

# BEACON

SUMMER 2005

**PROFESSIONAL  
AMERICAN SIGN  
LANGUAGE INTERPRETER  
PATTY SHORT-DYES  
FACILITATES COMMUNI-  
CATION BETWEEN  
DR. ERCILIA ARIAS  
AND DEAF PATIENT  
GILBERT EASTMAN**



## In this Issue:

### United Souls

*Beebe Focuses on Meeting the Needs of a Diverse Community*  
(Page 2)

### Expansion

*Emergency Department to Double in Size By 2007*  
(Page 6)

### Prostate Cancer

*Why Do African-American Men Face the Greatest Risk?*  
(Page 10)



Beebe Medical Center  
Lewes, Delaware

# UNITED Souls



Beebe's Diversity Committee is comprised of Beebe employees and individuals from the community. Their task is to bring awareness and understanding of diversity to the Beebe family of employees.

## Beebe Focuses on Meeting the Needs of a Diverse Community

In 1998, when Gilbert Eastman, a retired Gallaudet University professor, moved to Bethany Beach from Annapolis, he wanted to make sure that he, as well as others in the deaf community, could communicate with doctors, nurses, and other medical staff when visiting Beebe Medical Center.

He had learned from a newspaper article that Beebe had organized a signing class for employees, but that the instructor was not deaf. Dr. Eastman, who was presented with an honorary doctor of fine arts degree in 2002 from Gallaudet, a recognized university for the deaf, believed that the class would learn more from a recognized deaf educator. He wrote a letter to Beebe expressing his concern, hoping that he could help Beebe doctors and employees better understand their deaf patients. "I have become aware that there is quite a growing population of deaf people in the area, which is part



Ellen Tolbert, Director of Patient Relations, was instrumental in helping Dr. Eastman by providing access to a professional interpreter.



Gilbert Eastman, of Bethany Beach, is deaf. Using sign language, professional interpreter Patty Short-Dyes interprets both Dr. Eastman's and his healthcare provider's communications clearly and accurately.

of the reason for my letter," he wrote.

Beebe's Patient Relations Director, Ellen Tolbert, not only listened to Dr. Eastman, but also invited him to share his knowledge of the growing deaf community that was retiring to coastal Delaware from nearby metropolitan areas.

Several employees participated in two classes through Delaware Tech that did not qualify them to be interpreters, but did teach them skills for basic communication until an interpreter can arrive. Beebe has contracts with four professional interpreters certified in American Sign Language.

Other features the hospital uses to serve the deaf population include technology that enables deaf patients to use the telephone and to contact off-site interpreters when necessary. This equipment can be hooked up in any hospital room. Television sets are

closed-captioned. Laptops are available. Signs are posted above deaf patients' beds so that even after a shift change, hospital employees know that the patient cannot hear. And education programs are under way to help hospital staff understand the unique needs of the deaf.

"I really appreciate what Beebe has done," Dr. Eastman recently said through professional interpreter Patty Short-Dyes. He emphasized the need for a certified interpreter when there are serious medical issues. "I was in the hospital last year and the services were wonderful," he said.

"Patty was with me for certain procedures that to have tried to write back and forth with the doctor

*"I was in the hospital last year and the services were wonderful."*

*—Gilbert Eastman, Ph.D.*

would have been all but impossible.”

Beebe’s effort to better serve the area’s growing deaf community represents one aspect of the Medical Center’s focus on serving a diverse population. Several years ago, the hospital formed a Diversity Committee to

study the area’s changing demographics. An obvious change was the growth in the Hispanic community, which had more than tripled in Sussex County between 1990 and 2000. In nearby Georgetown, for example, during the

same time frame, the documented Hispanic population had grown from 2 percent to 32 percent of the total population. Beebe doctors and employees already were experiencing patients coming to the Emergency Department in need of critical care, but with no English language skills.

Research also showed Beebe that there were growing Korean and Haitian populations in Sussex County, and that African-Americans, American Indians, and the gay, lesbian, bi-sexual, and transgender (GLBT) community had unique and unmet needs. Obese patients also had specific needs that were not being addressed.

Ellen Tolbert says that the committee garnered information from the American Hospital Association and the Society for Health Care Consumer

*“Our team developed a diversity manual tailored for Beebe and its patient base.”*

*—Lynn Amey, chair of Beebe’s diversity committee and director of cardiovascular services.*



**Alina Ferrer, Spanish interpreter in the Patient Relations Department, translates for the Hispanic community.**

Advocates, two organizations that also were studying the nation’s changing demographics and healthcare disparities. Beebe also elicited opinions from experts in the local community.

“We looked at diversity in the broadest terms,” says Lynn Amey, Director of Cardiovascular Services



**Mr. Richard Merriwether (above), a U.S. Defense Department retiree now living in Rehoboth Beach, serves as Co-Chairman of the Minority Outreach Committee with Mr. Noble Prettyman.**

and Chairperson of Beebe’s Diversity Committee. “Our team developed a diversity manual tailored for Beebe and its patient base.”

So far, the result is a diversity program with a resource manual that focuses on the Hispanic culture, the African-American culture, the American Indian culture, sexual minorities, and body size. The manual is used in an ongoing employee education process.

Diversity awareness has allowed Beebe to better understand its patients and improve its services. In regards to the growth in the Hispanic population, Beebe hired its first full-time, certified Spanish interpreter, Alina Ferrer. A language bank made up of more than 20 employees and three volunteers who speak different languages was prepared and distributed to all departments. More than a dozen speak Spanish; the others speak German, Japanese, Korean, Lithuanian, and Polish.

Statistics show that the African-American population, on average, was not getting cancer screenings done in time to catch the disease in its early stages. Beebe’s own numbers at the Tunnell Cancer Center indicate that 32 percent of African-American patients begin treatment in the later stages of cancer, while only 10 percent of white patients begin treatment at later stages. Conversely, about 47 percent of white patients are seen at stage one, where treatment is most beneficial, compared to only 29 percent of African-Americans.

Last year, to increase these numbers, Beebe created a Minority Outreach Committee focused on improving overall health and life expectancies. This summer, some committee members visited South Bend Memorial Hospital in Indiana, an institution known for its community outreach efforts. The group wanted to learn about efforts that also may benefit communities surrounding Beebe.

Beebe research also has shown that another one of its growing patient bases is what the manual

describes as “sexual minorities,” or “. . . those who are not exclusively heterosexual.” One way the Medical Center is meeting the needs of this community is to bring health education, screenings, and referral efforts to Camp Rehoboth, an organization focused on helping the GLBT community.

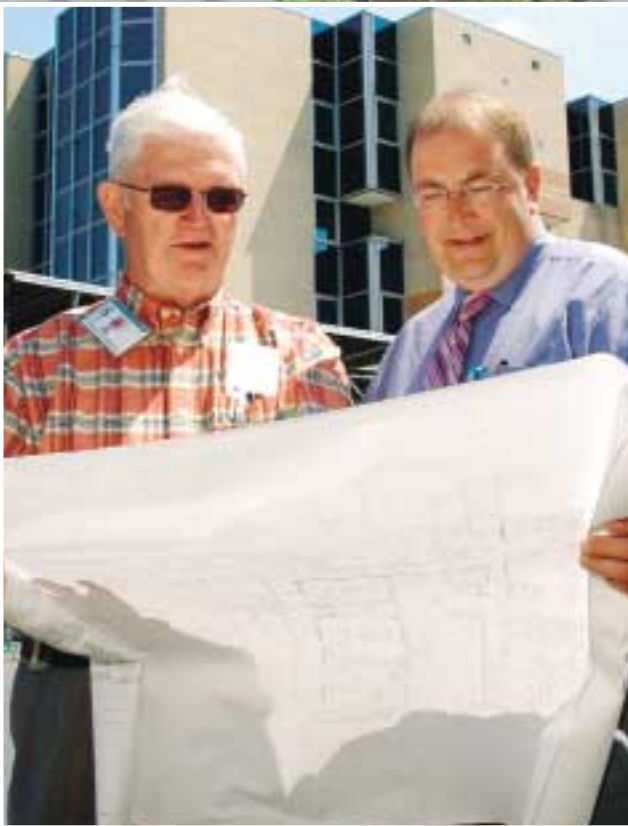
Odette Wright, a religious leader with the Nanticoke Indian tribe, who teaches courses to Beebe staff on the Nanticoke culture, believes that if there is understanding, there is respect—and with respect, people can come together to find solutions. ■



Odette Wright, a member of the Nanticoke Indian tribe, helps Beebe bring comfort to American Indian patients.

# EXPANSION

*EMERGENCY DEPARTMENT TO DOUBLE IN SIZE BY 2007*



Beebe Medical Center's Emergency Department Medical Director, Dr. Michael Edwards, is in an optimistic mood these days.

Despite some disruption that the ongoing construction around Beebe Medical Center might be causing now and throughout the next year, he knows that the end result will be an Emergency Department twice its present size, as well as more beds and services in an enlarged medical center—all to meet the healthcare needs of a booming population base. "It excites me," he says. "Not only will there be twice as many beds in the Emergency Department, and additional trauma space, but the overall project that is bringing more inpatient beds means that we will be able to expand our services and have the opportunity to sub-specialize."

Sub-specializations in the Emergency Department will include a dedicated area for pediatrics, a dedicated area for psychiatric patients who also may be suffering from drug or alcohol abuse, and more space, and time, for short-term observations.

**E. James Monihan, Special Consultant to the President, and Chief Operating Officer Rick Schaffner supervise the Emergency Department expansion project at Beebe.**



Emergency Department nurse Christine Medd checks a patient's status on the triage monitor. Dr. Michael Edwards is in the foreground.

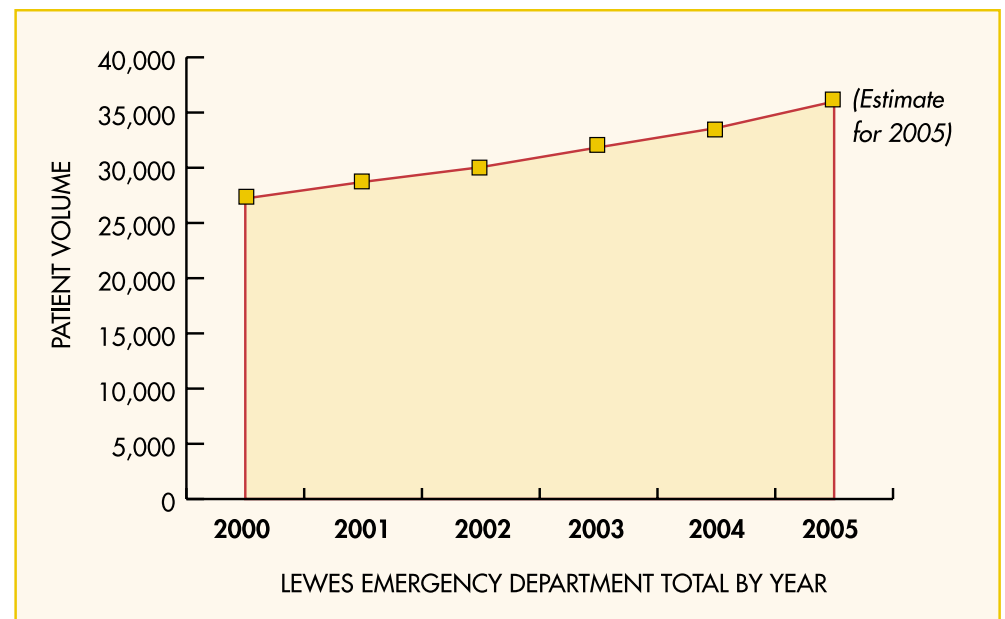
“We can keep patients longer under observation before either sending them home or admitting them into the hospital,” he says.

The department will have more space to dedicate to those who need time-consuming acute care, as well as to those whose conditions are less acute and can be handled in a timely manner. This ability to separate patient services will improve waiting time, he predicts. Dr. Edwards, who has been tracking the growth in the number of patient visits, says that from 2000 to 2004 the number has grown from 27,000 to 33,600, nearly a 25 percent increase in five years.

Today's Emergency Department is just about at capacity, he says, but the increase in patient visits is not expected to slow. By the end of this year, Dr. Edwards estimates, about 36,000 patients will visit the Emergency Department—a 7 percent increase from 2004. As part of the expansion, the department will receive additional wireless computers to operate the ibex PulseCheck® electronic system. This system tracks every patient and all the medications and services they receive while in the department. Dr. Edwards says he is also looking forward to having

a conference room for staff meetings, educational programs, and discussions about special needs patients. “Conference space is at a premium in the hospital, and it is something that we really need.”

The construction project, estimated to cost \$35 million, began in the spring and should be completed in



From 2000 to 2004, the annual number of patient visits to the Emergency Department increased by 25 percent, and visits continue to climb in 2005.



When walk-in Emergency Department patients arrive, they check in at the new information desk (above) just inside the entrance. Pictured are switch-board operator Betty O. Creadick and auxiliary member Wendell Alfred.

Improvements have been made in the Emergency Department waiting area (right) to increase patient comfort.



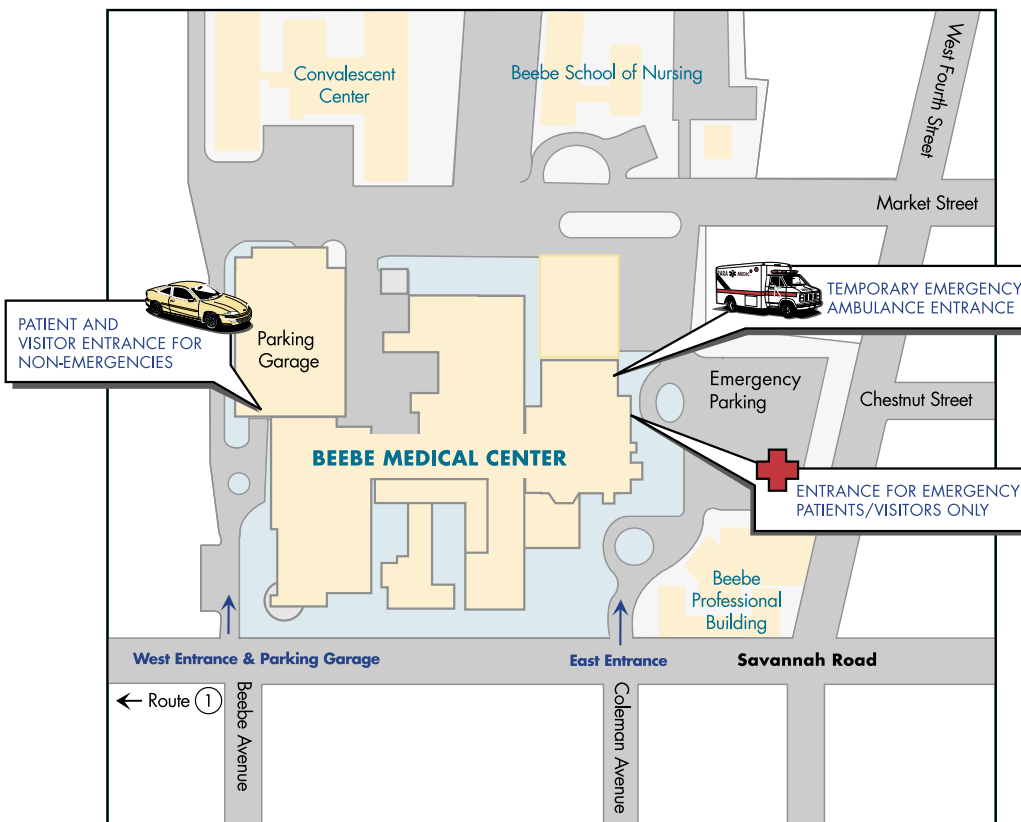
2007. It includes expanding the Emergency Department from 18 to 36 beds, expanding the Critical Care Unit from 12 to 20 beds, and adding a 42-bed Medical-Surgical Unit above the Critical Care Unit. In all, the project—including combined renovations and new construction—will total 87,000 sq. feet and will enable Beebe to develop an interventional cardiology and heart surgery program. The project not only includes the construction of a building, but also the addition of nearly \$7 million in healthcare equipment that will upgrade medical-imaging services and improve overall patient-care technology.

Due to careful planning on the part of Medical Center leaders, there will be few, if any, disruptions that will affect healthcare services.

E. James Monihan, a former Beebe vice president who has been associated with the Medical Center for 43 years, says the construction project is one of the largest undertaken by Beebe in its 89-year history. Monihan is overseeing the \$35 million project in his capacity as Special Consultant to Beebe President Jeffrey Fried.

“The big influx in population growth is definitely driving our growth,” he says. “If you look at all the projects on and off site, we’re working everywhere. We’re improving access to healthcare for our growing community.”

Monihan stresses that over the years Beebe has always been ahead of the curve in its plans to meet the healthcare needs of the community. ■



Patients and visitors who come to the hospital for non-emergencies are encouraged to enter the West Entrance and park in the garage located behind the hospital. Patients and visitors who come to the Emergency Department may still enter the East Entrance and use the Emergency Department parking.



Emergency Department patients should use the East Entrance (above); all other visitors and patients are encouraged to use the West Entrance and park in the garage located behind the hospital.

# Beebe Medical Center

## CAPITAL PROJECTS 2003–2007

### COMPLETED

2003: **OUTPATIENT CARE CENTER** opens at the Beebe Health Campus. Offers diagnostic imaging, physical therapy, and express lab/EKG testing. September 2005 marks the facility's second anniversary.



2003: **CENTRAL UTILITY BUILDING** completed. Houses new electrical, heating, and cooling systems to accommodate the hospital's increased utility needs.



2004: **BEEBE MEDICAL CENTER** enters into a partnership with a group of affiliated physicians to open the Southern Delaware Surgery Center at the Beebe Health Campus. The surgery center provides a convenient location for outpatient surgery with plenty of parking.



### COMING SOON

2006: **TUNNELL CANCER CENTER** will be constructed at the Beebe Health Campus offering a new, convenient location for medical and radiation oncology.

2006: **INTERVENTIONAL CARDIOLOGY AND HEART SURGERY PROGRAM** will be available so Sussex County residents can receive these services locally. Beebe Medical Center has an affiliation agreement for heart surgery with Christiana Care Health System, Delaware's most experienced leader in heart surgery.

2006/2007: **MILLVILLE** services will expand to include MRI, CT, and ultrasound.

2007: **EMERGENCY DEPARTMENT** will double in size, increasing from 18 to 36 beds.

2007: **CRITICAL CARE UNIT** will be relocated to the Rollins Building and will expand from 12 to 20 beds.

2007: An additional **42 MEDICAL/SURGICAL BEDS** will be available directly above the new Critical Care Unit.

# PROSTATE CANCER

## WHY DO AFRICAN-AMERICAN MEN FACE THE GREATEST RISK?

**P**rostate cancer is a common cancer that can be cured with an early diagnosis, yet can be deadly when found too late.

Because of this risk, adult men should have regular screening tests so that the cancer can be detected in its early stages. And while statistics show that there is an increase in the number of screenings, as well as in the successes of early treatment, a most discouraging statistic remains.

African-American men, possibly due to genetics, are more likely to get prostate cancer, less likely to get tested, and more likely to die as a result. In fact, African-American men have the highest incidence and mortality rate of prostate cancer in the world, according to a study by Florida International University that was published in a 2004 edition of the *Journal of the National Medical Association*.

An African-American man has:

- a 19% chance (1 in 5) of being diagnosed with prostate cancer; and
- a 5% chance (1 in 20) of dying from prostate cancer—more than double the death rate of caucasian men in the United States.

Delaware statistics for African-American men are worse. While the incidence rate of prostate cancer for caucasian men in Delaware is about 150 in 100,000, the rate for African-American men is about 250 in 100,000. The mortality rate for caucasian men is 30 in 100,000. The rate for African-American men in Delaware is 70 in 100,000—more than double the rate of caucasian men.



**Diaz Bonville, community activist**

Sussex County community activist and African-American Diaz Bonville, who has dedicated himself for more than 20 years to improving the health and education of adults and young people in the county, says he would like to do whatever it takes to educate African-American men about protecting themselves from prostate cancer. In the following interview, he explains why

he believes African-American men do not get the screenings and treatments that they need, and what can be done to motivate them to overcome this life-threatening disease.

**Q** Is there a mindset that may cause African-American men to avoid getting regular screenings?

**A** I believe there is. In general, the average African-American man thinks about survival first. He thinks about employment, and providing for his family. He thinks about his own health last. Now I'm not talking about every African-American man. But, in general, there is a different culture here.



*Diaz Bonville, Sussex County community activist, educates African-American men about the importance of regular screenings for prostate cancer.*

**Q** Some sources in the national arena say that the lack of available healthcare, or health insurance, is one reason that these statistics are so staggering. Do you agree?

**A** I think this also is true. I know that many don't have health insurance. Many work in jobs that don't have health plans, and they can't afford to buy their own insurance. Often times, even if they have health insurance, or qualify for Medicaid, they can't take the time off from work to get a screening because they work hourly and can't afford to lose the income. Even if they have insurance, they can't afford the co-pay, and don't want to spend money on themselves for something that they don't consider important.

**Q** Discrimination also has been cited in medical publications as a reason for lack of screenings and treatment. Do you think that discrimination and/or mistrust on the part of African-American men for the establishment also plays a part in this situation?

**A** There's definitely a mistrust of the establishment, and what the healthcare establishment says and does. The African-American has suffered discrimination. Many people are still alive who can tell you some very sad and painful stories. It isn't as bad today as it was in the past. There has been a lot of progress, but there is room to improve. Some African-Americans still feel as if they are not treated the same as other people are treated, whether in the

healthcare environment or in any other. I believe that the bottom line, though, when it comes to cancer, is that we are talking about the difference between living and dying. We have to move forward. Men have to realize that they have to attend to their health—that if they don't, they will die.

**Q** What can we do to increase the awareness of African-American men in order to cut these high prostate cancer mortality rates?

**A** We need leaders in the African-American community to take this on and to focus on raising awareness. People just don't think about it. More of the church leaders should talk about it. People who go to church will listen to them. But we also need other community leaders, too. We need African-American leaders who are well known to raise the awareness. We need local doctors and healthcare officials to come to activities and gatherings in the African-American community to show their support for the community. This is something that is going to take a lot of time and effort and repetition to make a difference. ■

Beebe Medical Center is calling on black male leaders, like Diaz Bonville, to help us reach black men age 40 and older who have not been screened for prostate cancer in the past year. Call 645-3100, ext. 5139, for more information.



BLACK MEN FIGHTING  
PROSTATE CANCER  
*Five Men at a Time*

# Community News

## ADVANCE DIRECTIVES

### Available at Beebe Medical Center

*Information and forms are free as part of community service*

Beebe Medical Center has available, free to the public, the legal forms developed by the state of Delaware that are used to prepare end-of-life instructions and to appoint a healthcare power of attorney.

These written Advance Health Care Directives, once completed, signed, dated, and witnessed as required, allow individuals to decide ahead of time what happens in the event that they are unable to communicate their wishes.

"There is no greater gift than the gift of information," says Ellen Tolbert, Director of Patient Relations for Beebe Medical Center. "And we want to remind people that they need to put their wishes in writing."

Tolbert believes that, based on the recent influx of telephone calls she has fielded following the publicity surrounding the Terri Schiavo case, many people have grown seriously concerned about what would happen if they, too, were unable to make a decision on their own personal healthcare.

In 1990, Congress passed the Patient Self-Determination Act, which requires hospitals, nursing homes, and others that receive Medicare or Medicaid funding to inform patients about their rights under state law to make decisions regarding medical care. This includes the right to accept or refuse medical care, and the right to make advance directives. Although it is a federal right to have an advance directive, each state has different laws. Delaware's Advance Directives can include End of Life Instructions, appointment of a Healthcare Power of Attorney, and options for organ donation.



John Birdsell, of Rehoboth Beach, fills out an Advance Health Care Directive.

**"The biggest mistake adults make, no matter what their age, is that they don't need an Advance Directive," says Dr. Jeffrey Hawtof, a member of Beebe's Medical Staff.**

Dr. Hawtof, whose office is at Long Neck Family Practice, has been giving seminars on the subject for six years. He says that the state has done a good job of creating a document that each person can use to express individual wishes. At the same time, he urges people to consult with their doctors as they fill out the forms so that they understand the medical ramifications of their decisions.

**For more information on the subject, or to request an Advance Health Care Directives packet, call Beebe Medical Center Patient Relations at 645-3547.**

## BEEBE MEDICAL CENTER PHONE DIRECTORY

<b>General Information</b> . . . . .	302-645-3300
<b>Baylis Rehabilitation Center</b> . . . . .	302-645-3235
<b>Beebe Imaging &amp; Lab Express Locations</b>	
—Georgetown . . . . .	302-856-9729
—Lewes (lab only) . . . . .	302-644-9344
—Long Neck (lab only) . . . . .	302-947-1202
—Millsboro . . . . .	302-934-9039
—Millville . . . . .	302-539-8749
<b>Beebe Medical Foundation</b> . . . . .	302-644-2900
<b>Beebe Physical Therapy</b>	
—Millsboro . . . . .	302-934-1500
—Millville . . . . .	302-539-6404
<b>Emergency Services</b>	
—Lewes . . . . .	302-645-3289
—Millville (summer only) . . . . .	302-539-8450
<b>Gull House Adult Activities Center</b> . . . . .	302-226-2160
<b>Hastings HeartCare Center</b> . . . . .	302-645-3258
Cardiac Rehabilitation • EKG	
• Stress Testing • Cardiac Catheterization	
<b>Home Health Agency</b> . . . . .	302-854-5210
<b>Human Resources</b> . . . . .	302-645-3336
<b>Integrative Health</b> . . . . .	302-645-3528
<b>Lewes Convalescent Center</b> . . . . .	302-645-3030
<b>Outpatient Care Center</b>	
<b>Beebe Health Campus</b> . . . . .	302-645-3010
Diagnostic Imaging • Women's Imaging	
• Express Testing • Physical Therapy	
<b>Physician Referral Service</b> . . . . .	302-645-3332
<b>Pulmonary Service</b> . . . . .	302-645-3298
<b>School of Nursing</b> . . . . .	302-645-3251
<b>Sleep Disorders Center</b> . . . . .	302-645-3186
<b>Tunnell Cancer Center</b>	
—Medical Oncology . . . . .	302-645-3770
—Radiation Oncology . . . . .	302-645-3775
<b>Vascular Lab</b> . . . . .	302-645-3710
<b>Women's Health Pavilion</b> . . . . .	302-645-3726
<b>Wound Care Services</b> . . . . .	302-947-2500

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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Beebe Medical Center

*Your not-for-profit, community-owned hospital*

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