A Young Doctor’s Stroke Scare
RECOGNIZING A STROKE
VASCULAR SURGERY TREATMENTS
Dear Friends,

Resilient. Devoted. Hardworking. Caring. The staff of Howard County General Hospital embody these characteristics and so many more. I am incredibly proud, and I thank them for their sacrifice and dedication to caring for our community, especially over the last two years.

I also want to thank the community who has supported our ongoing efforts to care for our staff. Your philanthropy has bolstered our commitment to develop initiatives, programs and spaces to promote our staff’s wellness. We are in the process of establishing new recharge spaces conveniently located on patient units to encourage our employees to take advantage of resources that will allow them to take a quiet break. The spaces will include sound machines, art supplies, yoga mats, portable device charging stations and massage chairs. We remain committed to supporting our staff, and I thank you again for all of your donations that showed our community’s heartfelt care for our front-line workers.

In this issue of Wellness Matters, you will read about the recent recognition several of our staff received for their accomplishments through the annual Johns Hopkins Medicine Clinical Awards. I invite you to also read about the new cardiac catheterization lab we recently opened and the establishment of the Johns Hopkins Rehabilitation Network at the Medical Pavilion of Howard County that will be the first Johns Hopkins outpatient clinic to focus solely on neuro rehabilitation.

M. Shafeeq Ahmed, M.D., MBA, F.A.C.O.G., President

Please direct comments regarding Wellness Matters to 410-740-7810.
Hospital Information: 410-740-7890

President’s Message

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Brain and Stroke Rehabilitation Has a New Home

This spring, Howard County will be home to a new center of excellence. The Johns Hopkins Rehabilitation Network’s expansion at the Medical Pavilion at Howard County is the first free-standing, community-based clinic specializing in the care of neurological patients.

The clinic will offer a coordinated, multidisciplinary approach spanning the continuum of recovery for neurological conditions which includes physical therapy, occupational therapy, speech therapy as well as technology and research. Neuropsychology and physiatry will be coming soon.

CONDITIONS TREATED at the clinic resulting from brain injury due to stroke or fall, concussion or diseases such as Parkinson’s include:

- Balance and walking problems
- Cognitive difficulties
- Chemotherapy issues
- Sensory disorders
- Spasticity
- Speech and swallowing disorders
- Upper extremity function

Johns Hopkins Stroke Program Navigator La’Tai Jenkins says, “Our goal is to provide precision rehab—meeting the patient where they are, with the right intensity, dosage, frequency and providers.”

One of the biggest challenges for stroke survivors is regaining the ability to walk with a walker, cane or independently outside of their house in the community. Unfortunately, not enough reach that level. Many patients who have had a stroke will only regain household mobility, walking 50 feet with a walker or a cane within their home. That can be a burden for the family or the patient themselves, who might not be able to return to work.

“We want to maximize that initial recovery phase after a stroke and give low-level patients, who need the most rehabilitation, a greater intensity with our five-day outpatient rehabilitation,” notes La’Tai. “This is close to the same intensity and frequency they would receive in an inpatient rehab setting, but they’re able to recover at home. This high-intensity program is short in duration to jumpstart maximum recovery potential, and patients are then weaned to a more traditional frequency of outpatient rehab. Traditionally, these patients were given very low-frequency exercise or rehabilitation and were often in a nursing home.”

Research, technology and therapy best practices are embedded into the interventions provided at the new clinic. For example, using gamified technology, a structured home exercise program uses video games and virtual reality to increase the amount of time the stroke patient is up and on their feet throughout the day. Therapists have the ability to remotely monitor the patient and can see how long they were using the technology, the number of repetitions before muscle fatigue and the patient’s balance, so adjustments can be made to the game based on their response. Many patients also participate in the clinic’s numerous research studies.

"With the ability to treat a patient in our programs throughout the continuum of their recovery, we are seeing better outcomes and patients who are getting back to a much more functional ambulation status." — La’Tai Jenkins

We’re continuing to see them throughout these bouts of care and take advantage of the natural spontaneous recovery that’s happening in their brain after a stroke. Right now, very few are doing that in the outpatient setting.”

The Johns Hopkins Rehabilitation Network at the Medical Pavilion at Howard County
10710 Charter Dr., Suite 100
Columbia, MD 21044
Phone: 410-720-7429
F.A.S.T.

F = FACE DROOPING: Does one side of the face droop or is it numb? Is their smile uneven?

A = ARM WEAKNESS: Ask the person to raise both arms. Does one arm drift downward?

S = SPEECH DIFFICULTY: Is speech slurred?

T = TIME TO CALL 911

From Doctor to Emergency Patient

November 13, 2021 had been a normal Saturday family day for OB/GYN Natalia Colón Guzmán, M.D., until she climbed into bed and felt a small, quick squeeze in her head. The room started spinning. Immediately her vision doubled. Dr. Colón Guzmán found herself in disbelief that something was very wrong.

Dr. Natalia Colón Guzmán with her family.
Trouble!

“I had just taken my contacts out, so initially I thought my vision was just blurry and tried rubbing my eyes,” Natalia recalls. “I get migraines, so I even took my medication thinking it could be an aura. I kept trying to pretend this was not happening and to put any spin on what I was experiencing that I could, but the double vision persisted.”

After 15 minutes, Natalia called the Johns Hopkins Wilmer Eye Institute ophthalmologist on-call and explained her symptoms. She was beginning to think she needed to go to the ER and the on-call physician confirmed her next step. “I started gathering my things and my husband looked at me and said, ‘One of your pupils is larger than the other,’ and I knew I needed to go now,” says Natalia.

“By the time I got to the car, I couldn’t walk straight or hold my balance. The entire ride to the ER all I could think about was what could be causing this. My conclusion was that it was a big tumor sitting on my optic nerve.”

Natalia was quickly triaged at the HCGH ER and, within minutes, was getting a CT scan of her brain. Results from the scan showed no tumor or bleed. HCGH emergency physician Agnes Usoro, M.D., insisted Natalia stay for more testing and observation even when, at the three-hour mark, her symptoms vanished.

It was following an MRI that the answer came. At age 42, Natalia had suffered a stroke.

“I am slightly overweight, but I do not have any of the other traditional stroke risk factors of hypertension, blood clotting disorders or diabetes,” says Natalia. “I’m not a smoker nor do I have a family history of stroke. I never in my life thought that it could be a stroke.”

Today, Natalia considers herself very lucky. She feels great and has no residual cognitive or physical effects. She takes baby aspirin and a cholesterol-lowering statin and is seeing a Johns Hopkins neurologist to try to identify the cause of her stroke. “So far, we believe I had an embolic stroke, which is caused by a blood clot traveling from somewhere in my body, which is the mystery part, to my brain closing off an artery. This caused the transient ischemic attack or TIA stroke.

“My doctor is a stroke expert who sees strokes every day. He will tell you he has seen people like me have a stroke. Through his lens I’m not a zebra. But, everybody I know has never seen anybody at my age have a stroke. To them, I’m a zebra.”

—Natalia Colón Guzmán, M.D.

“The eye-opening aspect for me was the realization that this could happen to anyone, including me. Deep down, I knew I needed to go to the ER. If I had known then what I know now, I shouldn’t have wasted time. I think the lesson for me as a physician is, if I ever am questioning my symptoms, I shouldn’t doubt and instead get help. With a stroke, time is health and time is life.

“To the HCGH staff, thank you for taking the time to explain things and to calm me down when I was alone. You made a very scary experience feel a little less so.”

OTHER STROKE SYMPTOMS can include sudden:

• TROUBLE SEEING in one or both eyes
• TROUBLE WALKING, dizziness, loss of balance or coordination
• SEVERE HEADACHE with no known cause

According to the American Heart Association, women have a higher risk of stroke than men: one in five women will have a stroke, and stroke is the fourth leading cause of death in women.

Control the risk factors you can change or treat:

• High blood pressure
• Smoking
• Diet
• Diabetes
• High cholesterol
• Inactivity and obesity
• Carotid or artery disease
• AFib
• Certain blood disorders
• Excessive alcohol intake

To learn more, visit stroke.org.
Q. What are the signs of a stroke?
If you experience temporary symptoms such as vision changes, difficulty speaking or moving your arms or leg, or numbness on one side of your body, call 911. I have had patients come to the emergency room with a stroke tell me that they had unusual vision changes a week or two ago, but they only lasted a few minutes, so they didn’t worry about it. This is a stroke red flag.

Q. What is atherosclerosis, and what role does it play in a stroke?
There are two main types of strokes: hemorrhagic strokes, which occur when there’s bleeding in the brain; and ischemic strokes, which can be caused by hardening of the arteries—a condition known as atherosclerosis. When plaque builds up in an artery, it can break loose and travel upstream to the brain and cause a stroke.

Q. What can I do to reduce my risks of atherosclerosis?
Your risk naturally increases as you age, but you are never too young to start making healthy changes. The sooner, the better. The number one thing you can do to reduce your risk is to stop smoking. Now is also the perfect time to start paying attention to your blood pressure, diet and weight. Work with your doctor to keep cholesterol in check. Don’t forget to stay up to date on your annual physical too. Your primary care physician will help you prevent and manage many of the chronic diseases, such as diabetes, obesity and high blood pressure, that increase your risk of stroke. Start taking good care of your general health today, and your body will thank you later!

Q. What can be done if I am having a stroke?
The most important thing you can do is to go to the emergency room as quickly as possible. Today, we have many interventions for stroke patients, but the outcome is dependent on the time that the patient began having symptoms. When a patient comes in after experiencing symptoms for many hours, we often are too far outside the window for intervention. This is devastating for the patient, their family and our team. If you’re in doubt, go to the emergency room. We would rather tell you your symptoms are related to something less serious than see you when it’s too late to improve your outcome.

Every day our blood travels through a highway of veins and arteries to bring our muscles, brain and body tissues the nutrients and oxygen they need. The commute is usually clear, and our blood flows easily to and from the heart. But when a roadblock occurs, it can cause major problems. Rebecca Marmor, M.D., a Johns Hopkins vascular surgeon on staff at HCGH, shares how atherosclerosis can cause a dangerous traffic jam that could lead to a stroke and how surgery can help open the road again.
What is the treatment for atherosclerosis?
Since atherosclerosis is a disease that affects all the arteries in the body, there is no catch-all screening test. However, if your carotid artery has narrowed significantly enough to cause a stroke or other stroke-like symptoms related to narrowing, we typically recommend carotid surgery. Patients who have less severe carotid narrowing may not need surgery—however, they should be on a cholesterol-reducing medication and aspirin therapy.

What is carotid surgery?
The gold standard is the carotid endarterectomy. In this procedure, we open the carotid artery through an incision in the neck and remove the plaque. Another option is opening the carotid artery using a stent. Traditionally this is done by making a very small incision in the groin and threading the stent up through the aorta, similar to a cardiac catheterization. A newer procedure, called transcarotid artery revascularization (TCAR), is a safer option that allows us to place the stent directly in the carotid artery through the neck and decreases risk of stroke.

All carotid surgeries are done as an inpatient and most patients leave the day after surgery with minimal incision discomfort that can be managed with over-the-counter pain medication such as acetaminophen.

What are the risks of surgery?
One of the risks of any carotid intervention is stroke. Patients who are not experiencing symptoms have a less than 3% chance of developing a stroke during a carotid endarterectomy or TCAR procedure. For those patients who are experiencing stroke symptoms, the risk of stroke is slightly higher, less than 5%.

How do you decide if surgery is right for you?
Because each procedure comes with risks, your surgeon will discuss your options and make a recommendation on a case-by-case basis. We consider the patient’s other medical issues and specific anatomical risk factors when deciding what is the best step to take next.
The paramedics in the ambulance confirmed I was having a heart attack,” recalls Doug. “They called the emergency room, so the team could prepare for my arrival—which was within minutes. Dr. Trost was by my side in no time. I remember him asking me to rate the pain. I gave it a nine out of ten.”

Doug was quickly taken to the HCGH cardiac catheterization lab where he was given light anesthesia. A large artery was found to be 100% blocked and two smaller arteries were 40% blocked. Doug remembers “being awake as they fed the catheter up to my heart through my arm. As they placed the stent into the blocked artery, it was instant relief and my pain dropped to two.” Doug’s arteries that were 40% blocked are being treated with medications.

Doug spent several days recovering at HCGH with some residual chest pain and irregular heartbeat. Upon discharge, he was fitted with a vest he wore 24/7 for 90 days that contained a defibrillator. He was instructed to exercise 30 minutes a day without resistance and started cardiac rehabilitation in March.

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While Doug will never know exactly why, at age 62, the self-described gym rat who exercised two hours a day and weighed 180 pounds at 5’11” with normal cholesterol, had a severe heart attack, he now has more insight into his family’s heart history. “I knew my grandmother and one of my mom’s brothers passed away in their 60s,” says Doug. “I did not know a second brother, also in his 60s, as well as her father, died from heart attacks. That is four relatives who died of a heart attack all in their 60s.”

Doug is feeling better these days, just a little more tired after a workout than before the heart attack. To anyone who has a 2,000-pound gorilla sensation, he has two messages: “One, listen to your body. If you feel abnormal pain in your chest, get help immediately, especially as you get older. Number two, call 9-1-1. Don’t drive yourself to the hospital. If I’d waited an hour, I may not be here.”
MENTAL HEALTH FIRST AID
Learn to assist an adult experiencing a mental health or substance-use crisis. Complete an online course before an instructor-led class via Zoom. 9/23, 8:30 a.m.-3:30 p.m. Free to community members/$25 per person for businesses.

YOUTH MENTAL HEALTH FIRST AID
Learn to support youth who may be experiencing a mental health or substance-use crisis. Complete an online course before an instructor-led class via Zoom. Recommended for adults who interact with youth. 10/21, 8:30 a.m.-1 p.m. Free to community members/$25 per person for businesses.

ADVANCE CARE PLANNING HELP
Our staff can help you complete an advance directive, which is a legal document that assigns a health care agent who would speak for you should you be unable to communicate. It can also include a living will that communicates your health care wishes. Having your advance directive on file at the hospital allows providers to follow your wishes if you are in the hospital and unable to communicate. Learn more at speakeasyhoward.org. To schedule an appointment call 443-518-6684 or email HCGH-ACP@jhmi.edu. Third Thursday of the month, 1:30-4:30 p.m. (masks required) Free.

LIVING WELL WITH CHRONIC DISEASE: Virtual
In this 6-week self-management program learn skills to manage chronic health conditions and communicate effectively; exercises to maintain and improve strength; and healthy eating habits. For dates and to register, visit bit.ly/startlivingwell. Tomando Control de su Salud, a Spanish version of this course, is also available. Para una clase en español regístrate aquí: bit.ly/su-salud. Free.

LIVING WELL WITH DIABETES: Virtual
In this 6-week workshop, learn self-management skills such as goal setting and stress management strategies, appropriate exercise and nutrition for diabetics; understand glucose monitoring; and skin and foot care. Book included. For dates and to register, visit bit.ly/diabetes-virtual. Free.

DIABETES SUPPORT GROUP: Virtual
This group provides social and emotional support of your experience with diabetes as well as educational resources. First Thursday of the month: 6-7:30 p.m., and third Thursday, 10-11:30 a.m. To register, visit bit.ly/VirtualDiabetesGroup. Free.

For more information about these offerings and other Living Well classes, contact HCGH-J2BH@jhmi.edu.

We are offering classes and support groups virtually where possible. To register, visit hcgh.org/events. For more information, call 410-740-7601 or email jstanto6@jhmi.edu.

CHILDBIRTH AND NEW PARENT CLASSES
Childbirth and new parent classes are available in online, virtual and in-person formats. As physical distancing guidelines change, class format is also subject to change. Cost listed is per couple. For information, dates, times and to register, visit hcgh.org/babyclasses.

Childbirth Preparation, Breastfeeding and Infant Care include an online course and an instructor-led class. The online course will be available to you for nine months after registration.

- **Childbirth Preparation**
  Our certified childbirth instructor will provide an overview of childbirth preparation and demonstrate breathing and relaxation techniques. $75.

- **Breastfeeding**
  Our lactation consultant will help mothers and their partners navigate breastfeeding during the first 6 to 8 weeks after birth, and answer questions and concerns. $40.

- **Infant Care**
  Our nurse will provide an overview of infant care including post-delivery, newborn behavior and health, and how to care for baby. $65.

- **Infant and Toddler Safety, Childproofing and CPR**
  Learn about car and sleep safety, childproofing/injury prevention, consumer-product safety, emergency preparedness and infant CPR and choking response techniques. For parents, grandparents and other caregivers of babies and children up to four years old. Taught at an adult level and not a certification course. $45.

- **Breastfeeding Support Group**
  Meet with other breastfeeding mothers and a lactation consultant. For more information, email bmadera1@jhmi.edu. Wednesdays, 12:30-1:30 p.m. Free.

- **New Mom’s Support Group**
  Meet for support, referrals, guest speakers, discussion of parenting topics and an opportunity to connect with other new mothers. For moms and their babies up to 5 months old. Virtual via Zoom: Tuesdays, 6/14-8/2 or 8/16-10/4, 10-11:30 a.m. Free.

- **Birthing Center Tour:** **Virtual**
  Our nurse will answer your questions and discuss hospital services, preregistration, where to park and enter when you arrive at the hospital, COVID-19 policies for Labor and Delivery and Maternal-Child units and more. Free.

- **Empower: Supporting Positive Parenting for Substance-Exposed Newborns:** **Virtual**
  Mothers will learn to console their baby experiencing neonatal abstinence syndrome in this instructor-led course. Get questions answered, be empowered to care for baby through withdrawal period and collaborate with the health care team. Free.
Christina Jones will tell you that the doctors, nurses and care team at HCGH saved her daughter’s life last spring.

“I grew up in Howard County and worked at HCGH for many years on the Maternal Child Unit. All three of my girls were also born at HCGH,” says Christina.

“I wanted my daughter to have the best possible care, especially being considered high risk, and I knew she would get that care at HCGH.”

In April 2021, Ashley went to HCGH for a scheduled C-section. As the hours following the scheduled delivery time ticked by, Christina began growing very concerned when she hadn’t heard from her daughter or son-in-law. Eventually she received an urgent call from her son-in-law who asked that she come to the hospital right away. Ashley was in emergency surgery.

“My daughter was bleeding out, and she remained in surgery for several hours after my arrival. My son-in-law and I waited with my new granddaughter in a room and were periodically updated on her condition,” says Christina.

As her family lives in Carroll County, when Christina’s daughter Ashley became pregnant and was considered to have a high-risk pregnancy, Christina encouraged her to seek care from an OB/GYN who delivers at HCGH. Ashley chose Dr. Sasha Nelson, an obstetrician with Signature OB/GYN. Ashely’s life-threatening condition activated the hospital’s highest-level emergency code. Stephanie Wethington, M.D., a Johns Hopkins board-certified gynecologic oncologist was at HCGH at the time the code was called.
She responded and assisted Dr. Nelson and other Signature OB/GYNs in surgery.

“Following surgery, Ashley was transferred to the ICU on a ventilator,” says Christina. “Due to hospital COVID-19 policies at the time, only one person was allowed with her. It was devastating to be unable to be by her side. Eventually the ICU nurse allowed us to visit in turn, and I was so grateful to have the opportunity to be with her.”

Ashley was hospitalized for 13 days. During that time, Christina remembers how accommodating, sympathetic and caring everyone on the Maternal Child Unit team was as she cared for her new granddaughter Millie. “Unfortunately, after a NICU consult, it was decided that my granddaughter needed an even higher level of care and was transferred to The Johns Hopkins Hospital, which was a seamless process,” says Christina.

Dr. Wethington would continue to oversee Ashley’s care following a second surgery and subsequent transfer to The Johns Hopkins Hospital to be near her new daughter.

“In recognition of the extraordinary care their daughter and granddaughter received, Christina and her husband made a donation to HCGH. “They saved our daughter’s life. Our gift is just a small way to say, ‘Thank you.’”

Were your children or grandchildren born at HCGH? Make a gift in their honor or in recognition of your care. Visit bit.ly/SupportHCGH or scan the code.
Investing in the Future
Scholarships help our staff learn and grow

Donations are providing opportunities for our outstanding caregivers and staff to grow their careers at HCGH. Retaining talented staff has never been more critical, as the nation experiences an unprecedented health care staffing shortage.

More than $90,000 in scholarships has been awarded to 42 staff in the past two years to assist with their education costs. In addition to tuition reimbursement, these scholarships help our staff pursue advanced degrees, training and certifications.

Meet our Scholarship Recipients

Awardees apply their funding to nursing degree programs such as BSN, RN, MSN, DNP and CRNP and many others at institutions including Howard Community College and Johns Hopkins School of Nursing. They currently serve HCGH as certified nursing assistants, patient care technicians, registered nurses and shift directors.

“My scholarship has removed the financial burden of continuing my nursing education. I started my career at HCGH five years ago as a greeter. Next, I became a registration agent, then a certified nursing assistant, and I am currently a patient care technician in the emergency department. I look forward to my next chapter—becoming an emergency room nurse at HCGH, where I will be able to give back to the community that has given me so much.”

— Sabrina Rabia, Patient Care Technician

“Pursuing an advanced practice degree has improved my ability to care for our community by identifying high-risk patients and linking them with the needed resources to improve outpatient follow-up and decrease readmission rates. My scholarship provides me additional support to pursue my passion and gain the necessary knowledge to better serve my patients and community.”

— Brittany Harman, R.N.

Getting Active and Giving Back

NEARLY 300 PARTICIPANTS COMPLETED MORE THAN 180,000 MINUTES OF ACTIVITY IN JANUARY TO BENEFIT HCGH during our Fit for the Frontlines virtual challenge. A variety of wellness activities helped individuals and teams to reach their goals, including dog walking, yoga, swimming, skiing and curling. Thanks to participants, donors and sponsors, the event raised more than $40,000 to support initiatives including resiliency and well-being resources for caregivers, nursing scholarships and the Claudia Mayer/ Tina Broccolino Cancer Resource Center peer mentorship program.
Why Our Donors Give the Gift of Learning

The Rose Mayr Nursing Scholarship was established after the 19-year-old University of Delaware nursing student and her good friend, Elizabeth Nass, died in an Ellicott City freight train derailment in August 2012. The scholarship has supported 31 students at Howard Community College who are studying to become nurses. To date, $85,000 in scholarships have been distributed.

Rose’s parents, Sharon and Mark Mayr explain, “We established the Rose Mayr Nursing Scholarship largely in response to the huge outpouring of support and generosity from the local community at the time of the accident. The initial funds were later augmented by four annual ’2 Miles for 2 Hearts’ fundraising races organized by local runners in memory of Rose and Elizabeth. While Rose’s dream of becoming a nurse was never realized, this scholarship provides that opportunity for students in our community who experience the same call to care that Rose did. The importance of nurses and other medical professionals was especially heartfelt during the COVID-19 pandemic over the last two years.”

“It gives our family incredible joy to know that future nurses in Howard County will realize their dreams because of Rose.”

OUR VISION of a thriving and diverse workforce is fueled by philanthropy.
YOUR DONATION HELPS TO:
- Create a career pathway for staff to learn and grow to care for our community for generations to come
- Reduce and/or eliminate a barrier to advancement—funding for education and training

Support the future of health care in our community. Donate today to support caregiver scholarships at bit.ly/HCGH-scholarship or scan the code.

Thank You to Our Event Sponsors!

Charles & Mary Lisa Langmead

Johns Hopkins Orthopaedics at Howard County

Maxim Charnock Foundation

The Kahler Foundation
Johns Hopkins 2021 Clinical Awards

The awards program, established by the Office of Johns Hopkins Physicians, honors physicians and care teams for their commitment to the mission of Johns Hopkins Medicine and their consistent dedication to providing excellent patient care.

CONGRATULATIONS TO HCGH RECIPIENTS:

Physician of the Year Award: Jessica Shackman, M.D., PhD
Innovations in Clinical Care Award: Eric Schwartz, M.D., Peter Johnston, M.D., and the Cardiac Cath Lab team
Armstrong Award for Excellence in Quality & Safety: Anirudh Sridharan, M.D.
Excellence in Service and Professionalism Award: Jonathan Rojas, CRNP
Clinical Collaboration & Teamwork: Vanessa Ruales, M.D., and the Observation Unit team
Best Consulting Physician: Andrew Agostini, M.D.

ALLERGY and IMMUNOLOGY
Michael Goldman, M.D.
Glenn Silber, M.D.
Monika Korff, M.D.
Dara Neuman-Sunshine, M.D.
Allergy & Asthma of Central Maryland
9891 Broken Land Parkway, #100
Columbia, MD 21046
410-730-6000

GASTROENTEROLOGY
Sanam Razeghi, M.D.
Capital Digestive Care
5500 Knoll North Drive, #460
Columbia, MD 21045
410-730-9363

GYNECOLOGIC ONCOLOGY
Katherine Stewart, M.D.
Johns Hopkins Women’s Health
Kelly Gynecologic Oncology Service
11085 Little Patuxent Parkway, #204
Columbia, MD 21044
410-955-8240

MATERNAL FETAL MEDICINE
Ichchha Madan, M.B.B.S.
Johns Hopkins Center for Maternal and Fetal Medicine
11065 Little Patuxent Parkway, #100
Columbia, MD 21044
410-740-7903

NEPHROLOGY
Rao Kahn, M.B.B.S.
Mid-Atlantic Nephrology Associates
5999 Harpers Farm Road, #W250
Columbia, MD 21044
410-772-8822

ORTHOPEDIC SURGERY
Rushyuan Lee, M.D.
Johns Hopkins Musculoskeletal Center—Columbia
10700 Charter Drive, #205
Columbia, MD 21044
410-997-6754

PEDIATRICS
Jani Sushma, M.B.B.S.
Dr. Jani and Associates
10810 Hickory Ridge Road
Columbia, MD 21044
410-997-5500

UROLOGY
Robert Goldfarb, M.D.
Francois Nathaly, M.D.
Chesapeake Urology Associates
10710 Charter Drive, #130
Columbia, MD 21044
410-772-7000

VASCULAR SURGERY
Richard Bafford, M.D.
Vascular Surgery Associates
4801 Dorsey Hall Drive, #206
Ellicott City, MD 21042
443-640-4827

To find a specialist, visit hch.org/findadoctor.
Howard County Dedicates $2M for HCGH Critical Staffing Needs

Thank you to Howard County Executive Calvin Ball and the Howard County government for dedicating $2 million in funding for Howard County General Hospital’s critical staffing needs. During these challenging times, we appreciate your continued support.

HCGH Announces Chief Nursing Officer

Ron Langlotz, D.N.P., R.N., was appointed vice president of nursing/chief nursing officer. Since October, he has been serving in this role in an interim capacity.

He will continue overseeing inpatient nursing units and hospital services, leading patient care initiatives and supporting the hospital’s pandemic response. Previously he was the director of Medical Nursing and Radiology Nursing at The Johns Hopkins Hospital.

Age-Friendly Hospital Designation

In June 2021, the hospital achieved level 1 Age-Friendly Health System status, a designation granted by The John A. Hartford Foundation and the Institute for Health Improvement, in partnership with the American Hospital Association and the Catholic Health Association of the United States. More recently, HCGH received level 2 Age-Friendly Health System designation, Committed to Care Excellence, for its inpatient care.

Depression Awareness Program Launches

Howard County General Hospital launched a Congregational Depression Awareness Program to train volunteers to coordinate depression awareness and support programs in their faith communities.

According to the 2021 Howard County Health Assessment Survey, 35% of residents reported feeling depressed or hopeless, an increase from 23% in 2018.

To learn more about the program, call 410-720-8788 or email hcgh-j2bh@jhmi.edu.

New Cardiac Catheterization Lab

A ribbon-cutting ceremony was held recently for the new HCGH Cardiac Catheterization Lab. The lab provides emergency angioplasty and stenting as well as interventional elective catheterizations and implantable devices for cardiac patients. Being able to perform these elective procedures at HCGH has greatly benefited thousands of patients in our community. The new technologies in the lab will allow providers to have more precision and visibility during procedures.

Pictured in front: Eric Schwartz, M.D., cardiologist; Andrew Morton, M.D., radiologist; Shafeeq Ahmed, M.D., HCGH president; Peter Johnston, M.D., cardiologist; and Ryan Brown, HCGH vice president of operations, who were joined by other key staff who were instrumental in creating the new lab.
AN EVENT HONORING
THE HEROIC ACTS OF ALL HOSPITAL STAFF
DURING THE COVID-19 PANDEMIC

JUNE 22, 2022
MERRIWEATHER POST PAVILION
HONORARY CHAIRS
Rob and Ann Moxley

6:30 P.M. Reception  7:30 P.M. Program
8:00-9:30 P.M. Private Concert by
The Columbia Orchestra and Fireworks Show

For more information and sponsorship opportunities, contact:
Diane Stulman at 410.913.7473 or dstulman@jhmi.edu

This event will be held in person and outdoors consistent with current COVID-19 guidelines.

Purchase tickets: HCGH.ORG/HEROES

Calendar of Events:

Tobacco Cessation: Quit Tobacco
June 14 and 21, 11 a.m.-12:30 p.m.
Howard County Health Department
Stop smoking today. This free, in-person course includes support, education, individual counseling and assistive medication if needed. For information, call 410-313-4255.

Medicare 101: What You Can Expect
Free
June 14/1-2:30 p.m.
July 14/10-11:30 a.m.
Sept. 8/6-7:30 p.m.
Held virtually via Webex
Learn about Medicare Part A (hospital), Part B (medical) and Part D (prescription drug). How does Original Medicare work? What are the benefits? What is your share of the costs? When should you make decisions regarding your coverage? Registration required: 410-313-7392.

Medicare 102: Why Medicare Isn’t Enough
Free
June 21/1-2:30 p.m.
July 21/10-11:30 a.m.
Sept. 15/6-7:30 p.m.
Held virtually via Webex
Learn about Part C (Medicare Advantage), other Medicare Health Plans and Medicare Supplement Policies (Medigap Plans). Learn how the two paths work, what they cost and when you can enroll. Registration required: 410-313-7392.