

# CROSS CURRENTS

MAY/JUNE 1990

A Publication of Holy Cross Hospital

## Holy Cross Completes First Phase of Hospital Improvement Program

**T**he first phase of Holy Cross' Hospital Improvement Program is completed with the opening of a comprehensive Cardiac Catheterization Laboratory and the relocation of the OB/GYN Clinic and Nuclear Medicine Department to more spacious quarters. The Hospital Improvement Program represents a three-year, \$24 million endeavor that will enhance the quality and delivery of Holy Cross' healthcare services. With the completion of the first phase, other areas of the hospital are now undergoing significant improve-

ments, including the emergency department and critical care units.

### OB/GYN Clinic Has a Special Mission

Since the founding of Holy Cross Hospital in 1963, a special focus of the hospital's mission has been providing obstetric and gynecologic (OB/GYN) services to uninsured and low-income women. Every year, Holy Cross cares for as many as 550 women in need of in-

igent or subsidized obstetric care. "Our OB/GYN Clinic has a special mission; this service embodies the mission of Holy Cross Hospital by helping women who may not be able to afford quality health care," says Linda Hocker, nurse manager.

Women are referred to Holy Cross' OB/GYN Clinic through several organizations, most notably the Montgomery County Health Department and the Mary's Center, a facility located in Washington, D.C. which serves a large hispanic population. The Montgomery County Health Department contracts annually with Holy Cross to deliver 150 pregnancies; in addition, the county refers all of its high-risk

**Improvement Program**  
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Holy Cross Hospital's newly designed OB/GYN Clinic offers patients a warm and comfortable environment of care.



## CROSS CURRENTS

**CROSS CURRENTS** is a bimonthly newsletter published for the community by Holy Cross Hospital of Silver Spring. Your comments are welcome. Please write to: Holy Cross Hospital, Publications Department, 1500 Forest Glen Road, Silver Spring, Maryland, 20910. For general referral information on programs and services offered by Holy Cross Hospital, you may call (301) 565-0100.

Holy Cross Hospital is the largest acute care facility in Montgomery County with 442 beds. Serving the area since 1963, the hospital offers medical, surgical, obstetric, newborn, pediatric, gynecologic, psychiatric, critical care, emergency, diagnostic, rehabilitative, home care/hospice, and adult day care services. A teaching institution through its affiliations with The George Washington University School of Medicine and Children's National Medical Center, Holy Cross Hospital hosts the largest medical staff in the county.

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Holy Cross Hospital is a member of the Holy Cross Health System Corporation, a nationwide system of hospitals and health-care facilities and services sponsored by the Congregation of the Sisters of the Holy Cross, with headquarters in South Bend, Indiana. Holy Cross Hospital is accredited by the Joint Commission on Accreditation of Health-care Organizations and is a member of the American Hospital Association, the Maryland Hospital Association, the Catholic Health Association, and the Council of Teaching Hospitals of the Association of American Medical Colleges.

### Our Mission

*Faithful to the spirit of the Congregation of the Sisters of the Holy Cross, the Holy Cross Health System exists to witness Christ's love through excellence in the delivery of health services motivated by respect for those we serve.*

*We foster a climate that empowers those who serve with us, while stewarding our human and financial resources.*

*Holy Cross Hospital, Silver Spring, embodies this mission in an environment of mutual respect, productive teamwork, effective communication, and warm hospitality. A special focus of our ministry is a sensitive response to the needs of the poor.*

### Improvement Program (Cont'd. from page 1)

pregnancy cases to Holy Cross Hospital.

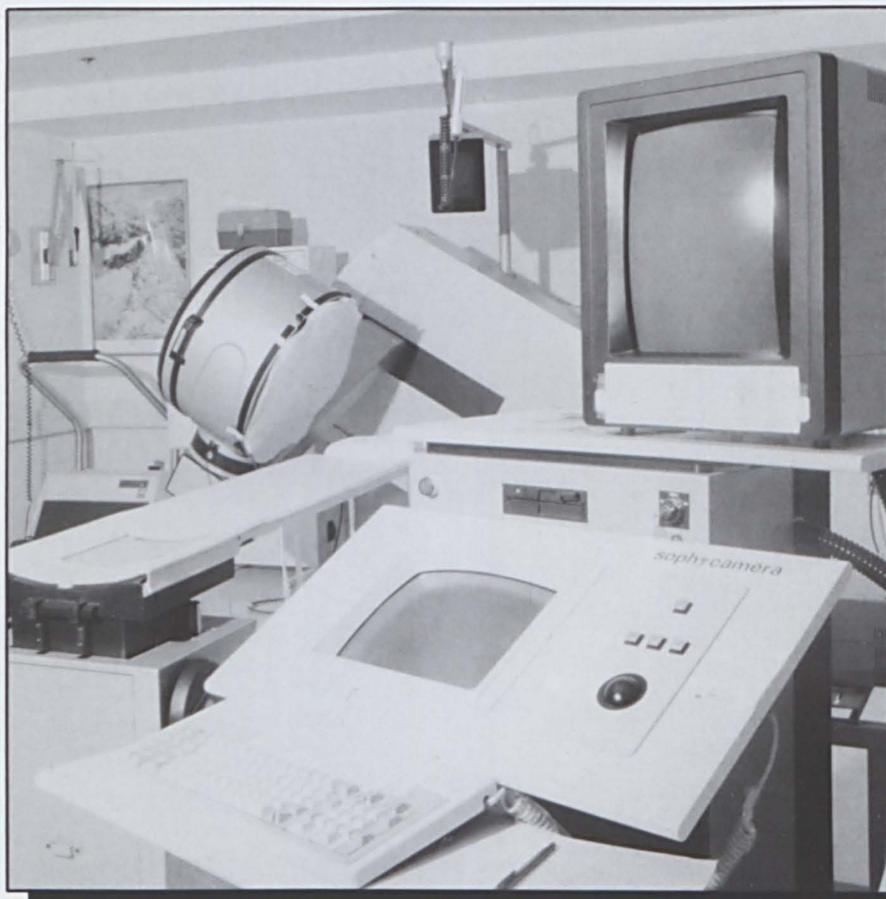
With the growing number of referrals, Holy Cross recently expanded and redesigned the OB/GYN Clinic. The clinic now includes six exam rooms, two of which have treatment capabilities, and one room for ante-natal non-stress testing. To help further educate women on childbearing, child-raising, and gynecological concerns, the clinic's comfortable reception area is equipped with video monitors; there, women can watch programs on matters directly relating to their special needs. This educational component enhances the physician-nurse-patient counselling process.

Not only has the new clinic been designed to improve treatment capabilities, it also has been beautifully decorated and provides

patients with a warm atmosphere. But what truly makes the OB/GYN Clinic unique is the sophisticated level of staffing: Besides Nurse Manager Linda Hocker, five registered nurses staff the clinic. And, because of Holy Cross' teaching affiliation with The George Washington University School of Medicine, the clinic also is staffed with six residents, including one chief resident, and one perinatal fellow. The residents complement five attending physicians.

Notes Ms. Hocker: "This combined staffing of nurses, residents, and physicians assure that the women who come to our clinic are given quality health care. The mission of Holy Cross Hospital assures that our patients are cared for in an environment of mutual respect and warm hospitality."

### Improvement Program (Cont'd. on page 3)



The Nuclear Medicine Department recently acquired a new and sophisticated imaging camera known as SPECT (Single Photon Emission Computed Tomography). SPECT provides a more in-depth view into a disease process.



**Improvement Program**  
(Cont'd. from page 2)

**Nuclear Medicine—  
Detecting Early Stages  
of a Disease**

Long noted for excellence in medical imaging (radiology), Holy Cross Hospital has enhanced the scope of its diagnostic services by upgrading the Nuclear Medicine Department. With expanded quarters and the addition of a sophisticated imaging camera, the department has been relocated to the hospital's ground floor.

Nuclear medicine requires special imaging equipment and uses radioactive materials to diagnose and treat many diseases and disorders. The types of procedures performed—known as scans—are safe, relatively painless, and very common. "Typically, we see an average of 15 patients per day," says Jack Boyles, chief technologist. "The average test or study takes one to four hours to complete. Depending on the type of study, the patient needs to be present for one to two hours."

While radiology and nuclear medicine procedures complement the other, each has a different purpose: nuclear medicine best studies the physiology of the human body, whereas radiology primarily focuses on the anatomy. "Nuclear medicine is also helpful in detecting early stages of a disease," says Mr. Boyles. "An earlier diagnosis gives the patient a greater chance for a more successful treatment."

Typical nuclear medicine studies include bone, liver, kidney, heart, and thyroid scans. Many of these tests can be done on an out-patient basis. Certified technologists perform the tests which are requested by physicians for their patients.

Recently, the Nuclear Medicine Department acquired a new and sophisticated imaging camera known as SPECT (Single Photon Emission Computed Tomography). SPECT takes tomographic images, offering a more in-depth view of a particular area of the body. As Jack Boyles notes, "SPECT gives a more precise image compared to conventional scanning and pro-

**President's Column...**

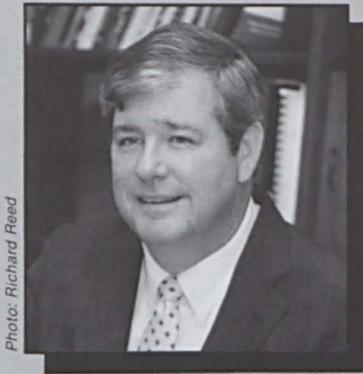


Photo: Richard Reed

**Holy Cross Hospital  
on the Move**

Substantial change and improvement continues to be our focus at Holy Cross Hospital. The future looks very promising for us as we enter our new fiscal year.

This coming fall, we will begin the second year of our Hospital Improvement Program, an endeavor that already has begun to enhance the quality and delivery of healthcare services at Holy Cross Hospital. However, these changes are

a challenge for us since they occur within our work environment: And this challenge is to provide quality care to our patients while undergoing significant renovations.

Beyond the structural improvements to our hospital, we have also been evaluating the total utilization of our healthcare services. With vital input from our employees and medical staff, we have recently developed a strategic plan that has given us a long-term vision of health care. Our plan is to build on our present strengths while remaining a comprehensive, community hospital.

Holy Cross Hospital has excellent growth opportunities. We are excited about the changes now happening and look forward to fostering new initiatives to better serve the healthcare needs of our community.

James P. Hamill  
President

vides us with a much better look into the disease process."

Throughout the relocation process of the Nuclear Medicine Department, the staff was instrumental in helping to design their new quarters for maximum efficiency and effectiveness. Equally important, the staff assured that the highest safety standards were met. "Because radioactive materials are used for nuclear medicine studies, we had a state-of-the-art ventilation system installed; thus, radioactive fumes are safely drawn from the department," states Mr. Boyles, adding, "Every precaution has been taken to minimize radioactive exposure to our staff and patients."

With all the sophisticated technology and equipment today, hospitals can sometimes appear intimidating. When helping to design their new area to be

technologically-sophisticated, the nuclear medicine staff also considered patients' special needs and sensitivities. The end result: Holy Cross Hospital's Nuclear Medicine Department provides patients with a comfortable, relaxing atmosphere in a clinically-effective setting.

**Cardiac Catheterization  
Laboratory Opens**

Complementing Holy Cross Hospital's expanding diagnostic capabilities is a new and comprehensive Cardiac Catheterization Laboratory. "The laboratory represents a commitment by the hospital to advance its cardiac care services," says Russell Todd, chief technologist and manager.

**Improvement Program**  
(Cont'd. on page 6)



## A Health Focus...

# Understanding Menopause

**I**n May 1990, Holy Cross Hospital hosted its first Women's Health Care Symposium, a seminar designed for women in their 40s to early 50s. Several of the topics presented at the symposium will be featured in CROSS CURRENTS.

The following is the first of a two-part series on menopause presented by Dr. Robert Levitt at the Women's Health Care Symposium. The remarks have been edited for publication.

Dr. Robert Levitt is an associate clinical professor of obstetrics and gynecology at The George Washington University School of Medicine and a fellow of the American College of Obstetrics and Gynecology. An attending physician at Holy Cross Hospital, Dr. Levitt is in the private practice of obstetrics and gynecology with offices located in Silver Spring and Greenbelt, Maryland.

### Menopause: The New Perspective

In the medical world today, menopause is no longer looked upon as just an entity that happens to women; something they must suffer. There is an explosion of medical information designed specifically for the menopausal woman.

Why is menopause important? Well, let's consider the changes in the last century. Interestingly enough, the average age of a woman going through menopause in 1900 is the same age as it is now—between the ages of 48 through 52. Since the average life expectancy for a woman was 50 years old, very few women actually went through menopause then.

Today, because of better nutrition, exercise, and medical care, a woman's life expectancy has now increased by more than 30 years. Yet the average age of menopause has essentially stayed the same. Therefore, life expectancy and the time spent in menopause has increased dramatically.

Is menopause the better half of life? With proper medical care, guidance, and treatment, we think so.

### Understanding the Menstrual Cycle

How many women really understand what is a normal menstrual cycle? Before we can really understand what's happening in menopause—which is the cessation or stoppage of your normal menstrual cycle—it makes sense that we should understand what's happening during the reproductive years.

The pituitary gland, located in the brain, collects and assimilates information from your environment, including your diet, your sleeping patterns, or any medication you may be taking. It's a great assimilator of information. The pituitary gland then sends out information to the ovaries located next to the uterus. An ovary is the approximate size of a thumb; there are two of them—normally one on each side.

We've all heard of those magical hormones called "estrogen" and "progesterone." Estrogen and progesterone are the two main hormones put out in your body during your reproductive years. Estrogen (the main "female" hormone) is produced by the ovary, and among other ef-

fects, causes a build-up of tissue in the lining of the uterus.

When a woman ovulates or produces an egg (usually in mid-cycle), the ovary produces "progesterone" which prepares the lining of the uterus for implantation of a fertilized egg; hence, a developing pregnancy. If the egg has not been fertilized, the ovary automatically stops producing these hormones after 14 days, causing a shedding of the lining of the uterus, thus completing the menstrual cycle.

### What is Menopause?

How do we define menopause? Menopause can be basically defined as the cessation of regular ovulation and menstrual period. Every woman presents menopausal symptoms differently in terms of menstrual flow. Some women can tell me the exact date of their last menstrual period. It just stops, and that's it. Other women have very irregular periods. They may stop for two or three months and then start again.

We do know that before a woman actually goes through menopause, ovarian function has been declining for several years. Menopause is not an all or none phenomenon. It's not like turning off a switch where something is functioning perfectly one moment and then not functioning the next. Women may have very strange, subtle symptoms. However, we no longer have to wait until the ovaries are completely non-functioning before we can counsel and treat patients with menopausal symptoms.

The decline of ovarian function is sufficient to mark a transition—and that's the key—a *transition* period from the reproductive years to the non-reproductive years. And what that means is that when you are no longer ovulating or producing that egg, when you are no longer having a period, you can no longer become pregnant.

### What Are the Symptoms of Menopause?

During the perimenopausal (transition) time, menstrual flow can increase. In other words, you

**Menopause**  
(Cont'd. on page 7)



## Profile...

# Judy Kluge Taube



**B**reast cancer. For women, these two words can invoke many raw emotions. Fear is not the least of them.

Among cancer-related diseases in women, breast cancer is the number one killer. Yet breast cancer is curable in most cases if detected early. Even today when there's so much emphasis on the importance of a regular mammogram (breast x-ray), many women avoid this procedure.

Judy Kluge Taube wants that changed. You see, she *had* breast cancer six months ago. Because of early detection, Judy considers herself cured. And now she wants to channel her own ordeal into something positive. She wants to impress upon women the value of early detection.

While she's very willing to share the emotional aspects of her experience, Judy prefers not to dwell on the details of her own treatment decision. Because she is a long-time employee of Holy Cross Hospital—Judy manages the utilization management department—she doesn't want people to assume she has the "right" answers. Nor does she want to

influence another's treatment decision.

When learning of her cancer, Judy was inundated with literature and clinical advice. She found the treatment alternatives available to her somewhat overwhelming. "Because my cancer was detected at a very early stage, I had more choices. In some ways, that was harder," she observes.

Breast cancer is something Judy had thought about since her mother had the disease 10 years ago. "I figured it would probably happen to me one day. But I thought I would be much older like my mother was," she says. "And yet despite my family history, learning that I had cancer was still a great shock to me."

Whether she would call herself one, Judy has become a women's health advocate. She finds herself asking friends (even acquaintances) if they've had a mammogram recently — not in an intrusive way but in a manner of genuine concern.

But having cancer did not make Judy a better friend. She already is a caring person. Her desire to educate women on the importance of early breast cancer detection is only one of her many

crusades. For Judy is a person who becomes deeply involved with people and issues that touch her.

Characteristic of Judy, she is now coordinating an informal support group for her co-workers who have been newly diagnosed with breast cancer. Says Judy, "I want these women to know that someone else has felt the same emotions that they're now feeling. I want them to know how wonderfully supportive even an acquaintance can be. During my hospital stay at Holy Cross, the concern shown to me by others, including people I hardly knew, was extraordinary."

Easily affected by the misfortunes of others, Judy worries about everyone and everything. This is particularly evident in one story that her friends share about Judy: A patient at Holy Cross had to be admitted to a nursing home, and as director of utilization management, Judy had the responsibility of facilitating the transfer. The patient's sister was devastated by this; the two sisters had lived together and were mutually dependent upon each other. Judy discovered that the sisters were her neighbors and "adopted" them. For six years, Judy frequently visited the sister in the nursing home and did just about everything for the sister who now lived alone—from taking her shopping and preparing her meals to bargaining with roof contractors.

A person who frowns on anything too serious, Judy loves to laugh and looks for the humor in most situations. She even looks for humor in dark moments and often does so when she talks about her cancer. One minute she's in a serious mood; the next she's telling an amusing anecdote to illustrate her feelings. Humor can be a release for those who must confront an unpleasant circumstance.

Judy credits her husband's support as hastening her recovery from breast cancer. "It meant a lot that he was there for me. He went with me on all my visits to the doctors, and he was *completely* supportive of my treatment decision." Judy believes his encourage-

**Profile**  
(Cont'd. on page 7)



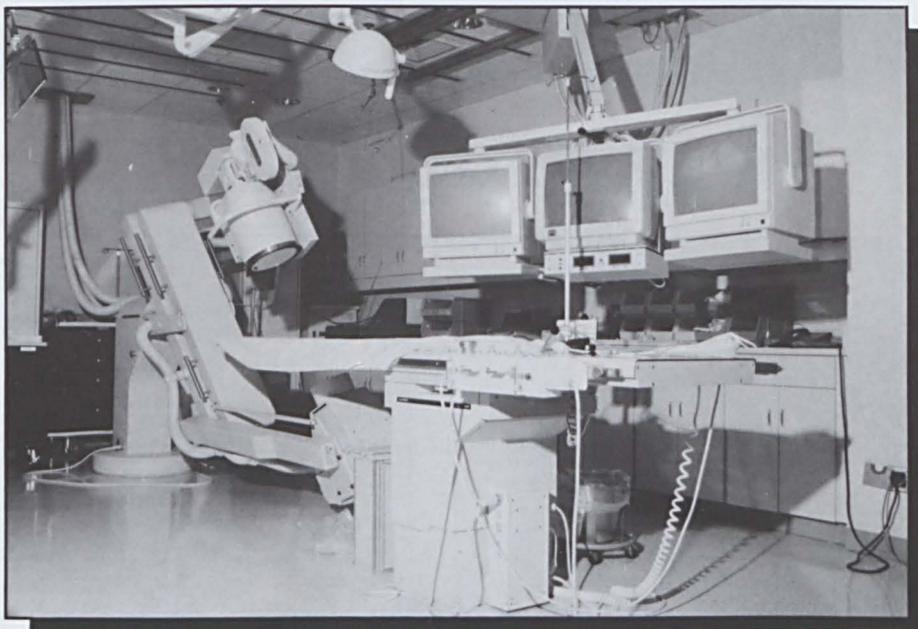
### Improvement Program (Cont'd from page 3)

Cardiac catheterization is a diagnostic technique that enables physicians—specifically cardiologists—to detect coronary artery (heart) disease. Through this procedure, cardiologists can determine if blockages, narrowing, or spasms are present in the coronary arteries. Depending on the results, cardiologists will recommend the best treatment option for their patient such as medication or surgery.

Last year, Holy Cross Hospital cared for 2,600 patients with heart disease, 300 of whom had to be transferred to other area hospitals for cardiac catheterization procedures. "Because of Holy Cross' significant investment in the Cardiac Catheterization Laboratory, our patients will no longer be inconvenienced," notes Mr. Todd.

A typical cardiac catheterization procedure involves inserting a catheter, which is a long, narrow, plastic tube, through the femoral (groin) artery to the heart. Normally, two different catheters are used: one for the right coronary artery; the other for the left coronary artery. Once the catheter has reached the heart, a dye, which outlines the anatomy of the coronary arteries, is injected through the catheter. With a sophisticated x-ray camera, the cardiologist takes as many images of the heart and coronary arteries as necessary to make a proper diagnosis. The catheters are then removed. The entire procedure takes between 20 and 30 minutes.

Cardiac catheterization is a common diagnostic procedure, and the risks involved are very low. "The risk is minimal, approximately one-tenth of one percent may result in a complication," states Mr. Todd, adding, "The cardiologists determine if their patient is stable enough to undergo the procedure. However, the benefit of cardiac catheterization is that it allows cardiologists and other physicians to visualize the coronary arteries to determine the cause of a heart attack or chest pain; thus, the patient has a greater chance for a successful prognosis." ■



Holy Cross Hospital's new Cardiac Catheterization Laboratory has the most sophisticated, state-of-the-art equipment available today.

## Mark Your Calendars...

A new six-week *Bereavement Support Group* session for adults coping with the death of a loved one will be offered by Holy Cross Hospital beginning September 25th. The free sessions will meet every Tuesday from 5:30 to 7:00 p.m. at the Holy Cross Resource Institute, 9805 Dameron Drive, Silver Spring.

The goals of the group are to help bereaved persons learn to cope with their loss and provide a setting in which they can receive and offer support.

The *Bereavement Support Group* session—which Holy Cross sponsors every eight weeks—is free of charge. To register, call Sister Clarisse at 681-8800 or 565-1171 before September 11th.

Holy Cross Hospital will present three, free introductory sessions of *The Stop Smoking Clinic* on Monday, October 22, at 10:30 a.m. and 6:00 and 7:30 p.m. at the Holy Cross Resource Institute, 9805 Dameron Drive, and hospital Auditorium #3, 1500 Forest Glen Road, respectively.

Each session will provide participants an informative overview of *The Stop Smoking Clinic's* highly

successful smoking cessation program. The four-week sessions are taught by trained, former smokers who quit their habit through *The Stop Smoking Clinic*.

For more information, you may call Holy Cross Hospital's Community Relations' office at 565-1289.

Holy Cross Hospital will sponsor its *Third Annual Fall Ethics Forum* on Saturday, October 27, 1990. The forum will address infants' healthcare rights. For more information, you may call Sister Alice Gillen, SNDdeN, Mission Services, at 565-1260.

The *26th Annual Holy Cross Ball* will be held on Saturday evening, November 3, 1990, at the National Building Museum in Washington, D.C. The evening promises to be a delightful and exciting event with distinguished guests, enjoyable music, and elegant dining. Tickets can be obtained through Holy Cross Hospital's Development Office (206-4488) for \$175 each and \$1750 for a table of ten.



## A Giving Community...

# Holy Cross Hospital's Auxiliary and Men's Guild Make Annual Donations



Beatrice Hempfling, immediate past president of Holy Cross Hospital's Auxiliary, recently presented Hospital President James P. Hamill with a check for \$180,000. The \$180,000 represents revenues from the hospital's Gift Shop and other activities sponsored by the Auxiliary during the past year.



James P. Hamill, president of Holy Cross Hospital, accepted a large check from representatives of the Men's Guild. The guild donated \$150,000 from events it sponsored over the past year for Holy Cross Hospital, including Monte Carlo night, the annual ball, and the golf and tennis outing. (Left to right): Rowland Barker, treasurer of the guild; James Hamill; and James Durfee, immediate past president of the guild.

### Profile

(Cont'd. from page 5)

ment was as important as any clinical treatment she received.

She also found support and compassion from her many friends, and yet her friends sometimes misconstrued her inner strength as avoiding the seriousness of her condition. An independent woman, Judy has grown even stronger: "I'm not saying I'm glad I had cancer. I still have my moments of depression. But overall I am proud of the way I conducted myself. I truly believe I'm cured, so why should I dwell on it? I just want to use this experience now to help others."

By sharing her ordeal, Judy Kluge Taube is doing just that. ■

### Menopause

(Cont'd. from page 4)

may have periods more frequently. Or your periods can begin to occur less frequently. Instead of having a 28- or 30-day cycle, you may have a 35- or 60-day cycle.

A very common complaint among perimenopausal women is "dysfunctional uterine bleeding" which is irregular shedding from the uterine lining. Is that serious? Most irregular bleeding in women is from a benign cause, usually hormonal shedding. Essentially, the lining of the uterus will build to a certain point and then begins to shed. This is known as intermenstrual bleeding.

However, the corollary is that most serious problems in terms of cancer first presents with irregular bleeding. So any time a woman has irregular bleeding, it must be evaluated. *You cannot assume the bleeding is from benign reasons.* A decrease in estrogen and all the associated symptoms—hot flashes, vaginal dryness, irritability, insomnia, and mood changes—are all very real and can be fully evaluated; today, through estrogen replacement therapy, menopause can be effectively treated. ■

The next issue of CROSS CURRENTS will feature the second part of Dr. Levitt's lecture—"Treating Menopause"—which will address the benefits and risks of estrogen replacement therapy.



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