporting hospital employees to and from work during blizzards through the years.”

“Giving money to the hospital is great, but driving employees around from 5:30 a.m. until midnight in the snow was fun,” says George, who, along with his son Chip Doetsch and the Apple Ford team, have a plaque naming the hospital’s outpatient hallway in their honor. It’s clear that George’s perpetual philanthropy comes from the heart. “HCGH is the best community hospital in the state in my view. They have taken such good care of me,” says George, who says when it comes to giving back: “How can you not support the hospital? They are great people.”

The Power of Gifts Large and Small

A Message from Howard Hospital Foundation Chair Paul Skalny

It truly is amazing to see the miracles that happen every day in our NICU, thanks in part to the many donors who have supported it. In fact, a compilation of individual gifts large and small enabled us to purchase five specialized “giraffe” beds for our 18-bed NICU during the past few years. While these beds might have a cute name, they are state-of-the-art, combining a warmer that maintains the proper body temperature for babies and a built in X-ray. The beds are portable, so the need to move the babies from one location to another is eliminated, reducing stress on their tiny bodies and allowing them to heal, develop and thrive.

This year, HCGH celebrates its 40th anniversary, and I’m proud to be associated with an organization that has touched the lives of generations of families. As a father of two young children, I know firsthand how comforting it is having a hospital of this caliber in our community. And, it’s due to the support of so many that we have expanded our services for the youngest patients. The story of little Emily Leco, who was born at only 25 weeks and spent more than four months in HCGH’s NICU, will surely resonate with many. Today, Emily is a happy, healthy 8 year old. The Mattingly-Leco family gives back to the NICU through donations to demonstrate their gratitude for the exceptional care Emily received during those critical first months of her life.

In March, we celebrate the lives of our NICU babies, young and grown, at HCGH’s NICU Family Reunion. This is a very special event for the families, providing them with the chance to celebrate their little miracles as well as the caregivers, whose compassion and expert care helped them through a difficult time. Through the Howard Hospital Foundation anyone can give a gift in honor of a special NICU care provider as a way to say thanks. To send a donation in honor of one of our caregivers, visit hcgh.org/NICU.

Every one of us can make a difference. We can all help ensure that the world-class health care provided by our hospital remains a constant for generations to come.
Maternal Fetal Medicine – A Welcome Addition

Premature and ill babies are often born to “high-risk” mothers. When the hospital’s Center for Maternal Fetal Medicine (MFM) opened in 2006 at the urging of HCGH neonatologist Tuvia Blechman, M.D., perinatologists were made available on a full-time basis to support obstetricians and high-risk women, such as those of advanced age or with pre-existing conditions such as diabetes and heart disease. Now, the NICU and MFM staffs work together to care for women during their pregnancy and prepare for possible early births or complications. “We meet regularly to review all of the patients expected to deliver so that we are ready when the time comes,” explains Dr. Blechman.

Under the direction of Donna Neale, M.D., the MFM center offers a team approach to high-risk pregnancy care involving perinatologists, neonatologists, pediatric subspecialists, genetic counselors and patient educators throughout the pregnancy. Dr. Neale explains the importance of this program.

Q&A with Dr. Donna Neale

Q. What does ‘high-risk’ pregnancy mean?
A. “Maternal fetal medicine is specialized care for the mother and the fetus during pregnancy. As a woman enters pregnancy, some know they are high risk while others develop problems during pregnancy and/or labor. Maternal indicators include any underlying medical problem or prior adverse outcome. Fetal indicators might include chromosomal problems or a structural anomaly.”

“The term ‘high risk’ includes all levels of risk. High risk doesn’t mean that the pregnancy can’t go forward nor does it mean the mom cannot have a vaginal delivery or deliver full term. It does mean that, in order to optimize the outcome of the baby, we want to make sure that we have all the resources available at the time of that delivery. Being aware of issues at the outset helps everyone to be more prepared.”

Q. Why should I have a discussion with a doctor before becoming pregnant?
A. “We love to see patients prior to conceiving. This empowers the patient with knowledge so they know why we are asking them to do certain things—whether it is additional testing, adjusting their time at work or being on different medicines. Patients will also know their individualized risks before they are thinking about getting pregnant.”
Q. **What is my obstetrician’s role?**

A. “At HCGH, maternal fetal medicine specialists work with your obstetrician to ensure optimal pregnancy outcome. Each of us is an essential member of a team. We call it co-managing. Together with you and your obstetrician, we create a plan that includes any follow-up visits, fetal tests or additional subspecialists. The plan, which may change during the course of your pregnancy, is literally a document where we lay out recommendations. Co-managing allows you to maintain a relationship with your primary obstetrician and still see us on a regular basis. It allows us to have many eyes watching over you. Our multidisciplinary team has a mutual goal—every patient is cared for in this community and has a safe delivery, and we have a healthy mom and healthy baby.”

Q. **How do you diagnose problems?**

A. “We consider ourselves investigators. All of our physicians are board-certified maternal fetal medicine specialists trained in the management of medical complications of pregnancy and prenatal diagnosis ultrasound. We review your past medical history, medical records and make plans for any additional testing when investigating an underlying medical problem. When we do an ultrasound, we are looking from head to toe for any structural abnormality or marker of a chromosomal abnormality. We also offer first-trimester screening to better delineate the risks of Down syndrome, Trisomy 13 and Trisomy 18. When necessary, we can do 4D imaging to study your baby’s anatomical development and fetal growth. Our fetal assessment center also offers antenatal testing which is indicated for fetal growth issues or maternal conditions like diabetes and hypertension.”

Q. **What risk does diabetes pose for pregnant women and their babies?**

A. “Diabetes can be very dangerous for pregnant women and a developing fetus, particularly if it is uncontrolled, and needs to be carefully monitored. It is important for the diabetic patient to understand the importance of visiting with us pre-conceptually as glucose control is one of the keys to a successful pregnancy. Gestational diabetes, a type of diabetes that starts after a woman becomes pregnant, must also be managed carefully. Diabetes is linked to miscarriage, fetal anomalies, stillbirth, big or small babies, preeclampsia or prematurity. However, with appropriate care, patients with diabetes can have a good outcome.”

Q. **Does obesity pose a risk?**

A. “There is an obesity epidemic in our country. Therefore, we see it a lot in pregnancy. Taking care of yourself before you get pregnant goes a long way to having a healthy pregnancy and delivery. Pregnancy risks linked to obesity include preeclampsia, gestational diabetes, stillbirth, premature birth and an increased rate of cesarean section delivery. We like obese patients to contact us so we can help them prepare. We can provide dietary and exercise modifications that can continue throughout the pregnancy.”

Q. **What is normal weight gain during pregnancy?**

A. “What is normal for one patient will not be the same for another. We have pretty good data now suggesting that women who are obese should not gain as much weight as women with an ideal body weight. Obese women may not need to gain additional weight or gain very little. A patient with an ideal body weight could gain 20-30 pounds. We have great resources, including a nutrition team who provide counseling.”

Q. **What do I need to know about cesarean section births?**

A. “Sometimes a cesarean section (C-section) needs to be done when there are specific maternal or fetal indicators. Fetal indications might include position of the fetus or fetal heart rate. Maternal indications may include a prior surgery or C-section that has weakened the uterus or abnormal placenta placement. However, the C-section rate has risen considerably and interventions pre-conceptually, during the pregnancy or during labor, can modify your risk for C-section.”

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A native of Columbia Md, Dr. Donna M. Neale is the director of the Center for Maternal and Fetal Medicine and assistant professor of Gynecology/Obstetrics Division of Maternal Fetal Medicine at The Johns Hopkins University School of Medicine. Appointments: 410-740-7903.
Our Past

- The Columbia Hospital and Clinics Foundation (to be renamed Howard County General Hospital one year later), a unique partnership between Connecticut General Life Insurance and Johns Hopkins Health, opened its doors on July 9, 1973, serving 36 patients on the first full day and admitting four.
- The first baby was born on July 20, 1973, at 11:11 p.m., weighing 6 lbs, 7.5 oz. In 1974, the first full year of hospital operations, 485 babies were born. Today, we average about 3,300 births per year.
- Approximately 90,500 babies have been born at HCGH since 1973.
- In 1973, the hospital started with 140,700 square feet. Today, it has grown to 575,339 square feet.
- In 1973, the hospital was a 59-bed short stay hospital. Today, we are a comprehensive acute-care medical center with 249 licensed beds, specializing in women’s and children’s services, surgery, cardiology, orthopedics, psychiatry, emergency services and health education.
- In our first full year of operation 2,939 patients were admitted to HCGH. In 2012, HCGH admitted 22,401 patients.
- In our first full year of operations, we saw 17,830 patients in our Emergency Room. In fiscal year 2012, we saw 77,488 patients.
- In 1998, HCGH became part of Johns Hopkins Medicine. Today, many of our clinical services are provided on site by Johns Hopkins physicians, and certain specialized care is provided remotely to our patients by Johns Hopkins specialists.
- The Horizon Foundation was formed with the proceeds of the HCGH merger with Johns Hopkins. Horizon donates more than $3 million annually to organizations throughout the county to promote the health and wellness of county residents.

Who We Are Today

- HCGH employs more than 1,700 full- and part-time employees. As the fourth largest private employer in Howard County, we employ nearly 1,000 county residents. A diverse workforce, 44 percent of HCGH employees are minorities, representing 59 different countries.
- Nearly 900 physicians and allied health professionals representing nearly 100 specialties and subspecialties are on the hospital’s professional staff.
- Ninety-three percent of the physicians on our medical staff are board certified in at least one specialty.

Facts About Your Hospital

- Since becoming a member of Johns Hopkins Medicine, Hopkins faculty in more than 20 specialties practice at HCGH, caring for patients here in collaboration with their local physicians.
- More than 440 volunteers contributed more than 39,000 hours of service in fiscal year 2012, working in all areas of the hospital.
- The hospital has received many awards, certifications or designations, including these recent recognitions:
  - American Heart Association’s Get with the Guidelines® Stroke Gold Plus Award
  - Maryland Institute for Emergency Medical Services Systems designation as: Cardiac Interventional Center, Primary Stroke Center and Perinatal Referral Center
  - Becker’s Hospital Review named HCGH one of the 100 Great Community Hospitals in the nation, out of 4,985 community hospitals nationwide—the only one in Maryland.

Pediatrics, Obstetrics & Neonatology

- Our pediatric emergency department, staffed around the clock by Johns Hopkins pediatricians and specially trained pediatric nurses, provides treatment for more than 20,000 children a year.
- Johns Hopkins pediatric surgeons perform procedures at HCGH.
- We are the fifth highest volume hospital in the state for delivering babies.
- The Lundy Family Neonatal Intensive Care Unit (NICU), which opened in 1990, serves more than 300 seriously ill or premature newborns each year. Our NICU has 18 beds and cares for babies weighing as little as one pound.
- Most of the doctors and nurses in our NICU have more than 20 years of experience in their specialty.

For more history, visit hcgh.org/40years
Surgery & Orthopedics
- HCGH performed 13,358 surgeries in fiscal year 2012. The most commonly performed outpatient procedure is cataract surgery, with knee arthroscopy second.
- Our 32 orthopedic specialists perform state-of-the-art procedures on hands, shoulders, elbows, feet, knees, hips and spine.
- CareFirst BlueCross BlueShield recognized HCGH as a Blue Distinction Center for Spine Surgery®.
- The Joint Academy, established in 2008, is a hospital-based program for joint replacement designed to get patients mobile shortly after joint replacement surgery, with personal coaching to ensure success.

Outpatient Rehabilitation
- The HCGH pulmonary rehabilitation program, started in 1983 by Bernard Farrell, M.D., who still runs the program today, was the first program of its kind in Maryland and now sees more than 100 patients a year.
- Each year, more than 300 patients participate in our cardiac rehabilitation program, ranging from those who have had a minor heart attack to bypass surgery, and even heart transplant. This program was started in 1989 by David S. Jackson, M.D., a cardiologist who still runs the program today.
- The specialists in the HCGH outpatient pediatric rehabilitation program see more than 750 children a year. They make a real difference in the lives of children with cerebral palsy, muscular dystrophy, traumatic brain injury, orthopedic injuries, sensory processing disorders and other conditions that can benefit from therapy.

Testing & Imaging
- An echocardiogram (also called “ECHO”) is a test to determine how well a patient’s heart is pumping blood, evaluate blood flow and diagnose heart problems. Our ECHO lab is certified by the Intersocietal Accreditation Commission, an organization that verifies compliance with quality and safety standards.
- We have digital mammography and the latest equipment to diagnose breast cancer in our new Breast Center.

Cancer Care
- HCGH is accredited by the American College of Surgeons Commission on Cancer as a Community Hospital Comprehensive Cancer Program.
- The Claudia Mayer Cancer Resource Center, founded in 1998, provides educational, aesthetic and support services to approximately 4,600 cancer patients each year.
- Central Maryland Radiation Oncology, a partnership between Johns Hopkins Medicine and the University of Maryland, is located next to the hospital and provides cancer patients with access to the best therapeutic radiation oncology of the academic centers close to home.

Emergency Services, Heart & Stroke Care
- Approximately 350 stroke patients are treated at HCGH each year.
- More than 77,000 patients were seen in our Emergency Department last year.

Innovative New Programs
- In response to our aging population, HCGH began the Acute Care for the Elderly (ACE) Program to care for aging patients in the hospital and return them to home to live independently.
- Many innovative new programs are being developed including the Palliative Care Program, designed to improve care for patients who are living with chronic disease, curable illness or terminal illness.

Patient Rooms & Amenities
- The majority of the patient rooms at HCGH are private rooms with natural light, which promotes healing, controls infection and provides for patient safety.
- We promote family- and patient-centered care, allowing families to stay overnight and encouraging family participation in the patient’s treatment.

Security
- More than 30 security officers provide 2,500 escorts for patients, visitors and staff a year as well as direct traffic, patrol buildings and assist in maintaining order on the HCGH campus.

Dietary
- About 550 patient meals are served each day and are based on the individual nutritional needs of patients. This adds up to 29,376 containers of Jell-O each year!
Don’t Be Defeeted!
Foot, heel and ankle problems can really limit your daily activities. Discuss common complications and injuries as well as the most effective physical therapy, medications and surgical options. Presented by orthopedic surgeon and ankle specialist Ricardo Cook, M.D. 3/7, 6–8 p.m. Free.

Varicose Vein Screening
This event will be held in the Little Patuxent Specialty Care Center/Vein Center. To register, call 410-550-8346. Presented by Johns Hopkins vascular surgeon Richard Feinberg, M.D. 3/18, 5–7 p.m. Free. Space is limited.

Common Gastrointestinal Conditions
Learn about common issues, screening recommendations and treatment approaches to conditions that can be a sign of something more serious. Presented by gastroenterologist Preston Kim, M.D. 3/25, 7–9 p.m. Free.

The ABCs of Adult Blindness: Age-related Macular Degeneration, Drooping Eyelids, Cataracts and More
Are you always the last one in the car to read the road signs? Wondering why you can’t read the newspaper anymore? Join us as we explore common reasons for vision impairment and what can be done to see better. Presented by ophthalmologist Vanessa Lima, M.D. 3/27, 7–8:30 p.m. Free.

Shoudering the Burden
Having difficulty raising your arm or lifting things? Common shoulder injuries, such as rotator cuff and labrum tears, as well as degenerative conditions like arthritis can cause joint pain and limit motion. Johns Hopkins orthopedic surgeon Umashanth Srikumaran, M.D. will discuss surgical and other options to lighten your load. 4/23, 6–8 p.m. Free.

Topic of Cancer
Prostate cancer screening including PSA blood test. Presented by urologist Marc Applestein, M.D. 4/3, 4–7 p.m. $15. Colorectal kits available at the screening and 4/1–4/5, noon–5 p.m. $7 for kits.

Weight Loss Through Bariatric Surgery
Learn about weight-loss surgery from the Johns Hopkins Center for Bariatric Surgery. 2/26, 3/26 or 4/23, 5–6:30 p.m. 410-550-0409 or hopkinsbayview.org/bariatrics. Free.

Living Well...Take Charge of Your Health
Chronic disease management program for those living with chronic conditions and for caregivers. Fridays, 2/8–3/15, 1–3:30 p.m. 410-313-5980. $28.

The Mall Milers

Nutrition and Cancer
Individualized counseling for those wanting to lower risk or undergoing cancer treatment. $90.

Dietary Counseling
Discuss dietary concerns/goals with a registered dietitian. $35/half-hour visit.

Phase II Cardiac Rehabilitation Program
Assists cardiac patients in the recovery phase following a heart attack, angioplasty or cardiac surgery. 443-718-3000.

Cardiac Rehabilitation Maintenance Program
Exercise for cardiac rehab program graduates. Tuesdays and Fridays, 8 a.m. or 9:30 a.m. 443-718-3000. $60 per month.

External Enhanced Counterpulsation Therapy
Non-invasive alternative treatment for patients with stage III or IV angina. 443-718-3000.

Free Blood Pressure Screening and Monitoring
For times and locations, go to hcgh.org or call 410-740-7601.

Phase II Pulmonary Rehabilitation Program
Exercise and education to assist patients with lung disease. 443-718-3000.

Pulmonary Rehabilitation Maintenance Program
Exercise maintenance for pulmonary rehab program graduates. Tuesday and Friday afternoons. 443-718-3000. $60 per month.

What Is Prediabetes?
Understand what prediabetes is and how to prevent or delay actual diabetes. 5/9, 7–9 p.m. $15.

2013 Diabetes Courses
Learn how to change habits and get practical, attainable solutions for staying healthy. Our diabetes specialists will not tell you what to do; instead, they will empower you with information and design a diabetes management plan to fit your lifestyle.

Choose from group classes during the day or evening or a one-on-one counseling program. Most insurance plans cover all or part of this program.

Individualized Diabetes Management
Learn from a certified diabetes dietitian and nurse how to manage diabetes. 443-718-3000.

Living with Diabetes
Learn from an endocrinologist, podiatrist, psychologist, diabetes nurse educator and dietitian. 2/15 & 19, 3/15 & 19, 4/19 & 23, 5/17 & 21, 8:30 a.m.–2:30 p.m. in The Bolduc Family Outpatient Center at HGH. To register or schedule an appointment, call 443-718-3000.

Living with Diabetes: Executive Summary
A condensed version of Living with Diabetes offered in the evening. 2/20 & 21, 3/20 & 21, 4/17 & 18, 5/22 & 23, 6–9 p.m. To register or schedule an appointment, call 443-718-3000.
**HEALTHY LIFESTYLES**

**Adult/Child/Infant CPR and AED**
Learn the skills needed to clear an airway obstruction, perform cardio pulmonary resuscitation (CPR) and how to use an automated external defibrillator (AED). Earn a two-year American Heart Association completion card (not a health care provider course). 2/28, 3/14 or 27, 4/11 or 29, 5:30–9 p.m. $55.

**Includes blood test and risk assessment**

4/24, 9–11 a.m.

$27.

**Newborn’s Health**
7–8:30 p.m. Free.

**Before Pregnancy Health Issues to Consider**

$12/AARP members, $14/others. 3/11, noon–4 p.m. and 4/8

**Cancer Support Groups:**
Ongoing Support Groups: For a list of support group contact information, go to hcgh.org or call 410-740-7601.

Cancer Support Groups: For information, call 410-740-5858.

**FREE SCREENINGS**

**Diabetes**
4/24, 9–11 a.m.
Includes blood test and risk assessment

4/24

**Skin Cancer**
5/14 & 16, 5–7 p.m.
Dermatologist will examine one or two areas of concern.

5/14 & 16

**IMPROVING WITH AGE**

**AARP Driver Safety**
Classroom refresher for 50+ years. 3/11 and 4/8, noon–4 p.m. $12/AARP members, $14/others.

3/11 & 4/8

**Skin Cancer**
5/14 & 16, 5–7 p.m.
Dermatologist will examine one or two areas of concern.

5/14 & 16

**AgeWell**
Ongoing exercise program for ages 60+. 410-313-7213.

410-313-7213

**Fitness Fun for Seniors**
Exercise to music at your own pace for ages 60+. $32.

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410-313-7213

**Maybe Baby: Health Issues to Consider Before Pregnancy**
Learn what to consider when starting your family. Presented by OB/GYN Tamara Means, M.D. 4/11, 7–8:30 p.m. Free.

4/11

**Choose Your Pediatrician and Promote Your Newborn’s Health**
Learn ways to promote your newborn’s health. Presented by Michael Lasser, M.D. 4/24, 7–8:30 p.m. Free.

4/24

**Maybe Baby: Financial Issues for New and Prospective Parents**
Learn about financial-related issues involved in starting a family from a certified financial planner. 4/22, 7–9 p.m. Free.

4/24

**Happiest Baby on the Block**
Parents and parents-to-be will learn techniques to quickly soothe baby. 4/23, 7–9 p.m. $50 per couple (includes parent kits).

4/23

**Prenatal Class for Your Early Pregnancy**
Parents-to-be and parents in the first trimester will learn about the early stages of pregnancy including your body’s physical changes, your baby’s growth and easy ways to support your pregnancy. 5/8, 7–9 p.m. Free.

5/8

**Prenatal Exercise**
Low-impact exercise will help prepare your body for the birth process. Taught by a certified instructor. Physician permission required. Thursdays, 3/21–5/9, 6:30–7:30 p.m. $88/eight sessions.

3/21–5/9

**Fore Children and Teens**

**Kids Self-Defense**
Children (8–12) learn basic safety awareness and age-appropriate self-defense techniques. 3/16, 9–11 a.m. $27.

3/16

**Essentials in Babysitting**
Learn to manage children, create a safe environment, and apply basic emergency techniques. 3/23 or 4/13, 9 a.m.–1 p.m. $50.

3/23 or 4/13

**Home Sweet Home**
Children (8–12) and their parents learn safe, fun ways for children to stay at home alone. 3/2 or 5/11, 9–11 a.m. Free.

3/2 or 5/11

Registration advised for all programs – visit hcgh.org

To register for Childbirth and New Parenting Classes as well as Birthing Center Tours, go to hcgh.org and click on Having a Baby.
For a complete listing of hospital events, visit hcgh.org.