BEEBE MEDICAL CENTER

BEACON

APRIL 2011

Beebe Medical Center
LEWES, DELAWARE

IN RECOGNITION OF MAY, STROKE AWARENESS MONTH,
REMEMBER TO CALL 911 IF A STROKE IS SUSPECTED. HELP IS MINUTES AWAY.

STROKE Time is Brain

It's an all too common story: A person will begin to have symptoms of stroke, such as mild weakness in a hand, a problem forming a sentence, tingling in the face, or a sudden and acutely severe headache. The person hopes against hope that nothing is wrong, takes an aspirin, and then goes to bed.

CT tech Travis Harris, RT(R) CT, prepares a patient to have a computed tomography (CT) scan of her brain.

Cover: A call to 911 when a stroke is suspected brings immediate medical attention. Here, Lewes Fire Department first responders lift a patient out of the ambulance to take her to the hospital Emergency Department.

"It happens every day," says Kevin Bristowe, MD, Medical Director of Beebe Medical Center's Emergency Department and Medical Director of Sussex County Medical Services. "People have symptoms but ignore them. By the time they realize they should go to the hospital, it may be two or three days later and it is too late for us to have the opportunity to intervene."

Stroke is a life-altering event. Stroke is the third-leading cause of death after heart disease and cancer. Stroke is the number-one cause of lifelong disability. **It is critically important to call 911 if there is even a hint of a stroke. It is a life-threatening emergency.**

Transient ischemic attack (TIA), often called a **mini-stroke**, can be a precursor to a debilitating stroke or brain attack. A TIA is considered a warning, which means a stroke could and most likely will happen at some time, any time, in the future. The symptoms are the same as a stroke, but they typically go away in less than 24 hours. **It is critically important to call 911.** Do not wait until the 24 hours have lapsed to determine if this is a true stroke. Waiting results in a loss of valuable time needed to begin treatment. This may ultimately impact long-term quality of life.

Neurologist Abraham Scheer, MD, Medical Director of Beebe's Neurology/ Stroke Services program, reviews the CT scan of the brain of a patient having a hemorrhagic stroke.

THE STROKE EMERGENCY

Beebe Medical Center, as a certified Advanced Primary Stroke Center, is recognized by emergency medical personnel as a hospital of choice in a stroke emergency, says neurologist Abraham Scheer, MD, Medical Director of Beebe Medical Center's Neurology/Stroke Services program.

Beebe Medical Center has a multidisciplinary team of medical professionals involved in the care and treatment of stroke sufferers. Beebe Medical Center has implemented stroke care and treatment procedures and practices that meet national guidelines and are based on best practices and evidence-based outcomes.

"As a Joint Commission–certified Advanced Primary Stroke Center, Beebe Medical Center provides a nationally recognized standard of care that fosters the best possible outcomes for stroke patients," says Lynn Amey, Executive Director of Beebe Medical Center's Cardiac and Vascular Service Line.

Emergency care within the first four and a half hours of the onset of a stroke, if it is an **ischemic stroke**, can mean the difference between life and death, recovery or permanent disability. In an ischemic stroke, a blood clot or piece of plaque has lodged in an artery somewhere in the circulation of the brain, cutting off oxygen to that area. If diagnosed within the four-and-a-half-hour time period, blood thinning medications as well as a clot-busting

WHAT IS STROKE?

Stroke is the third-leading cause of death and the leading cause of serious, long-term disability in the United States. Stroke is a disease that affects the brain. It occurs when the arteries leading to the brain are blocked (ischemic stroke) or ruptured (hemorrhagic stroke). When the brain does not receive the needed oxygen supply, the brain cells begin to die. A stroke can cause paralysis, inability to talk, inability to understand, and other conditions brought on by brain damage.

WHAT ARE THE DIFFERENT TYPES OF STROKE?

ISCHEMIC

Cerebral thrombosis and cerebral embolism: These are the most common types of stroke, accounting for about 85 percent of all strokes.

Cerebral thrombosis: This is the most common cause of stroke. It occurs when blood flow is impaired because of a blockage to one or more of the arteries supplying blood to the brain. The process leading to this blockage is known as a thrombosis. Strokes caused in this way are called thrombotic strokes. Thrombus is the medical word for a clot that forms on a blood vessel deposit.

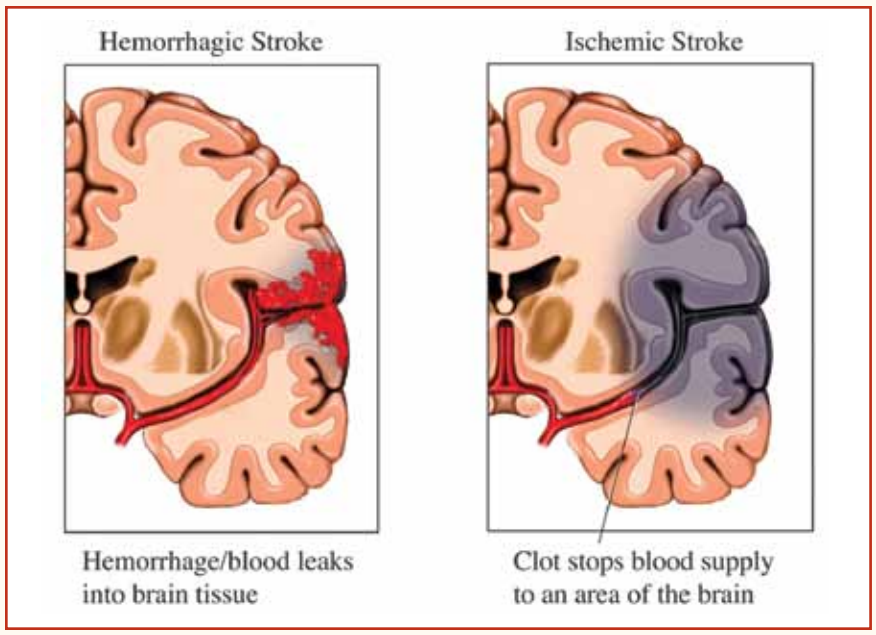
Blood clot strokes can also occur as the result of unhealthy blood vessels clogged with a build-up of fatty deposits and cholesterol. Your body regards these build-ups as multiple, tiny, and repeated injuries to the blood vessel wall. These injuries cause your body to react just as if you were bleeding from a wound—it forms clots.

Cerebral embolism: A blood clot forms somewhere in the body (usually the heart) and travels through the bloodstream to the brain. Once in the brain, the clot eventually travels to a blood vessel small enough to block its passage. The clot lodges there, blocking the blood vessel and causing a stroke. Embolus is the medical word for this type of blood clot.

HEMORRHAGIC

Cerebral hemorrhages: These occur when a defective artery in the brain bursts.

Subarachnoid hemorrhages: This type occurs when a blood vessel on the surface of the brain ruptures and bleeds into the space between the brain and the skull.



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IS IT A STROKE? ACT FAST!

FACE weakness | **ARM** weakness | **SPEECH** difficulties | **TIME** call **911**

FACE: Does the face look uneven?

ARMS: Does one arm drift down?

SPEECH: Does their speech sound strange?

TIME: Time is brain!

IMMEDIATELY CALL 911!

RISKS

- High Blood Pressure
- Heart Disease
- Diabetes
- Atrial Fibrillation
- Lifestyles: Smoking • Obesity • Sedentary
  Alcohol consumption
- Transient Ischemic Attack (TIA)

SYMPTOMS OF STROKE

- Sudden numbness or weakness of face, arm, or leg—especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

Source: National Institute of Neurological Disorders and Stroke & National Stroke Association

A 911 call from home by a patient, friend, or family member sets emergency medical care in motion.

Emergency Department nurse Jennifer Rutherford, RN, and Kevin Bristowe, MD, Medical Director of Beebe's Emergency Department, prepare a stroke patient to be administered the clot-busting drug tissue plasminogen activator (tPA).

medication called tissue plasminogen activator (tPA), which may open up the clogged artery, can be administered by a trained physician. Most strokes are ischemic. The other roughly 15 percent are **hemorrhagic**—which is bleeding in the brain—and are not candidates for this aggressive use of medications. Special imaging studies are used to identify the type of stroke before any treatment is begun.

A 911 call from home by a patient, friend, or family member sets emergency medical care in motion. Medical personnel who respond begin the first assessment to determine if a patient is having a stroke. "Sometimes other illnesses can look like a stroke," says Lynn Toth, RN, MSN, cardiovascular medical specialist and Stroke Team member. She cites as an example, an acutely low blood sugar level in a person with diabetes. First responders will check the patient's blood glucose level. If a stroke is suspected, the first responder will call ahead to the hospital as the ambulance takes the patient to the Emergency Department. Emergency Department personnel prepare for the patient's arrival.

Once in Beebe's Emergency Department, nurses and physicians quickly begin to determine if the patient is having a stroke. A protocol is followed that includes a detailed checklist of symptoms and what they mean. If a stroke is suspected, a Stroke Code is called, which alerts a team that includes the neurologist. A computed tomography (CT) scan is done of the brain. This test shows the presence of brain bleeding, which would signal a hemorrhagic stroke. With no presence of bleeding within the brain, and with all the other data analyzed, the decision is made regarding whether the patient is a candidate for tPA and

Lynn Toth, RN, MSN, cardiovascular medical specialist; Abraham Scheer, MD; and Christine Medd, RN, charge nurse in the Emergency Department, review stroke patient cases.

"People who have had a TIA have a 65 percent greater chance of having a stroke. And those who have had a stroke have a chance to have another."

—Lynn Toth, RN, MSN, cardiovascular medical specialist and Stroke Team member

blood thinners. A hospital pharmacist determines the correct dosage for each individual patient based upon the weight of the patient.

"That's when the family is consulted," Dr. Bristowe says. "There is a risk with tPA, too, and so decisions are made carefully."

THE UNDERLYING CONDITION AND PREVENTION

There is an underlying medical condition that led to the stroke or TIA. Beebe Medical Center medical professionals work to diagnose all the underlying conditions of all stroke patients.

"People who have had a TIA have a 65 percent greater chance of having a stroke. And those who have had a stroke have a chance to have another," Lynn Toth says. "So, we have to evaluate the patient's vascular system to find out why the patient had the stroke."

Underlying conditions include high blood pressure, diabetes, atrial arrhythmias, and atherosclerosis. Once the patient's underlying condition is diagnosed, treatment for that condition begins. Beebe Medical Center's stroke protocol includes an education counterpart with detailed information on lifestyle changes to help prevent a future stroke.

"As we developed our stroke protocol, we knew that we wanted to include an education counterpart with detailed information on lifestyle changes to help prevent a future stroke," Lynn Amey says. Some of those lifestyle practices include regular exercise and following a diet rich in fruit and vegetables and low in salt and fat. Smoking needs to be stopped and alcohol intake should be avoided or kept at a minimum. Patients also should monitor their blood glucose level, cholesterol, and blood pressure and follow medical advice.

Patients, or their caregivers, leave the hospital with a packet of information on what to expect following a stroke.

REHABILITATION

Rehabilitation is a major component of stroke treatment. Rehab Services personnel are involved in the process as soon as a stroke is suspected. "We were part of the team to develop the stroke protocol," says Michele Poynton-Marsh, MA, CCC/SLP, lead speech language pathologist. "We make sure that the patient is tested for his or her ability to swallow before anything is given by mouth, and that all

Speech therapist Holly Sullivan, CCC/SLP, works with stroke patient Nancy Shobe of Lewes, who practices reading out loud to improve her speech.

Ruth Myers, RDMS, RVT, lead technologist in Beebe's Vascular Lab, performs a carotid duplex (ultrasound) test to help diagnose the underlying cause of a stroke.

stroke patients are referred to occupational therapy, physical therapy, and speech language pathology."

Because a stroke interferes with the supply of oxygen to the brain, damage may occur that impacts the body's ability to function as it did before. The patient's subsequent disability depends upon where the stroke occurred in the brain, what kind of stroke it was, how serious it was, and whether aggressive medication was given within the four-and-a-half-hour time window. Diagnostic tools such as a carotid duplex scan or a magnetic resonance angiogram or image (MRA or MRI) will show where the stroke occurred. The Rehab Team of occupational therapists, physical therapists, and speech language pathologists is able to take that information, combined with their own unique assessments, to develop a rehabilitation treatment regimen.

"The stroke patient has difficulty performing the activities of daily life," says speech language pathologist Holly Sullivan, CCC/SLP. "Our focus is to help the patient return to optimal function. The good thing about our program is that it is hospital based and we have all of the resources in one location."

Nancy Shobe of Lewes says that the outpatient rehabilitation she had at the Beebe Health Campus helped her greatly following her stroke. When she began her outpatient therapy, she says that she had trouble finding the words when she wanted to speak, and her hands were weak. She could no longer read music or play the piano, which had been something she enjoyed. Occupational therapist Alice Workman, OTR-L, worked closely with her, helping her to regain her fine motor skills. She also worked with Holly Sullivan and Camilla Carter, PT, physical therapist and Manager of Rehab Services at Beebe Health Campus.

"We did lots of puzzles," Nancy Shobe recalls. "Alice was so encouraging, making me feel successful, and wonderful."

After about six months of going to outpatient rehab, Nancy found that she could once again play the piano. "My hand still feels a little different, but it doesn't impede me."

Physical therapist Camilla Carter, PT, Manager of Rehab Services at the Beebe Health Campus, helps stroke patient Nancy Shobe strengthen her muscles for better and safer mobility.

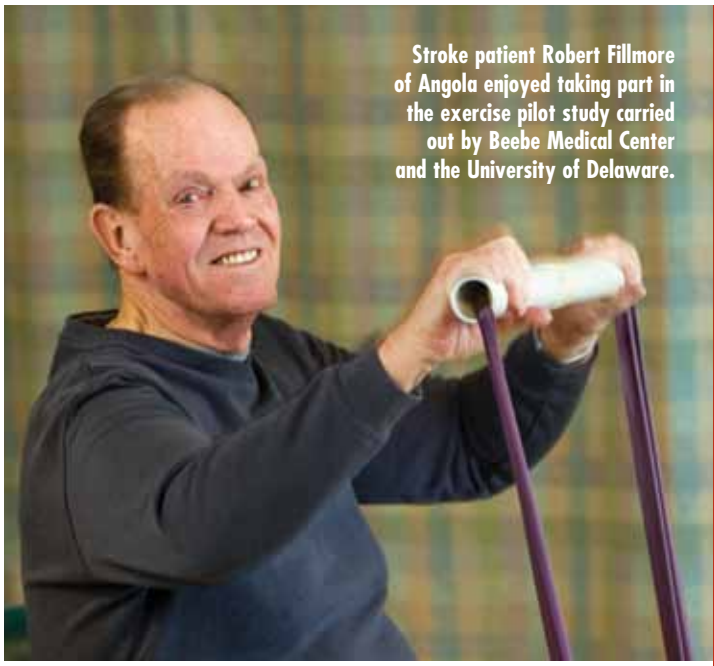
Occupational therapist Alice Workman, OTR-L, helps stroke patients with many physical activities, such as strengthening and improving hand and finger coordination.

Pilot Program

It has been five years since Robert Fillmore, 72, of Angola suffered a stroke, and he is still fighting to get back the dexterity in his left hand. He misses the ease with which he used to use his computer.

"I'm going to get it back," he says with determination.

His stroke was serious. His wife Ann had found him on the floor and unable to move. The paramedics came and rushed him to the hospital, but hours had gone by.



Stroke patient Robert Fillmore of Angola enjoyed taking part in the exercise pilot study carried out by Beebe Medical Center and the University of Delaware.

Over the following months his physicians helped get his high blood pressure and diabetes under control: He spent time recuperating and in rehabilitation. He lost 75 pounds with Weight Watchers. He attended rehab services. He worked with physical therapists, occupational therapists, and a speech language pathologist. His ability to communicate improved, and he regained most of the use of his left side.

When Mr. Fillmore joined the Stroke Support Group at Beebe Medical Center, spearheaded by speech language pathologist Holly Sullivan, CCC/SLP, he and his wife got to know other stroke survivors and their caregivers. Over time, however, Mr. Fillmore says he lost the motivation to follow a strenuous and disciplined exercise regimen at home and settled into a sedentary lifestyle.

In the fall of 2010, Mr. Fillmore got an opportunity to join a 12-week exercise pilot study that was part of a unique research partnership between Beebe Medical Center and the College of Health Sciences at the University of Delaware. The goal of the study was to see if a program could be created and then successfully marketed as a model for use at local gyms, community facilities, and fitness centers.

The study was developed to answer three questions:

1) Would people in the community who were living with communication or mobility deficits be interested in participating in a group exercise program with Beebe Medical Center Rehab Services oversight?
2) What would be the long-term functional effects of the program?
3) Could a community program be developed for patients with chronic mobility or communication disabilities to help them maintain the goals they had reached after undergoing traditional individualized rehab programs?

The pilot study took place at a Beebe Medical Center facility.

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Occupational therapist Alice Workman, ROT/L, helps stroke patient Robert Fillmore with functional dynamic balance exercises.

Ingrid Pretzer-Aboff, assistant professor in UD's School of Nursing, and the leader of the UD research team, says that local gyms and fitness centers are generally not equipped to deal with persons living with Parkinson's disease or stroke.

"If successful, our model could offer a cost-effective program for these individuals with unique needs," she says.

Camilla T. Carter, PT, Manager of Rehab Services at the Beebe Health Campus and leader of the Beebe rehab pilot study team, says that "many of these patients end up in a sedentary and often physically cloistered lifestyle that sends them right back to the Emergency Department with another stroke, fall, or illness associated with their disabilities."

Camilla T. Carter, PT, Manager of Rehab Services, continues to lead the Beebe team in an effort between Beebe and the University of Delaware to create a model for a cost-effective exercise program for stroke patients and people with Parkinson's disease to be adopted by fitness centers.

As part of the 12-week pilot study, researchers documented baselines for the study participants and monitored their progress. Ms. Carter says that the study was so successful that the Beebe–UD team is now working on developing a cost-effective exercise program that could be shared with gyms and fitness centers.

"The pilot study also illuminated for me how important and integral the social and communicative aspects of rehab are for participants, as well as for clinicians," she says.

Mr. Fillmore is taking part in an ongoing, unofficial exercise program that many of the participants in the study decided to do, on their own, at a local Elks Club.

"I can't wait to get back," he says. "I've really enjoyed it."

Mrs. Fillmore adds, "You get incentive when you are in a program. And it's social to be exercising with other people. He feels so much better afterwards." ■

Imaging Technology Provides Faster Patient Care

For Beebe Medical Center radiologist Michael Ramjattansingh, MD, responding to an urgent, middle-of-the-night medical emergency can mean never leaving the comfort of his Lewes home.

Dr. Ramjattansingh is one of the team of Beebe radiologists who reads and interprets X-rays, ultrasounds, computed tomography (CT) scans, magnetic resonance imaging (MRI), and other medical images used to diagnose a patient. He can do this from his home-based image reading room, thanks to an electronic picture archiving and communication system (PACS) Beebe Medical Center implemented a few years ago. The PACS system is a secured electronic network that works like the Internet, allowing physicians at different locations to access a databank of digital images. The system's accessibility to physicians from their laptops and private offices is being tested and perfected, says Beebe Medical Center family practitioner Jeffrey Hawtof, MD. Dr. Hawtof, who has offices in Rehoboth Beach and Millsboro, has worked closely with Beebe to develop and implement its electronic medical record system.

"The PACS system is not only convenient, but also is a quality, timely service," says Dr. Ramjattansingh. "In emergency situations, such as with a stroke, I can get back to the Emergency Room with a reading of a CT scan in five minutes."

Not only can Dr. Ramjattansingh let the emergency medicine physician know of his findings within minutes as he sits at his desk a few miles away, he also can look at the digital image at the same time that the physician looks at it, allowing the two of them to discuss the image as they discuss the

Beebe radiologist Michael Ramjattansingh, MD, has a PACS workstation in his home so he can read emergency medical images on weekends and during the night when he receives them from the Emergency Department.

Paul Cowan, DO, Chief of Emergency Medicine at Beebe Medical Center, and physician assistant Meghan Mangrelli, PA, review an image through the PACS system. They are able to consult with the radiologist, who can review the same image simultaneously from another location.

patient's condition and the necessary treatment.

"This system is very good from a practical standpoint and is so much better than when we used traditional films," says Paul Cowan, DO, Chief of Emergency Medicine at Beebe Medical Center. "Not only can two physicians in different locations look at the same image at the same time, it also allows us to call up old images and to look at those side-by-side with the latest one."

The system's ability to archive and retrieve the old images, within minutes, improves the physician's ability to diagnose and helps avoid the wasted cost of duplicating tests, Dr. Cowan adds. It also allows a physician to call up the radiologist's written report.

"The referring providers utilize the system on a regular basis," says Barb Myers, Director of Beebe Medical Center Imaging Services. "It has allowed us to improve the quality and efficiency of the medical care that we provide."

The system also has become a tool commonly used by surgeons in the operating room who need to call up an image for an operation. They no longer have to hang up old-fashioned X-rays like they used to do. Hospitalists, the hospital-based physicians who are available 24 hours a day, regularly call up these images on their computer screens to help them understand what is wrong with the hospitalized patients. They also regularly consult with the radiologists who are in the hospital radiology reading room or on call at home.

The PACS system also is used for videoconferencing by oncologists, surgeons, pathologists, and radiologists consulting about treatment methodologies of individual cancer patients. Each week, these physicians attend a conference that takes place both in a room at Beebe Medical Center and a room at Tunnell Cancer Center. Through a teleconferencing system and with the PACS system, they discuss treatment programs for cancer patients and scrutinize the digital images displayed before them.

One of the system's strongest advantages is that it is accessible to all the Beebe Imaging locations.

"We can call up any image that has been taken at any Beebe satellite," Dr. Cowan notes. "That is extremely helpful when we are diagnosing a patient who has come to the hospital." ■

"It has allowed us to improve the quality and efficiency of the medical care that we provide."

—Barb Myers, Director of Beebe Medical Center Imaging Services

Beebe Imaging Locations

1 LEWES

Diagnostic Imaging Department at Beebe Medical Center
424 Savannah Road • Lewes, DE 19958
Phone: 302-645-3275

Seven days a week
- Routine Diagnostic Radiology *(no appointment needed)*

Monday–Friday *(*appointment required)*
- Screening and Diagnostic Digital Mammography*
- Fluoroscopy*
- Ultrasound*
- CT Scan*
- MRI*
- Nuclear Medicine*

2 REHOBOTH BEACH

at the Beebe Health Campus
18941 John J. Williams Highway
Rehoboth Beach, DE 19971
Phone: 302-645-3010

Monday–Friday 6:00 a.m.–6:00 p.m.;
Saturday 6:00 a.m.–12 noon
- Routine Diagnostic Radiology *(no appointment needed)*

Monday–Friday *(*appointment required)*
- Bone Densitometry*
- Stereotactic Breast Biopsy*
- Screening and Diagnostic Digital Mammography*
- Ultrasound*
- CT Scan*
- PET/CT Scan*
- MRI*

3 GEORGETOWN

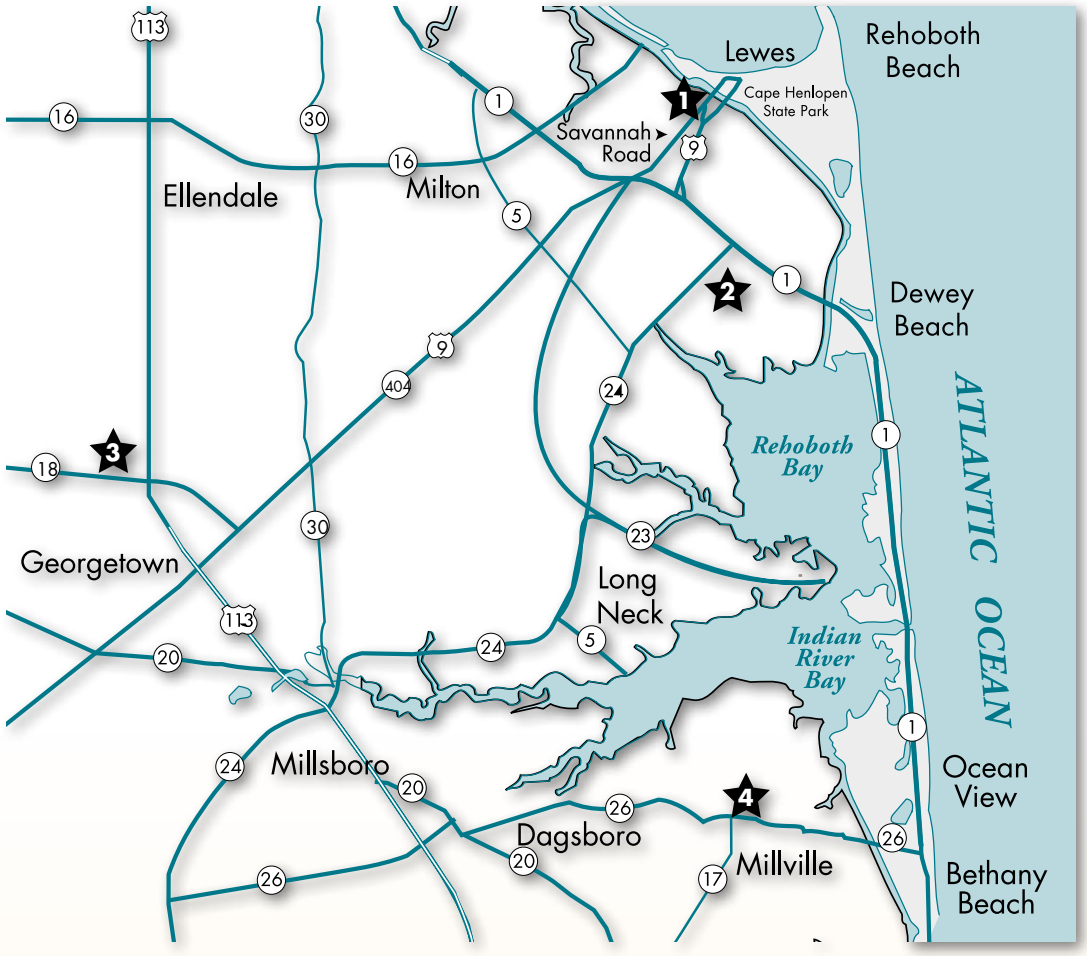
Georgetown Professional Park
20163 Office Circle • Georgetown, DE 19947
Phone: 302-856-9729
Monday–Friday 8:30 a.m.–5:00 p.m.
- Diagnostic Radiology *(no appointment needed)*
- Screening Digital Mammography* *(*appointment required)*

4 MILLVILLE

Creekside Plaza
Route 26 • Millville, DE 19970
Phone: 302-539-8749

Monday–Friday 6:00 a.m.–6:00 p.m.
Saturday 6:00 a.m.–12 noon
- Routine Diagnostic Radiology *(no appointment needed)*

Monday–Friday *(*appointment required)*
- Bone Densitometry*
- Screening Digital Mammography*
- Ultrasound*
- CT Scan*
- MRI*



MAY IS MAMMOGRAPHY MONTH
MAMMOGRAMS SAVE LIVES!

Mammograms can detect a tumor before it can be felt by you or your doctor. They can lower a woman's risk of dying of breast cancer. All women 18 years and older should have a clinical breast exam, and all women 40 years and older should have a yearly mammogram.

With a physician's prescription, make your appointment today at a Beebe Imaging convenient location: 302-645-3278.

No insurance? *Call 302-645-3169 to learn about free mammograms for those who qualify through the Sharing Our Stories, Saving Our Sisters initiative funded by a grant from the Susan G. Komen for the Cure, Philadelphia Affiliate.*

Beebe Medical Center is designated a Breast Imaging Center of Excellence by the American College of Radiology (ACR).

By awarding facilities the status of a Breast Imaging Center of Excellence, the ACR recognizes breast imaging centers that have earned accreditation in mammography, stereotactic breast biopsy, and breast ultrasound (including ultrasound-guided breast biopsy).

For Our Community

BEEBE MEDICAL CENTER DIRECTORY

General Information 645-3300
Admitting Office 645-3214
Beebe Imaging
— Lewes, Main Campus 645-3275
— Georgetown 856-9729
— Millville 539-8749
— Rehoboth Beach 645-3010
Beebe Lab Express
— Lewes, Main Campus 645-3568
— Georgetown 856-7781
— Long Neck 947-1202
— Millsboro 934-5052
— Millville 539-1620
— Milton 684-8579
— Rehoboth Beach 645-3010
Beebe Medical Foundation 644-2900
Beebe Physical Rehabilitation Medicine
— Lewes, Main Campus 645-3235
— Millsboro 934-1500
— Millville 539-6404
— Rehoboth Beach 645-3010
Beebe Outpatient Surgery Center 644-6992
Bookhammer Outpatient Center at Beebe Health Campus 645-3010
Clinical Case Management 645-3313
Community Health Department 645-3337
Emergency Services
— Lewes 645-3289
— Millville (summer only) 539-8450
Gull House Adult Activities Center 226-2160
Hastings HeartCare Center 645-3258
Home Health Agency 854-5210
Human Resources 645-3336
Integrative Health 645-3528
Medical Records 645-3282
Patient Advocate 645-3547
Patient Financial Services 645-3546
Patient Information 645-3307
Physician Network 645-3555
Physician Referral Service 645-3332
Pulmonary Services 645-3298
School of Nursing 645-3251
Sleep Disorders Center 645-3186
Tunnell Cancer Center at Beebe Health Campus
— Medical Oncology 645-3770
— Radiation Oncology 645-3775
Vascular Lab 645-3710
Volunteer Services 645-3531
Women's Health Pavilion 645-3726
Wound Care Services 947-2500

MILLVILLE EMERGENCY CENTER

. . . Where the Doctor Is Always In

OPENING SATURDAY, MAY 28, AT 7 A.M.

Walk-in Emergency Care—Open 24 hours a day, 7 days a week through Labor Day Weekend

302-539-8450

Millville Emergency Center

205 Atlantic Avenue (Rt. 26), Millville

Dial 911 for life-threatening emergencies

22ND BEST OF THE BEACH ART AUCTION

Saturday, June 11 • 6 p.m.–11 p.m.

- Entertainment by Love Seed Mama Jump
- Under the tent on the grounds of the Beebe Health Campus, Route 24, Rehoboth Beach
- For Auction, Underwriting, and Sponsorship opportunities, please call Beebe Medical Foundation at 302-644-2900 or e-mail mgreen@bbmc.org.
- Benefiting Beebe Medical Foundation and the Rehoboth Art League

Reflection, Barbara Petterson

REHOBOTH BEACH JAZZ FESTIVAL

Beebe Night is October 12.

Festival runs from October 12–16.

Visit www.rehobothjazz.com for more information and to purchase tickets.

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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With photography by ***Kevin Fleming*** *and* ***Scott Nathan***

Beebe Medical Center

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

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.

Our Vision

Beebe Medical Center will be a community-based healthcare system committed to providing high-quality, cost-effective healthcare in fulfillment of our charitable mission.

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Saturday, June 11 • 6 p.m.–11 p.m.

- Entertainment by Love Seed Mama Jump
- Under the tent on the grounds of the Beebe Health Campus, Route 24, Rehoboth Beach
- For Auction, Underwriting, and Sponsorship opportunities, please call Beebe Medical Foundation at 302-644-2900 or e-mail mgreen@bbmc.org.
- Benefiting Beebe Medical Foundation and the Rehoboth Art League

Reflection, Barbara Petterson

REHOBOTH BEACH JAZZ FESTIVAL

Beebe Night is October 12.

Festival runs from October 12–16.

Visit www.rehobothjazz.com for more information and to purchase tickets.

Find us on: facebook®

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

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.

Our Vision

Beebe Medical Center will be a community-based healthcare system committed to providing high-quality, cost-effective healthcare in fulfillment of our charitable mission.

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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With photography by ***Kevin Fleming*** *and* ***Scott Nathan***