A Look at Vascular Disease: From Your Head to Your Toes
Dear Friends,

Winter will soon be upon us, and as the temperatures decrease, the risk of flu increases. I encourage you to reduce your flu risk by getting your annual flu shot. If you find yourself sick this season, work with your primary care provider — they are your partner in keeping and making you well.

In this issue of Wellness Matters, you will learn about many common vascular conditions and hear from our experts about the signs and symptoms you should look for with vascular disease. Please join us for one of our classes or seminars to keep yourself healthy and informed.

A lot has happened since last winter when the emergency entrance was temporarily moved to the hospital’s main entrance. The site of the old Emergency Room parking lot has been excavated and construction of the new building and steel erection has begun. You will continue to see progress every day. If you want to learn more about our exciting construction, visit hghoftermorrow.org.

As the holidays approach, the arrival of Symphony of Lights, which benefits Howard County General Hospital, is upon us. The full schedule of drive-through opportunities and our Festive Families Walk can be found on page 10. I hope to see you there.

Have a happy and healthy holiday!

Sincerely,

Steve Snelgrove
President

Please direct comments regarding Wellness Matters to 410-740-7810.
Hospital Information: 410-740-7890
Peripheral Artery Disease: What is it and how is it treated?

About 8.5 million Americans have peripheral artery disease (PAD), but many don’t know they are affected. Baraa Zuhaili, M.D., a Johns Hopkins vascular surgeon on staff at HCGH, tells us how the condition is diagnosed and managed.

**Q:** What is peripheral artery disease?
Peripheral artery disease is a vascular condition where plaque and calcifications in the arteries cause them to narrow resulting in the reduction of the flow of blood from your heart to your legs or hands.

**Q:** What are the symptoms?
PAD can begin as leg pain while walking or even resting and can cause ulcers or sores in the extremities such as fingers and toes. However, if you experience sudden onset of sharp leg pain for no reason, or if you notice that one leg has significantly different color, sensation or temperature, you should seek immediate medical attention by your primary care physician or go to the Emergency Room. Many patients with PAD, however, experience no symptoms at all.

**Q:** Who is at risk for PAD?
Risk factors for PAD include smoking, heavy drinking, obesity, genetics, high cholesterol, diabetes and aging.

**Q:** What are the treatments for PAD?
We tend to focus on managing PAD by helping you make healthy lifestyle changes. There are also a few medications that help to slow its progression, including those commonly prescribed to treat heart disease such as aspirin and statins (cholesterol-lowering drugs). If the blockage is causing you to experience significant symptoms, however, we consider a surgical or endovascular intervention.

**Q:** What can be done for more significant blockages?
Following an initial ultrasound to identify the blockage, we use an angiogram to determine the extent of the blockage and usually attempt to fix the blockage simultaneously through angioplasty, a technique that involves opening the artery using a stent or balloon. Angioplasty is successful in about 80 percent of the cases. In some cases, we use a surgical option such as bypass or a procedure to remove the plaque. Each procedure has its advantages and disadvantages, which should be discussed with your physician.

**For more information on PAD and other vascular conditions, view the video series with Dr. Zuhaili or attend our screening:**

**Peripheral Artery Disease (PAD) Screening**
This screening will help to identify possible vascular-related conditions and guide you to the next step. Held at 11085 Little Patuxent Parkway, Suite 103, Columbia. Appointments required. December 3, 8 a.m.–12:30 p.m. Free. Register: hcgh.org/events

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For more information on PAD and other vascular conditions, view the video series with Dr. Zuhaili: bit.ly/HCGH-PAD
Wellness Matters

Winter 2018-19

A woman’s story of a leg almost lost.

Sue Pakulla of Ellicott City had been working in her home office for several hours early in the morning on July 20, 2018, when she realized her foot had suddenly fallen asleep. “I got up and moved around for a while thinking I must have been sitting too long and even tried massaging my foot,” recalls Sue. “But, I couldn’t get my foot to wake up. I waited a little while, and soon the numbness was accompanied by pain that sent shooting twitches down my leg to my foot. I knew it was time to go to the hospital.”

Sue was admitted to HCGH and Johns Hopkins vascular surgeon Baraa Zuhaili, M.D., who had just joined the staff of HCGH the week before, ordered a CT angiogram of her cold leg and now discolored foot. It confirmed his suspicions. Sue, who has atrial fibrillation (afib) and is prone to getting blood clots, had a clot lodged in the popliteal artery behind her knee. The clot had blocked the flow of blood to her calf and foot. “Dr. Zuhaili explained that he needed to operate right away to try and save my leg from amputation,” says Sue. Within one hour of diagnosis, Sue was in surgery at HCGH. With a vascular surgeon full time now at HCGH, time was not wasted waiting for a transfer to another hospital for surgery, which may have cost Sue her leg.

STILL WATERS: Understanding the Afib and Clot Connection

“The example of how clots form that I give to patients with afib is to compare a river and a lake,” says Dr. Zuhaili. “In a river, the water is moving swiftly, and things in the water are flushed through with the movement of the water. In a lake, you often see things floating and not moving because the water is still. In patients with a normal heartbeat, the heart is beating hard and it keeps the blood moving like in a river. Patients with afib don’t have a consistent, strong heartbeat, and instead their irregular beat turns the heart into a lake allowing clots to form. Those clots can dislodge and travel throughout the body which is what happened in Sue’s case.”

If you have an aneurysm in the chest or abdomen or have a clotting disorder (e.g., a congenital blood disorder that causes the blood to clot easily), you can also be more susceptible to developing clots.

A Race Against Time

According to Dr. Zuhaili, generally most patients with a clot go through four stages (see below) if the clot is not treated.

<table>
<thead>
<tr>
<th>STAGE</th>
<th>Description</th>
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<tbody>
<tr>
<td>1.</td>
<td>numbness and pain in the foot/leg</td>
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<tr>
<td>2.</td>
<td>loss of sensation in the foot</td>
</tr>
<tr>
<td>3.</td>
<td>muscle paralysis — the patient will not be able to move their foot or leg at all</td>
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“Ideally, we like to catch the clot at stage one or two. Once you reach stage three, you can try to remove the clot, but the success rate of saving the leg is much lower. When I first examined Sue, she had no sensation from the knee down—she was progressing into stage three—she couldn’t move her foot much and couldn’t wiggle her toes at all. I explained to Sue that she was reaching the stage of paralysis, which was not a good sign, and there was a good chance she would lose her leg in the next day or two, despite removing the clot. I told her I would do my best to save it, but despite surgery, she still had a 50 percent chance of amputation of the leg below the knee.”

During the two-hour surgery, Dr. Zuhaili made a small incision on the inside of Sue’s knee, followed by an incision into the popliteal artery and passed a special catheter to extract the clot out of the artery. “Even though I accessed the artery behind the knee, her clot extended from her hip all the way down to her foot,” recalls Dr. Zuhaili. “When the clot originated from her heart, it was very small. However, once the clot was stuck within the artery—whether it was there minutes or hours—it functioned like a dam. The blood trying to circulate could not go any farther and instead started to clot on top of the original clot.”

According to Dr. Zuhaili, “What was amazing in Sue’s case was that within an hour after surgery, she could wiggle her toes. I wasn’t expecting such a quick return of function. Typically, we monitor the patient for a few days in the hospital to ensure that sensation returns, they can flex the ankle, move the leg and physically walk, and an amputation is not needed. When a physical therapist had Sue up and walking the next day, I declared the surgery to be a success.”

Today Sue is enjoying a full recovery and is on a blood thinner to prevent future blood clots from forming. “I am thankful every day that I have my leg and my foot,” she says. “I exercise and am very active with my eight grandchildren. I can’t express my appreciation enough to Dr. Zuhaili and everyone at the hospital.”

**STAGE 4**

**Complete death of leg tissue (necrosis)**

“**The first thing I remember doing when I awoke after surgery was checking to make sure my foot was there. It was.**”

— Sue Pakulla

“**If you have a propensity for developing clots, I encourage you to be vigilant in recognizing the symptoms that include a sudden change in feeling, temperature or ability to move your leg. If you have some numbness in your feet that comes and goes, you should see your doctor. However, if suddenly your whole foot goes numb, or you can’t move your leg and it feels paralyzed, or if one leg is warm and the other cold—those are all red flags—and you should be evaluated as soon as possible by a physician.”**

— Baraa Zuhaili, M.D.

**KNOW THE SIGNS:**

“**If you have a propensity for developing clots, I encourage you to be vigilant in recognizing the symptoms that include a sudden change in feeling, temperature or ability to move your leg. If you have some numbness in your feet that comes and goes, you should see your doctor. However, if suddenly your whole foot goes numb, or you can’t move your leg and it feels paralyzed, or if one leg is warm and the other cold—those are all red flags—and you should be evaluated as soon as possible by a physician.”**

— Baraa Zuhaili, M.D.
Coping with Carotid Artery Disease

Carotid artery disease (CAD) is a significant cause of stroke in the United States, but proper awareness and management of the disease can help reduce your risks.

CAD occurs when you have a blockage or narrowing caused by plaque in the carotid artery, which is the major artery that runs up both sides of your neck and supplies blood to the brain. The CAD risk factors are similar to those for other vascular diseases and include smoking, obesity, family history, age, high blood pressure, high cholesterol and diabetes.

How is CAD diagnosed?
CAD can present without any symptoms but can often be detected through a stethoscope when placed along the neck. However, CAD is usually diagnosed using an ultrasound. A CAT scan of the neck may also be performed but may not always be necessary.

Stroke and CAD
CAD increases the risk of stroke because the blockage can reduce blood flow to the brain, or plaque can dislodge and cause a stroke. A diagnosis of CAD, however, does not mean you will have a stroke. With proper treatment, you can significantly reduce your associated risk factors.

Treatment and Management
The most effective treatment for mild CAD is lifestyle modification to mitigate risk factors that cause the condition to worsen, such as smoking, obesity, etc. Medications such as aspirin and cholesterol-lowering drugs (statins) are often prescribed to help manage the condition. If the blockage is posing a significant risk for stroke and blocking 70-80 percent of the artery, surgery to remove the blockage is often indicated.

Surgery and CAD
The gold standard surgical treatment is a carotid endarterectomy, which involves removing the blockage from the artery through an incision on the side of the neck. You will spend a day or two in the hospital to recover before returning to your regular activities. However, because of the location of the incision, you may have trouble turning your head, driving, etc., for a week to 10 days.

If it is determined that you are unable to undergo a carotid endarterectomy, a carotid stent can be placed using a catheter to ensure the artery remains open and plaque does not break off and travel to the brain. Recovery from a stent is considerably faster, but does require more follow-up to ensure the stent remains intact.

The best way to reduce the possibility of stroke is to know your risk factors. If you are at risk, discuss receiving a CAD screening with your primary care physician.
The Triple Threat of AAA: Abdominal Aortic Aneurysm

An abdominal aortic aneurysm (AAA) is a weakness of the abdominal aorta that causes the blood vessel to dilate and expand over time. Aneurysms happen as a part of the artery aging. Over time, part of the artery wall will start breaking loose and expand to form what looks like a balloon. If not managed properly, an AAA will cause the artery to fill with blood and rupture. According to James Black III, M.D., a vascular surgeon and chief of the Division of Vascular Surgery and Endovascular Therapy at The Johns Hopkins Hospital, “The rupture of an AAA is the fourteenth leading cause of death among adults in the United States.”

Risk factors are mainly related to smoking, high blood pressure, high cholesterol and a strong family history of aneurysm, and AAA is found more often in men than women.

Detecting AAA
AAA is often detected via CAT scan when you come to the emergency room with abdominal discomfort. “Pre-emptive screenings are encouraged as a precautionary measure if you are a smoker or have a history of smoking or have a first degree relative/family history of AAA,” notes Dr. Black. “Medicare covers screenings during the initial Medicare physical for those who have a history of smoking.”

Treating AAA
A mild AAA is monitored and watched during follow-up appointments through ultrasound screenings. If the aneurysm is causing significant symptoms or reaches a size of 5.5 cm for men and 5 cm for women, surgical treatment may be recommended.

Surgical Techniques
“The current standard surgical procedure to treat AAA is a minimally invasive endovascular technique which involves deploying a stent graft from within the aneurysm, diverting the blood to go through the graft rather than through the aneurysm or the weak artery wall. According to Dr. Black, “Where patients would previously require open aneurysm surgery and weeks of recovery time, they can now have a two- to three-day recovery time with fewer potential complications.”

When an Aneurysm Becomes an Emergency
Dr. Black warns, “If you experience distinctive, abdominal pain that wraps around to your groin, it could be a signal that an AAA is growing and may burst, and you should seek immediate medical attention.” When an aneurysm ruptures, it can be a life-or-death situation.

Learn more about AAA and hear from Dr. Black: bit.ly/HCGH-AAA
DVT: When the Clot Runs Deep

Deep vein thrombosis (DVT) is a blood clot that forms in a deep vein. Typically, a DVT will develop in the leg, but it can also develop in the arm or other parts of the body. Common symptoms may include pain or cramping, swelling and/or redness in the affected area. Some patients may experience no symptoms. DVT is the most common type of venous thromboembolism. If part or all of the blood clot in the vein breaks off from the site where it formed, it can travel through the veins. If it lodges in the lung, it is called a pulmonary embolism (PE). The term “venous thromboembolism” describes both DVT and PE.

Risk factors for DVT include:
- obesity
- surgery
- trauma
- recent stroke
- family history of embolism
- being sedentary for a long period without moving such as during a long trip or bedrest
- varicose veins
- blood diseases
- pregnancy
- cancer and/or some cancer treatments
- birth control pills or hormone replacement therapy
- smoking
- heart failure

HCGH CELEBRATES SUCCESS for a New Standard of DVT Care

HCGH Emergency Department physician Don Berlin, M.D., explains the evolving DVT treatment keeping ER patients from having to stay in the hospital.

Years ago, hospitalization and IV blood thinners were the mainstay of treatment. You would be continuously monitored for several days and then discharged on an oral blood thinner such as Coumadin/Warfarin. While on this medication, you would be very limited in your diet options, need frequent blood draws and follow up with your physician.

New pill forms of a medication were introduced several years ago that don’t require regular blood-level monitoring and aren’t impacted by your diet. Studies showed a patient could achieve the same result without intense monitoring and hospitalization, provided that follow-up doses and monitoring were done in an outpatient setting. Outpatient therapy can be considered when clinically stable patients have all of the following: low risk of bleeding, normal kidney function and a system in place at home for administration and monitoring of therapy.

Two years ago, we were one of a few hospitals in the Baltimore area to develop a multidisciplinary protocol of this type. We involved a team of clinicians including pharmacy, case management, emergency physicians and nurses. We also partnered with Mohit Narang, M.D., of Maryland Oncology Hematology who worked closely with our case management team to ensure that patients received their medications quickly and had prompt follow up after discharge from the ER. The hematologists’ role is to quickly see patients placed on the DVT pathway, evaluate for the potential causes and ensure a smooth transition of care back to the patient’s primary care physician.

There are certain criteria that must be met to be treated on the DVT pathway outside of the hospital. The vast majority of DVT patients meet these criteria. However, there is a small segment of patients who also have certain health conditions who must be treated in the hospital.

This has been a real satisfier for patients, as they don’t want to be in the hospital—they want to be at home. With this new medication regimen, they have no limitations and can avoid being hospitalized. Since starting this program, HCGH has treated more than 100 patients who have been able to do just that.

Plans for the future of the program will include improvements in transitioning outpatient follow-up care and monitoring to the patient’s primary care physician. In addition, the treatment protocol will be expanded to include other vascular conditions such as pulmonary embolism and atrial fibrillation.

Treatment

Patients with a DVT often find themselves in an emergency room for treatment. Prescription blood thinners are the most common treatment for DVT and will help prevent the clot from growing and new clots from forming and allow the body to create channels around the clot.

Don Berlin, M.D., is a Johns Hopkins Emergency Medicine physician at HCGH.
Health Records
Now Available on iPhone

Johns Hopkins Medicine now supports health records in the Apple Health app. Patients with MyChart accounts and an iPhone running iOS 11.3 or later can now access their medical records through the app. Syncing medical records to the health app allows patients to easily and securely access key parts of health records such as allergies, conditions, immunizations, labs and vitals, medications and procedures.

To set up open the Health app and search for Johns Hopkins Medicine to log in to MyChart or visit mychart.hopkinsmedicine.org to learn more.

Welcome
New HCGH Board of Trustees Members

HCGH is pleased to welcome to its Board of Trustees:

**Jody Buffington Aud** is the director for leader communications for global operations at AstraZeneca. She has served on the boards of Leadership Howard County, the American Red Cross of Central Maryland and the Public Relations Society of America.

**Jeanette T. Nazarian, M.D.**, is the vice president of the HCGH Professional Staff. She joined the hospital staff in 2012 and is the director of the Intensive Care and Special Care Units.

**Kevin Sowers, M.S.N., R.N., F.A.A.N.**, is the new president of the Johns Hopkins Health System and executive vice president of Johns Hopkins Medicine. Prior to his arrival, Mr. Sowers served as president of Duke University Hospital.

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**ALLERGY AND IMMUNOLOGY**

Andrew Moore, M.D.
ENTAA Care
11085 Little Patuxent Parkway, #101
Columbia, MD 21044
410-964-8283

**CARDIOLOGY**

Daniel Kim, M.D.
Cardiovascular Specialists of Central Maryland
10710 Charter Drive, #400
Columbia, MD 21044
410-997-7979

**GASTROENTEROLOGY**

Joshua A. Rosenbloom, D.O.
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7120 Minstrel Way, #100
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410-290-6677

Ghita Moussaide, M.D.
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700 Geipe Road, #230
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410-247-7500

**GENERAL SURGERY**

Jennifer Schwartz, M.D.
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11085 Little Patuxent Parkway, #103
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Michelle D. Mon, M.D.
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**INFECTIOUS DISEASE**

Vikas Kapoor, M.D.
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2850 North Ridge Road, #102
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**OBSTETRICS AND GYNECOLOGY**

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Columbia, MD 21046
443-367-4700

**ORTHOPAEDIC SURGERY**

Ankit Bansal, M.D.
Nigel Hsu, M.D.
Eric Huish, Jr., D.O.
Amit Jain, M.D.
Sophia Strike, M.D.
Johns Hopkins Orthopaedic Surgery
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Columbia, MD 21044
443-442-1550

Baraa Zuhaili, M.D.
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Columbia, MD 21044
410-955-5162

**OTOLARYNGOLOGY**

Mark Schneyer, M.D.
Chesapeake Ear Nose & Throat
10025 Governor Warfield Parkway, #410
Columbia, MD 21044
410-730-5773

**PEDIATRICS**

Molly H. Silber, M.D.
The Pediatric Center
5900 Waterloo Road, #110
Columbia, MD 21045
443-451-1600

**VASCULAR SURGERY**

Marcela A. McDonald, M.D.
Capital Women’s Care
7625 Maple Lawn Blvd, #1
Fulton, MD 20759
410-531-7557

**WINTER 2018-19 Wellness Matters**
HCGH’s Symphony of Lights celebration, with its 100 larger-than-life holiday light displays, is almost here. Animated and stationary light displays will glow on a 1-mile course through Merriweather Park at Symphony Woods.

Whether you’re planning on cruising through the course during a drive-through or attending the Festive Families Walk event, a visit to the lights is the perfect way for you and your family to experience the magic of the holiday season.

**DRIVE THROUGH**

**Sponsored by Antwerpen Toyota of Clarksville**

Nov. 22–Dec. 30 • 6-10 p.m.
Wednesdays–Sundays and select holidays; Closed Sunday, Dec. 2

**HOLIDAY SCHEDULE: OPEN**

Thanksgiving, Thursday, Nov. 22; Christmas Eve and Day, Monday and Tuesday, Dec. 24 and 25

$25 per vehicle   (see back cover for a $5 off coupon)

**FESTIVE FAMILIES WALK**  This year’s ONLY walk through

Co-presented with Merriweather Park at Symphony Woods

Sponsored by Calvert Hall College High School

Sunday, Dec. 2 • 5-8 p.m. • (Snow date: Sunday, Dec. 9)

Last admission to course: 7:30 p.m.

Celebrate the season with your family, friends or group. Experience the lights up close and enjoy the “winter wonderland” festivities on the Chrysalis stage including holiday music performances, concessions for purchase, family friendly holiday activities and take your photo with Santa. Children of all ages welcome, including those in strollers and wagons.

*Please note: Festive Families Walk is the only walk-through event of the 2018 season.*

$12 per person in advance, $15 day of the event. Children 3 and under are free.

**MILITARY APPRECIATION NIGHTS**

Sponsored by The Metropolitan at Downtown Columbia & TENm.flats

Thursdays, Nov. 22–Dec. 27 • 6-10 p.m.

Active-duty, reserve and retired military members with government-issued ID and their dependents receive a $10 ticket for a drive through the lights.

For more information and to purchase tickets, visit hcggh.org/symphonyoflights

facebook.com/symphonyoflightsfestivities
Understanding the Tax Cuts and Jobs Act

Last year’s passing of the new tax law—called the Tax Cuts and Jobs Act—has raised many questions among taxpayers about how the law affects them, including their wish to give back to the charitable organizations they regularly support. Richard Letocha, a gift planning advisor for Johns Hopkins Medicine, discusses ways to maximize your tax savings while still doing good for Howard County General Hospital (HCGH).

What is your key takeaway from the new tax law?

To acknowledge the effect of the increase in the standard deduction to $12,000 per person and $24,000 per married couple. This increase means that far fewer taxpayers will choose to itemize deductions on their federal income tax returns. Donors who itemize their deductions receive an income tax benefit from making a charitable gift. Those taxpayers who will no longer itemize will not receive a tax benefit for many charitable gifts, because the after-tax cost of making a charitable gift will be equal to the amount of the gift.

How might I continue to itemize my deductions while supporting HCGH?

Consider concentrating your charitable giving in one year, so that the sum of the itemized deduction exceeds the standard deduction in that year. For example, if you file as a single taxpayer, instead of paying a $15,000 pledge in equal installments over five years, you may wish to make one gift of $15,000, taking advantage in that year of the ability to deduct the gift.

Are there other tax-efficient ways to give back to HCGH?

Giving appreciated securities, such as stocks or mutual funds that you’ve held for at least one year, is advantageous because you benefit HCGH and avoid capital gains tax. For donors who itemize, the benefits of giving appreciated securities are even greater as they also receive a charitable deduction for the fair market value of the securities.

Another mutually beneficial giving option for many donors is the IRA charitable rollover. Individuals who are age 70½ or older may give up to $100,000 annually from a traditional IRA directly to a charity like HCGH. These funds are excluded from taxable income and count toward the donor’s required minimum distribution. By avoiding paying tax on unneeded distributions from their IRAs, donors receive an income tax benefit, even if they do not itemize.

Yet another option is to establish a charitable gift annuity. A charitable gift annuity supports the future of HCGH and provides benefits to you or a loved one, including: fixed, guaranteed income, an income tax deduction for the value of your gift, partially tax-free income, and favorable treatment of capital gains when you fund your charitable gift annuity with appreciated securities. What’s more, payout rates for the HCGH charitable gift annuity program just went up, so it’s a good time to establish a new charitable gift annuity and receive more income.

How do I know the giving option that is best for me?

Please consult your own advisors about how the Act will affect you. I can help you evaluate your options, too. Please contact me at 410-516-7954 or rletocha@jhu.edu.

Richard Letocha, Esq., CFP® is a gift planning advisor at the Johns Hopkins Office of Gift Planning. The Office of Gift Planning serves all of Johns Hopkins Medicine, including Howard County General Hospital. In addition to the giving options described above, he will work with you to recommend ways to give that achieve your estate planning, financial and philanthropic goals. These include gifts from your estate and gifts that provide income to you.
Celebrating our 

THANK YOU TO ALL who joined us on June 9 to celebrate our health care heroes and honor the outstanding Lundy Family Neonatal Intensive Care Unit, Maternal Child Unit and Labor and Delivery Unit staff who provide critical care to our youngest patients every day.

(l. to r.) Steve Snelgrove, HCGH president, and Joyce Snelgrove, grateful patients Scott and Mackenzie Moran, with Honorary Event Chairs Eileen and David Powell.

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Giving Fully Charged

A fully charged cellphone during an emergency is essential. Unfortunately, many family members find themselves unexpectedly at the hospital with no charger and a dwindling battery. HCGH wants to make sure you have the capability to relay important information to family members and/or loved ones when at the hospital. This Giving Tuesday, we will be fundraising to install Power Up Slim LED Charging Stations in the emergency room, maternal child and labor and delivery department waiting rooms. These stations can charge up to 10 phones, tablets and other devices and will help provide the capability for you to maintain communication.

MARK YOUR CALENDAR: Giving Tuesday is Tuesday, November 27, 2018.

To support this effort on Giving Tuesday, visit bit.ly/HCGHgives.
Welcome New Board Members

Howard Hospital Foundation, which provides philanthropic support to HCGH, appointed four new board members:

Marcia Boyle is the founder of the Immune Deficiency Foundation, a national nonprofit patient organization dedicated to improving the diagnosis, treatment and quality of life for people with primary immunodeficiency diseases. She served as president and CEO until retiring in 2017. Additionally, she has held positions within Johns Hopkins Medicine.

Holly Griffin is an executive coach with over 30 years of real estate, finance and human resources experience. She spent 10 years as the senior vice president for human resources at Corporate Office Properties Trust. In addition to the Howard Hospital Foundation, Griffin is on the board of directors of the House of Ruth Maryland.

Chuck Langmead is the former president of global industrial business at McCormick & Co. He began working with McCormick as a material handler and assumed management and leadership positions of increasing responsibility until his retirement. He is an executive-in-residence at the Carey School of Business at Johns Hopkins University.

Missy Radcliffe is the founder of Ignite Yoga in Rehoboth Beach, Delaware. She is a certified Baptiste Instructor who has completed Levels I, II and III, Advanced Art of Assisting and the apprentice program with Baron Baptiste. Radcliffe volunteers for the Claudia Mayer/Tina Broccolino Cancer Resource Center at HCGH and joined Team Conquer Cancer benefiting the center.

Honor a Caregiver

HCGH recently received donations from patients in honor of staff through the hospital’s Honor a Caregiver program.

Erin Boline, R.N., was recognized by a grateful patient who said, “As great as everyone was with my care, Erin went above and beyond. She was born to be a nurse—so kind, caring and assuring.”

Suzie Mauris, R.N., a nurse in the HCGH Intensive Care Unit, was honored by the friends and family of a patient for “the poise and grace (she) provided” in the patient’s final hours.

CONGRATULATIONS to Erin and Suzie for going above and beyond for their patients.

The HCGH Honor a Caregiver program makes it easy to show your appreciation for your favorite HCGH caregiver with a tribute donation to HCGH. Your donation goes toward new equipment, staff education, community wellness and more. If you would like to honor a caregiver, visit hcghoftomorrow.org.
SPECIAL EVENTS

Peripheral Artery Disease (PAD) Screening
There are many reasons for leg pain and cramps. Some are related to peripheral artery disease (PAD) while others could be caused by nerves, spine or muscle issues. This screening will help to identify possible vascular-related reasons and guide you to the next step. Held at 11085 Little Patuxent Parkway, Suite 103, Columbia, MD. Appointments required. 12/3, 8 a.m.–12:30 p.m. Free.

Foundations of Touch
Teaches participants how to work within the human energy biofield to promote wellbeing. Research has shown this therapy to be effective in reducing pain and anxiety. This beginner class is open to nurses/health professionals and community. Attendance at both sessions is required. 12.5 Continuing Nursing Education Units awarded. 1/31, 9:30 a.m.-5 p.m. and 2/1, 9:30 a.m.–4:30 p.m. $195.

Youth Mental Health First Aid
This program is designed to teach parents, teachers, school staff, neighbors, health and human services workers and other caring citizens how to help an adolescent (age 12–18) who is experiencing a mental health or addictions challenge or is in crisis. Held at St John Baptist Church, 9055 Tamar Dr., Columbia, MD. 3/30, 8:30 a.m.–5 p.m. Free.

Mental Health First Aid
This nationally recognized course will familiarize you with the signs, symptoms and frequency of mental illness. Learn how you can provide effective and appropriate assistance, which can save lives, promote recovery and reduce stigma. 4/19, 8:30 a.m.–5 p.m. Free.

Advanced Care Planning
Our staff will help you think through your care wishes, complete an advance directive and electronically store your documents for providers to access. An advance directive assigns a health care agent who will speak for you should you be unable to communicate. It can also include a living will, a document that communicates your health care wishes. Having your advance directive on file at the hospital allows providers to follow your wishes if you are ever at the hospital and unable to communicate. Walk-in, first-come, first-serve. Registration not required. Held on the third Thursday of each month. 11/15, 12/20, 1/17, 2/21, or 3/21, 3–7 p.m. Free.

Looking to Lose Weight in 2019?
A certified nutritionist/registered dietitian will discuss health challenges that affect your weight. Learn to plan meals that taste great, provide balance in your diet and promote health. 1/14, 7–8:30 p.m. Free.

Wellness Screening for Your Health
Screening includes risk assessment for prediabetes and stroke; blood pressure and BMI measurement; stress management techniques provided by our behavioral health specialist; information about workshops that address health risks; education on healthy lifestyle choices and more. Also, learn more about advance directives that are used when you’re unable to communicate your health care decisions and receive help in completing one. 3/8, 9 a.m.–2 p.m. Free.

Foundations of Touch
Teaches participants how to work within the human energy biofield to promote wellbeing. Research has shown this therapy to be effective in reducing pain and anxiety. This beginner class is open to nurses/health professionals and community. Attendance at both sessions is required. 12.5 Continuing Nursing Education Units awarded. 1/31, 9:30 a.m.-5 p.m. and 2/1, 9:30 a.m.–4:30 p.m. $195.

HEALTHY FAMILIES

Prenatal Class for Early Pregnancy
Parents-to-be and parents in the first three months of pregnancy will learn about the early stages of pregnancy including physical changes, baby’s growth and ways to promote a healthier pregnancy. 3/12, 7–9 p.m. Free.

Happiest Baby on the Block
Parents and parents-to-be learn techniques to quickly soothe baby. 12/11 or 3/12, 7–9 p.m. $50 per couple (includes parent kits).

New Moms Support Group
Open to first-time mothers who delivered at HCGH and their babies, up to 5 months old. Share experiences with other new moms. Includes support, referrals, guest speakers and discussion of parenting topics. 11/29–1/24, 11 a.m.–12:30 p.m. or 2/7–3/28, 11 a.m.–12:30 p.m. Free.

Financial Planning for Prospective, Expectant and New Parents
A Certified Financial Planner™ will discuss the financial issues involved in starting a family. 11/13, 7–9 p.m. Free.

Prenatal Yoga
Prepare for the birth of your baby with gentle and safe movements to stretch, strengthen and relax your body. No prior yoga experience needed. Physician permission is required before the first class. Wednesdays, 3/6–4/24, 6–7 p.m. $88/eight-week session.

For information and to register for Childbirth Preparation, Breastfeeding and Infant Care classes as well as a tour of the birthing center, visit hcgh.org.

Registration advised for all programs — visit hcgh.org/events

Ongoing Support Groups: Visit hcgh.org/events or call 410-740-7601 | Cancer Support Groups: Call 410-740-5858
**IMPROVING YOUR HEALTH**

**Advance Directives**
How do you want to be cared for at the end of your life? Who will make decisions about your health care? Do you know your loved ones’ wishes? Join us for a conversation about advance directives and receive an advance directives document to begin the process. 3/14, 6–7 p.m. Free.

**Living Well**
This six-week workshop is for those living with or at risk for a chronic condition such as heart disease, diabetes, cancer, depression, arthritis, lung disease and other long-lasting health concerns. Learn techniques to cope with feelings of frustration, fatigue, pain and isolation. Develop skills to communicate more effectively about your health. Learn exercises and healthy eating habits to maintain and improve well-being. Caregivers are welcome to register. Fridays, 3/1–4/5, 10 a.m.–12:30 p.m. Free.

**Cancer Self-management**
This six-week workshop provides information and practical tools to help individuals self-manage symptoms, challenges and day-to-day tasks in a small, supportive group setting. This workshop is appropriate for those living with cancer as well as those who have been affected by cancer and their caregivers. Fridays, 4/26–5/31, 10 a.m.–12:30 p.m. Free.

**HEALTHY HEART & LUNGS**

**Family & Friends CPR**
Learn the lifesaving skills of adult hands-only CPR; child CPR with breaths; adult and child AED use; infant CPR; and relief of choking in an adult, child or infant. This course provides students with the most hands-on CPR practice time possible and is appropriate for anyone interested in learning the skills to save a life. This course is not for health care providers or anyone needing a professional certification or completion card. 1/22, 2/28 or 3/27, 6–9 p.m. $45.

**GET HEALTHY WITH DIET & EXERCISE**

**The Mall Milers**
Walk-for-health program at The Mall in Columbia. Blood pressure screenings on the second Tuesday of the month. Free.

**Dietary Counseling**
Discuss your dietary concerns and goals with a registered dietitian. $40 for a half-hour visit. For dates and times, visit hcgh.org.

**DIABETES PROGRAMS FOR PATIENTS & CAREGIVERS**

HCGH’s comprehensive diabetes programs focus on each individual and not just the disease. Whether you’re newly diagnosed with diabetes or have been living with diabetes for some time, HCGH has the specialists and resources you need to help manage your diabetes. Personalized classes, individual counseling and support groups are offered. Held in the Wellness Center.

**Brief Diabetes Course**
If you have been newly diagnosed with diabetes or just need a refresher on the basics of the disease, this brief course is designed to get you on the right path to living healthy. Certified diabetes educators cover the basics of diet, nutrition and lifestyle choices to help you manage your diabetes and achieve optimal health. Two-hour course. $25 (includes materials).

**Prediabetes**
Our certified diabetes educator/registered dietitian will teach you how to make changes to prevent or delay an actual diabetes diagnosis. 3/26, 7–9 p.m. $15.

**Comprehensive Diabetes Course**
Designed for the newly diagnosed patient and for individuals who have been living with diabetes for years. Led by a certified diabetes educator and a dietitian, this class provides in-depth education on managing diabetes as well as personalized options for helping you live healthier with the disease. Information on glucose monitoring, proper nutrition, exercise, medications and support will be covered. Offered as a full-day, six-hour course during the afternoon or two, three-hour sessions in the evening. $50 (includes materials).

For course dates and times or to register, visit hcgh.org/diabetes or call 410-740-7601.
A Woman’s Journey
November 10/8:15 a.m.–4:30 p.m.
Baltimore Hilton Hotel
A Woman’s Journey, the Johns Hopkins Medicine annual women’s health conference, provides new and compelling information about important issues affecting women’s health. From nutrition and improving your memory to heart disease and cancer, this one-day program offers many seminars, all taught by Johns Hopkins physicians. Register at bit.ly/a-womans-journey.

Opioid Overdose Response Program
November 15, December 20, January 10, February 14 or March 14
6–7 p.m. Free.
HCGH Wellness Center
Overdose deaths are on the rise in Howard County. Those taking illegal and prescription pain killers are at risk. Learn how you can administer naloxone, a safe and effective antidote for overdose, and perform rescue breathing until help arrives. For more information and to register, call 410-313-6285 or visit opresponse@howardcountymd.gov.

Driver Safety
December 10, February 15 or March 1/10 a.m.–2:30 p.m.
$15/AARP members and $20/others.
HCGH Wellness Center
AARP classroom refresher course for drivers 50+.
To register, call 443-364-8647.

Holiday Gift Wrapping
December 12-23
The Mall in Columbia
Looking for some relief from your holiday stress? Visit the holiday gift wrap sponsored by the HCGH Volunteer Auxiliary. All proceeds benefit Howard County General Hospital. To learn more or to volunteer, visit hcgh.org/volunteer.

Visit hcgh.org/symphonyoflights to purchase tickets.

Latino Health Fair
March 23/12–4 p.m. Free.
Wilde Lake Interfaith Center
Co-sponsored by HCGH and St. John the Evangelist Catholic Church. Receive numerous health screenings.

Medicare 101
April 9/7–8:30 p.m. Free.
HCGH Wellness Center
For those new to Medicare, learn about Original Medicare (Parts A and B) and Prescription Drug coverage (Part D). Presented by SHIP, Howard County Office on Aging and Independence. Register at hcgh.org.

Medicare 102
April 16/7–8:30 p.m. Free.
HCGH Wellness Center
For those new to Medicare, learn about Medicare Health Plans (Part C) and Medicare Supplement Policies. Presented by SHIP, Howard County Office on Aging and Independence. Register at hcgh.org.

Using Medicare’s Plan Finder
May 7/7–8:30 p.m. Free.
HCGH Wellness Center
Learn how to use the Plan Finder tool on medicare.gov to compare and review the Medicare prescription drug plans. Presented by SHIP, Howard County Office on Aging and Independence. Register at hcgh.org.