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A HEART-HEALTHIER COMMUNITY

The sound of power tools and construction clatter has echoed from behind a temporary wall on the second floor at Beebe Medical Center. Two new operating rooms soon will be revealed.

New medical equipment has arrived express delivery, and strangers have become seasoned team members. New protocols have been implemented, and training and cross-training programs undergone.

Beebe Medical Center is preparing for the expansion of its cardiovascular program and the beginning of a new era in patient care. Later this year, the Medical Center’s heart services will grow to include interventional procedures such as angioplasties and stent placements to clear clogged arteries, as well as open-heart valve repairs and coronary artery bypass grafts.

“We will be providing a level of care that we have not provided in the past,” says Donna Streletzky, Vice President of Operations.

Over the last several years, marketing research studies have shown that the communities served by Beebe Medical Center were experiencing a growing need for cardiovascular medical services. Not only was the population increasing, it was also aging, and heart disease continues as Delaware’s number-one killer and the nation’s number-two killer.

Presently, local cardiologists diagnose patients with heart disease and then refer them to hospitals out of the area for interventional care or surgery. Patients do return to Beebe for rehabilitation, although until the recent expansion they have often had to wait to get into the popular program.

At the strategic planning retreat in 2002, a multidisciplinary leadership group made up of board members, physicians, and management staff discussed the
possibility of moving forward with an open-heart/interventional cardiology program. The group looked at what other community hospitals were doing and at how it might work at Beebe. The decision was made to form a task force to explore the feasibility of initiating a cardiovascular surgery program.

In 2004, an affiliation was announced between Beebe Medical Center and Christiana Care Health System to begin a new open-heart surgery program at Beebe. Christiana’s program, which began in 1986, is one of the largest and most experienced cardiovascular surgery programs in the mid-Atlantic region. As part of the agreement, Christiana will supply Beebe with a full-time cardiac surgeon and offer backup surgery by its surgeons. Christiana also will prepare and train nurses, technicians, and other staff.

An operational team headed by Streletzky and Lynn Amey, Director of Cardiovascular Services, has been meeting regularly over the past year to plan the programs. Team members represent every key department in Beebe Medical Center.

Changes have been taking place at a steady pace hospitalwide. The most obvious to visitors and patients may be the expansion of the Cardiac Rehabilitation Department, which moved into the gym used by Outpatient Physical Therapy. The expanded Cardiac Rehabilitation Department will be able to handle double the number of patients with its extra space, new equipment, and additional employees.

Same-Day Surgery and the Pre-Op Testing Department were relocated from the second-floor Operating Room area to make way for the construction of two new operating rooms, which will be equipped with the latest technology available to cardiac surgeons.

Staff members from many different departments have been visiting Christiana, taking part in numerous training programs. A recruiting effort has been under way to hire 31 new employees, 24 of which will be nurses trained in cardiology care.

A new Department of Nuclear Cardiology is being created to better serve Beebe’s team of cardiologists in diagnosing heart disease.

Kathy Cannatelli, R.N., Nurse Manager in Beebe’s Critical Care Unit, says that her staff is looking forward to caring for cardiac patients. While some patients will be more acutely ill than many of Beebe’s present patients, in general they will recuperate faster. The higher level of initial care will bring new opportunities and challenges to the skilled staff.

“We have already implemented several new protocols and other treatment modalities,” Cannatelli says. “We have a lot of cross-training and education going on. The staff is very excited.”

Kay Cumber, R.N., Cardiac Team Leader for the cardiac OR, also reported a level of excitement amongst the staff. “We’re getting the most modern technology in the new cardiac rooms. It’s going to be very good for the community.”
Beebe Medical Center did more than consult with architects and engineers when it began its planning process to expand and relocate the Tunnell Cancer Center to the 37-acre Beebe Health Campus on Route 24.

It consulted with the very patients who use the existing Tunnell Cancer Center at the Beebe Medical Center main campus on Savannah Road and the physicians and staff who treat them.

“We surveyed our patients and staff to find out what they like about the design of our Center,” says Cherrie Rich, Beebe’s Director of the Oncology Service Line and Integrative Health.

The new Center is expected to open sometime in 2006 in the first floor (30,000 square feet) of a new 90,000-square-foot medical arts building. Its design will definitely meet the wishes of its patients and staff. It will be nearly double the size of the existing Center and will have new radiation equipment, including a new linear accelerator, additional examination rooms, and offices for physicians, as well as 19 chairs for those undergoing chemotherapy. The area around each chair will be larger, so that there is more room for caregivers and family members.

The decision to include patients and staff in such an important strategic move reflects the philosophy that has driven the Tunnell Cancer Center since it opened
10 years ago—to bring the highest quality cancer treatment and care to the growing community in a team approach, while at the same time making sure that people are treated in a warm and compassionate manner.

This philosophy has led to an environment of camaraderie that has blossomed as the Center has grown.

“Dr. Peri encourages us to treat everyone like they are a part of our family,” certified oncology nurse Debbie Taylor says of the guidance given to the staff by Medical Director Dr. Srihari Peri. “He is the most compassionate man. He is a model to all.”

But while Dr. Peri, a medical oncologist/hematologist, emphasizes compassion, he also emphasizes quality. He proudly points out that Tunnell Cancer Center can stand up to any medical center when it comes to cancer care and outcomes.

Each year the Cancer Center’s Tumor Registry studies Beebe’s patient outcomes for two of the five most common cancers. This past year it looked at breast and bladder cancer, and the statistics revealed that Beebe’s patient outcomes continue to be above the national average. The Center offers patients the latest in chemotherapy and radiation treatment. And over the years, many of its patients also have had the opportunity to take part in clinical trials used to study the latest breakthroughs in cancer treatment.

Tunnell Cancer Center is certified by the Association of Community Cancer Centers and accredited by the American College of Surgeons Commission on Cancer. In December 2005, The Commission on Cancer awarded the Center the highest approval award, The Three-Year Approval with Commendation.

“You can’t find a better place than the Tunnell Cancer Center,” says five-and-a-half-year cancer survivor and national figure Sarah Brady. “I tell people that they
Bartell recalls. “We realized that we needed a comprehensive program and that the time was right.” Beebe Medical Foundation began a capital campaign to raise money for a new Cancer Center. Robert and Eolyne Tunnell helped make the Center possible through an initial charitable gift of $1 million.

The Robert and Eolyne Tunnell Cancer Center opened and Bartell was named Director. Dr. Peri and Dr. Strauss, who brought his radiation oncology practice to Beebe as a consulting staff member, were there then, as were about a dozen staff members.

“The need for the Center turned out to be so much greater than we anticipated,” Bartell says. “Our feasibility study showed that we’d start with about eight patients a day. Instead, we opened with 48 patients.” Tunnell Cancer Center records show that during the first year it had 11,254 patient visits. In 2004, it had more than 60,000 patient visits. On average, about 200 patients visit the Center each day. The staffing has grown, of course, to five physicians and more than 50 employees.

COMPASSION MAKES THE DIFFERENCE

The success of the Center has been attributed to the skill, professional teamwork, and camaraderie that have prevailed.

“If you don’t feel you have the strength, take my hand, take my strength, cry on my shoulder, know that we exist for you” is the message to new patients from cancer survivors. Don’t need to go to a large medical institution, that they stay down here. I would recommend it to anyone.”

A CANCER CENTER IS BORN

Although the Cancer Center was opened in November of 1995, its roots date back several years. Joy Bartell, who in 1988 was named Director of the Cancer Program, recalls that in the late ‘80s, Beebe Medical Center offered chemotherapy to patients. Two medical oncologists from Christiana Care came from Wilmington two days a week to run clinics. In 1991, Beebe hired Dr. Peri, who practiced in a small office on Savannah Road. Beebe would refer patients needing radiation to other facilities, including the Berlin, Md., practice of radiation oncologist Dr. Andrejs Strauss.

It was difficult for cancer patients to travel the distances, Bartell recalls. “We realized that we needed a comprehensive program and that the time was right.”

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Phil Brown, who has worked at the reception desk since the opening of the cancer center.

Linda Wright, L.P.N., who has been with the Center since the beginning, says that it takes teamwork to help patients in their fight to survive cancer, and that “we have an excellent group.”

Dr. Strauss notes that the doctors also have an excellent working relationship and depend upon an excellent staff that is able to handle the stress of a difficult disease. He also says that the physicians and staff work hard to get patients in quickly for their treatments.

“We pride ourselves in not making our patients wait,” he says.

The closeness of the team is evident. In fact, only two of the original Tunnell Cancer Center’s 15 employees have left Beebe Medical Center. And all but two of those still work in the Center itself. Joy Bartell, one of two who still works at Beebe but not at the Center, teaches at Beebe’s School of Nursing.

Patients say that the compassion and dedication of the physicians and staff have made a difficult experience easier, even when the outcome is not good.

Cancer survivor Mary A. Jenson describes her experience at Tunnell Cancer Center as “tender, considerate, and honest...Everyone made me feel warm and cuddly. I cannot say enough praise for Dr. Peri and his staff. And Dr. Costleigh and his staff. I owe them my life.”

Her opinion is reflected in the kitchen area of the Cancer Center, where cakes and cookies made by patients are regularly found. Patients plan surprises for the staff. Likewise, staff members plan all kinds of special events for patients, including graduations from treatment, Halloween celebrations, and potlucks.

“You feel as if you want to do anything to thank them,” Sarah Brady says. “It’s like you are in a sorority or fraternity. Then, when you survive, you move on with your life.”

Lori Anderson, dosimetrist, Phil Brown, patient registration, and Lori Belote, R.N., started working at the Tunnell Cancer Center when it first opened.
END-OF-LIFE ISSUES INSIDE THE HOSPITAL

Making Decisions During Difficult Times

The halls and rooms of a hospital witness the strongest of human emotions—people at their best, and people at their worst.

Nearly every day there can be heard the joy in the voice of a mother when a child is born. On another floor, hopeless sobs may resound when a sister, or a father, slips into sudden, unexpected death.

Then there is the grief, the fear, and the denial when, no matter what treatment has been given, a parent or spouse appears to be getting no better and may be lingering in a troubled unconsciousness, kept alive by machines.

A decision to transition from aggressive medical treatment with promises of a hoped-for cure to pain management and comfort care has to be made. If the patient hasn’t previously discussed his or her wishes with all family members, and written them down, these moments can be the most difficult any family will face. Rarely are these days easy, many hospital sources say.

“Death is inevitable. It can come at any time,” says Rev. Keith Goheen, Chaplain at Beebe Medical Center. One of his roles, he says, is to walk that path with family members, to be there when they have to decide whether their loved one is fighting an illness.
or fighting death, and then what to do when the decision is made.

“It’s so much easier when you know what the patient wants,” says Dr. Michael A. Salvatore, Chief of Staff and Medical Director of the Critical Care Unit at Beebe Medical Center.

Dr. Salvatore urges everyone to discuss death when they are healthy, and to prepare Advance Health Care Directives that designate who is to make a medical decision if the person is incapacitated and what kinds of decisions should be made.

“It’s an act of love to prepare for death. It’s giving direction to your family.”

Dr. Salvatore, as well as many other healthcare professionals in the hospital setting, knows firsthand of the suffering that takes place when the dying patient is unconscious and when distraught family members realize they may be losing a loved one, and that it’s their decisions that will have lasting impact.

“There is a lack of understanding of just how much we can do to keep someone alive who is dying,” Dr. Salvatore says, referencing some of the technologies such as ventilators and resuscitative devices that may not improve the person’s quality of life or bring them back to a situation where they will ever communicate again. “Nor do people understand that useless treatment is cruel.”

Dr. Salvatore says he believes that while the goal of treatment is to restore a patient to an acceptable lifestyle, the goal of medicine is to prevent needless suffering.

Patient advocate Steve Cahoon, Beebe’s Patient Relations Representative, says that Beebe Medical Center takes direction first on medical care from the patient. He often meets with patients to help them understand their medical problems and treatment options. But, if a dying patient cannot communicate and does not have a written and signed directive on who is to make healthcare decisions, Beebe follows Delaware law on who makes decisions. Delaware’s surrogate decision-making clause lists, in order, who can make decisions, beginning with a spouse. If there is no spouse, next in line are adult “child,” parent, adult sibling, adult grandchild, and then adult niece or nephew.

Physicians in Delaware are not allowed to exercise a unilateral do-not-resuscitate (DNR) order without family or surrogate’s permission when life-sustaining care is deemed to be futile. And, unfortunately, gray areas in the law leave the door open for family disagreements.

For example, the law says that if there is no spouse, and there is an adult child, the adult child makes the decision. If there are several adult children, the law does not specify that one has more decision-making power than another. Consequently, the hospital would continue to give aggressive treatment and even
futile care, leaving an unconscious patient on a ventilator and resuscitating that patient numerous times, until either the siblings come to an agreement or until the case would end up in the state’s hands before the Office of Public Guardian.

One of Cahoon’s roles is to help family members understand the patient’s medical condition and what their options are. He meets with families when they are facing critical decisions, then works with physicians and hospital staff to get their questions answered.

“Steve plays a critical role,” says Kathy Cannatelli, Patient Care Coordinator in the Critical Care Unit. Cannatelli explains that it is important to help the family members understand their loved one’s condition. Cannatelli’s goal, too, she says, is to make sure that questions are answered and needs are met.

Cannatelli describes how people often have trouble understanding. “They’ll ask a question, appear to listen to the answer, and then ask the same question again. One of the problems is that they are being asked to make clinical decisions, and they don’t have the background to do that.”

Often, Patient Relations will organize a meeting between all family members and the physicians involved in the care of the patient.

“We want to get everyone on the same page,” Cannatelli says. Still, family members often don’t agree. “In the stress of the moment, it is seldom easy to make a decision,” Chaplain Goheen says. “It will be so easy to second-guess oneself later.”

Ellen Tolbert, Director of Patient Relations for Beebe Medical Center, is a strong advocate for Advance Health Care Directives, even for people in their 20s. She has seen too many families torn apart when painful decisions have to be made.

“Families don’t want to give up,” she says, adding that people often think that if a decision is made to give comfort care instead of treatment, they are giving up.

“That is not the case,” Tolbert says. “The patient is still cared for and is made as comfortable as possible.”

While these end-of-life decisions are daily occurrences in any medical center, their importance came to light last year with the publicity surrounding Terry Schiavo, the Florida woman who lay in a coma while her parents fought with her husband over whether to disconnect her from the equipment that kept her alive.

Beebe Medical Center was inundated with calls from people wanting information about Advance Health Care Directives, terrified that they, too, may one day lay unconscious, kept alive because family members did not know what to do.

Tolbert emphasizes that while the Schiavo case was a rare and extreme example of what can happen, it still shows the difficult decisions family members can face, and even the fact that arguments can emerge. Tolbert organized several free seminars on Advance Health Care Directives, and she is still sending forms to those in the community who would like them.

The Advance Health Care Directive packets—
which include a question-and-answer section, the Power of Attorney for Health Care (Part I), and Instructions for Health Care (Part II)—are available from Beebe’s Patient Relations Department and from the Delaware Department of Health & Social Services. They are free and can be filled out without the aid of an attorney. Once signed, dated, and witnessed, they are legal documents.

The Directive allows people to name anyone they want to be their healthcare power of attorney, says Tolbert, who emphasizes how important it is to choose someone. “Otherwise, the order outlined in the surrogate decision-making clause is followed.” For example, a live-in couple may want to name a partner instead of a family member. However, if it is not in writing, it would be a child, or a parent, who would make the decisions. Tolbert notes that sometimes people designate a longtime friend rather than a family member to protect family members from having to make critical decisions at an emotional time.

Part II of the Advance Health Care Directive allows people to write down specific directions on what is to happen to them if they are incapacitated and terminally ill, or if they have become permanently unconscious. These directives can be revoked or rewritten at any time.

Created under a 1990 federal law, Advance Health Care Directives are specific to each state and, since state laws can vary, people should make sure that the directives they prepare are accepted by the state in which they live.

Long Neck Family Practice physician Dr. Jeffrey Hawtof, a member of Beebe’s medical staff, has given seminars for six years on Advance Health Care Directives. He advises people to discuss the forms with their doctors to make sure that these directives say what they want them to say.

End-of-Life Considerations

- Complete an Advance Health Care Directive
  - Name a Healthcare Power of Attorney (POA) and discuss your wishes with them.
  - If there is no hope for recovery, determine whether you want to be on a breathing machine, receive CPR, or be artificially fed and hydrated, etc.
  - Consider quality-of-life issues that are important to you, including pain management.
  - Explain your wishes to family members.
  - Be aware of who your legal surrogate decision-maker is if you do not name a Healthcare POA. If you are not able to make healthcare decisions, and you do not have a spouse, all of your children share the right to make decisions for you.

- Resources for Additional Information
  - Beebe Medical Center’s Patient Relations Department: 302-645-3547 (also can provide free copies of the Delaware Advance Health Care Directive)
  - Delaware Office of the Division of Aging: 302-422-1386
  - Delaware Office of the Public Guardian: 302-856-5313
  - American Hospital Association’s guidelines on Healthcare Advance Planning at www.putitinwriting.org

Ellen Tolbert, Director of Patient Relations at Beebe, helps Ellen Bunting fill out an Advance Directive.
HELP US CREATE A HEART-HEALTHY COMMUNITY

JOIN BEEBE MEDICAL CENTER FOR ITS 2ND ANNUAL
TUESDAY, FEBRUARY 21, 2006, 10 A.M.—2 P.M.
REHOBOTH BEACH CONVENTION CENTER
REGISTRATION IS NOT REQUIRED FOR THIS FREE EVENT.
IF YOU HAVE QUESTIONS PLEASE CALL 645-3468.
HONORARY EVENT CHAIR LT. GOVERNOR JOHN CARNEY, JR.
WILL PROVIDE OPENING REMARKS AT 10 A.M.
Inclement weather date is Tuesday, February 28, 2006, and will be determined by Cape Henlopen School District delay/closing.