

BEACON

BEEBE HEALTHCARE

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Be Cared For



SPECIAL ANNUAL REPORT ISSUE

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100 Since 1916 **YEARS OF CARING**

LIVING INDEPENDENTLY AT HOME



Jack Absaldi, a Lewes resident and volunteer with Greater Lewes Community Village, visits Village member Helen McCallister. In an organization of “neighbors helping neighbors,” Jack helped Helen with her computer and stayed for a game of cards.

Beebe Healthcare, Local Organizations, and State Officials Create Support Network for Seniors Living at Home

A migration of an aging population is taking place in Delaware, and it is most noticeable in Sussex County, where open spaces, bays, and beaches make for a welcoming home.

“Delaware has the fifth-highest net migration rate in the country for persons aged

between 55 to 74,” says Lisa Bond, Deputy Director of Delaware’s Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), “and Sussex County is our fastest-growing county in terms of older persons.”

Today, nearly a third of the people living

in Sussex County, or about 68,000 of the 212,000, are 65 years of age and older. The State of Delaware estimates that within the next 10 years the senior population in Sussex will top 85,600; the number of people over 75 years of age will double; and more than 10 percent of seniors will be over 85 years of age.*

The State of Delaware already provides a network of programs to address the unique needs of this population and continues to develop new initiatives. In Sussex County, Beebe Healthcare and many other local organizations, businesses, and individuals also are providing, creating, and building services to ensure that seniors can remain as active and

**Prepared by: Delaware Division of Services for Aging and Adults with Physical Disabilities. Source: Delaware Population Consortium Annual Population Projections, October 31, 2013, Version 2013.0.*

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—Lisa Bond, Deputy Director of Delaware’s Division of Services for Aging and Adults with Physical Disabilities (DSAAPD)

healthy as possible and stay in their own homes for as long as they can. (See “A Selection of Resources,” page 5.)

HELPING PEOPLE STAY IN THEIR OWN HOMES

“Eighty percent of what determines a person’s health outcomes is not medical care,” says Megan Williams, DNP, FNP-C, Director of Population Health at Beebe Healthcare. “It’s practicing healthy lifestyles; it’s social interaction—having access to transportation, living in a safe environment, having the support of others, and having the knowledge and understanding of what it takes to improve one’s own quality of life.”

Megan oversees a specialized outreach team of care coordinators whose job is to help Medicare patients receive services and medical care that they need while living at home. This team works with local physicians and community-based services to identify people who may need help solving a variety of challenges that prohibit their ability to either recuperate from an illness or stabilize a chronic one. Challenges often include lack of transportation to the doctor’s office; confusion over medications; poor access to regular nutritious



Beebe case manager David Banks refers patients from the Emergency Department for follow-up care to Ren Culp, RN, a Beebe care coordinator with Delmarva Health Network.

Beebe care coordinators with Delmarva Health Network help Medicare patients receive the medical care and services they need while they live at home. Pictured here, Beebe Population Health care coordinator Brandi Geise discusses a patient’s needs with Beebe Healthcare Home Care Services social worker Paige Hughes, MSW, LCSW, following a visit to a patient’s home.



meals; and lack of knowledge regarding availability of and access to financial, social, and family services.

“We could not take care of our patients the way we do without the partnerships and support given by so many,” says Brandi Geise, a Beebe Population Health care coordinator assigned to Delmarva Health Network, an Accountable Care Organization (ACO) under the Medicare Shared Savings Program. Brandi and the other Population Health team members work with a growing list of local organizations, home health agencies, transportation services, nonprofits that offer daytime activities and meals for seniors, and state agencies, especially DSAAPD, often referred to as the Division of Aging.

“It’s amazing what can fall through the cracks,” says Beebe care coordinator Ren Culp, RN. “We may have to help a patient understand the information he or she was given at discharge. Sometimes we learn that the patient has no transportation to get the follow-up blood work. The elderly need an advocate, and we as care coordinators often make physicians aware of the challenges that their patients are facing.”

The care coordinators, as well as the case managers in the hospital, maintain lists of agencies and service organizations that they share with their patients. More than 70 percent of patients discharged from Beebe Healthcare receive case management support.

Paige Hughes, MSW, LCSW, a social worker with Beebe Healthcare Home Care Services,

often discusses patients’ needs with Beebe care coordinators who have been referred for home care after a patient is discharged from the hospital or from a skilled nursing facility.

“My role is to assess the patient and their needs,” Paige says. “I discuss goals with the patient and his or her family.”

Beebe Home Care provides comprehensive, skilled nursing and physical rehabilitation services to patients throughout Sussex County. Through care and education, it can provide a bridge from recuperation to a more active life.

CARING FOR OUR NEIGHBORS

“People want to stay in their homes and live independently whenever possible,” says Jackie Finer, a retired gerontologist

“Eighty percent of what determines a person’s health outcomes is not medical care. It’s practicing healthy lifestyles; it’s social interaction—having access to transportation, living in a safe environment, having the support of others, and having the knowledge and understanding of what it takes to improve one’s own quality of life.”

—Megan Williams, DNP, FNP-C, Director of Population Health at Beebe Healthcare

Jackie Finer retired to Lewes in 2004 after working 20 years at the National Council on Aging. She had her Lewes home designed specifically as a place she could live as she ages. She is pictured here using her raised dishwasher.



“People want to stay in their homes and live independently whenever possible.”

—Jackie Finer, a retired gerontologist and founder emeritus of the Greater Lewes Community Village

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Jackie moved to Lewes in 2004, after working more than 20 years for the National Council on Aging, and she brought the idea of “Villages” with her. “Villages” are volunteer, nonprofit organizations scattered throughout the United States designed to help seniors receive the support they need to remain in their homes as they age. People become members, and in turn find themselves in an extended family that provides members with necessary basic services like transportation, help around the house, social interaction, educational programs, and camaraderie. The “Village” also provides lists of screened and approved vendors for members.

Jackie gathered a core team of people in Lewes, and in 2013 the Greater Lewes Community Village opened for business, located in a small blue building at 225 Schley Avenue. “This is quite a new movement and at the forefront of an ‘aging in place’ trend,” Jackie says. President Marty D’Erasmus says

the organization has more than 80 members and continues to grow.

“Our concept is ‘neighbor helping neighbor.’ Transportation is probably the most asked-for service,” she says. “We don’t offer any medical services. We depend on Beebe for that.” Jackie hopes the “Village” concept will catch on and that several will take form in the small communities that dot Sussex County.

Jackie Sullivan, the new Executive Director of the Greater Lewes Community Village, has begun working with churches, community groups, and others in the county to discuss a regional approach to older-adult services. “We know it takes a village, and it may take more than one ‘Village’ to support the needs of this growing demographic in Sussex County,” she says.

TRANSPORTATION, A SENIOR’S BIGGEST CHALLENGE

In Sussex County, where doctors’ offices, supermarkets, and retail outlets can be miles away, transportation presents the biggest challenge for seniors who no longer drive or who are intimidated by heavy seasonal traffic and unlit country roads. State Senator Ernie Lopez says that Delaware continues to work on improving roads that until a few decades



Janet Maull-Martin, a volunteer driver with iTNSouthernDelaware, a new transportation cooperative in Sussex County, makes sure that cooperative member Mable Granke has her seatbelt on properly before they get on the road.

ago served sparsely populated farmland and rural communities.

“This is a dynamic area, the fastest-growing part of the state,” he says. “People are moving here because it offers so much in the way of amenities and because of our healthcare and our business community.”

Senator Lopez attends local meetings to learn the concerns and ideas of his constituents. Lopez, Representative Pete Schwarzkopf, who is Speaker of the House, and Representative Stephen Smyk—all of whom represent the fastest-growing areas within eastern Sussex County—are doing their best, Lopez says, to help with thoughtful and managed growth while working within the state’s budget.

Several transportation services are available, such as DART, SCAT, and GENERATIONS 5317. Each has its own fees, registration and/or eligibility requirements, and limitations on what it can offer. This year, a transportation cooperative called iTNSouthernDelaware has been formed to help seniors. iTN stands for Independent Transportation Network, and, like a “Village,” there are many throughout the United States. Members pay dues and fees per mile through their own accounts. No money changes hands between rider and driver. iTNSouthern Delaware is based in Milton and has started serving communities east of Route 113. Plans are to expand services throughout Sussex County.

“The way to think about it is neighbors picking up neighbors,” says Director Janis Hanwell. “Arm through arm, door to door.”

FOOD AND CAMARADERIE

For those who have difficulty getting out of their home, or who have difficulty making



Beebe’s Gull House adult activities center in Rehoboth Beach provides a safe environment for joy and camaraderie to those who are functionally impaired, as well as respite and support for their caregivers.

Meals on Wheels delivers freshly made hot meals daily to people who are unable to prepare their own or who have difficulty leaving their homes. Pictured here, Alana Kate Mynchik and Danielle Gorey prepare meals at Fish On restaurant in Lewes.



Meals on Wheels volunteer Eric Atkins is on his Monday through Friday delivery round.



their own meals, one local volunteer-driven service is Meals on Wheels. Monday through Friday, volunteers deliver hot meals to hundreds of people. On Fridays, the package includes enough food for the weekend.

“Our goal is to keep people in their homes,” says Meals on Wheels volunteer Dan Lawrence. “Our volunteer drivers love what they do, and they enjoy socializing with our clients.”

CHEER is another nonprofit organization focused on supporting the senior population, offering all kinds of social activities at centers throughout Sussex County.

Beebe’s Gull House adult activities center in Rehoboth Beach also offers support services for seniors. Its programs are run by an experienced medical staff for adults who are functionally disabled. Often, these clients have dementia and benefit from programs specially designed to help them live in their own homes for a longer period of time. Gull House serves as a respite for caregivers and spouses of its clients and also provides a support group that meets regularly.

OPPORTUNITIES TO STAY HEALTHY

Sussex County’s coastal communities offer many activities that provide opportunities for exercise and camaraderie for retirees. The area is served by several local newspapers that feature lists of organizations and activities designed for seniors.

The YMCA in Rehoboth provides exercise classes for seniors and discounted membership with financial aid for those who qualify. Local libraries also offer programs that blend friendship with education. And, the University of Delaware’s Osher Lifelong Learning Institute in Lewes provides a regular educational program with courses on subjects including music, history, and literature. Delaware Technical Community College and Wilmington University also offer courses.

Sussex County is a dynamic area for people 65 years of age and older. Just as this population is growing, so too are the services designed to help people maintain quality of life and stay in their homes for as long as they can. ■



The YMCA in Rehoboth offers exercise classes and programs for seniors. Pictured here, instructor Georgia Spade teaches a water aerobics class for seniors.

A SELECTION OF RESOURCES

State of Delaware Division of Services for Aging Adults and Adults with Physical Disabilities (DSAAPD)

(800) 223-9074 • <http://dhss.delaware.gov/dhss/dsaapd/index.html>

Delaware Aging and Disability Resource Center (ADRC)

www.delawareadrc.com

State of Delaware Guide to Services for Older Delawareans and persons with disabilities

http://dhss.delaware.gov/dhss/dsaapd/files/aging_and_disabilities_guide.pdf

Delaware Helpline Dial 211 or (800) 560-3372

<http://www.delaware211.org>

CHEER (302) 854-9555

Greater Lewes Community Village (302) 703-2568

Meals on Wheels—Lewes/Rehoboth (302) 645-7449

The Mental Health Association in Delaware (800) 287-6423

Sussex Family YMCA (302) 296-9622

TRANSPORTATION

DART First State Intercounty fixed routes (800) 652-3278

SCAT—Senior Citizen Affordable Taxi (800) 652-3278

GENERATIONS 5317 (302) 276-1466

iTNSouthern Delaware

(Independent Transportation Network) (302) 448-8486

BEEBE RESOURCES

These services specifically support our senior patients with their goal of being able to stay in their homes.

The Gull House Adult Activities Center (302) 226-2160

www.beebehealthcare.org/patient-care-services/gull-house-adult-activities-center

Beebe Home Care Services (302) 854-5210

Beebe Physical Rehabilitation Services (302) 645-2424

Beebe Healthcare Population Health (302) 645-3337

Population Health is a department that provides a broad range of outreach services. It provides free health screenings that are held throughout Sussex County and are available to the public. Population Health also has an outreach team of care coordinators that, through a physician referral process, help their Medicare patients receive services and medical care that they need to enable them to live in their homes for as long as they can. The Department also coordinates with community-based services and local and state agencies.

THE TEAM THAT SAVES HEARTS

Every **43 seconds** someone in the United States has a **HEART ATTACK**



WHAT IS A HEART ATTACK?

Your heart muscle needs oxygen to survive. A heart attack occurs when the blood flow that brings oxygen to the heart muscle is severely reduced or cut off completely. This happens because coronary arteries that supply the heart muscle with blood flow can slowly become narrow from a buildup of fat, cholesterol, and other substances that together are called plaque. This slow process is known as atherosclerosis. When plaque in a heart artery breaks, a blood clot forms around the plaque. This blood clot can block the blood flow through the heart muscle. When the heart muscle is starved for oxygen and nutrients, it is called ischemia. When damage or death of part of the heart muscle occurs as a result of ischemia, it is called a heart attack, or myocardial infarction.

**Source: American Heart Association*

SYMPTOMS OF A HEART ATTACK

- **Crushing pain in your chest.** Doctors use the example that it feels like an elephant is sitting on your chest.
- **Shortness of breath or feeling dizzy.** Not all chest pain is a heart attack, but it is a good reason to call 9-1-1.
- **Shoulder pain • Arm pain • Sore back**
- **Neck pain • Strong headache**
- **Patients with diabetes may experience pain in the legs.**

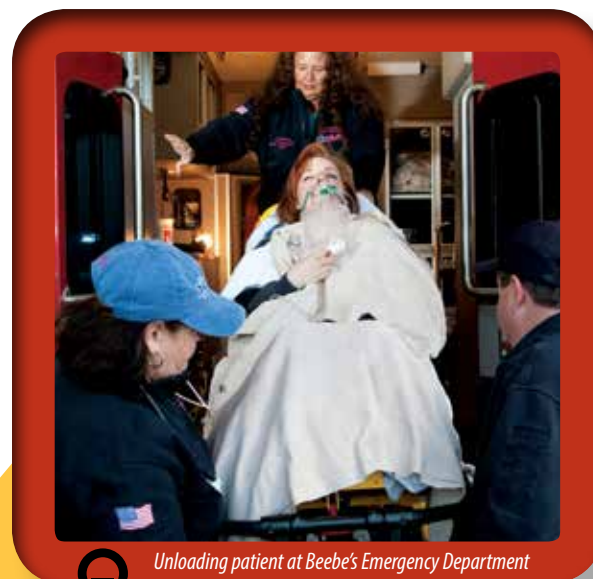
Talk to your physician about the right health screenings for you. For a list of free health screenings held throughout Sussex County, go to www.beebehealthcare.org/calendar.

Timeline of Your Heart Attack

Blinking, you look up. You are on the ground. Your spouse looks down at you. You feel like you are underwater, the crushing weight pushing you down.

You look again. You are in the ambulance. Paramedics are attaching a portable EKG machine. They start an IV. "You're having a heart attack."

Ambulance personnel page the Heart Code Team and the clinical experts at Beebe swiftly set into motion the course that will take you from Emergency Department to life-saving cardiac catheterization to recovery. It's a procedure that goes from 0–60 mph at the touch of the final button to page the Heart Code Team.



Unloading patient at Beebe's Emergency Department



07:30—The patient enters Beebe Emergency Department.

As the patient, you are awake and watching the flurry of action. Numbers are being called out as your stretcher is pushed into the Emergency Department. Quickly, a team of nurses enters the room to start taking vital information—blood pressure, blood sugar, heart rate, pulse, oxygen levels. Wires are brought out and affixed onto your chest so the Heart Code Team can get another EKG to monitor your progress.



Lewes Ambulance

The patient with suspected heart attack is in transit to Beebe. The Heart Code Team is alerted via pager.

While the ambulance is on its way, the Emergency Department team of physicians, nurses, technicians, and specialists prepares the room, gathers materials, and plans for the next steps based on information from the Emergency Response Team.

As the ambulance pulls in, members of the team rush through the glass doors to help paramedics bring you inside and get specific information.

SHOULD I CALL 9-1-1?

It is important to call 9-1-1 if a serious illness is suspected, especially when it could be a heart attack. The Sussex County Paramedics Emergency Response Team has early interventions available onboard that can be given to help stabilize the patient while in transit. Paramedics also have a portable EKG, which allows them to confirm if a person is having a heart attack. This will speed up the time from ambulance to seeing a doctor and will help emergency responders initiate a Heart Code. The team will be ready prior to the ambulance's arrival at the Beebe Emergency Department.



Beebe's Emergency Department



GE X-ray machine in the Emergency Department

"This patient has blood sugar levels that are abnormally high," explains one nurse to another. Looking at you, they ask, "Do you have diabetes?" You slowly shake your head.

Information is relayed between the teams. The Cath Lab is radioed: "We are ready to go." The reply comes back: "We are ready for you."

"It's a very step-by-step process. We identify the issue, get the patient stabilized, and get them to the Cath Lab. We focus on doing our job well and doing it quickly," says Kevin Bristowe, MD, FACEP, Board Certified in Emergency Medicine.

IMAGING THE CHEST

"Once we receive the Heart Code page, our team takes the portable X-ray machine, which is dedicated to the Emergency Department, and stands by until the order from the physician is received," says Josh Wyatt, Manager of Diagnostic Imaging. The portable GE X-ray machine provides a digital image that can be read by the technologist and emergency physicians in about three seconds. It is then sent electronically to the Cath Lab. "This technology saves us at least two minutes per exam and has drastically increased the team's efficiency," Wyatt says.



"When we first see the patient, we want to get a full understanding of his or her condition. We run tests, draw blood, and order an EKG and chest X-ray. We are in constant communication with the team and with the Cath Lab. Our goal is to get the patient ready to go to the Cath Lab as immediately as possible."

It's almost like a pit crew. The patient comes in and the team surrounds him or her. There is a flurry of activity as soon as the Emergency Department doors swing open to bring in a heart attack patient. And, that's how it should be because we want to learn everything we can to diagnose this patient and get him or her the treatment necessary."

—Kevin Bristowe, MD, FACEP,
Medical Director for Emergency Services



PHARMACY IN THE EMERGENCY DEPARTMENT

Lisa Deal, PharmD, BCPS, BSN, RN, is part of the Heart Code Team. As the team gathers vital information, Lisa and her pharmacy team work to compile an accurate medication list. In addition to compiling a medication list, the pharmacy team is also working with doctors on emergency medications for the patient and confirming future orders that will be needed after the procedure, Deal says.

When diabetes is a factor, it is more dangerous. High blood sugar can cause problems after the catheterization. Diabetes could mean a compromised vascular system; it could mean poor kidney function, increased pain, and it increases the chance of a future heart attack. All of these possibilities are among the reasons Beebe makes it a priority to have a pharmacist based in the Emergency Department.



Beebe's Cardiac Cath Lab



07:50—The patient is wheeled to the Cardiovascular Laboratory, commonly called the Cath Lab, which has advanced cardiac capabilities. Here, one of Beebe's three interventional cardiologists—Mouhanad Freih, MD; G. Robert Myers, MD; and Ehtasham Qureshi, MD—will perform the catheterization procedure.

Within 20 to 30 minutes of entering the Emergency Department, you, the heart attack patient, are wheeled to the Cardiac Cath Lab, where an interventional cardiologist will perform the catheterization procedure. Interventional cardiology nurse practitioner Denise Pecora, NP, has already met and evaluated you in the Emergency Department.

TIME IS TISSUE

"We like to say that time is tissue," says interventional cardiologist Mouhanad Freih, MD. "Every minute you wait during a heart attack, you're losing heart muscle. When you have a heart attack or myocardial infarction,

the national standard of care is to unblock the artery within 90 minutes. Our average time is under 60 minutes."

The room is outfitted with the latest in digital imaging technology, which allows the interventional cardiologist to visualize the coronary arteries of the heart to determine where the blockage is located. The physician then is able to balloon and stent the artery to open it back up allowing blood to flow once again to the heart muscle.

INSERTING A STENT

Angioplasty or cardiac catheterization is done using a thin, soft tube called a cath-

PREVENT HEART ATTACK RISKS

While not all heart attacks can be prevented, there are steps you can take to lower your risk of a heart attack.

- **Quit smoking.** Smokers' risk of developing coronary heart disease is much higher than that of nonsmokers.
- **Control your cholesterol.** As blood cholesterol rises, so does risk of coronary heart disease. When other risk factors (such as high blood pressure and tobacco smoke) are present, this risk increases even more.
- **Keep blood pressure in check.** High blood pressure increases the heart's workload, causing the heart muscle to thicken and stiffen. This stiffening of the heart muscle is not normal, and it causes the heart to not work properly. It also increases your risk of stroke, heart attack, kidney failure, and congestive heart failure.
- **Keep your body moving.** Regular, moderate-to-vigorous physical activity helps reduce the risk of heart and blood vessel disease.
- **Lose a few pounds.** People who have excess body fat—especially if a lot of it is at the waist—are more likely to develop heart disease and stroke even if they have no other risk factors.
- **See a doctor regularly and control your diabetes.** Diabetes seriously increases your risk of developing cardiovascular disease. Even when glucose levels are under control, diabetes increases the risk of heart disease and stroke, but the risks are even greater if blood sugar is not well controlled. At least 68 percent of people over 65 years of age with diabetes die of some form of heart disease and 16 percent die of stroke.

*Source: American Heart Association



"There may be other problems that we see once we are in there, but we take care of the worst problem first. By evaluating the patient in the Emergency Department, it saves us time having to evaluate in the Cath Lab. When the page goes out, I focus

on getting to the Cath Lab and getting ready to do the procedure. Our Cardiovascular Laboratory has state-of-the-art capabilities. We are a high-volume center with very capable and experienced staff. And, most importantly, the Lab is available 24 hours per day, 7 days each week, and 365 days a year."

—Mouhanad Freih, MD, FACC, FSCAI, Chairman of the Department of Cardiology

For more information on the quality of the Heart Team, see the Quality Report on page 12.



"Patients come in and often they are very pale and clammy, but as soon as that balloon opens the culprit vessel, they relax and their color comes back. They immediately look healthy. It is a full-on adrenaline rush when the Heart Code page goes out, but once I

see the color returning and the patient looks healthier, all the stress was worth it. It's why we keep coming back every day."

—Denise Pecora, APN, CRNP, nurse practitioner,
Cardiovascular Services

ter, which is inserted into a blood vessel in the groin or wrist. Once the tube reaches the coronary arteries in the heart and the artery responsible for the heart attack (called the culprit vessel) is identified, a tiny balloon is moved through the catheter and used to open the artery. Most of the time a stent is placed in the artery to keep it open. In some cases, the doctor might remove loose pieces of blood clots from the artery with a small device similar to a vacuum.

Beebe Healthcare is in the top 48 hospitals nationwide for success in heart attack care. The standardized process in place at Beebe is one of the main reasons the Heart Code Team is so successful.

"We only have three interventional cardiologists here. We all practice very closely together. The process is very efficient—no variations—so it flows smoothly," says Dr. Freih.



Beebe's Intensive Care Unit (ICU)

BREATHING EASY

The Respiratory Services Team works to provide ongoing pulmonary system support, oxygenation, and clear airways as part of the Heart Code Team. Chris Steele, Director of Respiratory Services, says that there is always one of the 32 Respiratory Team members assigned to the Emergency Department.

In the Emergency Department, a CHEM 8 panel is done using a portable i-STAT machine. This is another way the Heart Code Team improves its efficiency, because the blood is drawn and run at the bedside, instead of having to be sent to the lab. It only takes two minutes for results.



08:25—Catheterization and stenting is complete, and the patient is wheeled up to Beebe's second floor Intensive Care Unit to rest.

RECOVERY IN THE ICU

After the procedure, the patient is carefully placed into a private ICU room to recover from the procedure. Nurses check the vitals, hang any medications prescribed, and talk to the patient about the next steps.

After catheterization procedures, patients generally stay in the hospital for about 48 hours, unless additional heart surgery is needed. If open-heart surgery is recommended, M. Ray Kuretu, MD, Medical Director of Cardiac Surgery, and his Cardiac Surgery Team will be called.

For patients with other illnesses, such as diabetes, additional education or treatment may be recommended. For someone with undiagnosed diabetes or high blood sugar, medication may be prescribed by the attending doctor from Beebe's Hospital Medicine program.

"Patients are usually relieved once they are here because the procedure is done and they are feeling better. We do a lot of education with the patient and talk about what happened and how to prevent another heart attack. We talk about smoking cessation, eating healthier, and keeping up on medications."

—Taryn Zimmerman, RN



RETURNING TO YOUR HEALTHIEST LIFE POSSIBLE

In many cases, six to eight weeks of Cardiac Rehab is suggested to make sure you are becoming stronger each week. New to Beebe is the Ornish Reversal Program, which can help cardiac patients in the areas of nutrition, stress management, exercise, and support.

Beebe Home Care Services can help you and your family at home for as long as needed after the heart attack.



Beebe's Cardiac Rehab and Ornish Reversal Program are located in a new center at the Beebe Medical Arts Building.

Beebe's Cardiac Rehab and Ornish Reversal Program



Beebe's Heart Code Team

“The entire Beebe team works together to provide all available services needed to help patients get back to living their healthiest life possible. The expert care is supported by a vast network of caring and compassionate health professionals throughout Sussex County—from Integrative Health and the Chaplain in the Medical Center to after-care services like Beebe Physical Rehabilitation, Beebe Home Care Services, Cardiac Rehab, and the Ornish Program—our goal is to get you back on your feet with the information and support you need to live your life.”

—Melinda Wright, RN, CM, DP, Case Manager and Discharge Planner

DIABETES MANAGEMENT

Diabetes is a rapidly growing chronic disease that affects approximately 70,000 Delawareans. For patients with cardiac illness, diabetes can complicate issues. Patients are referred by hospitalists and cardiologists for inpatient visits by certified diabetes educators following a heart attack, especially if glucose is uncontrolled. Diabetes education can begin as inpatient and continue as outpatient. Beebe's program, recognized by the American Diabetes Association, empowers people to improve self-management of diabetes and reduce their risk of further heart complications. For more information, call (302) 947-2500 or go to www.beebehealthcare.org.

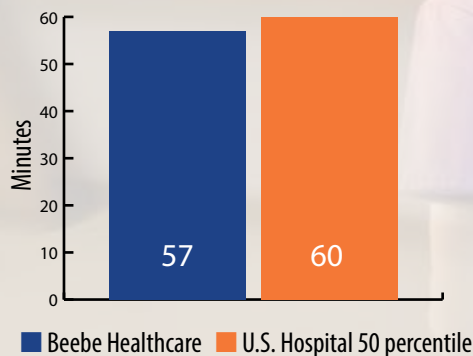


Beebe Home Care Services

COMMITMENT TO HIGHER STANDARDS

MINUTES COUNT IN EMERGENCY HEART ATTACK TREATMENT

Beebe performs above the U.S. Hospital 50 percentile in opening blocked coronary arteries with percutaneous coronary intervention (PCI). Research shows patients experience better outcomes when coronary arteries are opened within 60 minutes of hospital arrival.



Beebe Healthcare Median Time to Immediate PCI for heart attack (STEMI) compared to Median Time for U.S. Hospitals (October 2014–June 2015).

Source: American College of Cardiology Foundation NCDR® CathPCI Registry®



Trauma nurses rush a patient with cardiac symptoms from the Emergency Department to the Cath Lab.

Measures of Quality in Patient Care

Beebe Healthcare is committed to providing the highest standards of medical care based upon clinical evidence and proven protocols. We would like to share highlights of the recognition that we have received in regard to the care we provide in treating specific diseases and medical conditions.

HEART ATTACK, HEART FAILURE, AND STROKE

The American College of Cardiology in 2015 recognized Beebe for its commitment and success in implementing a high standard of care for heart attack patients. The recognition came in the form of the



ACTION Registry®—GWTG™ Platinum Performance Achievement Award for 2015.

Fewer than 6 percent of U.S. Hospitals received this award in 2015. ACTION Registry—GWTG is a partnership between the American College of Cardiology and the American Heart Association, with support from the American College of Emergency Physicians and the Society of Cardiovascular Patient Care.



In 2015, Beebe also received the American Heart Association/American Stroke Association's Get With The Guidelines® Stroke Gold Plus Quality Achievement Award. The award recognizes Beebe's commitment and suc-

cess in ensuring that stroke patients receive the most appropriate treatment according to nationally recognized, research-based guidelines using the latest scientific evidence.

The Joint Commission has certified Beebe Healthcare as an Advanced Primary Stroke

| | BEEBE HEALTHCARE | U.S. HOSPITAL 50 PERCENTILE |
|-------------------------------------------------------------------------------------------------------|------------------|-----------------------------|
| October 2014–June 2015 | | |
| Proportion of PCI Procedures with Post-Procedure Stroke (<i>lower is better</i>) | 0.0% | 0.05% |
| PCI In-hospital Risk Adjustment Mortality (STEMI patients excluded) (<i>lower is better</i>) | 0.68% | 0.90% |
| Median Post-Procedure Length of Stay (in days) for PCI patients with STEMI (<i>lower is better</i>) | 2.0% | 2.5% |

Center. The Certification means that Beebe is able to treat patients with stroke twenty-four hours a day, seven days a week and that Beebe Healthcare provides a nationally recognized standard of care that fosters the best possible outcomes for stroke sufferers. Beebe has offered a Certified Stroke program since 2010. The Joint Commission, an independent organization that accredits and certifies healthcare organizations throughout the nation, also has accredited Beebe Healthcare.

Additionally, Beebe was named a 5-Star Recipient for Treatment of Heart Failure in 2016 from Healthgrades®, the leading online resource helping consumers make informed decisions in order to find the right doctor, the right hospital, and the right care.



CANCER

In the spring of 2015, Beebe Healthcare's Tunnell Cancer Center was presented with the 2014 Outstanding Achievement Award by the Commission on Cancer® (CoC) of the American College of Surgeons (ACS).

Beebe is one of a select group of only 75 U.S. healthcare facilities out of 588 CoC-accredited Comprehensive Community



Cancer Centers to receive this national honor for surveys performed in 2014. The award acknowledges cancer programs that achieve excellence in providing quality care to cancer patients.

The purpose of the award is to raise awareness of the importance of providing quality cancer care at healthcare institutions throughout the United States. Tunnell Cancer Center was evaluated on 34 program standards, including further evaluation on seven com-



Paul R. Mayercsik, CMD, RT(R)(T), adjusts the 4-D camera that is used with this CT scanner to monitor the inner-body movement caused by the patient's breathing. This information is collected, together with the images captured by the CT scanner, and then fed into the radiation treatment planning software. Also pictured are radiation oncologist Brian Costleigh, MD, and Radiation Oncology Manager Kristen Rahn, RT(R)(T).

mendation standards. To be eligible, all award recipients must have received commendation ratings in all seven commendation standards in addition to receiving a compliance rating for each of the 27 other standards.

In February 2015, Tunnell Cancer Center was granted Three-Year Accreditation with Commendation for the fourth time in a row.

Tunnell Cancer Center has received reaccreditation by the Quality Oncology Practice Initiative (QOPI®) Certification Program, an affiliate of the American Society of Clinical Oncology (ASCO). The QOPI® Certification Program (QCP™) provides a three-year certification for outpatient hematology-oncology practices that meet nationally recognized standards for quality cancer care.

Tunnell first achieved QOPI certification in 2013. In applying for recertification, Tunnell Cancer Center participated in a voluntary comprehensive site assessment against clearly specified standards that are consistent with national guidelines and was successful in meeting the standards and objectives of the QOPI Certification Program.

QOPI® analyzes individual practice data and compares these to more than 160 evidence-based and consensus quality measures. This lengthy process evaluates all areas of treatment.

The certification reflects Tunnell Cancer Center's commitment to its patients and to the quality of their care.

ORTHOPAEDIC SURGERY, JOINT REPLACEMENT

Joint Commission has awarded Beebe disease-specific certifications in Spine Surgery, Hip Replacement, and Knee Replacement. These certifications mean that these programs have met the highest national standards and

Orthopaedic nurses Allie Montgomery, RN, and Jennifer Byler, RN, team up to help Tom Pirecki get on his feet safely soon after joint replacement surgery. Patient safety practices are critical to assure that the patient does not fall.



guidelines that can significantly improve outcomes.

In October 2015, Beebe became a recipient of the Healthgrades Orthopedic Surgery Excellence Award™ for the tenth year in a row (2007–2016), the only recipient of this award for ten years on Delmarva.



Healthgrades 2016 Report to the Nation, identifies Beebe as among the Top 10% of Hospitals Nationally for Specialty Excellence. In the report, Beebe is a recipient of the Healthgrades 2016 Spine Surgery Excellence Award™ and is named among the Top 5% in the Nation for Spine Surgery in 2016. Healthgrades also gave Beebe:



- 5-Star Recipient for Total Knee Replacement for the thirteenth year in a row (2004–2016).
 - > This rating means that on average there is a 64.9% lower risk of experiencing a complication while in the hospital than if they were treated by hospitals with a 1-star rating.
- 5-Star Recipient for Spinal Fusion Surgery for the seventh year in a row (2010–2016).
 - > This rating means that on average there is a 63.4% lower risk of experiencing a complication while in the hospital than if they were treated by hospitals with a 1-star rating. ■

Financial Report & Community Benefit Report

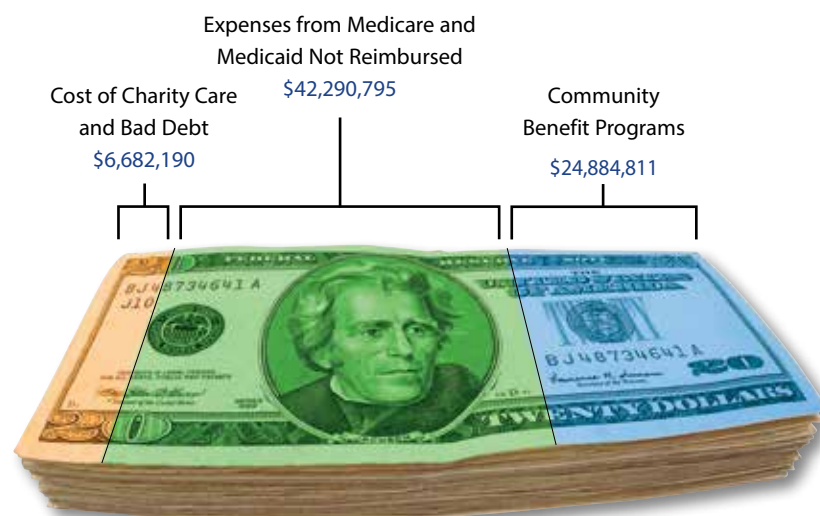
Comparative Consolidated Audited Statements of Operations for the twelve months ending June 30, 2015

| FISCAL YEAR | JUNE 2015 | JUNE 2014 |
|----------------------------------------------------------------------|----------------------|----------------------|
| PATIENT REVENUE | | |
| Inpatient Revenue | \$413,415,663 | \$370,249,969 |
| Outpatient Revenue | 486,182,413 | 425,955,505 |
| Total Patient Revenue | \$899,598,076 | \$796,205,474 |
| REVENUE DEDUCTIONS | | |
| We did not receive full payment: | | |
| Medicare, Medicaid, and Commercial | \$545,189,085 | \$465,052,713 |
| Prior Year Medicare Settlements | (1,600,464) | (1,623,387) |
| Charity Care and Other | 14,634,863 | 20,972,827 |
| Total Revenue Deductions | \$558,223,484 | \$484,402,153 |
| Net Patient Revenue before Bad Debt | 341,374,592 | 311,803,321 |
| Bad Debt | 5,739,861 | 7,173,467 |
| Net Patient Revenue after Bad Debt | \$335,634,731 | \$304,629,854 |
| Other Operating Revenue | 5,447,321 | 10,786,974 |
| Total Operating Revenue | \$341,082,052 | \$315,416,828 |
| OPERATING EXPENSES | | |
| Salaries | \$134,271,474 | \$124,541,733 |
| Contract Labor | 7,360,694 | 5,683,234 |
| Employee Benefits | 44,429,840 | 41,471,813 |
| Physician Fees | 8,407,423 | 7,653,541 |
| Patient-related Supplies and Services | 68,627,881 | 63,504,450 |
| Non-patient-related Supplies | 4,290,974 | 4,213,362 |
| Utilities | 5,477,690 | 5,501,401 |
| Insurance | 2,715,277 | 2,919,404 |
| Depreciation and Amortization | 18,810,799 | 17,371,523 |
| Interest | 1,475,707 | 2,010,529 |
| Repairs and Maintenance | 7,257,167 | 7,200,169 |
| Other Expenses | 30,805,670 | 28,580,036 |
| Total Operating Expenses | \$333,930,596 | \$310,651,195 |
| Income (loss) from Operations | \$7,151,456 | \$4,765,633 |
| ANALYSIS OF SERVICE | | |
| Admissions | 10,003 | 9,978 |
| Average Length of Stay (Days) | 4.46 | 4.09 |
| Cardiac Catheterization Procedures (Inpatient and Outpatient) | 2,205 | 2,052 |
| Inpatient Days of Care | 44,542 | 40,902 |
| Births | 870 | 856 |
| Emergency Visits | 47,225 | 45,596 |
| Laboratory Tests (Outpatient) | 737,774 | 665,417 |
| Radiation Oncology Procedures (Outpatient) | 12,945 | 11,388 |
| Radiology Procedures (Outpatient) | 120,583 | 110,580 |
| Rehabilitation Visits (Outpatient) | 85,372 | 72,737 |
| Surgical Procedures (Inpatient and Outpatient) | 13,675 | 13,546 |
| Beebe Medical Group Visits (Office Visits plus Outpatient Visits) | 125,333 | 100,336 |
| Home Health Visits | 38,695 | 28,490 |

Financial Summary for Fiscal Year Ended June 30, 2015

| | COMMUNITY BENEFIT COST |
|-----------------------------------------------------|------------------------|
| Charity Care (at cost) | \$4,848,489 |
| Bad Debt (at cost) | 1,833,701 |
| Government-sponsored Healthcare | |
| Medicare/Medicaid Total Net Expense | 42,290,795 |
| Community Benefit Program (net loss) | |
| Heart Fair | \$36,000 |
| Health Promotion and Wellness Programs | 986,677 |
| School-based Wellness Programs | 405,284 |
| HealthierSussex.com | 8,552 |
| Behavioral Health Services | 249,570 |
| Sexual Assault Nurse Examiner Programs | 174,885 |
| Oncology Research Program | 223,110 |
| Interpreter Services | 102,492 |
| Physician Services Recruitment | 412,140 |
| Physician Practice Guarantees | 2,136,164 |
| Workforce Development with Educational Institutions | 1,100,074 |
| Sponsorships | 138,125 |
| Gull House Adult Day Care | 416,045 |
| Subtotal Community Benefits | 6,389,117 |
| Beebe Medical Group | 18,495,694 |
| Total Cost of Community Benefits | 24,884,811 |
| TOTAL COMMUNITY BENEFIT FOR 2015 | \$73,857,795 |

COMMUNITY HEALTH DOLLARS SPENT



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EFFECTIVE AS OF JULY 1, 2014–JUNE 30, 2015

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INFORMATION FOR THE COMMUNITY

The Dean Ornish Program for Reversing Heart Disease®

The Dean Ornish Program for Reversing Heart Disease® at Beebe Healthcare is open and accepting participants.

This nationally recognized and Medicare-certified program has proven results in stopping the progression and reversing the effects of heart disease. It is located at the Beebe Health Campus at 18974 John J. Williams Highway in Rehoboth Beach. **The next open sessions will begin January 7, 2016.**

For more information, please visit our website, www.beebehealthcare.org/ornish, or call (302) 645-3514.



ornish reversal program

2016 Cancer Survivors Calendar Is Available Now!

PICK UP YOUR **FREE COPY AT THE TUNNELL CANCER CENTER**

WHILE SUPPLIES LAST



Additional Screenings for Your Health

Routine health screenings that allow you to monitor your own health and can signal a medical problem include:

- Blood glucose
- Blood pressure
- Body mass index (BMI)
- Cholesterol
- Bone density
- Eye exams and hearing assessments
- Kidney disease screenings

The screenings listed below are additional health screenings that Beebe Healthcare offers.

FREE ONLINE HEART HEALTH ASSESSMENT

This free online heart disease risk survey, called the Heart Health Profiler, allows consumers to know and understand their risk for heart disease in about five minutes. The brief survey gives consumers specific risk information and can connect them with health professionals, including cardiologists. The profiler is located on our website at www.beebehealthcare.org/hearthealthprofiler.



Beebe Heart Health Profiler

Prior to starting the Profiler, please have pertinent information available, including recent blood pressure, lab results for cholesterol numbers, and weight information.

HEART DISEASE

• **COMPUTED TOMOGRAPHY (CT) CORONARY CALCIUM SCREENING** can be ordered if a physician determines that a patient is at risk for cardiovascular disease. The scan can show if there are calcium deposits in arteries in the heart. The presence of calcium means that plaque has formed on the artery walls, and plaque can lead to heart attack.

VASCULAR DISEASE

• **PERIPHERAL ARTERY DISEASE (PAD)** is a narrowing of the arteries to the legs, stomach, arms, and head, though most commonly found in the legs. As with disease of the arteries in the heart, it also is caused by narrowing due to plaque. The vascular surgeon can order a **PULSE VOLUME RECORDING (PVR)** study, or a **DUPLEX SCAN**, which are noninvasive studies that give information about blood flow.

- The carotid arteries, which carry blood to the brain, also can become narrow and be blocked by plaque. **ULTRASOUND SCREENINGS** show whether these arteries are blocked, where the blockage is located, and how severe it is.
- **ULTRASOUND SCREENINGS** also are available to diagnose an aneurysm in the abdominal aortic artery, which is the largest artery in the body.

CANCER

- **BREAST TOMOSYNTHESIS, OR 3D MAMMOGRAPHY**, is the latest advance in digital mammography. The advantages over traditional mammography (also known as 2D mammography) include better cancer detection at an earlier stage and fewer return visits for additional images, resulting in less anxiety and greater convenience for women undergoing mammography. While all women may benefit from 3D mammography, the greatest benefit is in women with dense breast tissue, those who have had breast cancer, and those with a strong family history of breast cancer, or who are known carriers of the BRCA breast cancer gene.
- **LOW-DOSE CT LUNG CANCER SCREENING** is available for people at risk for lung cancer due to smoking history. Physicians assure that patients meet the screening criteria and provide an order.
- **NAVIGATIONAL BRONCHOSCOPY** helps find early-stage cancers in the small and narrow bronchi in the lung periphery that a normal bronchoscope cannot access. It is a minimally invasive procedure that combines electromagnetic navigation and advanced 3-D imaging, making a road map into the lungs.



OUR VISION

Our vision is for Sussex County to be one of the healthiest counties in the nation.

OUR MISSION

Beebe Healthcare's charitable mission is to encourage healthy living, prevent illness, and restore optimal health with the people residing, working, or visiting the communities we serve.

The *Beacon* is published by Beebe Healthcare to present health information to the people of southern Delaware. Health information provided in the *Beacon* should not be substituted for medical advice offered by a physician. Please consult your physician on medical concerns and questions.

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