

BEACON

BEEBE HEALTHCARE

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SPECIAL ANNUAL REPORT ISSUE

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**Saving Lives With
Advanced Cardiac
Care at Beebe**



FOCUSING ON EXCELLENCE



Jeffrey M. Fried, FACHE, President and CEO of Beebe Healthcare, with interventional cardiologist and Chief of Cardiology Mouhanad Freih, MD, in the Cardiac Cath Lab.

Beebe Team Members Pursue Medical Advances to Provide Safe and Quality Patient Care

On any given day, physicians, nurses, pharmacists, technologists, therapists, and others throughout Beebe Healthcare are investigating new ways to improve patient care.

Physicians and surgeons are continually learning about the latest technologies and medicines to cure their patients' illnesses, to get them back on their feet again, or to help them feel better whenever possible. They have introduced technologies to improve the care of heart and cancer patients, such as image-guided radiofrequency techniques that can help patients who suffer from abnormal heart-beat or that can destroy a cancer inside a liver or kidney without surgery. Surgeons are learning less-invasive surgery techniques that make it easier for patients to recover, such as laparoscopic hysterectomy, and in the case of cancer surgery, the laparoscopic low anterior surgery performed by surgical oncologist Chia-Chi Wang, DO. Beebe cancer surgeons also have introduced an innovative treatment called

"HIPEC" that extends the lives of patients with late-stage cancers that already have spread into the body cavity.

A sense of urgency permeates the organization as new technologies are sought out and adopted.

Beebe's Diagnostic Imaging Department and our Lab Department leadership have brought the latest technologies to our organization, such as 3D mammography, to improve the speed and accuracy at which diseases can be diagnosed so that Beebe can provide its patients with the right care at the right time. As medicine continually changes, Beebe's Quality Team members and nurse educators research the latest evidence-based findings from medical studies and share the information with the rest of the Beebe team.

"I am proud of our team members, physicians and their focus on continually improving the care that we provide," says Jeffrey M. Fried, FACHE, President and CEO of Beebe Healthcare.

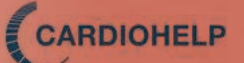
Mr. Fried's doors are open to team members, and he regularly meets with physicians and staff to stay informed about what the organization can do to continually improve.

ACCOMPLISHMENTS

Beebe's accomplishments are evident. Just this past year, The Joint Commission, which accredits hospitals and specialty programs throughout the nation, extended the accreditation for Beebe's Hip Replacement, Knee Replacement, Spine Surgery, and Stroke programs. The American Institute of Minimally Invasive Surgery (AIMIS) continues to designate Beebe as a Gynecological Center of Excellence. The American College of Surgeons Verification Review Committee again verified our Trauma Center as a Level III, reflecting Beebe's continual commitment to caring for those men and women who need emergency medical care due to serious accidents. ■

ADVANCES IN CARDIAC TREATMENT



Beebe: First in Delaware to Use Advanced Portable Heart-lung Machine 

Front row, left to right: Brad Chafin, BS, CCP, Perfusion Manager, Beebe Healthcare; Wendy Scott, RN, Director of Perioperative Services at Beebe Healthcare; and Brian McCarthy, PA-C, Chief Physician Assistant, Cardiothoracic Surgery, Beebe Healthcare. Behind them are members of the ECMO transport team from Jefferson University Hospital in Philadelphia.

A Second Chance for Rehoboth Retiree Thanks to an Advanced Cardiac Care System Available at Beebe

Annette Davis knew something was wrong with her husband Laurence Davis, 62, when they went to the Emergency Department at Beebe Healthcare in January 2014. He could not urinate and was in a great deal of pain. His heart was failing and he was admitted to ICU.

"We never knew there was anything wrong with his heart," Mrs. Davis recalls.

Mr. Davis was taken to Beebe's Cardiac Cath Lab so that interventional cardiologist

Mouhanad Freih, MD, could get a good look at the arteries in his heart. There were serious blockages in those arteries. His blood pressure was low, his lungs were filled with fluid, and he was unstable. Dr. Freih, who is the Chief of Cardiology, diagnosed him with "myocardial infarction complicated by cardiogenic shock and heart failure."

In other words, Mr. Davis was dying. His heart had stopped once. He needed heart



Laurence Davis and his youngest daughter, Victoria.

Cardiohelp (seen here) is a portable technology that can save lives. Beebe Healthcare is the first in Delaware to use it.



surgery so that oxygen could get to his failing and weakened heart. Dr. Freih decided that the only thing that would stabilize Mr. Davis enough to allow him to have life-saving surgery was to put him on Cardiohelp, a portable heart-lung machine that would take over for his heart and pump the necessary oxygen-rich blood through his body. Beebe is the first hospital in Delaware to

use this advanced technology.

Dr. Freih, who is trained and credentialed in this technology, contacted the Beebe Cardiac Surgery Team, and together they inserted Cardiohelp. Mr. Davis was then immediately taken to the operating room for open-heart surgery.

"Dr. Kuretu, the heart surgeon, came and talked to us," Annette recalls.

"He said it was grim and didn't know if Laurence would survive the surgery, but that surgery was his only chance. Otherwise he would die."

The Cardiac Surgery Team, including cardiothoracic surgeon M. L. Ray Kuretu, MD, who brought Cardiohelp to Beebe and established its use, operated on Mr. Davis. A specialized medical transport team trained to care for

patients on this kind of heart-lung support arrived from Jefferson University Hospital in Philadelphia to take him to the hospital's Extracorporeal Membrane Oxygenation (ECMO) unit. There, a highly trained team works 24 hours a day treating these critically ill patients.

"Beebe saved my husband's life," Mrs. Davis recalls. "And the quality of care he received at Jefferson was wonderful. There was a team of doctors and others watching over him every minute."

Mr. Davis was kept on Cardiohelp for several weeks, Mrs. Davis says. "His heart needed time to rest and recover."

In April 2014, the Davis family returned to Beebe to thank the staff for saving his life. But by summer, they learned that he had stage IV bladder cancer, and that there was little hope for survival. He died in the fall.

"His heart had become so strong that he could have lived for another 15 years," his adult daughter Alicia Constant says. "If only he had not had the cancer."

Both Alicia and Mrs. Davis believe that those extra months of Mr. Davis' life made an important difference in his life and in the lives of so many people. Alicia says that Mr. Davis connected with his estranged son Eric and



Members of the Davis family include (back row) Alicia, Annette, and Victoria and (front row) Toby (Michael) and Sienna.

three grandchildren. Mr. Davis had only met the eldest grandchild as an infant almost 13 years previously. He and Eric had a falling out years before and were finally able to make peace.

"We got to be all together once again," Alicia says. Mrs. Davis believes that though he died from cancer, his struggle and recovery from his heart disease increased the knowledge of those who treat heart attack patients.

"He was on that machine longer than anyone has been," she says. "I understand that by treating my husband, those at Jefferson were able to improve and advance care for others in the future."

Dr. Freih, the Beebe interventional cardiologist who treated Mr. Davis, says this technology is helping Beebe save lives. For him, there is nothing more satisfying than when he realizes he has helped a critically ill patient receive a second chance.

WHAT IS CARDIOHELP?

Cardiohelp is a small, portable heart-lung support system that provides extracorporeal life support (ECLS). It is used on patients whose heart or lungs are failing despite other treatment methods. It is used as a bridge treatment that allows the opportunity to stabilize a patient long enough to either recover on his or her own, receive more advanced technologies like an artificial heart, or receive a heart transplant.

The ECLS system can be inserted anywhere in the hospital, and can even be transported with the patient via an ambulance or helicopter. It can only be used by specially trained and certified medical personnel.

Beebe has been using Cardiohelp to provide care to critically ill patients since obtaining the technology in 2013. Cardiohelp offers life-saving support to critically ill patients throughout the hospital, including in the Operating Room, Cardiac Cath Lab, ICU, and Emergency Department. Once patients are stabilized, Beebe transfers them to outside facilities, such as Jefferson University Hospital in Philadelphia, that have medical teams highly trained and experienced in treating patients under the support of ECLS and extracorporeal membrane oxygenation (ECMO) systems.

Minimally Invasive Technique Soothes Irregular Heartbeat When Medications Fall Short

Our hearts can beat too fast or too slow and even miss a beat here and there. We might think that it's because we had too much coffee in the morning or that a close call on the highway frightened us.

But, we could also have something very wrong with the electrical system in our heart, which would mean our heart is sending out electrical impulses too often or at the wrong time.

Irregular heartbeat, arrhythmia, ventricular tachycardia (VT), and atrial fibrillation (AFib) can be serious and even life-threatening. They represent a common type of heart disease that interferes with the heart's ability to pump blood throughout the body effectively and can cause blood clots, heart attack, stroke, and even death.

There are a host of medications used to treat these electrical problems of the heart. However, when medication cannot help, advanced procedures are proving successful

at stopping the heart from sending out the extra electrical impulses.

Board Certified cardiologist and electrophysiologist Firas El-Sabbagh, MD, joined Beebe in 2012 and introduced innovative, minimally invasive radiofrequency ablation to destroy the tissues in the heart that send out excess electrical signals. These procedures take place in the hospital Electrophysiology (EP) Lab. Dr. El-Sabbagh, supported by a specialized EP medical team that he trained, inserts a catheter into a vein in the patient's groin and threads it up into the heart. With the catheter, Dr. El-Sabbagh delivers radiofrequency energy that heats and destroys the tissue causing the irregular heartbeat. Throughout the procedure, the patient is under conscious sedation and is able to communicate with Dr. El-Sabbagh. The patient normally is able to go home within a day or two.

An exciting medical technology that



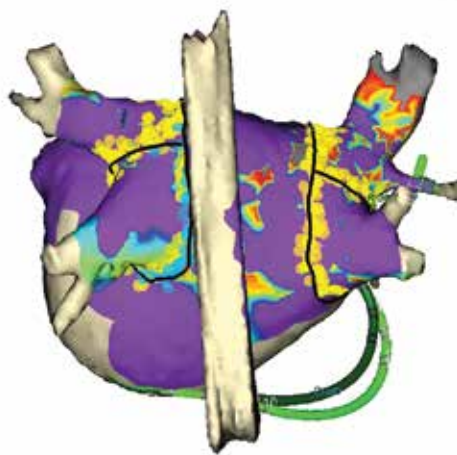
Beebe Healthcare's Electrophysiology Team includes (front row, left to right) Peggy Marshall, CVT; Dana Schwartz, RT, RCV; Nicole Fisher, RN; Federico Viganego, MD; Firas El-Sabbagh, MD; and (back row, left to right) Eric Schweitzer, RN, BSN, MBA; Lynn Bennett, RN; Curt Trapp, RN, BSN.

Dr. El-Sabbagh uses during this procedure is a 3-D mapping system that allows him to make an electroanatomic map (real-time geometry) of the heart. The image is displayed on a monitor in front of Dr. El-Sabbagh in the EP Lab, and it is used to guide him as he performs the ablation procedure.

CRYOABLATION AT BEEBE

Dr. El-Sabbagh also has started using cryoablation to treat atrial fibrillation. This is a new advancement that freezes the damaged tissue in the heart, instead of heating it through radiofrequency.

"We are very proud to provide a wide spectrum of rhythm management services using advanced, cutting-edge technology, and we always strive to improve," says Dr. El-Sabbagh, Director of Electrophysiology at Beebe. "We are dedicated to treating a patient as a whole person and to delivering the highest level of comprehensive care. We work closely with patients to ensure that they have a clear understanding of their treatment plan. It is very important to us that patients are comfortable with the therapies we provide."



Electrophysiology

3D Electroanatomic Mapping System at Beebe
Dr. El-Sabbagh uses a 3D mapping system at Beebe as he performs complex ablations to treat atrial fibrillation. It is an advanced technology that allows him to make an electroanatomic map (real-time geometry) of the heart that is displayed to guide him in the ablation procedure and mark where ablation occurred. Pictured above is a complex ablation as seen with a 3D map merged with a CT angiogram.

Heart Attack Patients Are Saved Through Quick Action By Our Experienced Team

QUALITY OF LIFE IMPROVED THROUGH CARDIAC REHAB AND EDUCATION

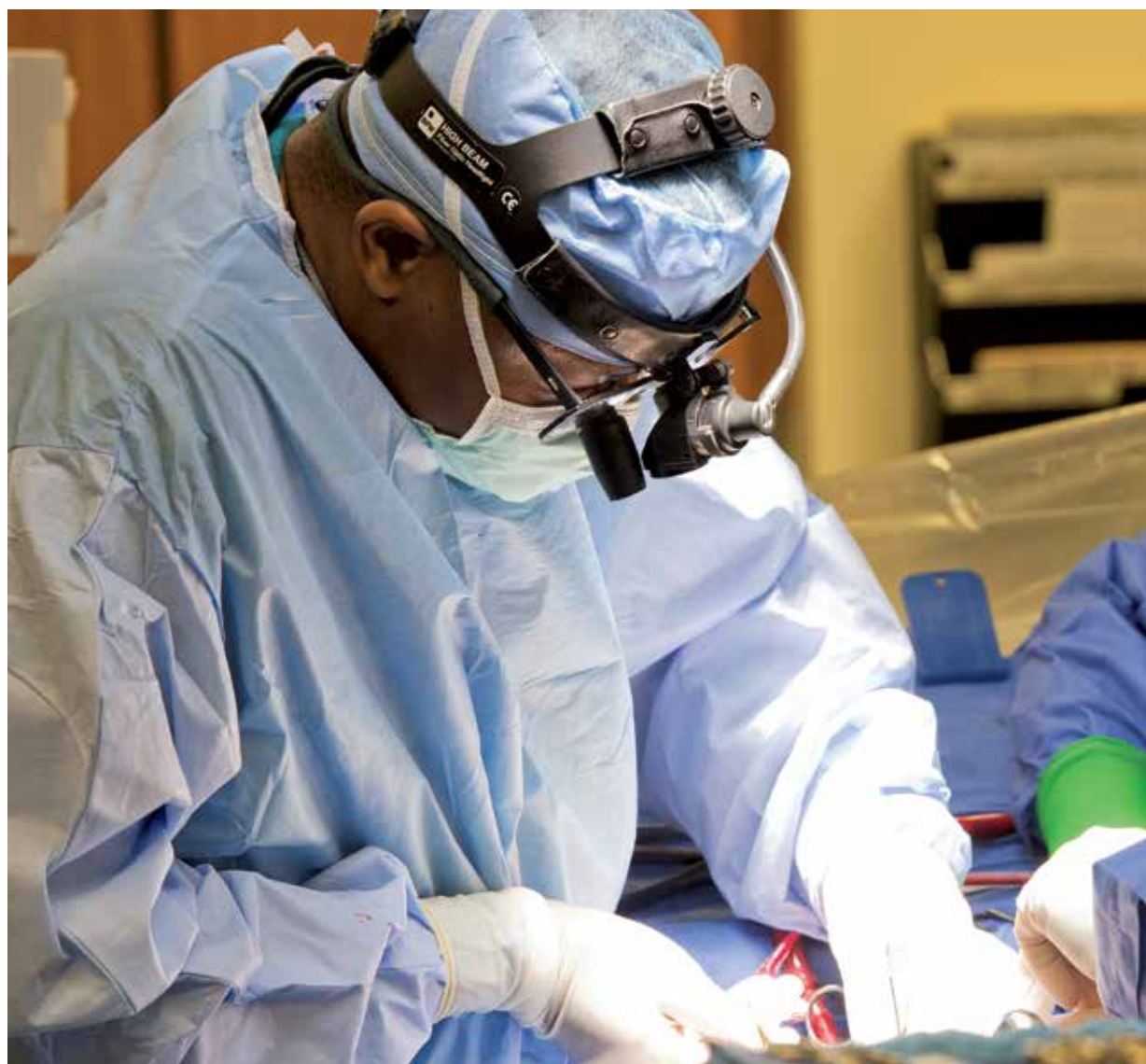
The American College of Cardiology in 2014 recognized Beebe Healthcare for its commitment and success in implementing a high standard of care for heart attack patients.

The recognition came in the form of the "ACTION Registry"—GWTG™ Platinum Performance Achievement Award for 2014." Nationwide, only 256 hospitals received



this recognition. There are more than 5,700 hospitals in the United States.

"The American College of Cardiology and the American Heart Association commend Beebe Healthcare for its success in implementing standards of care and protocols," said James Jollis, MD, FACC, ACTION Registry—GWTG Chair and Professor of Medicine and Radiology at Duke University Hospital. "The full implementation of acute and secondary prevention guideline-recommended therapy is a critical step in saving the lives and improving outcomes of heart attack patients."



Nnamdi Azie, MD (left), and M. L. Ray Kuretu, MD, work in tandem as they perform open-heart surgery at Beebe Healthcare.



Beebe's life-saving treatment for heart attack patients also has been recognized by both Healthgrades®, the organization that provides the public with information about hospitals and physicians, and *Becker's Hospital Review*, a healthcare industry publication. Healthgrades gave Beebe a 5-star rating for 2014 and 2015 for treatment of heart attack. In 2013 and 2014, *Becker's* listed Beebe as among 48 hospitals in the nation with the lowest 30-day heart attack mortality rates as determined by data from Hospital Compare.

These recognitions highlight Beebe's focus on providing high-quality cardiac care services. While Beebe has provided cardiac diagnostic and rehab services for decades, it has provided cardiac interventions, which can open blocked coronary arteries, and cardiac surgery for eight years. In the last few years,

Beebe expanded its cardiac electrophysiology services to include complex ablations to treat irregular heartbeats. Today, Beebe's Cardiac Care teams perform more than 13,000 procedures a year.

REHAB, EDUCATION, AND SCREENING

Beebe's Cardiac and Vascular Services are comprehensive. They not only offer extensive treatments, procedures, and surgeries, but also patient education, cardiac rehabilitation following medical events, and screenings throughout the community to identify people at risk of cardiac and vascular disease. Through Beebe's Population Health Department, community health nurses provide free screenings that will identify people at risk for heart disease, stroke, and diabetes. All of these programs have continued to grow and expand throughout 2014. ■

Cardiac interventions, which can open blocked coronary arteries, and cardiac surgery have been offered for eight years, joining Beebe's cardiac diagnostic and rehab services programs which have been in place for decades.

Beebe Advanced Cardiac and Vascular Care Offers:

CARDIAC SURGERY

- Coronary Artery Bypass Grafting
- Aortic Valve Replacement
- Mitral Valve Repair and Replacement
- Tricuspid Valve Repair
- Aortic Dissection Repair
- Pericardial Window for Pericardial Effusion
- Pulmonary Vein Isolation for Atrial Fibrillation
- Open Surgery of the Great Vessels

INTERVENTIONAL CARDIOLOGY AND INTERVENTIONAL RADIOLOGY

- Stent Implantation
- Interventional Radiology
- Coronary Catheterization Diagnostics
- Coronary Angioplasty

CARDIAC AND VASCULAR TESTING

- Cardiac Stress Testing
- Echocardiogram Diagnostic Testing
- Non-invasive and Diagnostic Vascular Testing
- Ambulatory Heart Monitoring
- Carotid Duplexes
- Venous and Arterial Scanning

CARDIAC ELECTROPHYSIOLOGY

- Pacemaker Implants
- Implantable Cardioverter Defibrillators (ICD)
- Continuous Cardiac Monitoring with Zio Patch
- Electrophysiology Studies
- Radiofrequency Catheter Ablation to Treat Cardiac Arrhythmias
- Cryoablation

VASCULAR SERVICES

- Catheter-based Treatment of the Great Vessels
- Carotid Endarterectomy (CEA)
- Vascular Surgery
- Peripheral Revascularization
- Venous Intervention
- Open and Endovascular Aortic Aneurysm Repair

CARDIAC REHABILITATION



Top: Cardiac Rehabilitation Phase I begins while the patient is still in the hospital.
Bottom: Cardiac Rehabilitation Phase II takes place in the specialized gym where patients are monitored.

ADVANCES IN CANCER SCREENING AND CARE



Leslie Boslet, RT, uses 3D mammography to screen for breast abnormalities.

Finding Breast Cancer Earlier Saves Lives

As a Board Certified radiologist for 19 years, Ellen Bahtiaran, MD, Vice Chair of the Department of Radiology, interprets mammography images to determine if a patient has breast cancer.

So when Beebe Healthcare introduced 3D mammography at its Rehoboth Beach Health Campus on Route 24, Bahtiaran and peer radiologists were happy to add a new tool to their mammography toolbox.

"We are excited to be able to offer 3D

mammography to our patients," Bahtiaran says. "It is a valuable addition to our comprehensive Breast Health Program that will enhance our ability to detect breast cancer at its earliest stage."

"By finding cancerous lesions earlier, we can save lives."

A second 3D machine is expected to be added in early 2015. This advance in comprehensive breast care is part of Beebe Healthcare's Breast Health Program, the only

one in Delaware to be accredited by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons.

This new technology allows the mammography machine to take multiple images of

NAPBC[®]

NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS
ACCREDITED BREAST CENTER

Ellen Bahtiarian, MD, with Beebe Healthcare's newest 3D mammography machine.



breast tissue using a low-dose scan. When the arm of the mammography machine arcs over the patient's breast, it takes a series of images that are converted to 1 mm-thick images, or slices of the breast. This allows the radiologist to view the breast at multiple angles and to separate overlapping normal tissue that can look like cancer or that can make it difficult to detect on a traditional mammogram.

"Mammography has come a long way," Bahtiarian says, recalling that when she started as a radiologist, mammogram images were on film.

Bahtiarian explains how 3D works: "Think of it like a book. When you look down at a

book on the table, you only see the cover of the book. That's like traditional mammography. But, when you open the cover, you can leaf through all of the individual pages—that's like 3D mammography."

This technology is especially beneficial for those with dense breast tissue, a family history of breast cancer, or other circumstances that lead to a higher risk of breast cancer.

"3D mammography will help us to detect breast cancer earlier, especially in women with dense breast tissue, and result in fewer call-backs for additional images," Bahtiarian says. "It also should lead to fewer biopsies."

According to the American Cancer Society, women age 40 and older should have a screening mammogram every year and should continue to do so for as long as they are in good health. Everyone should make sure they are having appropriate screenings for their age, sex, and risk factors. In some cases, women miss their annual mammogram. But, Bahtiarian cautions against this—missing even one mammogram could delay the detection of breast cancer and may change the outcome if breast cancer is discovered, she says.

"This technology will give women at high risk for breast cancer the peace of mind that they are getting the most from their mammogram," Bahtiarian says.

For more information on 3D mammography, go to www.beebehealthcare.org/3-D-mammo.

"Think of it like a book. When you look down at a book on the table, you only see the cover of the book. That's like traditional mammography. But, when you open the cover, you can leaf through all of the individual pages—that's like 3D mammography."

—Ellen Bahtiarian, MD

Breast Health Education and Screening Expands with 2014 Susan G. Komen Philadelphia® Grant

For the third time since 2010, Tunnell Cancer Center received a grant from the Komen Philadelphia® Community Grants Program to fund its program Sharing Our Stories, Saving Our Sisters (SOS²), which focuses on prevention and diagnosis of breast cancer in minority and underserved populations in Sussex County. A cancer screening nurse navigator works in conjunction with a team of volunteer lay navigators to educate the people in their communities and to encourage them to have regular screenings for cancer. Patients who receive a positive diagnosis for breast cancer have the opportunity to work with a nurse navigator who guides them through the care and treatment provided by the Breast Health Program. The screenings have expanded throughout Sussex County, thanks to an affiliation between Tunnell Cancer Center and Nanticoke Cancer Care Services in Seaford.



Kathy Cook, RN, Beebe Breast Health nurse navigator discusses cancer care with Cindy Adkins. Kathy can be contacted by calling (302) 645-3630.



Michael Ramjattansingh, MD, analyzes 3D mammography images.

Lung Cancer Screenings Improve Life Expectancy for Smokers

As part of the statewide lung cancer screening initiative, Beebe has begun offering lung cancer screenings for individuals at high risk of developing lung cancer. These are individuals who smoke or have smoked.

Lung cancer is the leading cause of cancer-related deaths in men and women. It is estimated that about 10 million individuals are at high risk for developing lung cancer in the United States. Lung cancer typically is diagnosed at a late stage. The National Cancer Institute reports a five-year survival rate of only 5 percent for those diagnosed at stage III

non-small cell lung cancer. By comparison, the five-year survival rate for those diagnosed at stage I is 45 percent.

The screenings are done with a low-dose, computed tomography (CT) scan, which is paid for by Screening for Life for eligible individuals. The screening is recommended based on the results published in 2011 from a National Lung Screening Trial (NLST) of more than 53,400 smokers and former smokers between the ages of 55 and 74. It compared the use of the CT scan to the use of a chest X-ray and found a 20 percent reduction in

Screening nurse navigator Debbie Campbell, RN, MSN, works with patients on various cancer screenings and education.



lung cancer deaths in the individuals screened with the CT.

A physician referral is required for the screening. Screening nurse navigator Debbie Campbell, RN, MSN, will guide individuals through the screening process. For more information, call Debbie at (302) 645-3169.



Katie Shockley, RT(T), and Jacki Kryspin, RT(T), prepare a patient for radiation therapy with medical physicists Paul Mayercsik, MS, and Taciana Shiue, MS.

Cancer Surgeons Bring Innovative Procedure to Lewes

Within the last two years, Beebe has offered cytoreductive surgery (CS) and hyperthermic intraperitoneal chemotherapy (HIPEC). CS/HIPEC is an advanced procedure provided in an operating room by a team of highly skilled surgeons. It is considered as an option when cancer has spread into the abdomen, such as in the cases of advanced colon, ovarian, and appendiceal cancers.

It is a long procedure that starts with cytoreductive surgery, which is an operation to

remove any visible cancer. Then, the heated chemotherapy drug is infused into the abdominal cavity and circulated for as long as two hours. The HIPEC procedure is designed to destroy any remaining cancer cells directly. It allows for minimal exposure to the rest of the body and fewer side effects. Beebe fellowship-trained surgical oncologists James E. Spellman, Jr., MD, and Chia-Chi Wang, DO, perform this procedure.

Radiologist Destroys Liver Cancer Without Surgery

Though Drs. Spellman and Wang surgically remove tumors from the liver, there are occasions when patients are not candidates for surgery. One nonsurgical treatment option is image-guided radiofrequency, where a probe is used to literally burn the tumor.

In 2011, Drs. Spellman and Wang called in Beebe radiologist Michael Ramjattansingh, MD, to destroy a tumor through the use of ultrasound-guided radiofrequency. In what is described as an “intraoperative” procedure, Dr. Ramjattansingh treated the patient in the operating room with the surgeons. In 2012, however, Dr. Ramjattansingh accomplished what Dr. Spellman describes as “. . . revolutionizing the way we at Beebe take care of patients with tumors of the liver and biliary system.”

Dr. Ramjattansingh destroyed a tumor in the liver of a patient in the Interventional Radiology Lab at the Medical Center by using ultrasound-guided radiofrequency. The patient was sedated but still able to respond to Dr. Ramjattansingh’s questions and to watch the procedure on the ultrasound screen.

This year, Dr. Ramjattansingh began treating patients with kidney cancer, as well as liver cancer.

“Studies show good, long-term results,”

says Lewes urologist Richard C. Paul, MD, who has referred several patients with tumors in their kidneys to Dr. Ramjattansingh. “It is for certain patients with small tumors that are easily accessible with the probe. It offers them an alternative option to surgery.”

Dr. Ramjattansingh received his fellowship training in the ultrasound-guided treatments at Jefferson University Hospital in Philadelphia.

People Take Part in Cancer Research

Since its inception, Tunnell Cancer Center has offered its eligible patients the opportunity to take part in clinical trials. These trials are where the latest cancer treatments are being tested. Beebe has offered these new treatments through its affiliation with the Delaware/Christiana Care Community Clinical Oncology Program Network (CCOP), a program now replaced by the NCI Community Oncology Research Program (NCORP). This past year, Tunnell expanded the clinical trials available to its patients to include radiation trials through NCI-funded Radiation Therapy Oncology Group (RTOG). This has given Tunnell more care options for its patients. RTOG research areas include brain tumors, head and neck cancer, lung cancer, sarcomas, pancreatic cancer, prostate and gynecologic cancers, and breast cancer.

He says that he enjoys watching how quickly patients recover and are able to leave the hospital soon after the treatment and go home to have a meal. ■



Chia-Chi Wang, DO, and James E. Spellman, Jr., MD, are fellowship-trained surgical oncologists who perform surgeries at Beebe Healthcare.

ADVANCES IN ORTHOPAEDIC CARE



Orthopaedic Care and Treatment Keeps You Moving

People throughout Sussex County have regained their strength and mobility thanks to the care and treatment that Beebe's Orthopaedic Services provide. Thousands are enjoying life today with new hips and knees. An untold number of summer visitors and residents have been treated in Beebe's Emergency Department by orthopaedic surgeons following accidents and injuries where bones have been broken or dislocated and soft tissue has been torn.

For the ninth year in a row (2007–2015), Beebe has received the Orthopaedic Surgery Excellence Award from Healthgrades®, the

For the ninth year in a row (2007–2015), Beebe has received the Orthopaedic Surgery Excellence Award from Healthgrades®.

healthgrades®

organization that provides the public with information about hospitals and physicians. Healthgrades also named Beebe among the Top 10% in the nation for Overall Orthopaedic Services for 9 Years in a Row (2007–2015). These announcements followed Healthgrades' annual evaluation of the performance at more than 4,500 hospitals for 33 of the most common inpatient procedures and conditions.

Over the years, Beebe and members of the Beebe Healthcare Medical Staff have improved and expanded the services that they offer. The Beebe Medical Staff has 11 orthopaedic surgeons who see patients in their offices where they provide care and treatment. When certain surgeries are necessary, Beebe orthopaedic surgeons work with dedicated surgical teams at Beebe, as well as with orthopaedic nurses, physical and occupational therapists, case managers, and home health professionals well trained in getting patients back on their feet again. The "James P. Marvel Jr., MD" Orthopaedic Unit at Beebe houses a host of equipment and technologies

designed to improve recovery for the orthopaedic patient.

While traditional surgery techniques are still the most commonly used, minimally invasive surgeries, such as arthroscopic surgery, are being performed more often. Spine surgeons also use several different minimally invasive procedures to treat and repair spine problems and injuries. These surgical approaches usually mean that patients recover more quickly with less pain and are back on their feet sooner.

This past year The Joint Commission, which is the accrediting body of hospitals throughout the nation, renewed Beebe's accreditations for Hip Replacement, Knee Replacement, and Spine Surgery programs. These accreditations let the consumer know that the hospital meets or exceeds the high national standards of patient care that are evidence-based to ensure the best quality care and outcomes. This past year, the Spine Surgery program also expanded the education program for patients preparing for spine surgery.

A Minimally Invasive Approach to Hip Replacement Makes Recovery Faster

Orthopaedic surgeon Edmund Carroll, III, DO, this year introduced to Beebe a less invasive surgical technique to total hip replacement called “the direct anterior approach.” This technique supports Beebe’s continuing focus on expanding minimally invasive surgical techniques when they can be a viable option for the patient. This less invasive approach can provide the patient with less pain, a faster recovery, and less chance for a joint dislocation following surgery.

In the traditional approach, which Dr. Carroll also uses and which is still the most common approach, a surgeon makes an incision in the patient’s side or back to access the hip. In the direct anterior approach, the incision is made in front of the hip, with the patient lying on his or her back.

“In the direct anterior approach, muscle and tendons are not divided or detached, significantly reducing the surgical soft-tissue trauma,” Dr. Carroll explains. “This allows the most important muscles for hip function to remain undisturbed, providing the patient



Orthopaedic surgeon
Edmund Carroll, III, DO

with an opportunity for a shorter recovery process and more rapid return to pre-operative function.”

This direct anterior approach dates back to the 1940s but has become re-popularized with surgeons in recent years because of the advent of new

technology and instrumentation, and the development of a new surgical table called the Hana® table, which Beebe has purchased.

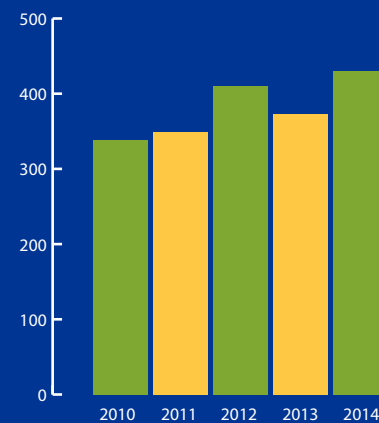
Dr. Carroll points out that neither approach is superior to the other; the choice of which one to use depends on the situation. Five of Beebe’s 11 orthopaedic surgeons, including Dr. Carroll, perform traditional hip replace-

ment procedures. They are:

- Mark Boytim, MD
- Edmund Carroll, III, DO
- Wilson Choy, MD
- Paul Harriott, MD
- David Sopa, DO

HIP REPLACEMENT SURGERY AT BEEBE

THE NUMBER OF HIP PROCEDURES INCLUDING HIP FRACTURES:
(FISCAL YEAR)



Beebe Orthopaedic Physicians



Boytim, MD, Mark J.*

Board Certified in
Orthopaedic Surgery
Cape Orthopaedics
(302) 645-2805



Harriott, MD, Paul J.*

Board Certified in Orthopaedic
Surgery; Fellowship Trained in
Sports Medicine
Cape Orthopaedics, P.A.
(302) 645-2805



Pfaff, MD, L. William

Orthopaedic Associates
of Southern Delaware, P.A.
Lewes: (302) 644-3311
Millsboro: (302) 231-1152



Sopa, DO, David*

Board Certified in
Orthopaedic Surgery
Lewes Orthopaedics Center
(302) 645-4939



Carroll, DO, Edmund, III*

Board Certified in
Orthopaedic Surgery
Orthopaedic Associates
of Southern Delaware, P.A.
Lewes: (302) 644-3311
Millsboro: (302) 231-1152



Marvel, MD, James P., Jr.

Board Certified in
Orthopaedic Surgery
Cape Orthopaedics, P.A.
(302) 645-2805



Pillai, MD, Gita

Board Certified in Orthopaedic
Surgery; Fellowship Trained in
Shoulder and Elbow Surgery
Orthopaedic Associates
of Southern Delaware, P.A.
Lewes: (302) 644-3311
Millsboro: (302) 231-1152



Spieker, MD, John E.

Board Certified in
Orthopaedic Surgery
Orthopaedic Associates
of Southern Delaware, P.A.
(302) 644-3311



Choy, MD, Wilson C.*

Board Certified in Orthopaedic
Surgery; Fellowship Trained in Joint
Reconstruction
Premier Orthopaedics
Bone & Joint Care
(302) 424-4141



Otter, MD, Thomas

Board Certified in
Orthopaedic Surgery
Orthopaedic Associates
of Southern Delaware, P.A.
Lewes: (302) 644-3311
Millsboro: (302) 231-1152



Sabbagh, MD, Ronald

Board Certified in
Orthopaedic Surgery
Orthopaedic Associates
of Southern Delaware, P.A.
Lewes: (302) 644-3311
Millsboro: (302) 231-1152

* Indicates a physician
who performs hip
replacement surgery.



Mary Green exercises on specially designed equipment at Beebe HealthyBack that works specific areas of the back and the rest of the body to improve strength and flexibility.

A Life Without Pain

BEEBE HEALTHYBACK EASES CHRONIC BACK PAIN

Mary Green played sports in high school, and by the time she was in her 20s, persistent back pain had set in.

A marketing professional, Mary spends countless hours at her desk. Even while sitting, Mary felt a stubborn ache in her back.

"I have had back problems for more than 20 years. I learned about Beebe HealthyBack and did my research," Mary says. "I've tried many things that gave me some relief, but I still always had pain and thought this was worth trying."

She met with Beebe HealthyBack Medical Director Ronald J. Wisneski, MD, who felt she would be a good candidate for the program.

"Mary has been one of my most motivated patients who has suffered from chronic low back pain. She has been eager to develop an individualized and active participatory program that focuses on improving her quality of life and minimizes impairments," Dr. Wisneski says.

Beebe HealthyBack is a comprehensive treatment solution for people who suffer from chronic back and neck pain. As part of Beebe's top-rated Orthopaedic Services program, doctors, physical therapists, exercise physiologists, health coaches, and wellness trainers at Beebe



Ronald J. Wisneski, MD, is Medical Director of Beebe HealthyBack.

HealthyBack work closely with referring physicians to ensure patients are getting the best treatment possible. Unlike other treatment programs, Beebe HealthyBack's Pure Solution does not use needles, drugs, or surgery, and those who complete treatment report significant increases in function and quality of life and decreases in pain.

Dr. Wisneski says Beebe HealthyBack helps many sufferers of chronic neck and back pain because of the FDA-registered targeted strengthening technology that isolates muscles. He says the clinic-based, physician-driven program focuses on patients by taking regular measurements and tracking them over the course of the year-long program.

"With Beebe HealthyBack, patients receive a prompt diagnosis and patient-centered care," Dr. Wisneski says. "It is the program's goal to efficiently use diagnostic testing, focusing on quality-driven outcomes, and prevent recurrence of pain."

Within two weeks of meeting with Dr. Wisneski, Mary started using the specially designed equipment at Beebe HealthyBack at the Georgetown health campus. The first visit tested her strength and range of motion, and provided a baseline for physical therapists and her health coach.

For 10 weeks, Mary worked out on the machines with a physical therapist. She says it was almost like going to the gym, except the machines work specific areas of the back and the rest of the body to improve strength and flexibility.

"By increasing our clients' strength, we are able to teach them ways to stretch and move to reduce and eliminate chronic back pain," says Dr. Wisneski. Since opening in early 2014, Beebe HealthyBack has found that most patients have reported more than a 45 percent reduction in pain.

While the workouts were sometimes difficult, Mary could feel herself getting stronger. After 10 weeks, she entered the wellness phase and will continue working out one to two times each week for the rest of the year.

She also takes time each day to get up from her desk, go for a walk, and do stretches.

"I have noticed a real difference in the way I feel since starting the program," Mary says. "The hardest part was the time commitment. You have to be committed. You have to do the stretches at home."

For Mary, the program taught her techniques to relieve her back pain, and her insurance paid for the treatment.

"It has to be a lifestyle change—just like a diet," Mary says. "I continue to work at it and meet with my health coach, who helps me set and reach my goals."

During a recent visit, Mary's health coach, Rita Karapurkar Williams, MA, CHES, went over Mary's summary from the first six months.

Williams says Mary's worst pain levels decreased significantly over the first 20 visits and, while she did not increase her flexibility, her torque, or back strength, continually improved over the visits. And, most impor-

tantly, Mary reported improvements in her daily activities.

Since opening in April 2014, about 200 patients have joined the Beebe HealthyBack program. Of those, 45 people have completed therapy and are now in the wellness phase.

"I like that this program is non-invasive," Mary says. "Because it is comprehensive, the program is really setting you up for success. I notice the biggest difference in my life when I realize I have been sitting at work for a long time and I don't have any back pain."

For additional information on Beebe HealthyBack, please call (302) 217-3000. ■

"By increasing our client's strength, we are able to teach them ways to stretch and move to reduce and eliminate chronic back pain."

—Ronald J. Wisneski, MD



In addition to her physical therapy at Beebe HealthyBack, Mary Green takes time each day to go for a walk and do stretching exercises.



SHARING OUR REPORT CARD



Tracy Williams, RN, CAPA, CN, IV, (left), and Teresa Hitchens, RN, BSN, CNOR, CRNFA(E), CPHQ, educate a patient about how to avoid infection following surgery. Beebe's patient education is part of the Surgical Care Improvement Project (SCIP) core measure set that identifies evidenced-based practices that are to be used to prevent infections and improve patient outcomes.



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.

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, preventive care, 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 trans-

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

Beebe Healthcare would like to share some of our Quality Measures results on the next page.

	BEEBE AVERAGE	DELAWARE AVERAGE	NATIONAL AVERAGE
SURGICAL CARE IMPROVEMENT			
MEASURES USED TO EVALUATE PATIENT CARE*			
Percent of outpatients having surgery who got an antibiotic at the right time (within one hour before surgery).	100%	98%	98%
Percent of surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection.	100%	99%	99%
Percent of surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery).	99%	99%	99%
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.	100%	99%	98%
Percent of outpatient surgery patients who were given the right kind of antibiotic to help prevent infection.	98%	99%	98%
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.	100%	99%	98%
Percent of surgery patients who were given the right kind of antibiotic to help prevent infection.	100%	100%	99%
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.	95%	98%	97%
Percent of surgery patients whose urinary catheters were removed on the first or second day after surgery.	100%	99%	96%
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%	99%	97%
Percent of surgery patients who had blood clot prevention ordered after certain types of surgery.	100%	99%	98%
HEART FAILURE			
MEASURES USED TO EVALUATE PATIENT CARE*			
Percent of heart failure patients given instructions to help understand and manage the symptoms of this chronic condition.	97%	96%	94%
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%	98%	97%
HEART ATTACK (ACUTE MYOCARDIAL INFARCTION)			
MEASURES USED TO EVALUATE PATIENT CARE*			
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.	100%	97%	96%
Percent of heart attack patients given aspirin at discharge to reduce the risk of another attack.	100%	99%	98%
Percent of heart attack patients given a prescription for a statin at discharge.	98%	99%	98%
PNEUMONIA			
MEASURES USED TO EVALUATE PATIENT CARE*			
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.	99%	98%	98%
Percent of pneumonia patients given the most appropriate initial antibiotic(s).	99%	97%	95%
PREVENTIVE CARE			
MEASURES USED TO EVALUATE PATIENT CARE*			
Percent of patients assessed and given influenza vaccination.	97%	95%	90%
Percent of patients assessed and given pneumonia vaccination.	99%	96%	92%

*Data period = October 1, 2012, to September 30, 2013; Source: U.S. Department of Health and Human Services, Hospital Compare www.hospitalcompare.hhs.gov

FINANCIAL REPORT & COMMUNITY BENEFIT REPORT

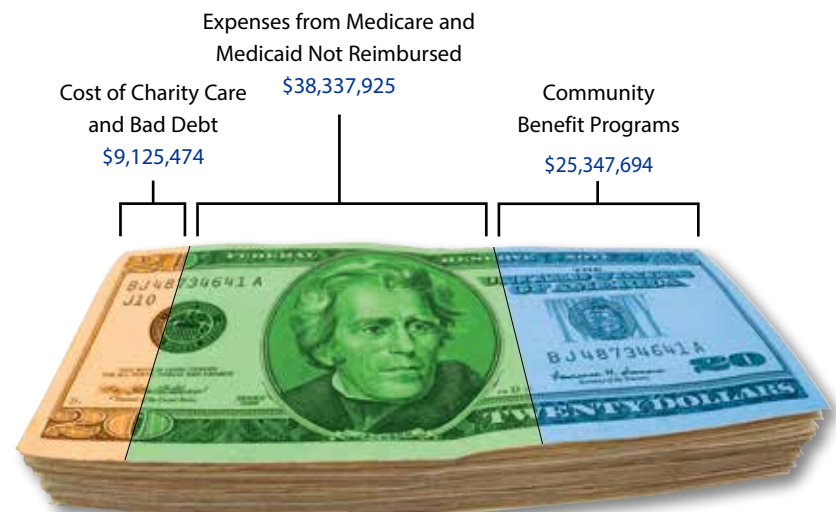
Comparative Consolidated Audited Statements of Operations for the twelve months ending June 30, 2014

FISCAL YEAR	JUNE 2014	JUNE 2013
PATIENT REVENUE		
Inpatient Revenue	\$370,249,969	\$341,739,251
Outpatient Revenue	425,955,505	390,259,416
Total Patient Revenue	\$796,205,474	\$731,998,667
REVENUE DEDUCTIONS		
We did not receive full payment:		
Medicare, Medicaid, and Commercial	\$465,052,713	\$426,283,614
Prior Year Medicare Settlements	(1,623,387)	(1,277,268)
Charity Care and Other	20,972,827	16,892,022
Total Revenue Deductions	\$484,402,153	\$441,898,368
Net Patient Revenue before Bad Debt	311,803,321	290,100,299
Bad Debt	7,173,467	11,170,685
Net Patient Revenue after Bad Debt	\$304,629,854	\$278,929,614
Other Operating Revenue	10,786,974	5,326,093
Total Operating Revenue	\$315,416,828	\$284,255,707
OPERATING EXPENSES		
Salaries	\$124,541,733	\$110,479,959
Contract Labor	5,683,234	4,167,964
Employee Benefits	41,471,813	39,464,939
Physician Fees	7,653,541	8,042,664
Patient-related Supplies and Services	63,504,450	58,594,335
Non-patient-related Supplies	4,213,362	3,581,864
Utilities	5,501,401	5,279,867
Insurance	2,919,404	2,750,238
Depreciation and Amortization	17,371,523	15,641,406
Interest	2,010,529	2,114,191
Repairs and Maintenance	7,200,169	6,897,524
Other Expenses	28,580,036	23,866,851
Total Operating Expenses	\$310,651,195	\$280,881,802
Income (loss) from Operations	\$4,765,633	\$3,373,905
ANALYSIS OF SERVICE		
Admissions	9,978	9,151
Average Length of Stay (Days)	4.09	4.06
Cardiac Catheterization Procedures (Inpatient and Outpatient)	2,052	1,929
Inpatient Days of Care	40,902	37,280
Births	856	887
Emergency Visits (includes Millville seasonal facility)	45,596	46,594
Laboratory Tests (Outpatient)	665,417	678,612
Radiation Oncology Procedures (Outpatient)	11,388	9,532
Radiology Procedures (Outpatient)	111,139	107,884
Rehabilitation Visits (Outpatient)	73,282	71,173
Surgical Procedures (Inpatient and Outpatient)	13,546	13,131
Beebe Physician Network Visits (Office Visits plus Outpatient Visits)	58,349	48,452
Beebe Physician Network Hospital Inpatient Visits	41,987	37,608
Home Health Visits	28,490	23,113

Financial Summary for Fiscal Year Ended June 30, 2014

	COMMUNITY BENEFIT COST
Charity Care (at cost)	\$6,726,677
Bad Debt (at cost)	2,398,797
Government-sponsored Healthcare	
Medicare	\$39,266,664
Medicaid	(928,739)
Total Net Expense	38,337,925
Community Benefit Program (net loss)	
Heart Fair	\$35,000
Health Promotion and Wellness Programs	1,168,445
School-based Wellness Programs	364,752
HealthierSussex.com	4,371
Behavioral Health Services	254,638
Sexual Assault Nurse Examiner Programs	158,092
Oncology Research Program	178,931
Interpreter Services	97,143
Physician Services Recruitment	403,863
Physician Practice Guarantees	2,146,901
Workforce Development with Educational Institutions	659,746
Sponsorships	122,900
Gull House Adult Day Care	413,010
Subtotal Community Benefits	6,007,792
Beebe Medical Group	19,339,902
Total Cost of Community Benefits	25,347,694
TOTAL COMMUNITY BENEFIT FOR 2014	\$72,811,093

COMMUNITY HEALTH DOLLARS SPENT



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EFFECTIVE AS OF JULY 1, 2013–JUNE 30, 2014

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INFORMATION FOR THE COMMUNITY

Tips for a Safe and Healthy Winter

Winter can bring joy, especially during the holidays when people get together. It also can bring accidents and illness due to freezing temperatures, sleet, and snow. We have gathered together some tips to help you stay healthy and safe during the winter months.

- **Wash your hands often.** It is the most important thing to do to prevent the spread of germs
- **Cover your mouth when you cough or sneeze.** Use a tissue, not your hands. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow.
- **Stay current with your vaccines.** Make sure you get the vaccines your doctor recommends for you that protect against flu, shingles, and pneumonia.
- **Stay warm.** That goes for your children, too. This not only includes wearing hats, gloves, and coats when going outside on cold days, but making sure that your home is warm and that your heating system is in working order.



- **Stay safe:**
 - > Never use generators or gas grills in the house.
 - > Make sure your smoke alarms and fire extinguishers are working.
 - > Install a carbon monoxide detector outside the bedroom.
- **Avoid hypothermia.** Hypothermia means the body temperature has fallen below 95 degrees Fahrenheit. Children, the elderly, and those with heart disease are at a higher risk for hypothermia.
- **Avoid heavy exertion,** such as shoveling snow, if you have heart disease. Overexertion in cold weather may increase risk of heart attack.
- **Eat healthy and stay active.**

More information can be found at these websites:

- > Centers for Disease Control and Prevention
www.cdc.gov/family/holiday/
- > American Academy of Pediatrics
www.healthychildren.org/English/news/Pages/Winter-Safety.aspx
- > American Heart Association
www.heart.org/HEARTORG/General/Cold-Weather-and-Cardiovascular-Disease_UCM_315615_Article.jsp



SAVE THE DATE

Annual Health Fair February 7, 2015

Keep your family in good health!

Rehoboth Beach Convention Center
229 Rehoboth Ave, Rehoboth Beach, Del.

FREE HEALTH SCREENINGS



2015 Cancer Survivors Calendar Is Available Now!



Our patients talk about life "after ringing the bell." Pick up your free calendar at the Tunnell Cancer Center to read our twelve survivor stories.

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 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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