

BEACON

SPECIAL ISSUE – DECEMBER 2012



ANNUAL REPORT

PARTNERING FOR BETTER HEALTH

Beebe Medical Center healthcare quality and safety professionals work with staff to ensure that best practices are followed. Pictured are (back to front, front row): Richard Weems, LPN; Margaretta Dorey, RN, BSN; Ann Smith, RN, BS, CPHQ, Director of Quality; Mary Roche, RN, CPHM; Marcy Jack, Esq., BSN, CPHRM, Director of Risk Management; Teena K. Crane, RN, CPHRM; (back row): Teresa Hitchens, RN, BSN, CNOR, CRNFA(E); Theresa Houston, RN, BSN, CCRN; Barbara Moulinier, MA, HACP; Donna Anderson, RN, CIC; and Marsha Rogers, RN.



Beebe Medical Center
LEWES, DELAWARE



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PARTNERING FOR BETTER HEALTH

COMMITTED TO BRINGING OUR COMMUNITY COST-EFFECTIVE, SAFE, QUALITY HEALTHCARE

“WE ARE PROUD TO SHARE OUR INITIATIVES AND ACCOMPLISHMENTS THAT ARE INCLUDED HERE IN THIS SPECIAL ISSUE OF THE BEACON.”

—JEFFREY M. FRIED, FACHE, PRESIDENT/CEO & THE HONORABLE WILLIAM SWAIN LEE, CHAIR, BOARD OF DIRECTORS

We are entering a new era of healthcare in our nation. With reform well under way, we have to focus even harder on being cost-effective while we provide high-quality medical care and best serve our community at the same time. Even as a hospital organization, we also have to focus on the health of our community outside of our walls. Our role as healthcare providers does not stop when the patient leaves the hospital room or one of the outpatient facilities. Our role is to support the health and wellness of all of those in our community. To accomplish this, we must form partnerships with other healthcare organizations, with our local governmental agencies, and with the communities that make up Sussex County.

We are proud to share our initiatives and accomplishments that are included here in this special issue of the *Beacon*. They reflect the continual commitment and dedication by the Beebe Medical Center staff, the physicians, and the leadership to implement best practices in medicine, to control infection, to fight disease, to continually improve processes, to adopt the safest and most effective surgical procedures, and to support our patients as they pursue their health and wellness outside of our doors.



The commitment of the entire Beebe Medical Center team has been recognized by the Centers for Medicare and Medicaid Services (CMS) as it has gathered and analyzed information on our patient outcomes—how our patients do after they leave our care.

We recently learned that Beebe Medical Center has been rated well above the national average—73.3 compared to 55.5 in the federal government’s new “Hospital Value Based Purchasing” system. But our goal has never been to compare ourselves to average organizations. Rather, our goal has always been to rank among the very best. This rating system is extremely important to all U.S. hospitals because, as of this past fall, it directly impacts how much CMS will reimburse us for the care we give our patients. If the quality of care is inferior, we will be paid less. If the quality of care is superior, we will be paid more. The fact that we are rated so highly directly reflects the high quality of care that we offer.

Beebe Medical Center is committed to bringing our community cost-effective, safe, quality healthcare. We thank you for supporting us and for joining us in making Sussex County among the healthiest counties in the nation.

The Quality & Safety Committee of the Beebe Medical Center Board of Directors focuses on the Board’s oversight responsibility for quality and safety throughout the organization. Pictured are (seated, left to right): The Honorable William Swain Lee, Chairman of the Board of Directors; Jeffrey M. Fried, FACHE, President and CEO; Ann Smith, RN, BS, CPHQ, Director of Quality; (back row): Anis K. Saliba, MD; Paul Minnick, RN, MSN, NEA-BC, Vice President, Patient Care Services; Marcy Jack, Esq., BSN, CPHRM, Director of Risk Management; Stephen M. Fanto, MD, Committee Chairman; Jeffrey E. Hawtof, MD, Vice President, Medical Operations & Informatics; Bhaskar S. Palekar, MD; Paul Pernice, CPA, Vice President, Finance; and David A. Herbert. Members not pictured are: Vikas Batra, MD; William L. Berry; James P. Marvel, Jr., MD; Janet B. McCarty; Paul C. Peet, MD, President of the Beebe Medical Staff; Ronald Sabbagh, MD; Karen Savidge, RN; and William A. Thomas, Jr., MD.



Jeffrey M. Fried

Jeffrey M. Fried, FACHE
President/CEO

William Swain Lee

The Honorable William Swain Lee
Chair, Board of Directors

MEASURING OUR SUCCESS

IMPROVING 'CARE TRANSITIONS' AS PATIENTS NAVIGATE THE HEALTHCARE SYSTEM

The 53-year-old unemployed father of five suffered from chronic obstructive pulmonary disease, congestive heart failure, obesity, chronic pain, and depression. Between February 2011 and October 2011, he was admitted to the hospital seven times.

Unfortunately, the repeated hospital visits this man experienced are not unusual in the United States. We are a nation that is very good at treating patients with acute medical episodes, but not at making sure they receive the maintenance and preventive

care they need after they leave the hospital.

Consider the 64-year-old retired teacher with acute renal failure, deep vein thrombosis, hypertension, and other medical issues who was admitted eight times in one year. Another example is a 37-year-old with chronic pain, anxiety, and depression who made 17 emergency room visits in just over a year.

Over the last several months, patients like those mentioned above participated in a Beebe Medical Center “care transitions” pilot program that sought to help them manage their chronic conditions so they could successfully transition back to their homes. Positive results led to the development of a new program called Beebe CAREs (Care coordination, Access, Referral to community-based resources, and Empowerment of patients).

The idea for CAREs came out of Beebe’s Population Health Department while the team worked to enhance the Outreach and Chronic Disease Screening program. This program strives to reach into the community and help patients who suffer from chronic illnesses to receive the healthcare and support they need so that they can remain in their homes and maintain quality of life. Identifying the conditions—such as diabetes, obesity, hypertension, and high cholesterol—wasn’t enough. “We needed to connect people with care,” says Population Health Director Megan Williams, FNP-COPC. “We needed to close the circle.”

CAREs, initiated following a hospital discharge, targets people who are considered at high risk for readmission to the hospital. Along with chronic disease, high-risk factors may include multiple medical conditions and medications, lack of social support,



The focus of Beebe Medical Center’s Population Health Department is to improve the health of those in the community who are not hospitalized patients. Team members pictured here are (left to right) Megan Williams, FNP-COPC, Director; Sue Shevlin, MSW; and Dianne Bane, RN.

“FOR THE MAJORITY OF PATIENTS TO SUCCESSFULLY NAVIGATE THE HEALTHCARE SYSTEM, THEY NEED A CAREGIVER, AND IT’S IMPORTANT TO INCLUDE HIM OR HER ON EVERY LEVEL.”

—MEGAN WILLIAMS, DIRECTOR OF POPULATION HEALTH AND A NURSE PRACTITIONER

transportation issues, and insufficient knowledge about the disease or medications. Many patients have a dual diagnosis. Mental illness and chronic pain, for instance, increases their risk of readmissions. And, most people don’t understand how to effectively navigate the health system.

Hospitalists, case managers, nurses, and community providers, such as primary care physicians, refer patients into the program. The CAREs team, which, along with a nurse practitioner, includes a social worker and a registered nurse who is also a wellness coach, evaluates the patient. Once the patient is enrolled, the team completes an assessment and baseline questionnaire that includes a comprehensive health history.

Setting goals is a key part of the program. These goals will differ depending on the individual. “We say: ‘We’re here to help for the next 90 days, what is it that we can help you achieve?’” Ms. Williams says. The 53-year-old single father, for instance, wanted to make sure his children were cared for. He also needed to improve his living conditions, which were exacerbating his condition. The team connected him with the community-based resources that can provide help.

The goals often include a fun activity, such as attending a NASCAR race with a relative or going to the boardwalk to enjoy a summer sunset at the beach. “We take these goals very seriously and write them into a unique plan,” Ms. Williams says. “We want to help them manage their chronic illness and make sure they understand how to take their medication; at the same time, we can incorporate their personal goals. For example, we might say, ‘We can help get you to the NASCAR race with your nephew if you work to better manage your heart failure.’ By framing goals in this manner, the patient’s level of engagement is really heightened.”

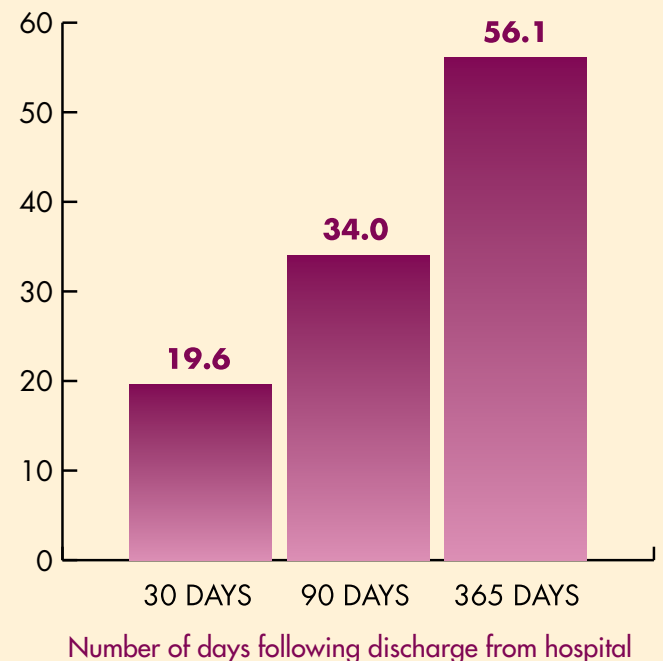
Knowing how to properly take medication is a transition skill, she explains. So is learning to recognize the red flags that indicate when a patient should call the doctor. The program also includes the caregiver. “For the majority of patients to successfully navigate the healthcare system, they need a caregiver, and it’s important to include him or her on every level,” Ms. Williams says.

In addition to improved transition skills, patients have reported an improved quality of life as a result of being a part of the Beebe CAREs program. Results are measured through follow-ups with the patients. Another outcome goal is to reduce utilization and the cost of services. The Beebe CAREs pilot found a 49 percent reduction in the number of readmissions, a 45 percent reduction in the average length of stay, a 95 percent improvement in the average transition skills score, and a 44 percent improvement in the average quality of life score.

Beebe CAREs is part of a larger movement in healthcare to look beyond the four walls of a hospital or doctor’s office, Ms. Williams says. “Such programs determine how providers and community programs can best collaborate with patients to improve the quality of healthcare and access to services.” ■

REHOSPITALIZATIONS AFTER DISCHARGE FROM THE HOSPITAL AMONG PATIENTS IN MEDICARE FEE-FOR-SERVICE PROGRAMS

Percent of Patients Rehospitalized (Cumulative)



Source: Adapted from S. F. Jencks, M. V. Williams, and E. A. Coleman, “Rehospitalizations Among Patients in the Medicare Fee-for-Service Program,” *New England Journal of Medicine*, Apr. 2, 2009, 360(14):1418–28.

PROGRAM OUTCOMES

There is enough evidence at the .01 level of significance to support our claim of raising transition skills and quality of life in patients. The program is statistically proven to help patients build vital skills to cope with the transition period of discharge and solve social issues affecting quality of life.

	PRE-PROGRAM	POST-PROGRAM	PERCENT CHANGE
Average number of readmissions	5	2.56	49% Reduction
Average length of stay (number of days)	7.89	4.45	45% Reduction
Average transition skills score	1.44	25.44	95% Improvement
Average quality of life score	59.44	32.89	44% Improvement



PROCESS IMPROVEMENT

THE BUILDING BLOCK FOR QUALITY CARE

Nurses prepare to insert a urinary catheter (left to right): Denise Larson, RN, MSN; Theresa Houston, RN, BSN, CCRN; and Ellen Purple, RN, BSN.

Process improvement initiatives are ongoing at Beebe Medical Center as employees and leadership focus on bringing the best quality medical care to the communities we serve. The collective result has been recognized by the Centers for Medicare

and Medicaid Services (CMS) through ways in which it rates Beebe. For example, **Beebe Medical Center has received a 73.3 rating in the “Hospital Value Based Purchasing” rating system. This rating put Beebe Medical Center 32 percent higher than the national average of 55.5, and 53 percent higher than the Delaware hospital average of 47.9.**

This rating system is extremely important to U.S. hospitals because as of October 2012, it directly impacts how CMS will reimburse hospitals for the care they give patients. If the quality of care is inferior, hospitals will be paid less. If the quality of care is superior, hospitals will be paid more. The rating is based on an analysis of such factors as:

- patient outcomes related to how the hospital treated them for heart failure, heart attacks, and pneumonia;
- how patients fared in regard to their health during and after surgery;
- patient satisfaction.



Beebe patient Holland Franks participates in the conversation between his nurses Joanna Robertson and Michele Robertson at shift change. His participation is part of the Bedside Reporting initiative to improve communication and the quality of patient care.

For consumers, it also is an important rating. It means that hospitals with a high rating are providing a higher standard of care.

Below are two of more than a dozen process improvement initiatives at the hospital that we'd like to highlight.

The **Hands-off Communication Initiative** was born on the 3rd floor Medical-Surgical Unit (3MS). While in nursing school, nurse Joanna Robertson, RN, had studied about "Bedside Reporting," a practice that allows patients to take part in the nurses' daily shift change. Instead of having nurses meet at the nurses' station to discuss the needs of each patient, they instead meet at the bedside and include the patient, and even family members at the patient's request, in the discussion. The patient's medical information is communicated more quickly to the staff members of the next shift, creating a seamless flow of patient care that already has translated into improved quality and safety. Satisfaction scores have increased dramatically for both nurses and patients. The practice is now being introduced into other patient areas.

The **CAUTI Prevention Initiative** acronym stands for "Catheter-associated Urinary Tract Infections." It's well known that patients can develop infections associated with the use of urinary catheters, so hospitals want to remove them as soon as it is possible. In 2009, a nurse task force was formed to research best-practice recommendations. A nurse-driven urinary catheter discontinuation protocol was developed and implemented for the early removal of unnecessary urinary catheters. The new protocol was reviewed and approved by the Medical Executive Committee (MEC), which is made up of physician leaders, and by the hospital's Nursing Councils for Approval. The Professional Practice Council made sure that all nurses were trained in the new protocol and that additional equipment was purchased. Initial results show that there has not been a single urinary tract infection in the Intensive Care Unit (where the

pilot was introduced) in two years. The initiative was expanded hospital-wide in 2011. Since then, these infections have decreased by 30 percent, and there have been none in the Intermediary Care Unit (IMCU) for a year.

These accomplishments reflect the dedication and commitment across the hospital. In November 2012, Beebe Medical Center recognized the process improvement teams at the annual Quality and Safety Awards banquet. Three teams were honored. One was the "Hands-off Communication" team, the other two were "Medical Staff Quality Measures," which focused on the creation of a Medical Staff Committee that is responsible for the measurement, evaluation, and oversight of the competency and performance of medical providers through a multispecialty approach with an emphasis on the pursuit of excellence and collegial learning; and the "Coordination of Care Initiative," which implemented actions to improve and maintain the health of patients with chronic illnesses such as heart failure after they are discharged from the hospital. ■



Three teams received awards at the Third Annual Quality and Safety Awards banquet. Pictured here is the presentation to the "Coordination of Care Initiative" team representatives (left to right): Stephen M. Fanto, MD, Quality & Safety Committee Chairman; Dianne Bane, RN; Megan Williams, FNP-COPC; and Jeffrey M. Fried, FACHE, President and CEO of Beebe Medical Center.

HEALTHCARE ASSOCIATED INFECTIONS

Healthcare Associated Infections (HAIs) are serious conditions that occur in some hospitalized patients. Many HAIs occur when devices, such as central lines and urinary catheters, are inserted into the body. Hospitals can prevent HAIs by following guidelines for safe care.

The Central Line Associated Blood Stream Infections (CLABSI) Score is reported using a Standardized Infection Ratio (SIR). This calculation compares the number of central line infections in a hospital's intensive care unit to a national benchmark based on data reported to NHSN from 2006–2008. The result is adjusted based on certain factors such as the type and size of a hospital or ICU.

MEASURES USED TO EVALUATE PATIENT CARE FISCAL YEAR 2011 RATES*

	BEEBE MEDICAL CENTER	U.S. NATIONAL RATE
Air bubble in the bloodstream	0.000	0.003
Mismatch blood types	0.000	0.001
Severe pressure sores (bed sores)	0.000	0.136
Falls and injuries	0.098	0.527
Blood infection from a catheter in a large vein	0.000	0.372
Infection from a urinary catheter	0.195	0.358
Signs of uncontrolled blood sugar	0.000	0.058

per 1,000 patient discharges



INTEGRATING CARE

CONSIDERING THE WHOLE PATIENT

Cancer Coordinator Clare Wilson, RN, MS, works closely with cancer patients. Picture here, left to right, Susan Selph with Clare Wilson.

Whether in the workplace, in the gym, or on the playing field, professional coaches help people to visualize the future, to set goals, and to determine what they need to do to achieve them.

Beebe Medical Center is taking the same approach to wellness. Clare Wilson, RN, MS, for instance, is the Cancer Care Coordinator at the Tunnell Cancer Center. Ms. Wilson, who has both a nursing degree and a master's degree in counseling, is a certified well coach at the center. She's joined by the center's other two well coaches, Jude Johnson-Shupe, MSW, a psychosocial service specialist, and Kim Westcott, a registered dietitian. The Beebe CAREs program also has a well coach on its team (see page 4).

Similarly, Cancer Nurse Navigator Kathy Cook,

MSN, RN, helps patients through the Beebe Breast Health Center. Located at the Bookhammer Out-patient Center on Route 24 in Rehoboth Beach, the center is the region's only facility devoted to breast care, diagnosis, and treatment for men and women.

Well coaches and navigators address the patient's entire well-being. They integrate care as they focus on the individual needs of each patient.

Ms. Cook, who is notified when one of her patients needs to return for more diagnostics, is a one-stop source to answer any of the patient's questions.

"Kathy educates women requiring further breast health testing about the next step," says Judith Ramirez, EdD, Manager of Psychosocial Services and Outreach at Tunnell Cancer Center. "If it's a biopsy,



Judith Ramirez, EdD, Manager of Psychosocial Services and Outreach at Tunnell Cancer Center

WELL COACHES AND NAVIGATORS ADDRESS THE PATIENT'S ENTIRE WELL-BEING. THEY INTEGRATE CARE AS THEY FOCUS ON THE INDIVIDUAL NEEDS OF EACH PATIENT.

she explains the procedure. She might provide information about an ultrasound or a lumpectomy or mastectomy.”

Not only does she answer questions, but she'll also help patients make appointments for further testing. She's happy to accompany them to their appointments, and some patients take her up on the offer. “I try to meet whatever their need is,” says Ms. Cook, who has received a certification in breast health navigation. “I'm their point of contact.”

In addition to digital mammography, breast ultrasound, and minimally invasive breast biopsies, the Breast Health Center also provides care for people with benign breast disease. Ms. Cook calls patients to make sure they've scheduled the appropriate follow-up appointments. She also teaches them how to self-examine their breasts.

Most patients are happy to have someone to talk to, she says. Dr. Ramirez agrees: “In the six months since we started the nurse navigator program, I've received many kudos for Kathy's services. It's all about the emotional connection.”

Forming an emotional connection is also part of the work that Clare Wilson does as the Cancer Care Coordinator. “Patients are not just their cancer and they are not just patients; they are a whole person. We integrate the mind, body, and spirit,” she says.

Consider the patient who recently completed radiation or chemotherapy, an occasion Tunnell Cancer Center marks by inviting patients to ring a bell. Heard more than 1,000 times a year, the sound stands for courage, hope, triumph, strength, faith, and love.



Breast cancer survivor Esselee Davis rings the bell at the Tunnell Cancer Center, signifying courage, hope, triumph, strength, faith, and love.

Ms. Wilson helps cancer survivors define who they are in the present and envision themselves three months down the road. “Coaching always starts with a vision,” she explains. “It should be a



Right, Kathy Cook, MSN, RN, Nurse Navigator at the Beebe Breast Health Center, guides patients who have received a positive diagnosis for cancer through the process of scheduling appointments, treatments, and surgery.

powerful statement and an active statement, such as ‘I am strong and back to work,’ or ‘I am living peacefully.’”

The vision statement leads to goals. The goals meet wellness objectives, such as starting a healthy diet, gaining strength, or becoming more active. Once vision and goals have been identified, Ms. Wilson and her client discuss the unique strengths the person possesses that can help them realize that goal. They also review any barriers, and they talk about how they might overcome these challenges. Jude Johnson-Shupe and Kim Westcott, in their well-coaching roles, work in the same manner with patients.

Well coaches are available to meet with caregivers and family members. They counsel those who have lost loved ones. Ms. Wilson also coordinates care between other facilities for those patients who divide their time between residences or who have sought a second opinion or specialized care outside of Tunnell Cancer Center. Both Ms. Wilson and Ms. Cook agree that navigating and counseling patients, and supporting them in the integration of their care and in focusing on their individual goals and vision, is indeed a rewarding endeavor. ■



WORKING TOGETHER

COLLABORATING WITH THE COMMUNITY TO IMPROVE HEALTH

Ed Kee, Secretary of Agriculture for Delaware, and Jeffrey M. Fried, FACHE, President and CEO of Beebe Medical Center, shake hands on a beautiful sunny day. Both men are focused on improving the health of Delaware.

Beebe Medical Center's vision is for Sussex County to be one of the healthiest counties in the nation. To succeed, Beebe Medical Center has created initiatives to work together with other hospitals in Sussex County, community organizations, state and county representatives, and others to impact the health of all the people who live and work in this vast county.

Healthier Sussex County: In July of 2012, Beebe Medical Center, Nanticoke Memorial Hospital, and Bayhealth Medical Center announced Healthier Sussex County, an initiative to improve the health of

residents through providing resources where they are needed. Diabetes and mammography were identified as the first areas to focus on. Information collected by the State of Delaware reveals that the prevalence of type 2 diabetes in the county

increased from 9.9 percent of the adult population in 2008 to 11.6 percent in 2009. Mammography, which is used to screen for breast cancer, is important because Sussex County has a higher rate of breast cancer than the national average.

Local communities: Besides working through this collaborative, Beebe Medical Center has focused on both these health issues independently. Its Diabetes Management Department offers diabetes education that is available through a physician referral. Diabetes Educator Tina Trout, ACNS-BC, CDE,



The Honorable William Swain Lee, Chairman of the Beebe Medical Center Board of Directors; Esthelda R. Parker-Selby, a member of the Beebe Board of Directors; and Rev. Fred Hopkins are involved with the effort to improve the health of those who live and work in Sussex County.



The three hospitals in Sussex County have come together to tackle health disparities. Pictured here (left to right) are Steven A. Rose, FACHE, President and CEO of Nanticoke Memorial Hospital; Terry M. Murphy, FACHE, President and CEO of Bayhealth Medical Center; and Jeffrey M. Fried, FACHE, President and CEO of Beebe Medical Center.

often speaks at free screening events, whether sponsored by Beebe Medical Center or local community organizations. Beebe Medical Center's Population Health Department offers regular free glucose screenings at health events. Beebe Medical Center also offers free glucose screenings every Wednesday at its labs in Millville, Milton, Rehoboth Beach, and at the hospital. The results of all of the free glucose screenings are sent to the Population Health Department, which follows up with patients.

Through the Sharing Our Stories, Saving Our Sisters (SOS²) program, Beebe Medical Center's Tunnell Cancer Center uses professional cancer screening nurse navigators and lay health navigators to reach women who, through lack of health insurance, health knowledge, or other reasons, have traditionally not been diagnosed until the later stages of breast cancer. Mortality rates, for example, in the African-American population are higher than in the Caucasian population. The program, funded through a grant from the Philadelphia Affiliate of the Susan G. Komen for the Cure organization, also covers the cost of co-pays if the women are financially eligible.

These free breast cancer screenings are offered monthly to women who qualify at Tunnell Cancer Center through Breast Health Forums. Screenings also are offered at several different locations when program representatives have reached out to other organizations. Since this program was initiated in 2010, more than 3,573 women have been educated. Of those, 1,323 were navigated for screening and 285 had their mammograms funded by the Komen grant. Partnerships also have been created with several community organizations to reach out to even more women.

Affiliation with Nanticoke Cancer Care

Services: This year, Nanticoke Cancer Care Services affiliated with Tunnell Cancer Center. This affiliation allows Beebe Medical Center medical and radiation oncology physicians to treat patients at Nanticoke Cancer Care Services in Seaford, Delaware. This affli-



SOS² held a "Girls Night Out" dinner event in September at the Atlantic Sands Hotel in Rehoboth Beach to celebrate breast cancer survivors. A movie was shown that highlighted local survivors and their commitment to hope and life. The event was sponsored by Healthier Sussex County, Susan G. Komen for the Cure, and SWAP Productions LLC, the producer of the movie. Nearly 40 local organizations and businesses supported the event. Several hundred survivors, their families, their spouses, and their caregivers attended. Pictured here enjoying the event are two-time breast cancer survivor Carolyn Spence and her husband Matt.

ation expands support services for Nanticoke patients, brings clinical trial participation to Seaford, and provides for valuable upgrades to the technology available at Nanticoke. The affiliation also has strengthened the relationship of the state's cancer care professionals in their effort to improve the overall health of the state's population.

Quality Insights of Delaware: Beebe Medical Center has joined with Quality Insights of Delaware, Nanticoke Memorial Hospital, home health agencies, and hospice in the *Southern Delaware Care Transition Community initiative* to look at ways to improve how patients transition from hospital care to their homes or to other care facilities. Ellen Tolbert, Director of Patient Relations at Beebe Medical Center, is working with her discharge planners to identify patient needs before they leave the hospital. ■



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COLLABORATIVE INITIATIVE



Healthier Sussex County
Connecting Community & Health Resources



YOU CAN EXPECT EXCELLENCE FROM US

Beebe orthopedic surgeons perform a total knee replacement.

Beebe Medical Center received the Orthopedic Surgery Excellence Award for 7 Years in a Row (2007–2013)

Healthgrades® rates Beebe Medical Center Among the 100 Best Hospitals for Orthopedic Surgery, Joint Replacement, and Spine Surgery for 2 Years in a Row (2012 & 2013)

Beebe Medical Center is a leader in orthopedic surgery. Beebe Medical Center is certified by the Joint Commission for hip and knee replacement surgeries. Highly trained surgeons perform knee replacements, hip replacements, and surgical procedures to correct back problems. Many patients once again have been able to take part in activities that pain, arthritis, damaged joints, and bad backs had prevented them from enjoying.

For seven years in a row, Healthgrades, an independent rating agency, has recognized Beebe Medical Center with the **Orthopedic Surgery Excellence Award**. Healthgrades ratings that have led to this award are based on about 40 million Medicare hospitalization records for services performed from 2009

through 2011 at approximately 4,500 short-term, acute care hospitals nationwide. Healthgrades independently measures hospitals based on data that hospitals submit to the federal government. No hospital can opt in or out of being measured, and no hospital pays to be measured.

These awards reflect the commitment of the entire staff and members of Beebe Medical Center's comprehensive orthopedic program: the surgeons who are members of the Beebe Medical Staff, the Beebe team members who specialize in caring for orthopedic patients, and those who are on the orthopedic surgical teams.

Over the years, the number of Beebe Medical Staff orthopedic surgeons has grown to 12. They include experts in joint replacement, shoulder surgery, and surgical procedures of the spine. These surgeons use many of the latest technologies and are making a difference in their fields. Patients have gained important information as they prepare for joint replacement and back surgeries from Beebe Medical Center orthopedic staff in patient education classes. Surgical patients, following their procedures, stay in a dedicated unit of the hospital where staff is specially trained to care for them.



Beebe Home Health physical therapist Linda Cullen, PT, helps Amelia Vinciguerra of Ocean View gain flexibility and strength following her knee replacement surgery.

healthgrades®

ORTHOPEDIC

2013

VISIT BEEBEMED.ORG FOR A COMPLETE LIST OF THE 2013 HEALTHGRADES® RATINGS ACHIEVED BY BEEBE MEDICAL CENTER.

Healthgrades® ranked Beebe Medical Center Among the Top 5% in the nation for Coronary Intervention Procedures for 2 Years in a Row (2012 & 2013)

#1 in Delaware for Coronary Intervention Procedures for 3 Years in a Row (2011–2013)

Heart disease is a leading killer of men and women in the United States. Each year more than 900,000 people suffer from heart attacks. A major cause of heart attacks is a blockage in the arteries of the heart (coronary arteries). Coronary interventions are medical procedures that interventional cardiologists perform in the hospital's Cardiac Catheterization Laboratory to open the arteries in the heart and, if necessary, to put stents in to keep them open.

For three years in row, Healthgrades has rated Beebe Medical Center #1 in Delaware for these procedures. It also has ranked Beebe One of America's 100 Best Hospitals for Coronary Interventions for 2012 and 2013.

Beebe Medical Center's Interventional Cardiology program is part of Beebe Medical Center's Cardiac and Vascular Services program. Board Certified interventional cardiologists perform the procedures in emergency situations when patients are suffering a heart attack caused by a blockage in an artery. They also perform them to treat patients who are scheduled for interventional procedures, either as a diagnostic procedure or to help prevent a heart attack.

Beebe Medical Center's Interventional Cardiology program is supported through a comprehensive collaboration between the Emergency Department, where patients often arrive first; the dedicated Cardiac Catheterization Laboratory nurses, staff, and physicians; the Intensive Care Unit; and dedicated cardiac units that care for patients before and after the procedure. And, in case the patient needs surgery, Beebe Medical Center also has dedicated

cardiothoracic surgeons on staff and a fully accredited Cardiothoracic Surgery program on-site at the hospital in Lewes.

SIGNS OF A HEART ATTACK

- Pain or discomfort in the center of the chest—the most common sign in both men and women
- Pain or discomfort in other areas of the upper body, including the arms, back, neck, jaw, or stomach
- Other symptoms, such as a shortness of breath, breaking out in a cold sweat, nausea, or lightheadedness

Women are somewhat more likely than men to experience signs other than discomfort in the chest, particularly shortness of breath, nausea/vomiting, and back or jaw pain.

Call 9-1-1 immediately if you or someone you know is experiencing these symptoms. Remember, minutes matter!

BEEBE'S CARDIAC CATH LAB

I. DIAGNOSTIC CATHS II. PROCEDURES IN THE CATH LAB

- Cardiac Catheterizations
 - > Percutaneous coronary interventions (PCI) including:
 - > Balloon angioplasty
 - > Coronary stenting
- Cardioversions
- Loop Recorders
- Pacemakers
- Generator Changes
- Transesophageal Echocardiograms (TEE)
- TEE with Cardioversion

III. ELECTROPHYSIOLOGY SERVICES



A patient's cardiac arteries are examined during a cardiac catheterization prior to placing a stent.

healthgrades®

CORONARY INTERVENTIONS 2013

Healthgrades® ranked Beebe Medical Center #1 in Delaware for Vascular Surgery in 2013

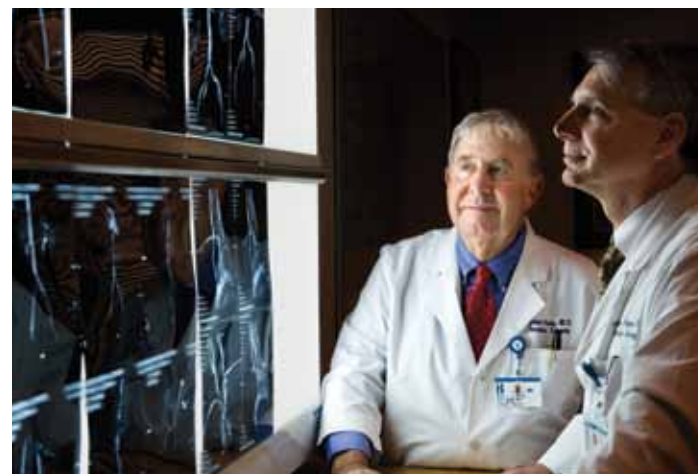
5-Star for Carotid Surgery in 2013

Healthgrades has ranked Beebe Medical Center #1 in Delaware for Vascular Surgery in 2013. Additionally, it has given Beebe Medical Center a 5-Star rating for Carotid Surgery for 2013. According to the Healthgrades study, the risk of death is 75 percent lower at hospitals receiving 5 stars compared to 1-star-rated hospitals. Patients also have a 61 percent lower risk of complications at 5-star hospitals compared to 1-star-rated hospitals.

Vascular surgery is an important aspect of Beebe Medical Center's Vascular Services program that includes vascular diagnostic testing and other vascular nonsurgical procedures. Beebe Medical Center's experienced vascular surgeons, with support from surgical teams and the latest technologies, perform surgeries to either open or repair blood vessels, other than the ones in the heart, so that blood flows more freely to the body.



Vascular surgeon Mayer Katz, MD, performs cutting-edge vascular surgery at Beebe Medical Center.



Mayer Katz, MD, and vascular surgeon Joseph Haydu, DO, review patient films in their office at Delaware Bay Surgical Services in Lewes.

Vascular disease can lead to disability, amputation, stroke, aneurysms, and even death. It is caused when arteries are blocked, such as in the disease of atherosclerosis.

Vascular procedures performed at Beebe Medical Center to treat vascular disease include:

Carotid endarterectomy surgery: This is a common surgery performed at Beebe Medical Center and an extremely important one to the health and well-being of patients. It is performed when the patient has received a diagnosis of a blockage in one or both of the carotid arteries, which are the main vessels carrying blood to the brain. A blockage can lead to a life-threatening stroke.

Abdominal aortic aneurysm endovascular repair: This procedure repairs an abdominal aortic artery that has an aneurysm, which is a bulge in the side of the artery wall. This artery is large and carries blood from the heart to the rest of the body. An aneurysm has the potential to rupture, thus becoming life-threatening. This repair is performed through the arteries, thus avoiding major surgery.

Femoral-femoral bypass: This surgical procedure improves circulation in the lower extremities through the creation of a new path for blood to flow around the blockage.



Vascular surgeon Mayer Katz, MD, assisted by a vascular surgical and interventional radiology team, performs endoscopic surgery to repair an abdominal aortic aneurysm. Pictured here (left to right) are Andrea Montgomery, RT(R), CT; Dr. Katz; Elizabeth Adkins, RN; Jen Levan, RNFA; and Jeannine Holland, OR Tech.



VASCULAR SURGERY

2013

Healthgrades® ranked Beebe Medical Center #1 in Delaware for Cardiology Services in 2013

Beebe Medical Center received a 5-star rating in Cardiology Services in 2013

Beebe Medical Center offers the community a comprehensive cardiac program that focuses on both prevention and treatment. It includes diagnostic testing, coronary interventions (see page 13), surgery, rehabilitation for those who have suffered a cardiac episode such as heart attack, and education for patients with chronic heart disease. Our commitment to quality care is reflected in Healthgrades ranking Beebe Medical Center #1 in Delaware for Cardiology Services in 2013. The individual services within Beebe's Cardiac and Vascular Services program are recognized for the high standard of care they offer. For example, the Intersocietal Commission for the Accreditation of Echocardiography Laboratories has accredited our Vascular Lab and our Nuclear Cardiology Lab. This past year, it also accredited our Cardiac Echo Lab.

Beebe Medical Center, during 2012, expanded its cardiac electrophysiology services to better treat patients who suffer from arrhythmia and other electrical problems of the heart. Beebe purchased new technologies that help electrophysiologists diagnose the causes of these irregular heartbeats. These specialized cardiologists are now able to better:

- evaluate the effectiveness of certain medications in controlling the heart rhythm disorder;
- predict the risk of a future cardiac event, such as sudden cardiac death;
- assess the need for an implantable device, such as a pacemaker, or a treatment procedure such as a radio frequency catheter ablation.

Beebe Cardiac Testing also offers physicians and their patients continuous heart monitoring through the use of an innovative Zio® patch (www.irhythm-tech.com). This is a small, water-resistant patch that



Cardiac surgeon M. L. Ray Kuretu, MD, performs an aortic valve replacement.

is applied to the patient's chest at Beebe Medical Center and causes almost no discomfort.

Beebe Medical Center's Cardiac Rehabilitation program, which has been in existence for more than 30 years, in the spring of 2012 again was awarded Cardiac Rehabilitation Recertification through the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) until August 31, 2015. In 2003, it was the first program to be certified in the state of Delaware. ■



Rose Iudici, a patient and a volunteer from Lincoln, works on the NuStep, purchased with funds from Treat the Beat. The NuStep is a low-impact exercise machine that provides a total body cardiovascular workout. Cardiac rehab nurse John Achey, RN, works with Rose.

CARDIAC SURGERY

(most common procedures; others as necessary)

- Coronary Artery Bypass Grafting
- Aortic Valve Replacement
- Mitral Valve Repair and Replacement
- Tricuspid Valve Repair
- Aortic Aneurysm Repair
- Aortic Dissection Repair
- Pericardial Window for Pericardial Tamponade
- Pulmonary Vein Isolation for Atrial Fibrillation
- Sternal Plating

COMMUNITY REPORT

HOSPITAL QUALITY MEASURES

The federal Centers for Medicare & Medicaid Services (CMS) requires hospitals to report on their performance in treating patients with heart attack, heart failure, pneumonia, and those who undergo surgery (surgical care improvement). CMS uses this detailed, documented patient care information to gauge how well hospitals throughout the nation perform in these categories.

CMS then takes these measures and translates them into a rate or percentage. This allows each hospital, and all consumers, to assess a hospital's performance compared to other hospitals. These "hospital compare" measures are available on the government website www.hospitalcompare.hhs.gov.

Beebe Medical Center has established protocols that follow best practice guidelines to maintain quality patient care. Here, we would like to share our Quality Measures results in detail during the calendar year 2011.



Eileen Hardy, RN, puts a sequential compression wrap on a patient prior to surgery to improve circulation and prevent deep vein thrombosis. Carolyn Morris, PCT, assists.



Quanda Custis, RN, warms a patient with a BAIR Paws™ warming wrap prior to surgery.

SURGICAL CARE IMPROVEMENT

MEASURES USED TO EVALUATE PATIENT CARE CALENDAR YEAR 2011 RATES*

	BEEBE AVERAGE	DELAWARE AVERAGE	NATIONAL AVERAGE
Percent of outpatients having surgery who got an antibiotic at the right time (within one hour before surgery).	99%	95%	96%
Percent of surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection.	99%	99%	98%
Percent of surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery).	100%	98%	97%
Percent of surgery patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots after certain types of surgery.	99%	96%	97%
Percent of outpatient surgery patients who were given the right kind of antibiotic to help prevent infection.	98%	97%	96%
Percent of surgery patients who were taking heart drugs called Beta Blockers before surgery, who were kept on the drug during the period just before and after surgery, making it less likely that they will have heart problems.	99%	97%	96%
Percent of surgery patients who were given the right kind of antibiotic to help prevent infection.	100%	99%	98%
Percent of all heart surgery patients whose blood sugar (blood glucose) was kept under good control in the days after surgery to lower the risk of infection.	100%	98%	95%
Percent of surgery patients needing hair removed from the surgical area before surgery, who had hair removed using a safer method than a razor to reduce the risk of infection.	100%	100%	100%
Percent of surgery patients whose urinary catheters were removed on the first or second day after surgery.	99%	95%	94%
Percent of patients having surgery who were actively warmed in the operating room or whose body temperature was near normal by the end of surgery.	100%	100%	100%
Percent of surgery patients who had blood clot prevention ordered after certain types of surgery.	99%	98%	98%

*2011 = January 2011 to December 2011; Source: U.S. Department of Health and Human Services, Hospital Compare www.hospitalcompare.hhs.gov

HEART FAILURE

MEASURES USED TO EVALUATE PATIENT CARE CALENDAR YEAR 2011 RATES*

	BEEBE AVERAGE	DELAWARE AVERAGE	NATIONAL AVERAGE
Percent of heart failure patients given instructions to help understand and manage the symptoms of this chronic condition.	97%	94%	92%
Percent of heart failure patients given an evaluation of left ventricular systolic (LVS) function. This is a test to determine whether the left side of the heart is pumping properly.	100%	100%	99%
Percent of heart failure patients given ACE Inhibitor or ARB (medications) for left ventricular systolic dysfunction (LVSD) (decreased function of the left side of the heart). These medications reduce the work the heart has to perform.	98%	97%	96%
Percent of heart failure patients given cessation smoking advice/counseling to decrease the risk of developing blood clots or heart and lung disease.	100%	100%	99%

HEART ATTACK (ACUTE MYOCARDIAL INFARCTION)

MEASURES USED TO EVALUATE PATIENT CARE CALENDAR YEAR 2011 RATES*

Percent of heart attack patients given aspirin at arrival; this may help reduce the severity of the attack.	99%	99%	99%
Percent of heart attack patients given percutaneous coronary intervention (PCI) within 90 minutes of arrival. PCI is a procedure to open blocked blood vessels in the heart to help prevent further heart muscle damage.	97%	94%	94%
Percent of heart attack patients given ACE Inhibitor or ARB (medications) for left ventricular systolic dysfunction (LVSD) (decreased function of the left side of the heart). These medications reduce the work the heart has to perform while lowering blood pressure.	100%	97%	97%
Percent of heart attack patients given smoking cessation advice/counseling.	100%	100%	100%
Percent of heart attack patients given aspirin at discharge to reduce the risk of another attack.	99%	100%	99%
Percent of heart attack patients given Beta Blockers at discharge. This medication lowers blood pressure while treating chest pain and heart failure.	99%	99%	99%
Percent of heart attack patients given a prescription for a statin at discharge.	98%	98%	97%

PNEUMONIA

MEASURES USED TO EVALUATE PATIENT CARE CALENDAR YEAR 2011 RATES*

Percent of pneumonia patients given initial antibiotic(s) within six hours of arrival. Early treatment with antibiotics can cure bacterial pneumonia and reduce the possibility of complications.	99%	95%	96%
Percent of pneumonia patients whose initial emergency department blood culture was performed prior to the administration of the first hospital dose of antibiotics. A blood culture is a test to identify what type of bacteria caused the pneumonia.	100%	96%	97%
Percent of pneumonia patients given the most appropriate initial antibiotic(s).	100%	95%	95%
Percent of pneumonia patients given smoking cessation advice/counseling. Smoking increases a person's chances of getting pneumonia or other chronic lung diseases.	99%	99%	98%
Percent of pneumonia patients assessed and given pneumococcal vaccination. This vaccination may help prevent or lower the risk of complication of pneumonia.	100%	96%	95%
Percent of pneumonia patients assessed and given influenza vaccination during flu season to protect them from another lung infection and to help prevent the spread of influenza (flu). (Offered during flu season only, October through March.)	100%	97%	93%

*2011 = January 2011 to December 2011; Source: U.S. Department of Health and Human Services, Hospital Compare www.hospitalcompare.hhs.gov



Linde Semone, hostess in the Dietary Department, reviews a cardiac diet with a cardiac bypass patient.



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



Respiratory therapist Lori Gooch, RRT, checks a patient's lung capacity using an incentive spirometer.



FINANCIAL REPORT & COMMUNITY BENEFIT REPORT

*Comparative Consolidated Statements of Operations
for the twelve months ending June 30, 2012*

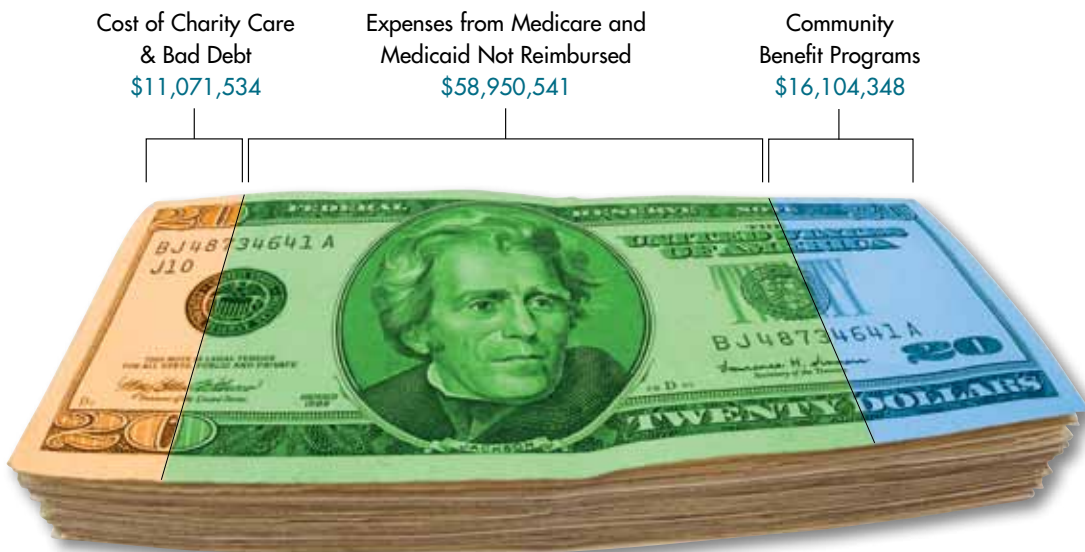
FISCAL YEAR	JUNE 2012	JUNE 2011
PATIENT REVENUE		
Inpatient Revenue	\$312,400,906	\$297,620,525
Outpatient Revenue	361,497,972	307,219,589
Total Patient Revenue	\$673,898,878	\$604,840,114
REVENUE DEDUCTIONS		
We did not receive full payment:		
Medicare, Medicaid, and Commercial	\$378,607,354	\$329,075,925
Prior Year Medicare Settlements	(\$92,240)	(\$90,670)
Charity care & other allowances	15,008,683	13,746,659
Total Revenue Deductions	\$393,523,797	\$342,731,914
Total Net Patient Revenue	\$280,375,081	\$262,108,200
Other Operating Revenue	3,814,988	4,626,102
Total Operating Revenue	\$284,190,069	\$266,734,302
OPERATING EXPENSES		
Salaries	\$105,663,687	\$96,408,723
Contract Labor	4,568,949	5,353,890
Employee Benefits	36,795,988	34,428,121
Physician Fees	7,977,364	8,236,434
Patient-related Supplies & Services	56,002,940	51,515,788
Non-patient-related Supplies	3,648,547	3,513,088
Utilities	5,565,886	5,526,097
Insurance	2,331,896	1,284,162
Depreciation and Amortization	19,466,986	17,261,030
Interest	2,225,623	2,401,712
Bad Debt	13,350,873	13,205,113
Repairs & Maintenance	5,780,687	5,523,619
Other Expenses	24,065,003	21,593,220
Total Operating Expenses	\$287,444,429	\$266,250,997
Income (loss) From Operations	(\$3,254,360)	\$483,305
ANALYSIS OF SERVICE		
Admissions	8,761	8,794
Average Length of Stay (Days)	4.15	4.19
Inpatient Days of Care	36,333	36,833
Cardiac Catheterization Procedures (Inpatient and Outpatient)	1,709	1,454
Births	889	829
Emergency Visits, including Millville seasonal facility	50,849	50,403
Laboratory Tests (Outpatient)	675,939	626,840
Radiation Oncology Procedures (Outpatient)	10,415	9,649
Radiology Procedures (Outpatient)	108,728	106,015
Rehabilitation Visits (Outpatient)	72,839	72,100
Surgical Procedures (Inpatient and Outpatient)	12,710	11,780
Beebe Physician Network Visits (Office Visits plus OP Visits)	47,034	44,277
Beebe Physician Network Hospital Inpatient Visits	38,672	33,768
Home Health Visits	13,824	13,507

Financial Summary for Fiscal Year Ended June 30, 2012

COMMUNITY BENEFIT COST

Charity care (at cost)	\$5,742,970
Bad debt (at cost)	5,328,564
Government-sponsored Healthcare (net loss)	
Medicare	\$54,713,269
Medicaid	4,237,272
Total Net Expense	58,950,541
Community Benefit Program (net loss)	
Heart Fair	\$45,300
Health Promotion & Wellness Programs	282,456
School-based Wellness Programs	335,094
Behavioral Health Services	132,149
Sexual Assault Nurse Examiner Programs	173,185
Oncology Research Program	146,396
Interpreter Services	103,885
Physician Services Recruitment	625,922
Physician Practice Guarantees	2,940,008
Workforce Development with Educational Institutions	322,989
Sponsorships	103,512
Gull House Adult Day Care	443,908
Subtotal Community Benefits	<u>5,654,803</u>
Beebe Physician Network	10,449,545
Total Cost of Community Benefits	16,104,348
TOTAL COMMUNITY BENEFIT FOR 2012	\$86,126,423

COMMUNITY HEALTH DOLLARS SPENT



BOARDS EFFECTIVE AS OF OCTOBER 31, 2012

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For Our Community

After Ringing the Bell

A CANCER SURVIVORSHIP CONFERENCE

Hosted by the Sussex County Survivorship Coalition

January 17, 2013

8 a.m.—2:30 p.m.

Atlantic Sands Hotel
Rehoboth Beach, Delaware



LILLIE SHOCKNEY, RN, BS, MAS

Johns Hopkins Breast Center and Survivorship Programs

Topic: *Survivorship Care Plans*

SAGE BOLTE, PhD

Inova Health System
Life with Cancer Program

Topic: *Sexuality and Survivorship*

JUDY PIERSON, EdD

Licensed Psychologist
Rehoboth Beach, DE

Topic: *Your Best Life After Cancer*

Offered at no cost, this conference is intended for cancer survivors and healthcare professionals.

For more information or to register, please contact Jo Allegro-Smith via email at jallegro@csdc.org or phone (302) 645-9150.

BEEBE MEDICAL CENTER DIRECTORY

General Information 645-3300

Outpatient Scheduling

Services 645-FAST (3278)

Beebe Imaging

—Lewes 645-3275

—Georgetown 856-9729

—Millville 539-8749

—Rehoboth Beach 645-3010

Beebe Lab Express

—Lewes 645-3568

—Georgetown 856-7781

—Long Neck 947-1202

—Millsboro 934-5052

—Millville 539-1620

—Milton 684-8579

—Rehoboth Beach 645-3010

Beebe Rehab Services

—Lewes 645-3235

—Millsboro 934-1500

—Millville 539-6404

—Rehoboth Beach 645-3010

Breast Health Center 645-3630

Population Health 645-3337

Diabetes Management 947-2500

Emergency Services

—Lewes 645-3289

Gull House Adult Activities 226-2160

Hastings HeartCare Center 645-3258

Home Health Agency 854-5210

Health Information Management 645-3282

Patient Advocate 645-3547

Patient Financial Services 645-3546

Patient Information 645-3307

Physician Referral Service 645-3332

Tunnell Cancer Center
at Beebe Health Campus

—Cancer Screening 645-3169

—Medical Oncology 645-3770

—Radiation Oncology 645-3775

Vascular Lab 645-3710

Volunteer Services 645-3531

Wound Care Services 947-2500

 TWITTER.COM/BEEBEMEDICAL

 Find us on: **facebook**

FIND THE LINK ON OUR WEBSITE,
WWW.BEEBEMED.ORG.

The *Beacon* is published by Beebe Medical Center to present health information to the people of Sussex County. 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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Beebe Medical Center

Lewes, Delaware • (302) 645-3300 • www.beebemed.org

Our Vision

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

Our Mission

Beebe Medical Center'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.