CAPE FEAR VALLEY HEALTH and WELLNESS MAGAZINE









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MAKING ROUNDS^M

THE OFFICIAL MAGAZINE OF CAPE FEAR VALLEY HEALTH SYSTEM

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LETTER from the **CEO**

Cape Fear Valley Health has always been in the business of helping people, and the numbers bear that out.

Last year, our Emergency Medical Services paramedics and EMTs answered 55,000 calls for help in the county. And that number is only expected to grow this year, since we've added 50 new paramedics and EMTs for Hoke County.

That's right; Cape Fear Valley EMS has begun providing emergency medical service coverage to our neighboring county to the west.

The coverage began June 10 under a new three-year contract. Hoke County Commissioners chose Cape Fear Valley's EMS coverage proposal over bids from FirstHealth of the Carolinas, Med1 and American Medical Response (AMR).

The new service is called Hoke County EMS of Cape Fear Valley and operates with six ambulances and two quick response vehicles. Four ambulances will be in service at a time, each one equipped with the same hightech equipment as Cumberland County ambulances. That includes portable EKG equipment and software to transmit patient data directly to Emergency Department physicians.

To ramp up, the Hoke County paramedics and EMTs have undergone a comprehensive orientation and training program under Cape Fear Valley award-winning EMS instructors. The senior staff members have won numerous regional, state and national EMS training competitions, including the prestigious Journal of Emergency Medical Services (JEMS) Games.

Our JEMS competition team won first place during the two-day, annual competition again this year. It was the third time in five years our team has beaten out such high-profile competitors as those from the New York Fire Department, Las Vegas and Miami-Dade County.

That competition-level experience is passed on through training and continuing education to all of our health system EMTs and paramedics. So Hoke County residents can feel confident in knowing that Cape Fear Valley is providing award-winning EMS service at a lower cost than previous providers.

And, as always, patients can choose the hospital they go to, unless bypassing the closest appropriate hospital would put the patient's life at risk.

So get ready, Hoke County. Cape Fear Valley EMS service is just a phone call away.

Mike Nagowski CEO, Cape Fear Valley Health



Experts say antibiotic overuse is leading to serious consequences

Humans aren't the only ones able to adapt;

bacteria can too – sometimes with deadly results – and it's leading to an alarming rise in antibiotic-resistant superbugs.

Antibiotic resistance is nothing new. It has been around almost as long as penicillin. But antibiotic-resistant bacteria have increased dramatically in number during the past decade. The crisis stems from both inappropriate and improper use of antibiotics.

Bacteria are killed every time antibiotics are administered, but some germs may survive if the medicine isn't finished or taken properly. The resulting bacteria strain can become stronger and more aggressive.

When antibiotics fail to work, patients have longer illnesses, more doctor visits and lengthier hospital stays. Physicians must also prescribe ever more-powerful antibiotics to defeat the more aggressive bacteria. But these "drugs of last resort" are starting to fail more often, allowing common infections to become life threatening.

The problem has become such a threat that the World Health Organization has called for a global action plan. Medical experts blame doctors too quick to prescribe antibiotics unnecessarily. A classic example is when a patient complains of viral symptoms but is prescribed antibiotics anyway. Antibiotics only work on bacterial infections.

Repeated exposure to antibiotics allow bacteria to evolve over time. More than half of all hospital patients receive an antibiotic during their stay. A recent report by the Centers for Disease Control and Prevention reported doctors in some hospitals prescribe three times more antibiotics compared to doctors at other hospitals.



Serena Tart, Pharm.D., & Clifton Hawkes, M.D.

"My first thought when seeing a new patient isn't what I can give them," said Clifton Hawkes, M.D., "but rather what antibiotics can I safely discontinue."

Dr. Hawkes is chairman of the Infection Prevention and Control Committee at Cape Fear Valley Health. The advisory group is comprised of infection control professionals. They meet weekly to discuss new hospitalacquired infections among patients and how to prevent future cases.

Infection control is a strategic game every healthcare facility signs on to, as soon as they begin admitting patients. The stakes are high, because antibiotic-resistant bacteria can easily spread.

Cape Fear Valley's policy requires patients with contagious, resistant infections to be isolated and cared for with extra care. Isolation methods vary, depending on the infection.

Staphylococcus aureus is a common bacteria found on the human body that has become resistant to many antibiotics, including methicillin (MRSA). Patients infected with MRSA are put in single rooms with minimal foot traffic. Caregivers and visitors who enter must wear gowns and gloves. This helps prevent the spread of the germ to other patients, visitors and staff.

The Infection Prevention and Control Committee monitors all multi-drug resistant infections at Cape Fear Valley. It also investigates when a number of patients are diagnosed with MRSA, or other antibiotic-resistant germs, such as Tuberculosis or Vancomycin-resistant Enterococcus (VRE), in the same hospital unit.

"If they're in the same unit, then it's more significant,

because they're happening in a cluster," Dr. Hawkes said.

If that's the case, then the hospital's Environmental Services Department works with the Infection Control Department to sterilize the unit. Infection Control then tries to find the cause of the infection.

Jan Mathews is the Corporate Executive Director of Quality and Patient Safety/Infection Prevention. She says addressing the individual needs of our patients using evidence-based care always comes first when dealing with antibioticresistant infections.

"We try to provide the best evidence-based care we can for infections without over-utilizing antibiotics," she said.

Mathews points out how the health system's pharmacists use special software called SafetySurveillor®. It automatically alerts staff to review charts of patients who may be able to be taken off broad-spectrum antibiotics. The drugs can kill a wider range of bacteria, but not all. Moving patients to antibiotics that target specific bacteria is desirable, because it helps prevent antibiotic resistance.

If SafetySurveillor® doesn't the catch the opportunities, then Serina Tart, PharmD, probably will. She's Cape Fear Valley's Antimicrobial Stewardship Pharmacist, and it's her job to go over countless patient charts to determine if patients can be taken off antibiotics or have their medication de-escalated.

The practice is called antibiotic stewardship, and the goal is to improve antibiotic prescribing.

"Patients who get better quickly with minor infections don't need to stay on broad-spectrum antibiotics for 10 to 14 days," Tart said. "Some antibiotics can actually cause resistance in other organisms."

Tart performs roughly 100 or more antibiotic-related interventions a month. The process involves identifying the specific type of bacteria patients are infected with through ordered lab tests and ensuring the patient is on the correct antibiotic. She'll also suggest when patients can be taken off intravenous antibiotics and placed on oral antibiotics instead. The goal is to get patients well and home faster.

And the faster patients get home, the sooner they can get away from other patients sick with infectious diseases.



It's no big secret that pharmacists fill prescriptions for a living. But here's something people may not know: pharmacists can sometimes determine how much medicine a patient needs, or if the medicine is needed at all.

Welcome to the world of acute care pharmacy, where pharmacists do a lot more than generally perceived.

By definition, acute care pharmacists are medication specialists who work in a medical setting where patients are seen over a short period of time. But in the real world, the definition falls a bit short.

Ask Rina Ackerman, PharmD., what they do and she'll tell you "a little bit of everything" and most of it behind the scenes.

"While medications can cure, they can also cause harm," she said. "Pharmacists are there to ensure each medication is properly utilized. The patient never sees all the things they do to keep them safe."

Cape Fear Valley Health currently employs 44 acute care pharmacists. Their most important duty is to act as drug therapy specialists. When patients are admitted to the hospital, acute care pharmacists are there to review every medication the patient has already been prescribed.

The key word is "prescribed," because patients often refuse or fail to take their medication properly. That can lead to life-threatening interactions, when new medications are introduced.

"Just because we can see a list, doesn't mean the patient is still taking the drugs," Ackerman said. "The pharmacist will double-check all that and also ensure the dosage is appropriate."

Here's another little-known fact: physicians often turn over dosing responsibilities to acute care pharmacists due to their greater medication expertise. In turn, the pharmacist may recommend lab tests to ensure patients are getting desired results.

Lab tests are especially important when dealing with the liver and kidney, because these organs cleanse the body of toxins. If the organs are impaired or working at a reduced level, improper medication levels can lead to organ failure.

Acute care pharmacists can also spend time consulting with patients at the bedside and checking behind physicians and nurses when a patient's medication is changed – especially when medication changes regularly.

Double-checking is even more vital when lifesaving or high-risk medication is involved. As a result, pharmacists may be charged with monitoring a patient's medication from the time a patient is admitted to the moment of discharge.

Susan Canady, Pharm.D., has been an acute care pharmacist for 12 years, but started in retail. She was hired at age 16 to work as a pharmacy technician for a family drugstore.

The Eastover native continued to work in a retail setting for a few years after college before switching to acute care at Cape Fear Valley Medical Center. Canady says it was the right move for her, because she enjoys the patient interaction.

"When you work in retail, you're just filling one prescription after another and usually don't have the time or staff to do a lot more than that," she said. "Now I can make medication recommendations or research a patient's prescription history, if I need to."

Canady still puts in dozens of prescription orders a day. But she's not stuck behind a counter the entire time either. She can roam the nephrology and surgical floors she works, serving as a point-of-contact for nurses and physicians with medication questions. At other times, you can catch her rounding on the floors or serving on patient care committees. Every acute care pharmacist at Cape Fear Valley has the same opportunity.

All the extra duties may take up a bit more time. But for Canady, at least, it's just the kind of work she expected.

"This is a lot more of what I went to school and trained for," she said. "The staff has come to really depend on me and call me their personal pharmacist. I've really found my niche."

SUMMERTIMEblues

Summer is here, so sun-worshippers will be out en masse again looking to achieve that perfect tan. But sun-kissed skin comes with a price.

Tans aren't possible without harmful ultraviolet (UV) radiation exposure, so anyone who has one has sustained some level of skin cell damage. Over time, sunbathers can look forward to premature aging, such as wrinkles and brown spots, or even worse: life-threatening skin cancer.

Experts say anyone over the age of six months should use sunscreen daily. That includes people who work inside and are regularly exposed to sunlight through windows. But a recent ABCnews.com poll showed that just 17 percent of U.S. adults used sunscreen if they went outside 30 minutes or more.

The lackadaisical attitude, along with America's proclivity for outdoor activities, has helped skin cancer become the most common form of cancer in the U.S.



There are three major types of skin cancer: basal cell carcinoma, squamous cell carcinoma and melanoma. Of the three, melanoma is the most aggressive and deadly. It accounts for 75 percent of all skin cancer deaths.

More than 60,000 Americans were diagnosed with some form of melanoma skin cancer in 2010, according to the Centers for Disease Prevention and Control. Another 9,000 people died from the disease that same year.

Here in North Carolina, an estimated 2,600 people were diagnosed with melanoma in 2013, with 290 dying from the disease. The numbers add up to North Carolina having the third-highest death rate from melanoma in the nation.

Brenda Hall is the director of Cape Fear Valley Cancer Treatment and CyberKnife® Center. She said Caucasians face a higher risk of skin cancer because they have less melanin in the skin. The pigment causes skin to tan and dissipates up to 99.9 percent of UV radiation.

"Fair-skinned people and people with red hair just have less melanin," Hall said, "so they need to protect themselves outside. People should use sunscreen and wear hats for protection. That goes for everybody."

Those who don't, risk becoming one of the Cancer Center's patients. The lucky ones will be diagnosed with either basal cell or squamous cell carcinomas, which are easier to treat. They can often be surgically removed or treated through a few weeks of radiation.

Melanomas are more difficult to treat. At an early or moderately advanced stage, melanomas are usually treated surgically. Chemotherapy is sometimes offered after surgical removal, and occasionally radiation is given as well.

Patients with the most advanced cases of melanoma, spreading to different organs, usually require chemotherapy. Radiation therapy can also be used for some patients to alleviate symptoms. These patients are sometimes referred to academic research centers, such as Duke University Medical Center in Durham, which can offer patients experimental drugs and procedures not available anywhere else.

TANNING BEDS

Artificial UV radiation can be just as dangerous as natural sunlight, especially the shortwave UV radiation emitted from tanning booths. The World Health Organization lists the devices and other UV radiation-emitting devices among the most dangerous forms of cancer-causing radiation. Other items listed include plutonium and radium.

The international health agency specifically cited a link between UV radiation from tanning beds to melanomas of the skin and eyes in declaring the devices unsafe. As a result, there has been a legislation movement in the U.S. to ban minors from using tanning beds. Studies have shown a link between severe sunburns, especially at a young age, and skin cancer.

People should continue to cover up and use sunscreen as they age, as well as regularly check their skin for possible signs of skin cancer. All three forms of skin cancer can start off as subtle changes to the skin and may go easily unnoticed.

BASAL CELL CARCINOMA usually occurs in sun-exposed areas of the skin. It can appear as:

- A pearly or waxy bump
- A flat, flesh-colored or brown scar-like lesion

SQUAMOUS CELL CARCINOMA often occurs on sun-exposed areas, as well, such as the face, ears and hands. However, people with darker skin often develop this kind of cancer in areas not routinely exposed to the sun. It can appear as:

- A firm, red nodule
- A flat lesion with a scaly, crusted surface

MELANOMAS can develop anywhere on the body or in moles that become cancerous. Men often get melanoma on the face or trunk. Women tend to develop it on the lower legs. Regardless, both sexes can get melanoma in areas not routinely exposed to sunlight. People of all skin tones can get it. Warning signs include:

- A large brown spot with darker speckles
- A mole that changes in color, size and feel or begins bleeding
- A small lesion with irregular borders. It may also have portions that appear red, white, blue or blue-black
- Dark lesions on the palms, soles, fingertips or toes, on the mouth mucous lining, nose, vagina or anus

Istvan Pataki, M.D., is a radiation oncologist with Cape Fear Valley Cancer Treatment and CyberKnife Center. He says it is imperative for people to do self-exams if they routinely spend time in the sun or in a tanning booth. Doing so can be the difference between life and death.

"The key thing to look for is a spot that changes in appearance or begins bleeding," he said. "If either occurs, then you should get it checked immediately. If detected early enough, it can be easily removed. But the more it spreads, the more aggressive it gets and the rate of survival declines."





breathing

How a simple device can do wonders for NICU babies



When it comes to medicine, sometimes simpler is better.

For years, Cape Fear Valley's Neonatal Intensive Care Unit (NICU) used expensive, high-tech ventilators to help preterm babies who had breathing problems. But today, the unit's staff is more apt to use Bubble Continuous Positive Airway Pressure (CPAP) therapy instead.

The alternative ventilation strategy is not only cheaper, but also less invasive. It can be used on newborn infants, as long as they can breathe partially on their own.

In relative terms, Bubble CPAP is almost low-tech in construction and design. It uses two aquarium pumps that deliver blended, humidified oxygen into the patient's tiny lungs through short nasal tubes. The tubes effectively inflate the lungs with positive air pressure. As a result, the patient's lungs don't work as hard and can grow more naturally.

In comparison, ventilators use larger endotracheal tubes that must be inserted through the nose and down the windpipe. These tubes can lead to complications, such as infections and trauma to the developing airways and lungs. The complications can also cause chronic breathing problems in infants.

Keith Gallagher, M.D., is a NICU neonatologist who helped bring Bubble CPAP to Cape Fear Valley. He learned about it in the 1990s through a Columbia Presbyterian Hospital study. His interest in the devices peaked a few years ago after learning Bubble CPAP had a significant impact on neonatal care at George Washington University Hospital in Washington, D.C.

Dr. Gallagher traveled to the nation's capital to learn more about the program there. He brought back his findings and convinced NICU administration to begin using Bubble CPAP last year.

"I looked at George Washington's staff and realized they weren't superheroes or any more qualified than our own staff," Dr. Gallagher said. "I knew that by applying the same practices, we could achieve those same results."

And achieve they did.

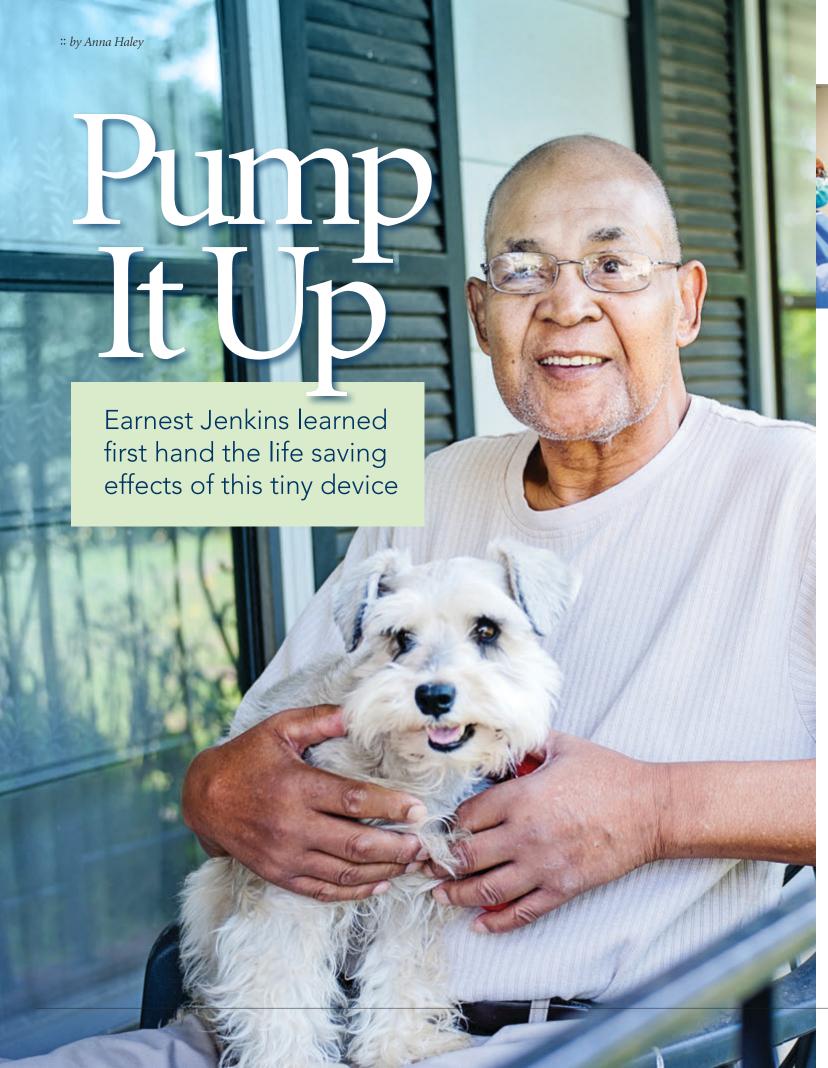
The NICU is down to using one ventilator or less per day on unit patients. Lower ventilator usage means less drugs for the unit's young patients. Previously, almost every NICU patient would be put on a ventilator if they required breathing assistance.

Dr. Gallagher says Bubble CPAP has also dramatically cut down on the incidence of Bronchopulmonary Dysplasia (BPD). It's a serious, chronic breathing problem that primarily affects premature infants.

Most babies with BPD get better after respiratory therapy, but they may require treatment for months or even years. They can also develop other chronic lung problems throughout childhood and even into adulthood.

Saying Dr. Gallagher is pleased at how well Bubble CPAP has performed at Cape Fear Valley would be an understatement. He says ventilator use is a tenth of what it used to be in the NICU.

"Bubble CPAP has provided Earth-shattering results for us," he said. "It's been a team effort, involving bedside nurses, respiratory therapists and nurse practitioners. Without their meticulous efforts, we wouldn't have achieved what we have."





Amol Bahekar, M.D.

Funny thing about surgeries: they can save your life, but complicate them too.

When Earnest Jenkins began complaining of chest pain, doctors at Cape Fear Valley Medical Center told him he would need cardiac catheterization. They immediately began preparing for the procedure.

The catheterization revealed Jenkins was suffering from multi-vessel coronary artery disease. The condition was choking off blood flow through his left artery.

Emergency heart surgery is usually called for in such cases. But Jenkins, a lung cancer survivor, had previously undergone surgery to remove part of a lung. Doctors feared he wouldn't be able to survive openheart surgery.

So they decided to use an Impella[®] heart pump device instead. The minimally invasive catheter helps circulate blood flow through the heart on a temporary basis.

"The Impella is ideal for patients, like Jenkins, who don't have many options," said Amol Bahekar, M.D. "It helps support the heart in pumping blood when a patient's heart is too weak to do it on its own."

The device can benefit a variety of patients, including major heart attack sufferers and those needing emergency angioplasty. The high-tech catheter is currently the world's smallest, minimally invasive mechanical cardiovascular support system.

Its tiny pump is housed inside a catheter housing just a quarter-inch wide. Its small electric motor helps pump more than 5 pints of blood per minute for up to seven

days. Larger Impella models can pump more than 10 pints per minute.

Due to its diminutive size, the device can be implanted in a cardiac catheterization lab instead of an operating room. It can also be removed at the patient bedside.

Dr. Bahekar used an Impella to stabilize Jenkins' heart while placing a stent to widen the patient's chocked off artery. The device was then removed, while the stent remained.

"This device is a breakthrough for patients who aren't ideal surgery candidates," Dr. Bahekar said. "Recovery time is minimal when used in the cardiac cath lab, and the patient is usually home in two days. It's great for anyone who can't undergo cardiac surgery."

this device is a breakthrough for patients who aren't ideal surgery candidates

Jenkins really is living proof. The retired General Motors assembly line worker was home within days following his Impella procedure. He doesn't bowl like he used to, but can still sit a good spell with his dog, Turbo, on his lap watching TV.

When he's feeling really good, he'll even visit with his children and 10 grandkids. It may not seem too glamorous, but for Jenkins, it's just what the doctor ordered.

"I've got no complaints," he said. "I'm feeling much better now."



Be Careful: Don't Let It Be A Cruel Summer

Summertime may be fun time, but not if you end up injured or in the hospital.

Patient visits to emergency rooms across the nation begin to climb almost as fast as thermometer mercury once temperatures regularly shoot past 80. Call it an annual rite of summer, as people cooped up all winter long make a beeline to the great outdoors, sometimes with traumatic results.

It usually starts with a slight uptick in bicycle-related injuries. Then the water and play-related injuries start to rise. It makes sense, since kids have more free time on their hands when they are not in school.

Robyn McArdle is a paramedic and training and compliance officer with Cape Fear Valley EMS. She said emergency

department staff can tell summer has officially arrived when younger patients start streaming in.

"Dirt bike accidents, ATV accidents, sports-related injuries," she said. "They all take off when it gets hot outside."

Adults suffer their share of warm-weather injuries too, ranging from car wrecks and grilling accidents to heat exhaustion and heat stroke. Elderly are especially vulnerable to heat-related injuries, so they are advised to stay in air-conditioned rooms when temperatures climb.

Even the physically fit can have a hard time dealing with excessive heat. Construction workers can suffer heat exhaustion or heat stroke after spending all day in the sun. They can also suffer broken bones or paralysis after falling from high places, due to related dizzy spells.

On average, Cumberland County EMS responds to two or three heat-related injury calls a month. The number skyrockets to 15 a month during June through August, which are considered the hottest months of summer.

Understandably, people begin flocking to pools and bodies of water at the same time.

"We get a big spike in drownings," McArdle said. "Children can drown in as little as three inches of water. They should never be left unattended."

Adults have more physical injuries during the summer, such as those suffered from falls, sports or vehicle accidents. Motorcycle accidents spike considerably because owners are more apt to ride during nice weather.

"There's four to five times more potential for head and trauma injuries, if you lay your bike down in front of a car," McArdle said.

Driver or rider inattention, excessive speeding and car driver texting are primary reasons why motorcycle accidents occur. Emergency Department (ED) numbers bear that

From January 2013 through March 2014, the ED treated 109 motorcycle accident patients. Nine died from their injuries. Most of the patients were seen in March, when weather begins to turn nice, and between May and July, peak motorcycle-riding season.

Despite all the numbers, most summertime injuries are nontraumatic and don't require a visit to the emergency room. Most can be treated with a bandage or a visit to a walk-in clinic, such as Cape Fear Valley's ExpressCares.

HEAT STROKE OR HEAT EXHAUSTION

Both can be potentially life-threatening. The best way to avoid either is to drink plenty of fluids and stay as cool as possible. That means taking regular breaks and finding shade. Symptoms of heat exhaustion include dizziness, nausea, weakness, confusion, fainting and fatigue.

Heat stroke symptoms include nausea and vomiting, dizziness or vertigo, fatigue, hot, flushed skin, rapid heart rate, decreased sweating and urination, shortness of breath and body temperature of 104 degrees or higher. Medical care is required IMMEDIATELY.

BICYCLE INJURIES

Most injuries are scrapes or broken bones due to high speeds or negligence. Make sure bicycles are working properly and children and adults wear helmets at all times. Also make sure children always keep an eye out for motorists, since traffic increases during summer months.

SWIMMING INJURIES

Drownings occur more frequently during summer months. Kids are more likely to drown in swimming pools. Teens and adults are more likely to drown in natural bodies of water. Never swim alone, and teach children to swim at a young age.

BURNS

Eating food hot off the grill may be fun, but cooking it is dangerous because it's usually done over an open fire. Outdoor grills, both propane and charcoal, cause thousands of injuries a year nationwide.

Fireworks can be even more dangerous. An estimated 10,000 people are injured every year due to celebratory explosives or the resulting fire. More than half of those injuries occur around the Fourth of July holiday.

ATV. DIRT BIKE & MOTORCYCLE ACCIDENTS

ATV injuries normally result from rollovers. Dirt bike injuries tend to result from falls or from being thrown from the dirt bike. The injuries can be traumatic (paralysis, organ damage or severe broken bones) or even fatal (blunt-force head trauma). Motorcycle accidents can be even more traumatic due to higher speeds and collisions with other vehicles. A properly certified DOT helmet, at the minimum, should always be worn while operating any of these vehicles.

BITES

Thousands of dog bites occur every year, sending children and adults alike to the nation's emergency rooms. The risk of dog bites increases during summer months because more people are out walking or playing. Children should always be supervised outside and adults should always be aware of nearby animals.

FALLS

They happen every day and for various reasons, such as skateboarding, slipping on wet surfaces or simply taking a misstep. People tend to be more active during summer months, so falls will naturally occur more. If people are playing a sport or doing risky activity, they should prepare appropriately and be prepared to call 911 should an accident occur.



CAPE FEAR VALLEY HEALTH: TAKE CHARGE of your HEALTH

It's Umoja Festival time, so get ready to spend a day celebrating African American unity and culture, as well as learning about good health.

This year marks the festival's 24th anniversary. It will be held Saturday, Aug. 23, at Seabrook Park, across from Fayetteville State University, in Fayetteville. Cape Fear Valley Health will once again hold a free health fair and clinic for attendees. Events will be held inside Smith Recreation Center, from 11 a.m. to 3 p.m.

The free clinic is for the uninsured or underinsured and will offer blood pressure screenings, cholesterol checks, blood sugar testing and EKG readings (if needed). New for this year: kidney function testing by the University of North Carolina Kidney Center's Mobile Outreach Unit. Clinic attendees with diabetes, high blood pressure, heart disease or family history of kidney disease will be screened for kidney function.

"Kidney function testing is very important," said Darvin Jones, Community Health Coordinator for Cape Fear Valley Health, "especially for African Americans because it is so closely linked with high blood pressure."

Attendees can consult briefly with a physician. No prescriptions will be written. Appointments for the clinic must be made in advance by calling CareLink at (910) 615-LINK (5465). More than 1,500 people attended the health fair during last year's Umoja Festival and 250 uninsured or underinsured participated in the health clinic.

Jones said the Umoja Festival health fair is unique because it allows participants to immediately consult with a physician if they have an abnormal test result.

"This clinic is so important, even with the Affordable Care Act in place," Jones said, "More people may have insurance, but prevention and early detection are still important."

Having a better understanding of one's health should be a priority for everyone, especially African Americans. Of the 15 leading causes of death in America, African Americans have higher rates than Caucasians for 12 of them. They include heart disease, diabetes, cancer and stroke.

Heart disease is the leading cause of death among minorities, according to the U.S. Department of Health and Human Services' Office of Minority Health. African-American adults are also 50 percent more likely than non-Hispanic Caucasian adults to have a stroke.



North Carolina sits in the "stroke belt," an 11-state region in the southeast with an unusually high rate of stroke and cardiovascular disease. Early detection can be a key to successfully fighting both.

a great place for people to get free screenings, medical advice and access to community resources

Blood pressure and cholesterol screenings, as well as EKGs, available at this year's health clinic, can alert people to possible heart or blood pressure problems. Blood sugar tests and Body Mass Index (BMI) measurements can also help identify those at risk for diabetes, which is more prevalent among Hispanics and African Americans. And free, on-the-spot HIV testing can provide confidential test results within minutes.

The free clinic requires prior registration. The health fair does not. Attendees can learn their blood type with the help of Cape Fear Valley Blood Donor Center staff. They can also learn about the Affordable Care Act, prescription assistance, free diabetes management classes and more.

"We will have resources from both Cumberland and Hoke counties," Jones said. "It's a great place for people to come and get free screenings, medical advice and access to community resources. The clinic and health fair can do more than save you money; they can save your life."

Listen for Take Charge of Your Health messages on radio stations Jamz 107.7 FM, Soul 104.5 FM, Magic 106.9, WIDU 1600 AM and WMFA 1400 AM.



CREATING A CIRCLE OF GRATITUDE

The Grateful Patient and Family Program



Ginny Deffendall was 20 years old when her mother needed heart surgery

to correct a defective aortic valve. It was a terrifying time for both.

The elder Deffendall had always been a strong woman, so seeing her on a ventilator with IVs in intensive care was an unsettling sight for the daughter. She wept openly.

A nurse tried consoling her by gently saying: "Don't you worry. Your mom is strong and she'll be just fine."

The words were like salve to a fresh wound.

The daughter continued to be touched by the nursing staff's care and kindness in the days following her mother's surgery. They showed a level of kindness the Deffendall family had never seen.

The experience was so overwhelming, the daughter even considered becoming a nurse. When she finally found the courage to leave her mother's side, the daughter immediately sought out the nurse who first consoled her.

"Thank you," Deffendall said.

Words can make a great impact. So can actions. Cape Fear Valley Health Foundation has created the Grateful Patient and Family Program to let former patients and their family members do just that: say "Thank You," when words just aren't enough.

"The Grateful Patient and Family Program offers you a way to point out someone who has given you extraordinary care," said Katie Crenshaw, Health Foundation Board Member and Grateful Patient Program Chairperson.

The program can recognize any Cape Fear Valley Health employee, from phlebotomists and environmental services technicians, to nurses and food and nutrition employees. Everyone is eligible.

Money raised through the program will fund new technology and programs to help health system staff continue to provide the level of care patients expect. In turn, the recognized caregiver will receive a personalized card notifying him or her of the recognition. The caregiver also receives a commemorative lapel pin they can proudly wear to work.

"Acknowledging someone and thanking them is a way to bring the quality and care given, full-circle," Crenshaw said.

Deffendall agrees.

"The nurses in Intensive Care who touched me all those years ago made a difference, not just in my mother's life, but also my own," she said. "If there had been a way to show them how deeply they affected me, I would have gladly done so. Because sometimes 'thank you' just isn't enough."

If someone at Cape Fear Valley Health has made a difference in your life, you can do the same for others. Contribute to the Grateful Patient and Family Program. Gifts can make a difference to many in our community.

> If someone at Cape Fear Valley Health made a difference in your life, you can do the same for others. Contribute to the Grateful Patients and Families program and together we can make a difference to many.

To learn more about the Cape Fear Valley Health Foundation's Grateful Patient and Family Program, please call (910) 615-1285 or visit www.capefearvalley.com/foundation/give.html



Raising children has never been easy, but throw in learning or developmental disabilities and it can be a real struggle. Betsy Bradshaw knows from personal and professional experience.

The family nurse practitioner has worked with children for nearly 40 years, yet she's never grown weary of what she does or the people she helps.

"Kids are the greatest," she said. "Adults know they're going to be in pain following surgery or a procedure. But kids don't, so they bounce back a lot more quickly. I love them."

She currently helps identify children, up to age 3, in the community who are medically fragile or at risk for developmental issues. The goal is to get them the treatment they need so each child can grow up and develop as normally as possible.

Bradshaw evaluates clients in the home if they can't travel. Each screening can take more than two hours and includes physical and neuro-developmental exams, as well as standardized developmental testing.

Some conditions allow for automatic entry into specialized treatment programs. The conditions include genetic syndromes, neurological problems, developmental anomalies, hearing and vision problems and extreme premature birth.

Bradshaw assesses their progress during treatment and arranges for additional resources, if needed. That includes specialized medical services, physical therapy and occupational therapy.

She also talks to parents about the extra care needed to raise disabled children. Some children need a little: others a lot – especially premature children referred from neonatal intensive care units (NICU).

Bradshaw is no stranger to NICUs. She spent 26 years at Cape Fear Valley Medical Center, eventually becoming clinical coordinator of the hospital's neonatal follow-up program.



Grey, Betsy and husband Joel Bradshaw

Her interest in the pediatric development field developed after her son, Grey, was born with Down Syndrome.

"We take normal development for granted in all of our children," she said. "With Grey, I couldn't take it for granted. I had to teach him how to develop, and it absolutely surprised me how fascinating a process it was."

Bradshaw's work has led to a newfound interest in mental healthcare access. She says it's a growing problem in the U.S. for several reasons, including a still-struggling economy. Everyone could benefit from easier access, she said, especially children, because parents who aren't happy have children who aren't happy.

"I've seen a marked increase in the need for mental health services for 2 and 3 year olds," she said. "This concerns me."

The mother of three does have interests outside of work. Continuing education is one. Painting is another. It doesn't matter if it's painting a room or painting a canvas. Putting a brush in motion is therapy to her.

She's also gotten into furniture creations. She'll buy old furniture at yard sales and turn them into personalized home pieces for friends. They bring her pictures of what they have in mind, and Bradshaw does the rest.

"It's just a hobby," she said with a chuckle. "I used to have a lot more free time than I do now. When I do have free time, this is what I want to do.

"Eventually I want to be an old 'hippie' and buy a cabin by a lake. I'll wake up each morning and comb my long, gray hair, put on a gauze skirt and Birkenstocks with no makeup, then go to my studio and create beauty all day!"

CAPE FEAR VALLEY HEALTH: NEWS briefs



Cape Fear Valley employees John and Jamie Dickerhoff make their health care decisions together.

Making Your Health Care Decisions in Advance

Cape Fear Valley urges all patients to have an advance directive form on file, just in case of emergencies. Advance directives are legal documents that allow patients to spell out their wishes to family, friends and healthcare professionals. They also help to avoid confusion later on.

"If you drive a car, you should have an advance directive," said Robin Kivett, a palliative care nurse at Cape Fear Valley Health. "You never know in today's uncertain world when you might find yourself in intensive care and unable to make your own decisions. We all need someone to speak for us when we cannot speak for ourselves."

Cape Fear Valley has new advance directive forms, written in an easy-to-understand way so patients can fill them out in less than five minutes. Cape Fear Valley's Patient Relations Department unveiled the new form on April 16, National Health Care Decisions Day.

The new advance directives booklet is available at the Patient Relations Department office at Cape Fear Valley Medical Center. The form is also available for download at http://www.capefearvalley.com/patients/advance_directives.html.

For more information, please call (910) 615-6120.

Highsmith-Rainey Specialty Hospital **Opens Hospice Unit**

Cape Fear Valley Health recently opened a six-bed hospice unit on the third floor of Highsmith-Rainey Specialty Hospital. The unit is a collaborative effort between Cape Fear Valley and local hospice agencies. Four have already joined, and more are expected.

Participating agencies create patient care plans and the Highsmith-Rainey nursing staff implement them, in conjunction with the hospice team.

"We have an experienced healthcare team to work with patients and families at such an emotional time," said Debra Pedersen, Service Line Director at Highsmith-Rainey Specialty Hospital. "In addition to providing excellent patient care, one of our primary goals is to make family and friends as comfortable as possible."

The hospice unit will have a family room, nourishment room and sleep chairs in patient rooms to accommodate visiting loved ones.

Cape Fear Valley Health Honors Volunteers

Cape Fear Valley Health recently honored its Shining Star Volunteers of the Year for going above and beyond in their commitment to peers, the organization and dependability.

HEALTH PAVILION NORTH







Linda Hayes

CAPE FEAR VALLEY CANCER TREATMENT and Cyberknife Center



Max McClellan



Mildred McClellan

CAPE FEAR VALLEY MEDICAL CENTER



William McLeod



Joyce McLeod



Richard Luetgenau



Brenda Luetgenau

CAPE FEAR VALLEY HEALTH: NEWS briefs



Emergency Responders Undergo FEMA Training

Cape Fear Valley employees recently completed domestic disaster preparedness training through the U.S. Department of Homeland Security's Federal Emergency Management Agency (FEMA). The training occurred at the FEMA Center for Domestic Preparedness (CDP) facility in Anniston, Ala. It is the only federally chartered Weapons of Mass Destruction training center in the nation. The training focused on incident management, mass casualty response, and emergency response to catastrophic natural disasters and terrorism. The employees put their training to use soon after, when Cape Fear Valley Medical Center received several workers exposed to an ammonia leak at the Smithfield Packing plant in Bladen County on June 17. The exposed workers were decontaminated before being treated for inhalation injuries and released.

NICU Parental Advisory Council

Cape Fear Valley has created a Neonatal Intensive Care Unit (NICU) Parent Advisory Council to advocate and teach family-centered care to families. The group meets monthly and includes parents who have had a child stay in the NICU during the past year.

The council has already helped establish a lending library for parents, install computer and electronic educational resources for parents, and coordinated renovations of the NICU's breastfeeding room.

"We're always looking for new ways to help the NICU better serve the hospital's smallest patients and their families," said Stephanie Burford, NICU Parent Advisory Council co-chair. "Parents play a vial role in helping children grow and thrive during their stay."

For more information, please call Burford at (910) 615-5486.



CAPE FEAR VALLEY HEALTH: NEW physician



Kenneth Fleishman, M.D.

BEHAVIORAL HEALTH CARE

Kenneth Fleishman, M.D., has been approved for the Associate Staff and has joined Behavioral Health Care. Dr. Fleishman received his medical degree from East Carolina University Brody School of Medicine in Greenville. He completed a residency in general psychiatry at The Sheppard and Enoch Pratt Hospital in Towson, Md. and a fellowship in child and adolescent psychiatry at Emory University Hospitals in Atlanta, Ga. Dr. Fleishman was previously Medical Director of Laurel Heights Hospital in Atlanta, Ga. from 2001 to 2014. He is board certified in general psychiatry and child and adolescent psychiatry.

CAPE FEAR VALLEY HEALTH: PHYSICIAN briefs



Shirish Devasthali, M.D.



Tariq Nazir, M.D.

Shirish Devasthali, M.D., and Tariq Nazir, M.D., have joined Cape Fear Valley Cancer Center at Health Pavilion North, 6387 Ramsey Street, Suite 104. For an appointment, please call (910) 615-3840.



Andrew Morfesis, M.D.

F. Andrew Morfesis, M.D., was selected for inclusion in Consumers' Research Council of America's 2014 Guide to America's Top Surgeons. Dr. Morfesis practices at Owen Drive Surgical Clinic of Fayetteville, PLLC.



Kelly Van Fossen, D.O.

Kelly Van Fossen, D.O., has joined Ferncreek General Surgery, 4140 Ferncreek Drive. For an appointment, please call (910) 485-3880.

CAPE FEAR VALLEY HEALTH in the Community

FOR ADULTS

ARTHRITIS OF THE HIP & KNEE

Thursday, Oct. 30 6:30 - 7:30 p.m.

Cape Fear Valley Education Center FREE! Does arthritis pain limit your mobility or interfere with activities you enjoy? An orthopedic surgeon will discuss the signs and symptoms of arthritis and available treatments. To register, please call (910) 615-7996.

FOR EXPECTANT PARENTS

BREASTFEEDING CLASSES

Wednesdays, Aug. 6, 20 Wednesdays, Sept. 3, 17 6 - 7:30 p.m.

FREE! Classes are taught by an International Board-Certified Lactation Consultant. Fathers are welcome and encouraged to attend.

To register, call (910) 615-LINK (5465).

PREPARED CHILDBIRTH CLASSES

Series of four classes: Mondays, Sept. 8, 15, 22, 29 Mondays, Nov. 3, 10, 17 & Dec. 1 6 - 9 p.m.Accelerated Prepared Childbirth: Saturdays, May 3, June 7, August 2 9 a.m. – 5 p.m. \$30 per couple This class will help you and your birthing partner prepare for your special delivery!

To register, call (910) 615-LINK (5465).

FAMILY BIRTH CENTER TOURS

Tuesdays, Aug. 5, 12, 19 Tuesdays, Sept. 2, 9, 16 Tuesdays, Oct. 7, 14, 21 5 - 6 p.m.

FREE! Take a tour to see the safety and security of the Family Birth Center. Fathers are encouraged to attend. To register, please call (910) 615-LINK (5465).

FOR THE FAMILY

UMOJA FESTIVAL HEALTH FAIR

Saturday, Aug. 23 11 a.m. – 3 p.m. Smith Recreation Center Seabrook Park

FREE! Children can receive free back-to-school haircuts from Barber Kings. Free clinic for uninsured and underinsured adults with cholesterol, blood sugar and blood pressure screenings, along with a brief consultation with a physician. Adults and children can visit more than 25 different exhibits. For an appointment for the free clinic, call (910) 615-LINK (5465).



The Look Good, Feel Better program

meets on the third Monday of the month, at 9 a.m., in the Cape Fear Valley Cancer Center conference room and 9 a.m. in the Health Pavilion North Cancer Center. Licensed cosmetologists help women with cancer learn how to apply make up and style wigs or scarves to compensate for the changes in the skin and hair that cancer treatment may cause. To register, please call (910) 615-6791 and ask for the Oncology socialworker. You can also learn about coming educational workshops.

A.W.A.K.E., a support group for those with sleeping disorders and their family members. Meets every third Tuesday in January, March, May, July and September, from 6 to 7 p.m., in the Carolina Room of the Cape Fear Valley Education Center at 3418 Village Drive.

For more information, please call (910) 615-3200.

Mended Hearts, a support group for those who have had heart surgery and their family members, meets every second Thursday of the month at 5:30 p.m. in the Cardiac Rehab Classroom at Cape Fear Valley Rehabilitation Center.

For more information, please call Rae Ashley at (910) 615-6580.

Defibrillator Support Group meets on the second Thursday of January, April, July and October, from 6:30 to 8 p.m., in Room 102 of the Medical Arts Center at 101 Robeson Street. For more information, please call Laurie Costello at (910) 615-8753.

Stroke Support Group meets on the third Wednesday of the month at 4 p.m., in the Physical Therapy Gym at Cape Fear Valley Rehabilitation Center. For more information, please call Vicky Parker at (910) 615-6972.

Spinal Cord Injury Support Group

meets on the first Monday of the month at 3 p.m. in the Patient Cafeteria at Cape Fear Valley Rehabilitation Center. For more information, please call James Jones at (910) 615-4051 or Shequitta Massenburg at (910) 615-6066.

Congestive Heart Failure Support

Group meets on the first and third Thursday of the month, from 3:30 to 4:30 p.m., in the Cardiac Rehab Classroom at Cape Fear Valley Rehabilitation Center. For more information, please call Jay Pedersen, RN, BNSc., at (910) 615-4809.

COMMUNITY SUPPORT GROUPS

Alzheimer's Caregiver Support Group, for those caring for loved ones with Alzheimer's disease. Meets on the third Tuesday of the month at 2 p.m. at Heritage Place, 325 North Cool Spring Street in Fayetteville. For more information, please call Sam Hutchinson at (910) 615-1633.

Arthritis Support Group meets on the fourth Monday of the month (except February, July and December) at 6:30 p.m. at Cape Fear Valley Rehabilitation Center, Auditorium Room A. For more information, please call Diana Coppernoll at (910) 488-9352.

Bereavement Support Group meets at Cape Fear Valley HomeCare and Hospice in the Bordeaux Shopping Center Professional Center, Suite 203, at 1830 Owen Drive, on the first and third Thursdays of the month from noon to 2 p.m. The group is for those who are coping with the death of a loved one. For more information, please call (910) 609-6710.

Compassionate Friends, a support group for families who have experienced the death of a child, meets on the first Tuesday of the month at 7:30 p.m. in Room 102 of the Medical Arts Center at 101 Robeson Street. For more information, please call Jennifer German at (910) 245-3177.

Fayetteville Brain Injury Support Group meets on the second Tuesday of the month at 6:30 p.m. in the Patient Dining Room at Cape Fear Valley Rehabilitation Center, located behind Cape Fear Valley Medical Center in Fayetteville. For more information, please call Ellen Morales at (910) 486-1101.

Marfan Syndrome Support Group meets the fourth Saturday in March, April, September and October, at 2 p.m., in Cape Fear Valley Rehabilitation Center Auditorium. Meetings will also be held the first Saturday in December, at 2 p.m., and on Saturday, Aug. 30, at 9 a.m. For more information, please call Karen Moore at (910) 583-5518.

Scleroderma Support Group meets on the third Saturday of the month, at 10 a.m., in Room 102 of the Medical Arts Center at 101 Robeson Street in Fayetteville. The group does not meet in July or December. Scleroderma patients and their loved ones are invited for support and information about the disease. For more information, please call Donna Thomas at (910) 308-9792 or Kim Sublett at (910) 237-2390 or via email at fayettevillescleroderma@gmail.com.

Parkinson's Disease Support Group meets on the second Saturday of the month, at 10 a.m., in Room 102, at the Medical Arts Center at 101 Robeson Street. No meetings in July or August. For more information and location confirmation, please call Stephen or Nina Koetter at (910) 436-0111.



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Hoke Primary Care

Health Pavilion Hoke Family Care offers family practice with the convenience of onsite laboratory and imaging services. For an appointment, call (910) 904-8025.

Hoke Obstetrics & Gynecology

Hoke OB/GYN is a full-service obstetrics and gynecology practice offering normal and high risk obstetric care, well women exams, and routine and complex gynecology. For an appointment, call (910) 904-8035.

Hoke Imaging

Offering X-rays without an appointment, Monday through Friday from 8 a.m. to 5 p.m. Mammograms and ultrasound by appointment. For more information, call (910) 904-8030.

Hoke Pharmacy

Let our friendly pharmacists fill your prescriptions. We have great prices on over-the-counter medications, too. (910) 904-8700.

Hoke ExpressCare

Choose ExpressCare for minor illnesses and injuries. Open 7 days a week from 9 a.m. to 7 p.m. For more information, call (910) 904-8020.



ADDRESS ::

300 MEDICAL PAVILION DRIVE US 401 & Johnson Mill Rd.