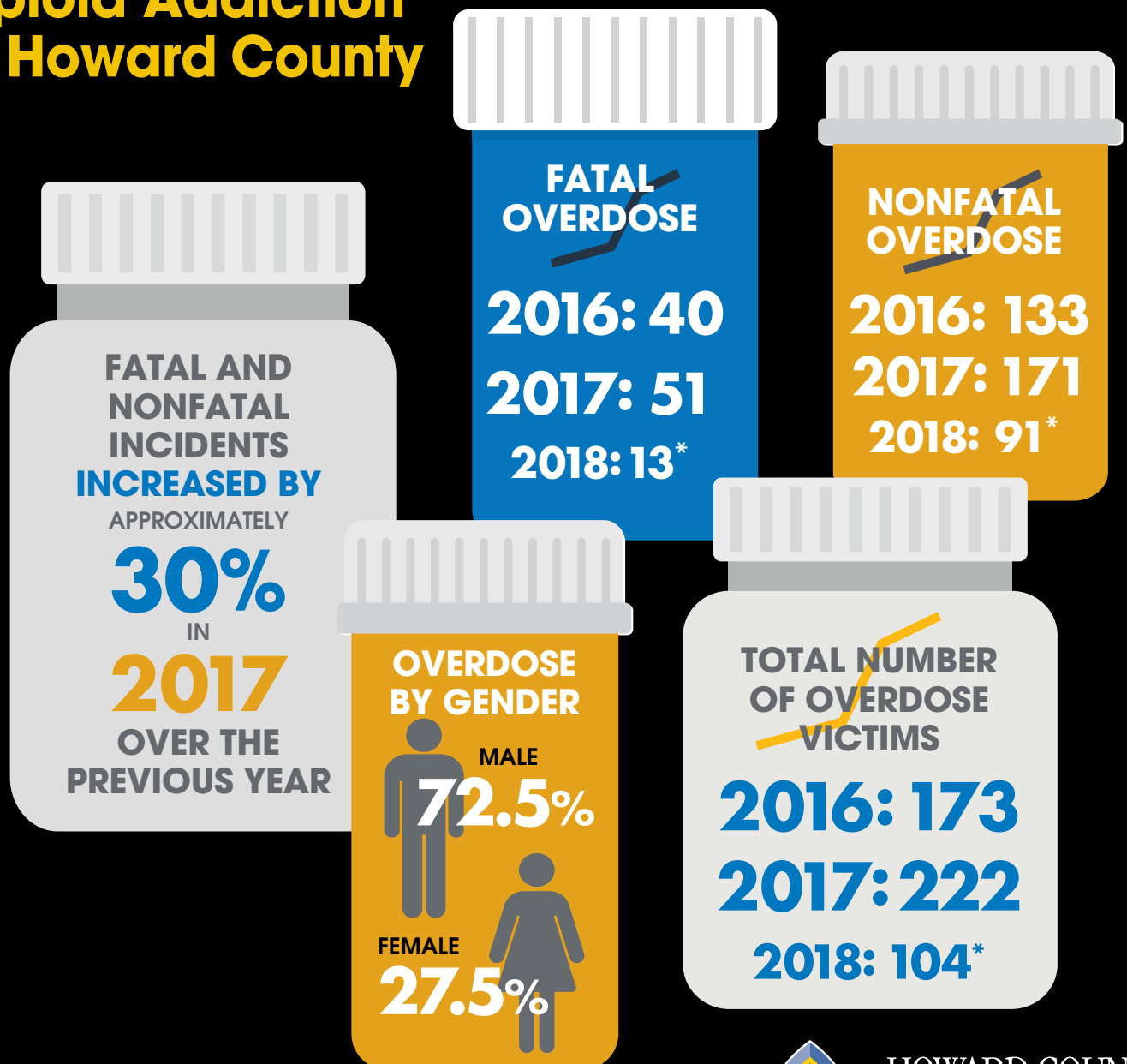


Wellness Matters

The State of Opioid Addiction in Howard County



*AS OF JUNE 10, 2018



President's Message



Dear Friends,

In this issue of *Wellness Matters*, we address the state of addiction in Howard County. As you can see from our cover graphic, Howard County is not immune to the opioid epidemic. Although heart disease, obesity and cancer are still among the leading diseases that challenge the community's health, opioid addiction cannot be ignored as overdoses continue to rise at an alarming rate. HCGH is committed to working

with our county partners, with many of our staff serving on the Opioid Task Force alongside the Howard County Health Department and the Howard County Fire & Rescue and Police departments as well as many others to combat mental health and opioid misuse in the county. Together, we are hoping to reverse the trends.

I would like to also thank Howard County Executive Allan Kittleman and the County Council for their funding support of the hospital in the upcoming county fiscal budget. This support for the hospital provides resources for new programs to address behavioral health and primary care needs in our community, as well as for our campus construction project.

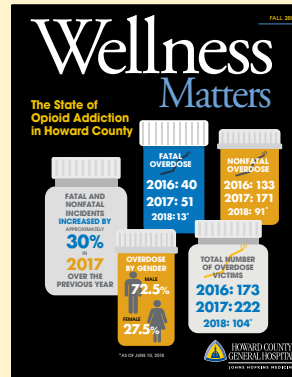
This year marks the 20th anniversary of Howard County General Hospital becoming a member of Johns Hopkins Medicine. Beginning on page 12, you can read more about the significant impact this affiliation has had on the care we provide and the services we have brought to our community over the past 20 years.

Sincerely,

Steve Snelgrove
President

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

Wellness Matters



In this issue of *Wellness Matters*, we explore the opioid epidemic and what our community needs to know about treatment and understanding this ever-growing addiction. We also reflect on our 20 year anniversary of becoming a member of Johns Hopkins Medicine.

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Wellness Matters is published by Howard County General Hospital, a private, not-for-profit, health care provider, and a member of Johns Hopkins Medicine. Your physician should be consulted in regard to matters concerning the medical condition, treatment and needs of your family.

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OPIOIDS *Explained:*

Opioids are a class of drugs naturally found in the opium poppy plant that work in the brain to produce a variety of effects including the relief of pain. Opioids can be prescription medications, often referred to as painkillers, or so-called street drugs, such as heroin. Many prescription opioids are used to block pain signals between the brain and the body and are typically prescribed to treat moderate to severe pain. In addition to pain control, opioids can make some people relaxed, happy or “high” and can be addictive. Additional side effects can include slowed breathing, constipation, nausea, confusion and drowsiness.

Opioids by Name

Opioids are sometimes referred to as narcotics and, although they do relieve pain, they do not fall into the same category as over-the-counter painkillers such as aspirin and Tylenol.

The most commonly used opioids are:

- Prescription opioids, such as OxyContin and Vicodin
- Fentanyl, a synthetic opioid 50-100 times more potent than morphine
- Heroin, an illegal drug

(See opioid medications and drugs listed at right.)

Using Opioids

Opioid use does not come without risks. Regular use of these prescribed medications can increase your tolerance and dependence, requiring higher and more frequent doses. In some cases, longer term use can lead to addiction or what doctors call “opioid use disorder.” In addition, opioids can restrict your ability to breathe when taken at a higher dose and, when misused, can lead to a fatal overdose. The risk of respiratory depression (slowed or even stopped breathing) increases if you have never taken an opioid before or if you are taking other medications/drugs that interact with the opioid. Opioids can interact with other medications and diseases and should only be used if needed for pain or if alternatives to pain control are not effective.

Be sure to review your current medications and disclose any past or present drug use with your doctor when discussing whether an opioid prescription is right for you. If you have a personal or family history of substance abuse, you may be at an increased risk of becoming more easily dependent on opioids, and you should tell your health care provider. Also, be sure to ask about alternative treatments. If you and your health care provider agree that an opioid prescription is the best option for managing your pain, follow all treatment instructions and “mind your meds” to keep yourself and your community safe.

Common Drug Names and Brand Names of Opioids

When any of these drugs (*listed at right*) are prescribed to you or a family member for any reason, be aware that they are opioids and should be taken as directed and only when needed.

PRESCRIPTION OPIOIDS:

- **Oxycodone**
 - OxyContin
 - Roxicodone
 - Oxecta
 - Oxaydo
 - Xtampza ER
 - Percodan
 - Targiniq
 - Xartemis XR
 - Oxycet
 - Roxicet
 - Tylox
 - Percocet
- **Hydrocodone-Acetaminophen**
 - Vicodin
 - Norco
 - Lorcet
 - Zamicet
 - Verdrocet
 - Lortab
 - Anexsia
 - Co-Gesic
 - Hycet
 - Liquicet
 - Maxidone
 - Norco
 - Xodol 10/300
 - Zolvit
 - Zydone
- **Hydrocodone Bitartrate**
 - Hysingla
 - Zohydro ER
- **Hydrocodone-Homatropine**
 - Hycodan
 - Hydromet
- **Pseudoephedrine-Hydrocodone**
 - Rezira
- **Hydrocodone-Ibuprofen**
 - Ibudone
 - Xylon 10
 - Reprexain
 - Vicoprofen
- **Hydrocodone-Chlorpheniramine**
 - Vituz
- **Hydrocodone-Cpm-Pseudoephed**
 - Zutripro
- **Morphine**
 - Duramorph
 - Infumorph P/F
 - MS Contin
 - Oramorph SR
 - Avinza
 - Arymo ER
 - Kadian
 - Morphabond
 - Roxanol-T
- **Morphine-Naltrexone**
 - Embeda
- **Hydromorphone**
 - Dilaudid
 - Exalgo
 - Palladone
- **Fentanyl Citrate**
 - Actiq
 - Fentora
 - Abstral
 - Lazanda
 - Onsolis
 - Sublimaze
- **Fentanyl**
 - Duragesic
 - Subsys
- **Codeine Poli-Chlorphenir Poli**
 - Tuzistra XR
- **Acetaminophen with codeine phosphate/Acetaminophen-Codeine**
- **Morphine Sulfate**
 - Morphabond
- **Oxymorphone Hydrochloride**
 - Opana
- **Meperidine**
 - Demerol
- **Tramadol**
- **Carfentanil**

MEDICATION ASSISTED TREATMENT

- **Buprenorphine**
 - Subutex
 - Buprenex
 - Butrans
 - Probuphine
- **Methadone**
 - Dolophine
 - Methadose
- **Methadone Hydrochloride**
 - Methadose

NAMES OF COMMON “STREET” OPIOIDS

- **Fentanyl** is the name of a prescription drug and can be made more concentrated and potentially dangerous outside of a regulated lab
- **Carfentanil**
- **Heroin**



Understanding the Science

with Eric C. Strain, M.D., director of the Johns Hopkins Center for Substance Abuse Treatment and

Q: Are certain people more likely to become addicted than others?

Nobody is quite sure why one person becomes addicted to opioids and not another. Typically, opioids produce pain relief, which is good after surgery. However, for some people opioids create a pleasurable effect. For example, caffeine is a reinforcing drug — people like the effects. That is true for about 80 percent of the adult population in the U.S. But, some people avoid caffeine because it makes them jittery or anxious. Early in the process of opioid use, some people may take it because of the pleasurable effect, and some don't like the effect. If you take an opioid and your pain is gone, and you find yourself saying, "I feel really good," it may be a warning sign. Over time that good effect diminishes for people who like how an opioid makes them feel. Many people take more opioids because they hope to get that good feeling, and they also don't want to go through withdrawal.

Q: How addictive are opioids?

It generally takes one to two weeks to become physically dependent on an opioid but that varies by individual. If you take an opioid for a day or two it should not be a problem and, usually, you will not become addicted. However, some studies show even the first dose of an opioid can produce adaptation in the physiological effects.

For some time in this country, we believed patients who took opioids had a very low risk of addiction. No one knows for sure the percentage of those who are at risk. What we do know now through an annual survey of drug use in the U.S., is when people were asked if they had tried heroin, researchers found that 50 percent of those who had went on to have problematic heroin use. That shows how addictive these drugs can be.

We also know that the duration of opioid use can lead to physical dependence. If you're taking an opioid regularly for a period of time, there's a chance that you'll become physically dependent, and that's a risk factor for continued opioid use.

Q: Should I never take an opioid?

Opioids are an effective painkiller and should be used appropriately. I think part of what the patient needs to do is to be responsible for their medical care. If you are going to have an elective or even an emergency procedure, it is incumbent on you to have a conversation with your physician about pain control. Ask questions such as, "You are prescribing me these many tablets, do I really need these?" "What is your strategy for pain control?" and "What options do I have other than an opioid to help control my pain?"

Q: Is depression a risk factor for opioid addiction?

We know that there is a higher rate of addiction in populations with certain other diagnoses and especially those who have other substance use disorders such as alcoholism. We know that some studies show there are higher rates of depression in persons with opioid abuse, and it could be that being depressed was a risk factor for developing opioid abuse in certain people.

of Addiction

Research and professor of Psychiatry and Behavioral Sciences

Q: How do you stop opioid addiction?

It isn't difficult to get people off opioids — to withdraw them off — but the problem is that they have the urge to keep using the drugs. If someone is abusing opioids — a friend, colleague or loved one — the person needs to be motivated to end their addiction. You can't do it for them. They must have some willingness to engage in treatment. The real challenge is staying off the drugs. Many people relapse. Good treatment, including medications such as buprenorphine, methadone and naltrexone, combined with therapy, can be very helpful and effective.

Q: How do you know if you are addicted?

I think of the defining feature of addiction as a dysregulation of choices. The person feels like they can no longer control their choice to use or not to use the drug, and they are driven to use. This dysregulation of choice can be seen as being governed by things inside of us such as physiologic drives and genetic vulnerabilities and things outside of us, including external cues in our environment and the availability of the drug. It helps me to sometimes think about eating to understand this — there can be a physical craving to eat if I haven't eaten for hours, but environmental cues can also influence my choice to eat, even when I'm not hungry.

Opioid addiction is not simply like diseases such as pneumonia — there's not a magic bullet that "cures" the person like an antibiotic can cure pneumonia. That doesn't mean it is not a medical problem; it certainly is. But, we can think of opioid abuse as a medical illness that is governed by things inside the person as well as outside them. Treatments that consider the whole person can be particularly helpful because just addressing what's outside or what's inside the person may not really help the person in their recovery.

Q & A with

Eric C. Strain, M.D.

Eric C. Strain, M.D., is the director of the Johns Hopkins Center for Substance Abuse Treatment and Research and professor of Psychiatry and Behavioral Sciences



These HCGH physicians have recently relocated or established new offices in Howard County.

BREAST SURGERY

David Euhus, M.D.
Breast Center at Howard County
General Hospital
5759 Cedar Lane
Columbia, MD 21044
443-997-1315

GENERAL SURGERY

Jamaal Shaban, D.O.
Maryland Surgeons
10710 Charter Drive #230
Columbia, MD 21044
443-546-1600

RHEUMATOLOGY

Paul Gertler, M.D.
Marlyn Lorenzo, M.D.
Moe Zan, M.D.
Arthritis Care Specialists
6350 Stevens Forest Road #101
Columbia, MD 21046
410-992-7440

VASCULAR SURGERY

Simlote Kapil, M.D.
Maryland Vascular Specialists
10700 Charter Drive #335
Columbia, MD 21044
443-276-3101

The Tsunami of

An HCGH psychiatric nurse for 27 years shares his unique perspective.



“I have seen the complex tsunami of substance abuse pull many people under its waves.”

**–Tom Schmidt, RN
HCGH**

Here in Howard County, mental health and substance abuse cut through all strata of our diverse population. We see all types of people come through the emergency room whose lives have been forever changed by substance use and abuse. It breaks our hearts as health care professionals to tell loved ones and family members that this is not something that can easily be fixed. These patients and their loved ones are in the battle of their lives.

I know how hard it can be as a loved one or a family member to watch someone go through the gut-wrenching process of addiction. I personally have had a family member struggle with substance abuse. Even with my skill, expertise and resources, I was powerless to get my loved one to change.

People can often get into dangerous situations with substances without realizing what is happening.

It doesn't make them a bad person. I've known many people over my career that have had dental or orthopedic surgery who receive an opioid prescription and it begins from there.

Many people say that the first dose of opioids lights you up like a Christmas tree. The next dose may not be as wonderful, so you take more to try to recapture that original feeling. It isn't long before one dose stops doing what it used to, but you still crave that first rush. Where you once needed one, now you need one and a half, two, three, ten, twenty or more times the amount originally needed to capture that feeling and/or state of mind. Once your receptors and psyche react positively and build a relationship with a substance, you're going to want more.

IT'S HUMAN NATURE TO SEEK OUT WHAT MAKES YOU FEEL GOOD. UNFORTUNATELY, IT SOON BECOMES A STRUGGLE TO NOT FEEL BAD FROM WITHDRAWAL WHILE NUMBING THE PAIN OF WHAT YOU ARE EXPERIENCING.

Once you get into drugs of abuse, whether they're prescription or street drugs, your psyche and receptors crave that relationship continuously. It is said that even a good day without drugs still feels noxious. For people who are abusing multiple substances, it's even more

Substance Abuse

challenging because you can have numerous substances that you're withdrawing from at any time of day. It is a hunger and feeling that consumes the majority of your mental focus every day.

Now add the new curse of synthetic fentanyl. This drug can be three to 600 times stronger than street or prescription opiates. Users don't know how to dose themselves because they're getting it from a dealer who doesn't measure it, doesn't care about you.

In the past, users would just fall asleep and there were many less overdoses since the drug strength was much less potent. Today, people are taking hundreds of times more than what they're used to even though the volume may appear to be the same. In addition, there is the paradox of an addict's irrational mind that is searching for something stronger ... regardless of risk.

Often, when people are deep into addiction, they know they need to change. They don't like how it feels and how it steals their life. They don't enjoy knowing they've disenfranchised their families. But, they find that when they take that substance away, they feel awful. Even a good day feels bad without that substance in their system and any reason is a good reason to relapse. If someone is in a system of opiate use, they're going to continue to find those substances, until they find the willpower to change.

Why do people stay in a sinking ship rather than get in the lifeboat? Because change is scary. Getting in the lifeboat means confronting suppressed pain and other difficult emotions. The pain of withdrawal, both physical and mental, is difficult to cope with. It is challenging to take accountability for bad behavior and the negative outcomes they have created.

Addiction is an especially complicated disease because there is no one-size-fits-all solution. It's a tortured life for those addicted. It's easy to say, "just say no," but what do you do to replace "no?" It is far more than simple willpower. Studies have shown that brain structures change in response to sustained exposure to drugs of abuse. It is not a weakness nor a character flaw. It is a complex set of steps that create addiction, it is an even greater challenge to lead someone out of this complex spiral of self-deceit and misery.

If someone you know is struggling with addiction, my best advice is to learn all you can. Be an active part of your family member's or friend's life.

**IF YOU SEE SOMETHING, SAY SOMETHING.
IF YOU FEEL SOMETHING, DO SOMETHING.
BE THERE, BE INVOLVED, AND BE PRESENT.
THAT IS THE MOST IMPORTANT THING YOU
CAN DO FOR A LOVED ONE IN NEED.**

Treating Addiction: *What's*

People with addictive disorders come to the HCGH emergency room because they're in crisis. HCGH provides an evaluation and assesses the patient's primary need and then connects them to the right treatment that best addresses their unique needs. HCGH does not admit patients solely for withdrawal or substance abuse treatment, unless there is some other factor such as a significant other medical problem present.

Medicines Used to Treat Opioid Addiction

Addiction Treatment:

Methadone, when administered properly, is included in treatment with counseling and is always provided in a clinic setting when used to treat opioid use disorder. It helps to relieve withdrawal and address cravings.

The medicine **buprenorphine** also relieves opioid cravings without giving the same high as other opioid drugs. Prescribed by many physicians from office settings, this is typically a daily dose placed under the tongue and also can be delivered as a once-a-month injection or through thin tubes that are inserted under the skin that last six months.

These medicines both activate opioid receptors in the body that suppress cravings and are effective and similar in safety and side effects and typically used for maintenance treatment. They also can be used to taper a person off opioids. However, it is common for patients to relapse, and physicians must try something different with those patients who relapse several times. Patients who are highly motivated and have good social support have a tendency to do better with these therapies.

Naltrexone is a very different medicine and doesn't turn the opioid receptor on, but instead blocks the euphoric/sedative effects of opioids. A patient's system must be completely free of all opioids before beginning naltrexone. It can be taken orally or as a once-a-month injection.

In an Emergency:

Naloxone can be used in an emergency situation when respiratory arrest, due to an opioid overdose, has occurred or is imminent. Naloxone flushes out receptors and can reverse the overdose but is not a form of addiction treatment.

How Successful is Treatment?

The success of therapy for substance use disorder varies by patient and by severity of the disorder and also can be influenced by complications of other illnesses, such as alcohol use or mental illness. Research has shown that there is a higher rate of substance use in patients with diagnoses such as depression and those who use other substances such as alcohol. Integrated treatment for both mental health and substance use disorders is needed in cases where these occur together. The environment and family or friend relationships can also play an important role. Some patients will repeat therapy and relapse many times before having success.

Where Can People Get Help?

The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center have addiction services, including methadone and buprenorphine treatment. Visit hopkinsmedicine.org/opioids for more information on treatment and research.

Resources in the County

Howard County's new opioid prevention, treatment and recovery website, HoCoOpioidHelp.com can provide more information about available resources. If you need crisis assistance, call **800-422-0009**.

the next step to help?

Substance use disorders can be best treated on an outpatient therapy basis or in an inpatient program dedicated to the treatment of persons with an addiction. Many of these programs use medications to help patients transition from physical dependence on opioids.

How to Encourage Someone to Seek Help

When people are ready to deal with substance use issues, they need an open door and help immediately. People with an addictive disorder should want to participate in treatment. Navigating that change can be challenging for friends and family members.

Do Treatment Facilities Take Insurance and How Costly is Treatment?

Treatment costs and insurance coverage vary. Consult with your insurance provider for specifics.

HCGH Offering Peer Recovery Support to Inpatients

In concert with the Howard County Health Department, HCGH launched a new program to help residents with substance use, including opioids, called peer recovery support services. Vetted and trained peers, in recovery themselves, come to the hospital bedside and support individuals interested in addiction treatment. The program has helped more than 80 patients since starting in May 2017.

HCGH nurse Tom Schmidt notes, *“Those with addictions tend to respond better and are more likely to enter treatment when they work with a peer who has lived the same experience. It’s that ‘I am here to help you. I am here to be your personal concierge to ensure that you get launched well into treatment,’ and it is crucial. It had been difficult to find people on demand until this program started.”*

Join Us for These Free Programs:

Understanding the Opioid Epidemic: How It Impacts You and Your Community

Learn how opioid disorders develop, how you can assist in preventing them and effective ways for assisting those impacted by opioid addiction. Mental health professionals will provide information on addiction, treatments and practical steps community members can take to help combat this epidemic. **10/9, 7-8:30 p.m.**
Free. HCGH Wellness Center.

Opioid Overdose Response Program

Learn how you can administer naloxone, a safe and effective antidote for overdose, and perform rescue breathing until help arrives. **8/16, 9/20, 10/25 or 11/15, 6-7 p.m.**
To register for this Howard County Health Department class, call **410-313-6245**. Free. HCGH Wellness Center.

Mind Your Meds

Prescription drugs, when not properly stored, have a greater chance of ending up in the wrong hands. This is especially important to consider with prescription pain killers that are opioids. Nearly 80 percent of heroin users first abused an opioid prescription. Follow these guidelines when opioid medications are in your possession to avoid misuse:

Properly Store Your Medications

Know how much you have and where you have it. Check the medications every so often to make sure you still have the correct amount. Keep your medications in a cool, dry area separate from those of your other family members and not in medicine cabinets that can be easily accessed by guests. According to the Centers for Disease Control and Prevention, “Most adolescents and adults reporting recent nonmedical use of opioid medications obtained these medications through their family or friends.”

Consider Locking Up Your Medicine

Storing your medication in a locked box or other secure container should be considered if there are children in the house and serves as extra protection. Locking up your meds will reduce the risk of misuse or theft.

Clear Out Your Medicine Cabinet

A 2016 study by the Journal of the American Medical Association reported that 61 percent of people who had leftover opioids after treatment kept them for later use, and one in five shared them with another person. Leaving medications in your home past their expiration or term of use can be dangerous. Do not hold on to leftover medication if you have completed your treatment. If you have medication that you are no longer using, it is crucial that you remove it from your household to reduce the chance of misuse.

In 2017, Johns Hopkins researchers reported that a substantial majority of patients used only some or none of their prescription opioid pills after surgery, and more than 90 percent failed to dispose of the leftovers in recommended ways.

Properly Dispose of Medicines When Done

Federal guidelines suggest taking medicine out of bottles, mixing it with an “undesirable substance” like cat litter, and transferring the mixture to a non-descript container before tossing your unwanted, unused or expired prescriptions. **Only flush your medications if the label or patient information instructs you to do so.** You can also dispose of your medications on “Drug Take Back” days held twice a year, or at any of the four permanent drop-off sites in Howard County year-round. Prescription and over-the-counter pills in prescription bottles or sealed in plastic bags are accepted. Loose pills, aerosols, needles and liquids are not.



Prescription Drug Drop-off Sites in Howard County

Howard County Police Department (Open 24 hours)

Northern District Station
3410 Courthouse Drive
Ellicott City, MD 21043

Gary Arthur Community Center

2400 Route 97
Cooksville, MD 21723

Howard County Police Department (Open 24 hours)

Southern District Station
11226 Scaggsville Road
Laurel, MD 20723

Howard County Police Department

Community Outreach Building
10741 Little Patuxent Parkway
Columbia, MD 21044

And the Award Goes to...



Megan Cullen, RN, was named by *Baltimore Magazine* as one of the region's top 50 nurses. A community health nurse on HCGH's Community Care Team, Megan provides individualized support to patients in a community-based program.

Elizabeth Edsall Kromm, Ph.D.,

HCGH vice president of population health and advancement, received the 2018 Trustees' award for Outstanding Service to Howard Community College (HCC). Elizabeth committed significant time and effort to the college as chair of a health care task force, a part of HCC's Commission on the Future to identify future opportunities for the college.



M. Shafeeq Ahmed, M.D., HCGH chief medical officer and vice president of Medical Affairs, was named one of the 100 Hospital and Health System CMOs to Know in 2018 by Becker's Hospital Review. This is the fourth year he has been recognized on the list.

HCGH's Community Care Team was recognized by the state of Maryland in May when Health Secretary Bobby Neall presented them with a citation on behalf of Governor Larry Hogan. CCT staff work with patients and their providers to improve their condition after a hospital stay by crafting plans based on patients' health goals and key barriers. They advocate for patients, help coordinate services and resources, and support the patients and their families. CCT patients report better access to health care and social support resources and improved understanding of their health care needs.

New Medicare Cards

Medicare has begun sending new cards with new Medicare numbers, instead of social security numbers. Visit go.Medicare.gov/newcard for more information.

BUILDINGtoday

FOR A HEALTHIER TOMORROW.

Howard County Government Announces HCGH Funding

HCGH is excited to announce Howard County Executive Allan Kittleman and the Howard County Council have granted our funding request for our campus construction project and much-needed new programs to help address the demand for behavioral health and primary care needs.

Executive Kittleman has reaffirmed the practice of the Howard County Government contributing to the amount the hospital must raise from outside sources to pay for capital projects. In this case, he is pledging \$5 million over five years for the current campus construction—which will replace our observation and inpatient psychiatric units and add more inpatient beds.

Additionally, Executive Kittleman has agreed to contribute nearly \$400,000 in operating funding to expand our population health efforts. HCGH has worked collaboratively with the county executive to identify areas of greatest need, and he has agreed for the county to partner with the hospital on these efforts.

"We are humbled that the county recognizes the value of our work and the hospital's importance to this community," says HCGH President Steve Snelgrove.

Visit hcghoftomorrow.org for more information on our construction.

Stroke Program Earns Recertification

HCGH's Primary Stroke Program celebrated its 10-year anniversary this year, passing its recertification survey and receiving accreditation for another five years from the Maryland Institute for Emergency Medical Services Systems, which oversees and coordinates all components of the statewide emergency medical services system.

The stroke program plays a key role in the ability to rapidly diagnose and treat stroke patients. This includes using a team approach to stroke evaluations with brain-imaging scans, patient evaluations and treatment with clot-busting medications and other advanced therapies.

Know the signs of a stroke—learn more about our program hcgh.org/stroke.

20 Together

Celebrating twenty years as a member of Johns Hopkins Medicine.

BEFORE IT BEGAN...

1968 The Johns Hopkins Hospital and Connecticut General Life insurance Company team up to create one of the first health maintenance organizations.

1974 Columbia Hospital and Clinics Foundation changes ownership, becomes independent of Johns Hopkins and changes its name to Howard County General Hospital.

1996 HCGH, through a contract with the Johns Hopkins University School of Medicine, initiates a maternal fetal medicine service at the hospital to care for women at high-risk during their pregnancies. Johns Hopkins physicians provide consultation services to local obstetricians and lend their expertise to the Center for Maternal Fetal Medicine, a program that integrates care among multiple specialists to the benefit of mothers and babies.

1997 A comprehensive pediatric unit opens, providing emergency, observation and inpatient services for children up to age 17. This is staffed by Johns Hopkins pediatric specialists. HCGH opens a pediatric unit at a time when most hospitals are closing them. The innovative model has since been adopted by hospitals across the country.

OFFICIALLY TAKING THE NEXT STEP...

Terry Langbaum, Johns Hopkins director of Hospital Affiliations in 1998 and current administrative director of the Johns Hopkins Comprehensive Transplant Center, reflects on the year it all began...

“HCGH was a very natural relationship for Johns Hopkins to have because we were already seeing many patients from the area when they needed a higher level of care, and we had a longstanding relationship dating back to the founding of HCGH. There were things that HCGH wanted to do—expand facilities and services—that they weren’t going to be able to do without the resources of a partner.”

— Terry Langbaum

1998 After a two-year planning period, the HCGH Board of Trustees votes to enter a strategic partnership to become a member of Johns Hopkins Medicine and the first community hospital in the Johns Hopkins Health System. The Horizon Foundation is formed through the merger and capitalized with a \$66 million gift from HCGH. Today, the Horizon Foundation donates more than \$3 million annually to promote the health and wellness of Howard County residents.

In a Baltimore Sun article published March 19, 1998, then HCGH CEO Vic Broccolino is quoted:

“We were just too small to realize our dream, too small to realize our strategic vision.”

Today Vic recalls...

“I knew at some point we would need to align. Our resources were finite, and we needed to expand our programs. In late 1996, merger mania was in full swing, our financial position had improved, our market share was growing and our medical staff’s reputation was among the best of the community hospitals in Maryland, so we decided it was time to look for a partner.

We put together a team including physician leaders and held community meetings with more than 20 different organizations. We whittled the viable contenders down from 16 to three.

It was a difficult decision with pros and cons for each entity. During a final meeting of the team, I asked everyone to

close their eyes and look 50 years into the future and I asked, ‘Which entity do you feel has the best chance to be stable and be around in 50 years?’ We took the vote and it was unanimous. Johns Hopkins brought the appeal of a vast scope of services and the ability to bring high-end clinical talent into Howard County. They were established and had a long track record of being number one in the country—that aura was alluring.

In the 15 years I was with HCGH following the merger, I believe our reputation soared. Our community was provided with access to Hopkins-specialized services downtown and top-notch specialists came to the county to work with our dedicated physicians. We did not have access to these super specialists before then. We also gained access to Hopkins clinical trials that are

1999

The Special Care Nursery is upgraded to the Neonatal Intensive Care Unit (NICU), with a designation of Level III, providing care for most high-risk newborns and staffed by Johns Hopkins neonatologists.

2002

July: An expanded, state-of-the-art Emergency Department opens. Triple the size of the former Emergency Department, with services provided by Johns Hopkins Emergency Medicine physicians.

The Maryland Institute for Emergency Medical Services Systems (MIEMSS) designates HCGH as a Level IIIB Perinatal Referral Center. The designation recognizes the comprehensive scope of obstetric services offered to high-risk mothers and babies and opens the door for HCGH to accept more of these referrals from other Maryland hospitals.

2003

Modern Heart Attack Treatment Arrives.

Established when only 50 percent of hospitals were licensed to provide Primary Angioplasty for Acute Myocardial Infarction (PAAMI), this treatment has helped more than 1,000 patients since 2003.

“PAAMI treatment is used when the artery closes off completely and the heart muscle starts to die. This is emergency treatment of the patient in the cardiac catheterization laboratory using a catheter with a balloon on the end to stretch open the closed artery and sometimes involves clearing out a clot. This allows blood flow to return and stop heart damage. The minute you open the artery, you improve survival for the patient. Time is muscle and you want to live in a community where this type of procedure can be done. You don’t want to be told, ‘Yes we have a helipad and can get you downtown in 30 minutes.’ Thirty minutes is not very long, but that is extra time damage is occurring. Having the ability to do this procedure locally with Johns Hopkins interventionalists, and HCGH cardiologists, and do it well with excellent outcomes, makes us very proud.”

— **Jerome Hantman, M.D.**, retired HCGH cardiologist

Permission from
The Baltimore Sun

Photo at left: (l. to r.) 2005: Former HCGH CEO Vic Broccolino; Former Johns Hopkins Health System President Ronald Peterson; Former Dean and Chief Executive Officer of Johns Hopkins Medicine Edward Miller, M.D.



now offered through HCGH. Hopkins resources have been integrated into all levels of HCGH care and the care for those extremely sick wouldn’t be so seamless without the knowledge and connections Johns Hopkins provides.

Let’s face it, much of HCGH’s physical expansion would not have occurred without the backing of Johns Hopkins giving us the capability to borrow funds to grow. And, they also provided the Johns Hopkins physicians to sustain the expanded pediatric and adult ER.

Hopkins people, planning and brain power impacted every program HCGH started or expanded since 1998—you look at what the hospital is today—Hopkins had a hand in it.”

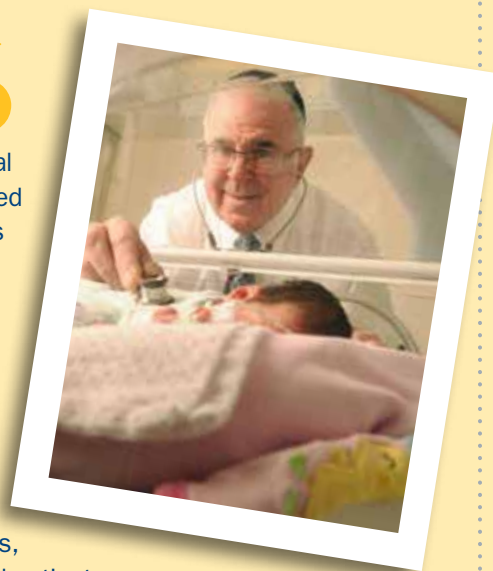
— **Vic Broccolino**, HCGH CEO 1990-2014



2005 HCGH adds cardiac electrophysiology treatment with the addition of Johns Hopkins arrhythmia specialty physicians — cardiologists with added expertise in abnormal heart rhythms—to the staff. These physicians use an implantable cardioverter defibrillator (ICD) to monitor heart rhythm, checking to make sure that the speed and pattern of the heartbeat is neither too fast nor too slow. If the patient experiences abnormal heart rhythms, the ICD's generator, a titanium metal case that houses a tiny computer and a lithium battery, sends either electrical impulses to pace the heart or a shock to restore a normal heartbeat.

2006

The Center for Maternal Fetal Medicine is staffed and managed by Johns Hopkins specialists, expanding HCGH's perinatal services and offering a team approach to patient care, involving perinatologists, neonatologists, pediatric subspecialists, genetic counselors and patient educators throughout the pregnancy. The center manages high-risk pregnancies with comprehensive care.



2008 HCGH is designated a Primary Stroke Center by the Maryland Institute for Emergency Medical Services Systems (MIEMSS). Advanced diagnostics and lifesaving treatments improve care and outcomes for patients experiencing a stroke.

2009 July: The new five-story Patient Pavilion opens adjacent to the hospital's South Wing, with three new 30-bed, all-private room inpatient units. The Bolduc Family Outpatient Center on the first level houses Physical and Occupational Therapy, Speech/Language Pathology, Cardiac and Pulmonary Outpatient Rehabilitation, Diabetes Management, The Center for Wound Healing, the Anticoagulation Unit, Outpatient Laboratory and facilities for advanced cardiac diagnostic tests.

The entire third floor of the hospital is dedicated to providing a continuum of care for the sickest patients, with an Intensive Care Unit (ICU), a Progressive Care Unit and a cardiac/telemetry unit.

Central Maryland Radiation Oncology, a partnership between Johns Hopkins Medicine and the University of Maryland Medical Center, opens in the Medical Pavilion. This center provides advanced radiation therapy to people with all types and stages of cancer on the campus of HCGH and convenient to patients' homes.

“In 2007, The Joint Commission announced it would start certifying primary stroke centers and the State of Maryland was in the process of creating a statewide stroke system that would preferentially route patients with a suspected acute stroke to certified stroke centers. I was the medical director of the Stroke Program at Johns Hopkins when HCGH contacted me. We met and things came together with great cooperation from local neurologists and ER physicians. We came up with a solution that was amenable for everyone: a teleradiology relationship—where the neurologist can see the images and consult by phone. This was a very new concept at the time and has since become a well-established practice. Key to the success of this was that this program was a true partnership—the ER physicians did the history and neurological exam and

the Johns Hopkins faculty handled the acute stroke consult 24/7 and then local neurologists saw the patient the following day.

In January 2008, we started the program. Simultaneously we applied to become a state-certified primary stroke center. Within a few months, we went from having an idea to being fully certified and having a full program up and running.

Now in our tenth year, we are analyzing our results and what we do know so far is that we give more of the clot-busting intravenous drug TPA than any other hospital in the Johns Hopkins system—that is a tribute to this program, the community and Howard County Department of Fire & Rescue Services.”

—Eric Aldrich, M.D., Medical Director, HCGH Stroke Program

2012

The Breast Center at HCGH opens, under the leadership of Lisa K. Jacobs, M.D., a Johns Hopkins surgical oncologist.

The center provides the convenience of a full range of diagnostic and treatment services in the community, quality care afforded by an experienced team of specialized doctors, nurses and other health care professionals, and the comfort of support services for both patients and their caregivers. While HCGH offered breast services in the past, the new center brings several services together into one cohesive unit.

2013

August: The Johns Hopkins Center for Sleep opens at HCGH. While the hospital has had a sleep facility for several years, the center now offers both inpatient diagnostics and an outpatient clinic for consultations with a variety of Johns Hopkins specialists.

The center is directed by Johns Hopkins sleep specialists Charlene Gamaldo, M.D., and Rachael Salas, M.D. Other Johns Hopkins specialists comprise the treatment team, including: neurology, pulmonology and psychiatry/behavioral sciences. The center treats a full range of sleep disorders and patients of all ages.

December: CAPRES, a regional research program, is created to develop and nurture research in three Johns Hopkins Medicine community hospitals, including HCGH. The affiliation provides a new opportunity for these institutions to expand and coordinate research historically based primarily at The Johns Hopkins Hospital.

“We have access to the best and the brightest as a result of our affiliation with Johns Hopkins. From a cardiology standpoint, we are the model of collaboration with Johns Hopkins in Baltimore — the care is excellent and that runs the gamut from coronary stents and bypass to valve replacement. In the past 20 years we have also benefitted from the addition of Johns Hopkins pediatric cardiology physicians in the county, electrophysiology — to include defibrillators and cardiac ablation — and, most exciting, has been the addition of clinical research opportunities here in Howard County. Johns Hopkins has established a research group at HCGH with current clinical trials primarily in cardiology on such topics as new heart failure and cholesterol-lowering drugs. Research will expand into various other specialties in the future.”

— **Michael E. Silverman, M.D.**

Chairman of the Department of Medicine, HCGH

2014

Steven Snelgrove joins HCGH as president.

“What I enjoy most about Howard County General Hospital is the fact that it is a member of Johns Hopkins Medicine. I have spent almost my entire career in large academic medical centers, and they are places of amazing intellect and innovation, but when you are able to be a part of Johns Hopkins Medicine in a community hospital like ours, you get all of that talent working collectively with you to improve the health of the community and deliver outstanding care right here in your own backyard.”

— **Steve Snelgrove, HCGH President**



2018

June: HCGH announces that the hospital is now a satellite of the internationally renowned Johns Hopkins Armstrong Institute for Patient Safety and Quality.

Called the Armstrong Institute at Howard County General Hospital, the local site will help unify and coordinate the quality and patient safety efforts already in progress throughout the hospital while supporting and strengthening the community of clinicians, researchers and administrators who are focused on the Institute’s mission of eliminating preventable harm, improving patient outcomes and experiences, and reducing waste in health care.



Thank You to Our Donors and Event Sponsors

Howard County General Hospital Foundation wishes to thank all our philanthropic supporters. These generous contributions ensure our continuing success in providing quality patient care and delivering the promise of health to all of Howard County.

While our space here is limited, please know our gratitude is not. Below we gratefully acknowledge those who made gifts of \$1,000 or more between January 1 and December 31, 2017.

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SPECIAL EVENTS

QPR: Question, Persuade and Refer

QPR refers to three simple steps anyone can learn to help save someone from suicide. Just as people trained in CPR help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade and refer someone to help. QPR is a basic suicide prevention gatekeeper training designed for individuals who do not have training/experience in suicide intervention. **10/2**, 6:30–8:30 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. **9/7 or 11/16**, 8:30 a.m.–5 p.m. Free.

Fall into Healthy Eating

As the weather cools, vacations end and holidays approach, awareness of your eating habits is important to promote your health and weight goals. Learn how to choose nutritious foods that support weight management, build your immune system and satisfy your appetite. Learn about meal planning for a balanced diet from a certified dietitian/nutritionist. **10/8**, 7–8:30 p.m. Free.

Pain Management: New Approaches to the Treatment Plan

Finding the right blend of therapies is important as you seek solutions to acute and chronic pain. Key to success is determining the right combination of medications and interventions to increase your success. Our team of experts will share the latest information on medication, physical therapy and integrative health for consideration as components to your pain management solution. Presented by **Steven Levin, M.D.** **10/2**, 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. **9/14**, 9 a.m.–2 p.m. Free.

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. **10/5**, 8:30 a.m.–5 p.m. Free.

Healthy Nutrition Before and During Pregnancy

Special attention to your diet prior to pregnancy can enhance your health and your unborn baby's health. Working with your health care provider during pregnancy to support your health needs may reduce the risk of C-section and promote a healthy birth weight for your baby and breastfeeding. Presented by a certified nurse midwife and nutritionist. **9/10**, 7–8:30 p.m. Free.

Understanding the Opioid Epidemic: How It Impacts You and Your Community

Learn how opioid disorders develop, how you can assist in preventing them and effective ways for assisting those impacted by opioid addiction. Our mental health professionals will provide information on the disease of addiction, treatments available and share practical steps you can take to help combat this epidemic. **10/9**, 7–8:30 p.m. Free.

HEALTHY FAMILIES

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. For dates and times, visit hcgh.org/classes. 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, **9/19–11/7**, 6–7 p.m. \$88/eight-week session.

Choose Your Pediatrician and Promote Your Newborn's Health

Learn factors to consider and questions to ask when choosing your pediatrician and ways you can promote your newborn's health. Presented by pediatrician **Atiya Khan, M.D.** **10/3**, 7–8:30 p.m. Free.

Happiest Baby on the Block

Parents and parents-to-be learn techniques to quickly soothe baby. **10/9 or 12/11**, 7–9 p.m. \$50 per couple (includes parent kits).

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. **11/6**, 7–9 p.m. Free.

Financial Planning for Prospective, Expectant and New Parents

A Certified Financial Planner™ will discuss financial issues involved in starting a family. Leave with a plan to help you feel confident about your finances. **11/13**, 7–9 p.m. Free.

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.



IMPROVING YOUR HEALTH

Living Well with Chronic Diseases

Do you have diabetes, heart disease or another long-lasting health condition? This six-week workshop can help you reduce the effects of your condition. Learn techniques and develop skills for managing it in this interactive peer-to-peer supportive environment. Each session builds upon the last while sharing experiences and identifying solutions. Caregivers are welcome to attend. Thursdays, 9/20-10/25, 1:30-4 p.m. or 5:30-8 p.m. or Fridays, 9/21-10/26, 10 a.m.-12:30 p.m. Free.



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. 10/3, 6-7 p.m. Free.

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. 9/18, 7-8:30 p.m. \$15.

For course dates and times or to register, visit hcgh.org/diabetes or call 410-740-7601.

HEALTHY HEART & LUNGS

NEW! 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. 9/13, 10/10 or 11/5, 5:30-9 p.m. \$45.

Cardiac Rehabilitation Maintenance†

Exercise for cardiac rehab program graduates. Tuesdays & Fridays, 8 a.m. or 9:30 a.m. \$75/mo.

Pulmonary Rehabilitation†

Exercise and education to assist patients with lung disease.

Pulmonary Rehabilitation Maintenance†

Exercise maintenance for pulmonary rehab program graduates. Tuesday & Friday afternoons. \$75/mo.

† To schedule an appointment or for information about all cardiac or pulmonary rehabilitation programs, Medicare and insurance coverage, call 443-718-3000.

REGISTRATION

hcgh.org – online registration

410-740-7601 – information

410-740-7750 – physician referral

410-740-7990 – TDD

Advance registration is advised for all programs unless noted. Payment due at registration. A \$25 cancellation fee will be applied to cancellations made less than one week before class. Refunds will not be given less than 24 hours before class starts.

For cancellations due to low enrollment, a full refund will be issued.

Unless noted, all classes are held at

HCGH Wellness Center

10710 Charter Dr., Ste. 100

Columbia, MD 21044

INSURANCE

Some insurance plans cover or reimburse for the cost of certain wellness and prevention classes. Be sure to check with your health care plan for more information.

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.



Calendar 2018 of Events:

New! Quit Tobacco

Free.
HCGH Wellness Center

The Quit Tobacco Program can support you in your quest to quit smoking. The 4-week program, for those who live or work in Howard County, includes support, education, interactive classes and assistive medication, if needed. An optional 15-minute breathing and relaxation session is offered at the end of each class. Light refreshments will be served. For dates and to register, visit hcgh.org/events.

August

We Walk for Wellness

Saturdays through October 27/9-10 a.m.
North Laurel Community Center parking lot
New registrations: **8:45 a.m.** Program: **9 a.m. Free.**

Make this the year of improved health. Join our guided walking/exercise group led by a personal trainer. Discover the personal benefits of regular exercise. Commit to increase your physical activity this summer. For more information, call **410-740-7601**.

Driver Safety

**August 24, September 21, October 12 or November 2
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**.

September

Red Cross Blood Drive

September 4/8:30 a.m.-2 p.m.
Bloodmobile at HCGH Main Entrance

Blood donors should eat before donating. Pre-registration available, bit.ly/blooddrivehcgh.

.....
The following programs are presented by SHIP,
Howard County Office on Aging and Independence:

Medicare 101

September 5/7-8:30 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). Register at hcgh.org.

Medicare 102

September 17/7-8:30 p.m. Free.
HCGH Wellness Center

For those new to Medicare, learn about Medicare Health Plans (Part C) and Medicare Supplement Policies. Register at hcgh.org.

Medicare Refresher

September 24/2-3:30 p.m. or October 23/7-8:30 p.m. Free.
HCGH Wellness Center

For those already on Medicare, deepen your understanding of coverage options, information sources and how to avoid some common problems. Register at hcgh.org.

Using Medicare Plan Finder

September 25/7-8:30 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. Register at hcgh.org.

Opioid Overdose Response Program

September 20, October 25 or November 15/6-7 p.m. Free.
HCGH Wellness Center

Learn how you can administer naloxone, a safe and effective antidote for overdose and perform rescue breathing until help arrives. Registration required. To register for this Howard County Health Department class or for more information, call **410-313-6245**.

October

Surviving Survivorship: Living with Cancer

The Johns Hopkins Sidney Kimmel Comprehensive Cancer Center
October 13/Noon-4 p.m. Free.
BWI Airport Marriott Hotel

Includes seated lunch, speaker and workshops for patients and their caregivers. To register, email milleba@jhmi.edu or call **410-955-8934**.

50+ Expo

Friday, October 19/9 a.m.-4 p.m.
Wilde Lake High School

Featuring exhibitors for older adults, families, caregivers, care providers and professionals and anyone who wants to plan for their future. Admission is \$1. Call **410-313-6410** or visit howardcountymd.gov/aging.