

BEEBE NOW

Talk to Your Patients: *Measles Virus*

BY WILLIAM CHASANOV, DO, *Beebe Infectious Disease & Travel Medicine*

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From January 1 to June 6, 2019, 1,022 (based on preliminary data) individual cases of measles have been confirmed in 28 states.

—Centers for Disease Control and Prevention

The U.S. is experiencing the largest outbreak of measles since measles was declared eliminated in 2000.

The Centers for Disease Control attributes this outbreak to a number of factors, including:

- an increase in the number of travelers who contract measles abroad and return to the U.S. with the disease, and/or
- further spread of measles in U.S. communities with pockets of unvaccinated people.

WHAT TO TELL YOUR PATIENTS

It is important to educate patients on their risk for measles.

Measles is caused by a single-stranded, enveloped RNA virus. It is classified as a member of the genus *Morbillivirus* in the *Paramyxoviridae* family. Humans are the only natural hosts of measles virus.

Measles is highly contagious. It is spread when a measles-susceptible person comes into contact with infectious droplets from a measles-infected person. These droplets are spread when the infected person coughs, sneezes, or breathes. **Measles can last in the air for up to two hours after the infected person leaves that area.**

Patients might have measles if they are exhibiting the following symptoms:

- Cough
- High fevers
- Pink eyes (conjunctivitis)
- Maculopapular rash
- Runny nose (coryza)
- Koplik spots (buccal mucosa enanthem)

About two to four days after fever onset, a rash generally starts on the head and face and spreads cephalocaudally and centrifugally (head down with spreading to trunk and extremities).

In most cases, the only treatment for measles is supportive care. Vitamin A is an adjunct therapy for children with severe measles and ribavirin can be considered for measles in certain circumstances.

It is important to talk to your patients about their risk for measles. If they are unsure if they were vaccinated, the decision should be made to check serum titers and/or offer vaccination. If a patient is planning on traveling out of the country, they should consider talking to a travel medicine specialist.

IMMUNITY, RISK, & WHAT TO DO ABOUT MEASLES CONCERNS

Those born in the United States before 1957 are presumed to have a natural immunity against measles and likely do not require any additional investigation. Those who were born in 1957 and later may have been offered vaccines as the measles vaccination campaign in the United States started around 1963.

People at high risk for severe illness and complications from measles include:

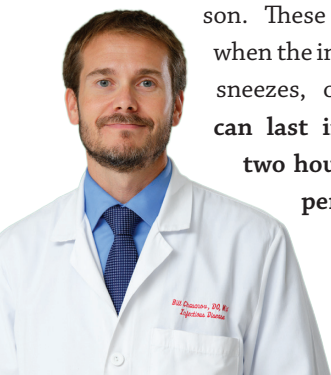
- Infants and children aged <5 years
- People with compromised immune systems, such as from leukemia and HIV infection
- Adults aged >20 years
- Pregnant women

Healthcare providers should report suspected measles cases to their local health department within 24 hours.

Laboratory confirmation is essential for all sporadic measles cases and all outbreaks. Healthcare providers should obtain both a serum sample and a nasopharyngeal swab from patients suspected to have measles at first contact with them. Urine samples may also contain virus, and when feasible to do so, collecting both respiratory and urine samples can increase the likelihood of detecting measles virus.

If you have a patient with risk factors or suspected measles presenting to your clinic, it is important to place the patient in a negative pressure room and start droplet precautions immediately. If negative pressure rooms are not available, place the patient in a private room and initiate mask-wearing (for patient and team members). Conduct your interview, and if measles is still a concern, feel free to reach out to Beebe Infection Prevention, Beebe Infectious Diseases, or State of Delaware Public Health for guidance.

For more info, visit the CDC's Measles Lab Tools section: www.cdc.gov/measles/lab-tools/index.html.



William Chasanov, DO, MBA, is an Infectious Disease Physician and Medical Director of Beebe Employee Health at Beebe Healthcare.

LETTER FROM DR. HAWTOF

Evidence-based Medicine Matters—When to drink more water and when to stop!



*Jeffrey Hawtof, MD,
Vice President of
Medical Operations*

As the old saying goes, “You cannot get blood from a stone.” Your patient should be well hydrated before getting their blood drawn. Often we tell our patients to get their blood tests while fasting. They often do not understand this does NOT include water! Patients assume they cannot drink water and the patient comes in bone dry!

Help your patient have a better experience with blood draws—encourage them to drink lots of water when they are fasting! This will make the experience much better for the patient.

Your wording makes a difference:

Instead of: “Please get this blood test fasting, water is OK.”

Say: “Please get this blood test fasting, but drink plenty of water.”

Fasting + Water = 😊

When it comes to surgery, we have instituted new protocols for patients! We have instituted a change with the NPO status at Beebe Healthcare’s Lewes Campus and BOS. This change has been effective for patients scheduled for surgery as of May 13. This change does not apply to inpatients added to the OR schedule.

ADULT PATIENTS

Clear Liquids: May have the following clear liquids up to two hours prior to surgical arrival time: water, clear juice (such as apple or cranberry juice), soda, plain tea/coffee (no cream/milk), popsicles, Kool-Aid, and plain Jello.

Solids: Must stop all food by midnight the day prior to surgery.

PEDIATRIC PATIENTS

Clear Liquids: May have the following clear liquids up to two hours prior to surgical arrival time: water, clear juice (such as apple or cranberry juice), soda, plain tea/coffee (no cream/milk), popsicles, kool-aid, and plain jello.

Breast Milk: May have up to four hours prior to surgical arrival time. **Formula:** May have up to six hours prior to surgical arrival time.

Solids: Must stop all food by midnight the day prior to surgery.

Thanks for helping us give our patients the very best service and care!

Lung Cancer: A Patient’s Journey

BY MUDIWA MUNYIKWA, MD, FACS

Beebe Cardiothoracic Surgery and Beebe General Surgery–Cape

Lung cancer is the leading cause of cancer-related deaths in men and women. It is estimated there are 10 million individuals at high risk for developing lung cancer in the United States.

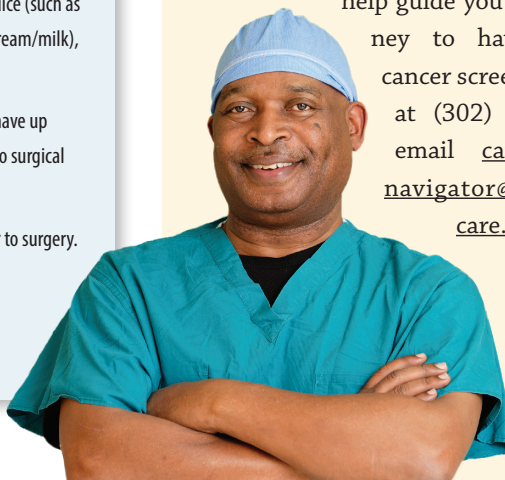
Beebe Healthcare has been partnering with the state of Delaware for several years in an effort to increase lung cancer screenings and diagnose lung cancer earlier, when it is more treatable.

Multiple studies have shown that lung cancer screening can save lives. Screening has been approved by Medicare and other insurance companies because it helps to detect lung cancer at an early stage and gives lung cancer patients a longer and healthier life expectancy.

These scans are offered at a very low cost to make them affordable to as many people as possible, with a nominal charge of \$99, which includes the interpretation of the images. Patients who are uninsured or underinsured may also qualify for screenings through Delaware’s Screening for Life program at no charge.

Beebe Healthcare offers low-dose CT lung cancer screenings in Georgetown, Millville, and Lewes. Patients who are 55 to 74 years old, in fairly good health, have at least a 30 pack-year smoking history, are either still smoking or have quit smoking within the last 15 years, should talk to their doctor about a lung cancer screening.

Deb Campbell, MSN, RN, Beebe’s Cancer Screening Nurse Navigator can help guide you on your journey to having a lung cancer screening. Call her at (302) 645-3169 or email cancerscreeningnavigator@beebehealthcare.org.



Mudiwa Munyikwa, MD, FACS, is board certified in Thoracic Surgery. He sees patients at Beebe General Surgery–Cape and at Beebe Cardiothoracic Surgery.

FOLLOWING A LUNG CANCER SCREENING

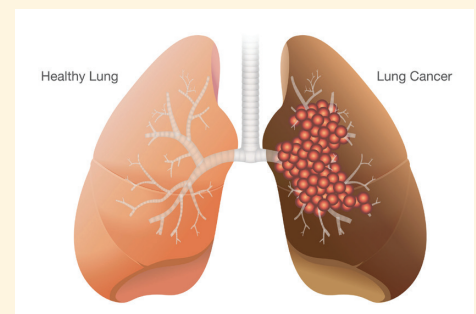
After the lung cancer screening, Beebe has a comprehensive system in place that allows your patient’s results to expeditiously be transferred to the patient’s medical team, including their primary care provider, nurse navigator, and a multidisciplinary clinical team at Beebe Cardiothoracic Surgery.

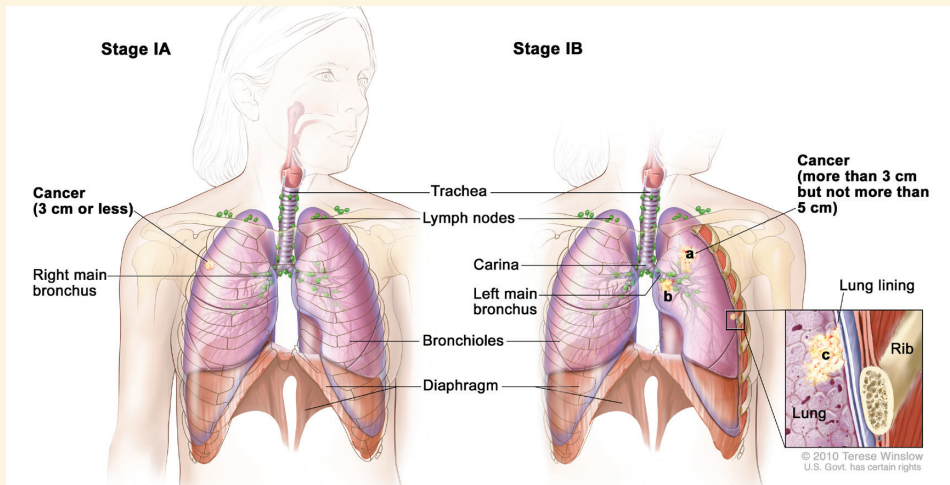
The Thoracic Surgery Team holds weekly Pulmonary Nodule Clinics. The presence of a pulmonary nodule found during a screening could indicate cancer.

Each week, the Pulmonary Nodule Clinic Team meets with patients to go over the results and treatment options. This team includes thoracic surgeons, pulmonologists, thoracic radiologists, medical oncologists, radiation oncologists, thoracic navigators, nurse navigators, and other members of the patient’s care team.

Even if your patient is unable to make it to the Pulmonary Nodule Clinic, the team can still discuss the case based on the medical record and test results. This means the entire process from diagnosis to treatment is streamlined and efficient to better serve patients.

Thoracic Oncology Navigators Alice Isidro, PA-C, and Robin Weems, PA-C, of Beebe Cardiothoracic Surgery, are available to talk to patients and schedule follow-up visits, further testing, and surgery.





INDIVIDUALIZED TREATMENT PLANNING

Beebe Healthcare is now able to offer many advanced treatment options. Surgery options include:

- **Open Surgery:** Lung cancer surgery may be performed using open surgery through a long chest incision, called thoracotomy. This usually involves spreading the ribs to access the lung. Open surgery allows doctors to touch and feel organs while operating, but the long incisions have traditionally meant longer hospital stay and recovery time.
- **Thoracoscopy/VATS:** Thoracoscopy is also called video-assisted thoracic surgery or VATS. Doctors insert a tiny camera (thoracoscope) and surgical instruments into the chest through small incisions. The camera takes images inside the patient's body and sends them to a video monitor in the operating room to guide surgeons as they operate.
- **Robotically Assisted Surgery:** When using robotically assisted surgery, doctors make a few small incisions—similar to thoracoscopy procedures. During robotic surgery, the surgeon sits at a console near the patient and controls the instruments, which bend and rotate in intricate ways. The surgeon uses a 3D HD vision system, which provides an optimally magnified view inside the patient's body. The system translates all hand movements into smaller, exquisitely precise movements of tiny instruments in the patient's body. The small incisions lead to much quicker recovery time when compared to open surgery, including shorter hospital stay.

At Beebe Healthcare, new investments in technology and training have allowed us

to offer management that meets the best evidence-based clinical practice guidelines regarding who should be tested for lung cancer and how they should be treated.

This includes our use of 3D imaging to navigate the lung's narrow passages where most tumors reside and test growths for the presence of cancer, a technique called navigational bronchoscopy. This enables us to catch lung cancer early, and we use a team approach to remove tumors before they have a chance to spread.

Patients may need to have minimally invasive robotic surgery procedures such as:

- **Segmentectomy:** surgical removal of a small lung segment with tumor
- **Wedge resection:** surgical removal of a triangular slice of lung tissue including the tumor
- **Lobectomy:** surgical removal of a section of lung (lobe)
- **Pneumonectomy:** surgical removal of entire lung

If your patient has been a smoker, recommend a chest X-ray to check for any signs of lung cancer. If the scan shows anything suspicious, Beebe Cardiothoracic Surgery and our thoracic oncology specialists can work directly with you and your patient to develop a treatment plan.

To refer a patient or to speak to Alice Isidro, PA-C, or Robin Weems, PA-C, Thoracic Oncology Navigators, call (302) 644-4282.

WELCOME TO BEEBE

PHYSICIANS

▶ **Johnathan Hilton, MD** *Emergency Services*

ALLIED HEALTH

▶ **Diamond Micielli, FNP** *Clinic By The Sea*
▶ **Jessica Riffle, FNP** *Beebe Family Practice—Lewes*

To contact the Beebe Medical Staff office, call (302) 645-3499.

PHYSICIAN SPOTLIGHT

Meet Dr. Maribel Garcia

Dr. Garcia started working at Beebe Family Practice—King Street Row in October. She is board certified in Internal Medicine. She is accepting new patients. To refer patients or for more information, call (302) 645-2833.

Q: Tell us about your background and experience.

A: Dr. Garcia: I've been working with Beebe since 1997 in many different roles. Just prior to coming to the King Street Row office, I was working with Beebe Walk-In at Beebe Medical Group's multiple locations. Prior to 1997 I was the Medical Director of Westside Health Service, a federally qualified health center in Wilmington. After 1997, I started Milton Family Practice (with Beebe Physician Network, now known as Beebe Medical Group). I also worked with Perdue Wellness Centers and was on staff at Express Care at Eden Hill—Urgent Care. I was formerly a Medical Director of Beebe's school-based Wellness Centers, Medical Director of the Beebe Walk-In, and Medical Director of the former Delmarva Rural Ministries—a federally qualified health center.

Q: What is your practice philosophy?

A: Dr. Garcia: My practice philosophy is about patient-centered culture and equipping our patients to take control of their disease before it takes control of them! It is all about establishing a relationship, because true change happens in the context of relationships. When the patients trust you and they feel you really care about them, they will engage and feel a sense of relief.



What's New at Beebe Wound Healing?

NEW MEDICAL DIRECTOR, NEW DIRECTOR, AND NEW HYPERBARIC CHAMBER

Beebe Wound Healing & Hyperbaric Medicine is expanding with new physicians and a new director, while saying farewell to longtime wound care professional and Director Bonnie Cunningham.



Bonnie Cunningham

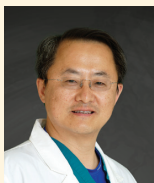
Bonnie officially retires in July, but will return later this year as a casual team member.

Ken Carson has been named the new Director. He has been with the program since 2012 and is excited to continue to work to expand the department.



Ken Carson

Bhinzi Zhang, MD, was named Medical Director following the retirement of Dr. Robert Portz. Prior to joining the Wound Healing Team, Dr. Zhang worked with Beebe Hospital Medicine. He is board certified in Internal Medicine.



Bhinzi Zhang, MD

In addition, Wound Healing recently acquired a third hyperbaric oxygen therapy chamber.

The BARA-MED "Select" hyperbaric chamber provides the most advanced and effective treatment available. Manufactured by Environmental Tectonics Corporation, the BARA-MED "Select" is designed to protect patients from inner-ear squeeze, a major discomfort that competing hyperbaric chambers fail to address. The chamber is spacious, temperature-controlled, and runs quietly, reducing patient anxiety. It is equipped with an entertainment sys-

tem, enabling patients to watch videos during treatment.

HYPERBARIC THERAPY USES CONTINUE TO GROW

One of the most common uses of hyperbaric oxygen therapy is for healing following radiation therapy. Many patients who have radiation to the head, neck, or trunk experience a type of radiation injury that slows healing of tissues. This decreased healing can affect the skin but also affects internal soft tissue and organs.

"We have had phenomenal success in treating patients who have had radiation," Bonnie says. "Patients tell us that following their hyperbaric oxygen treatments, they are able to taste foods again, they feel stronger and more like themselves."

Medical indications for referral to Hyperbaric:

- History of radiation at a non-healing wound site
- Radiation injury to soft tissue such as bowel or bladder
- Diabetic foot ulcer—Wagner Grade 3 or 4
- Chronic refractory osteomyelitis at any site
- Osteoradionecrosis of the jaw requiring tooth extraction/jaw implants/complex plastic surgery

WOUND HEALING OUTCOMES

Since 1998, Beebe Wound Healing has provided state-of-the-art wound care for the community.

The healing rate is consistently greater than 98 percent, exceeding the national average.

Depending upon the wound status, treatment options may include one or more of the following:

- Advanced wound dressings
- Bioengineered tissue implants

- Growth factors
- Negative pressure therapy
- Referral for revascularization or other surgical procedures
- Debridement
- Blood glucose control
- Compression therapy
- Nutrition support
- Hyperbaric oxygen therapy

Beebe Wound Healing & Hyperbaric Medicine is located with Diabetes Management in Suite 210 of the Medical Arts Building, at Beebe's Rehoboth Health Campus: 18947 John J. Williams Highway.

To refer a patient, fax the following to (302) 645-3428:

- Progress notes of condition showing reason for referral
- If osteoradionecrosis, include information about what tooth/teeth will need to be extracted and the plan for surgery
- Face sheet with basic demographics
- Insurance information
- Any tests done to validate the diagnosis

Talk to your Beebe physician liaisons to get order referral forms: Jeff Peirce, jpeirce@beebehealthcare.org or Lauren Walsh, lwalsh@beebehealthcare.org.



CREATING THE NEXT
GENERATION
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Beebe Now is published by Beebe Healthcare to present health information to the medical professionals of Delmarva.

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