

CAPE FEAR VALLEY HEALTH *and* WELLNESS MAGAZINE

MAKING ROUNDS

FALL 2016




CAPE FEAR VALLEY HEALTH

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MAKING ROUNDS

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CAPE FEAR VALLEY HEALTH



**A Joint Commission
TOP PERFORMER**



LETTER *from the* CEO

When you work in one of the busiest emergency departments in the nation, you have to work a little harder than everyone else. And that's exactly what the team at Cape Fear Valley is doing.

Since last year, we have reduced wait times in our Emergency Department (ED) by half. It all started late last year, when Cape Fear Valley opened 17 new beds in the Adult Emergency Department to improve throughput.

In June, the Children's Emergency Department moved from the Melrose Road side of campus to the Village Drive side, next to the adult ED. A new 30-bed patient care unit was created in the vacated space. Before the end of the year, an additional 28-bed patient unit will open in the Valley Pavilion, bringing the total of new patient beds to 58.

More hospital beds mean patients don't remain in the Emergency Department for hours waiting for a bed. Staff can care for more patients, which reduces wait times. And that makes for more satisfied patients.

You also may notice more changes to the ED. When arriving by car, you'll find we've closed off the parking lot,

reserving it for emergency department patients. The ED signage reveals a new name: Cape Fear Valley Emergency and Trauma Center. The name emphasizes our Level III Trauma Designation.

Patients staying overnight may notice we've put a special emphasis on keeping the hospital quiet at night. Visiting hours end at 9 p.m., although patients may have a family member or friend stay overnight as a support person. After 9 p.m., staff dim the lights and close as many doors as possible so patients have a more restful night. Its all designed to create a healing environment.

Patients may also find they use their call light less often. Compassionate Care Rounds help nursing staff better anticipate their patients' needs. Whether it's help with toileting, bringing a warm blanket, or repositioning patients in bed, Compassionate Care Rounds bring personalized attention to each patient.

We think you'll like the changes we've made to improve access and enhance care. When you need us, we're right here.

Mike Nagowski
CEO, CAPE FEAR VALLEY HEALTH

A New Day

Harnett Health is joining forces and
changing ways for better patient care

:: by Donnie Byers





HARNETT HEALTH

All across the U.S., hospitals are merging or partnering with other hospitals. It helps lower costs, improves patient care quality and efficiency, and increases access to care – especially for smaller hospitals.

None of this is lost on Kevin Jackson. The newly appointed president of Harnett Health is blessed with a rapidly growing list of services, thanks to a new partnership with Cape Fear Valley Health.

His problem is that Harnett County residents have grown accustomed to getting their specialty care outside the county. The situation arose from years of local patients being referred to specialists in the Raleigh-Durham area. Jackson wants to reverse that trend.

“We can provide the same services most hospitals provide, right here,” he said. “And we feel we can provide it better.”

Jackson has taken his message across the county, visiting churches, business groups and civic organizations. He wants residents to know about all the specialty services available right in their backyard. They include radiology, cardiology, nephrology and gastroenterology.

Several of the county’s newest specialty providers have come as a direct result of Harnett Health’s new partnership with Cape Fear Valley. Signed in 2014, the agreement allows Cape Fear Valley to manage Harnett Health’s two hospitals, while they focus on turning their operations around. The hospitals are Betsy Johnson Hospital in Dunn and Central Harnett Hospital in Lillington.

The turnaround will hinge on Cape Fear Valley’s greater purchasing power and larger care provider network. The combination will help Betsy Johnson and Central Harnett streamline costs, while also expanding services.

The turnaround strategy isn’t new. Cape Fear Valley used a similar management agreement earlier this decade to turn around Bladen County Hospital. The 58-bed Elizabethtown facility was also struggling before Cape Fear Valley took it over.

Bladen County Hospital has since thrived under the relationship, returning to profitability and steadily growing its service lines. The hospital eventually agreed to be bought by Cape Fear Valley Health in 2012.

Now Cape Fear Valley turns its attention to Harnett County. Jackson says things are already improving at Betsy Johnson and Central Harnett. He expects both to break even by next year – just three years after Cape Fear Valley arrived.

“The key to our success is our involvement with the community,” Jackson said, “and better utilization of our services. Our biggest problem is that many residents don’t even know all the services we offer.”

“we can provide the same services most hospitals provide, right here, and we feel we can provide it better”

Many of the county’s physicians are equally in the dark. It’s due to their limited dealings with the county’s hospitals in recent years, according to Mike Jones, Vice President of Support Services for the two hospitals.

“We have to change the referral pattern,” he said. “Physicians take the road they know best.”

Jones has been accompanying Jackson out into the community to talk with residents and physicians. He said some of the physicians he's met with recently didn't know his hospitals have onsite MRI and CT scan capability.

As a result, those physicians have been referring patients to imaging facilities as far away as Fayetteville, Sanford and Raleigh. This adds cost and inconvenience for patients.

Expectant mothers have also been leaving the county to deliver at larger hospitals. Jackson says they could receive the same level of care at Betsy Johnson's Birth Center. The county's only birthing unit delivers 650 babies a year, but has the capacity to deliver far more.

Tiffany Horne, RN, BSN, is the Maternal Child Services Manager at Betsy Johnson. She said the hospital's Birth Center is fortunate to have staff nurses certified in obstetrics.

"That's a pretty big deal," she said. "Lots of RNs working in labor and delivery aren't certified."

The unit also has three OB/GYN physicians and pediatric hospitalists who provide coverage around the clock. Horne said they work with the nursing staff to provide a more personal and caring delivery experience larger hospitals can't match.

Improvements

Improvement is a continuous process in healthcare. It leads to better outcomes and patient care quality. One way Betsy Johnson and Central Harnett are improving is through the emergency department.

Their EDs have implemented an appointment reservation system called "ER Express." Patients can go online to check available time slots at either ED and then reserve a time to walk in.

"It's especially useful for parents of small children who need to make arrangements beforehand," Jackson said. "It's also good for people with elderly parents who need more time to prepare for the ride in, or for people who live further away."



The service is only recommended for minor injuries and illness. People needing more urgent care should come immediately. All ED physicians at Betsy Johnson and Central Harnett are board certified.

Jackson says he understands the community's desire to have a higher level of care. It's led to his push to bring more specialty services to Harnett County. The push started two years ago, even before Cape Fear Valley officially took over Betsy Johnson and Central Harnett.

The outpatient cancer treatment clinic across the street from Betsy Johnson closed its doors after Cancer Centers of North Carolina ended its practice there. That left some of the county's most vulnerable patients without a local treatment option.

Cape Fear Valley stepped in to quickly reopen the practice and named it Cape Fear Valley Cancer Center at Harnett. The health system then brought in Shirish Devasthali, M.D., to help re-establish the practice. He was chosen because he had experience opening his own medical oncology practice 20 years earlier in Fayetteville.

Dr. Devasthali worked at Cape Fear Valley Cancer Center at Harnett two days a week until the patient load increased. Now he works at the Dunn location full-time.



Like Jones, Dr. Devasthali has seen the effects of years of patients being referred out of county for simple blood tests and screenings. He said they could have easily gone to Betsy Johnson, Central Harnett, or any of their affiliated outpatient clinics.

“People don’t have to travel long distances anymore,” Dr. Devasthali said. “In this day and age, it’s not necessary. I think this is a great opportunity to take care of people with cancer and blood diseases locally.”

“this is a great opportunity to take care of people with cancer and blood diseases locally”

Cancer patients will soon have even more local treatment options. Central Harnett plans to add radiation oncology services, with the help of a new linear accelerator (LINAC). The high-tech devices use high energy X-rays to conform to a tumor’s shape and destroy cancer cells, while sparing normal cells.

Radiation therapy is one of the few specialty services that really does require referral outside the county, since LINACs are strictly regulated by the state.

Harnett Health and Cape Fear Valley received state approval for a LINAC in 2015. It will cost more than \$12 million and require renovations to Central Harnett Hospital to accommodate the equipment and patient care space.

Harnett Health has also received state permission to open a cardiac catheterization lab at Central Harnett. It is expected to open by Fall 2017.

Cardiac catheterization is an invaluable tool when treating heart attacks. The procedure involves inserting a catheter into a heart chamber or blood vessel for diagnostic and interventional purposes. During heart attacks, arteries and vessels become blocked. Catheterization can quickly reopen those passageways.

Other specialty services have already followed Cape Fear Valley into the county. Ferncreek Cardiology was among the first. The Fayetteville practice opened a new office across the street from Betsy Johnson, offering physician consults, Monday through Friday.

Cape Fear Center for Digestive Diseases has also opened a Dunn office. It’s open every weekday, except Wednesday. The staff gastroenterologists do procedures, such as endoscopies, at Betsy Johnson Hospital.



HARNETT HEALTH

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800 Tilghman Drive
Dunn, NC 28334
(910) 892-1000

Central Harnett Hospital

215 Brightwater Drive
Lillington, NC 27546
(910) 892-1000



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Cape Fear Valley Cancer Center at Harnett

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Dunn, NC 28334
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PEDIATRICS

Premiere Pediatrics

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Raid Kamil, M.D.
Michael Knudsen, M.D.
Marsha Russell, M.D.
Beverly Yearwood, M.D.
802 Tilghman Drive
Dunn, NC 28334
(910) 892-4248

OUTPATIENT SERVICES

CARDIAC REHABILITATION

Harnett Health Cardiac Rehabilitation

Betsy Johnson Hospital
800 Tilghman Drive
Dunn, NC 28334
(910) 892-1000 ext. 4607

MAMMOGRAPHY

Women's Breast Care Center

Betsy Johnson Hospital
714 Tilghman Drive
Dunn, N.C. 28334
(910) 892-1000 ext. 5000

PHYSICAL THERAPY

Benson Rehabilitation

1 Medical Drive, Suite B
Benson, N.C. 27504
(910) 894-1057

Betsy Johnson Hospital

800 Tilghman Drive
Dunn, N.C. 28334
(910) 892-1000 ext. 4607

Lillington Rehabilitation

55 Bain Street, Suite 101
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WOUND CARE

Harnett Health Wound Care Center
Harnett Health Medical Park
803 Tilghman Drive, suite 300
Dunn, N.C. 28334
(910) 230-7858



Betsy Johnson welcomed its first batch of residents in July. The 15 physicians are training in family medicine, internal medicine and traditional rotating internships.

The third major specialty to come was Carolina Kidney Care, which arrived in April. Their new Lillington location offers comprehensive treatment and preventive care for renal diseases.

Residency Program

One problem all hospitals face is a national physician shortage. By 2025, an estimated 95,000 more doctors will be needed in the U.S. to meet the needs of a growing population.

The shortfall is especially great in the South, with its larger number of rural areas and minority communities. Just 25 percent of North Carolina's counties have an OB/GYN, pediatrician or psychiatrist.

The state's medical schools haven't helped much. In 2013, just 1 percent of the state's 400 new medical school graduates went on to serve in rural communities in North Carolina.

As a result, more rural hospitals are opening residency programs for new graduate physicians. The hope is that those physicians will stay in the community when their training is done. Studies show physicians usually go into practice within 50 miles of where they complete their residencies.

Harnett Health launched a residency program this year, with the help of Campbell University's new Jerry M. Wallace School of Osteopathic Medicine. The Buies Creek medical school's mission is to train community-based physicians to care for rural and underserved populations in North Carolina.

Betsy Johnson welcomed its first batch of residents in July. The 15 physicians are training in family medicine, internal medicine and traditional rotating internships. Most of the training is hands-on under guidance from hospital medical staff. The number of residents will increase over the next few years.

The residents will also train at local hospital-owned practices, including Angier Medical Services, Coats Medical Services, Dunn Medical Services, Lillington Medical Services, Harnett OB/GYN and Premiere Pediatrics.

If all goes well, more than a few residents will stick around and end up working at Betsy Johnson or Central Harnett. Jackson certainly has his fingers crossed.

"We want physicians who grew up in our community," he said, "and those who want to stay here. It'll be a win-win for everybody."



by Donnie Byers

A Big Investment

Starting a new business can be fraught with risks,
but sometimes they're well worth taking.

10 MAKING ROUNDS : FALL 2016



by Donnie Byers

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Cape Fear Valley Health is on track to open a new medical residency program next year. But first, it must reclassify as a rural hospital instead of urban. The move is necessary because the federal government restricts the number of residency programs in urban areas.

By reclassifying, Cape Fear Valley stands to lose \$10 million a year in federal funding. But what the health system loses up front comes back in the form of more doctors eventually practicing in the area.

The North Carolina Legislature recently approved \$7.7 million in funding to help offset Cape Fear Valley's budget shortfall. Campbell University is partnering with Cape Fear Valley as the academic sponsor for the endeavor and will provide an additional \$3 million in funding.

That's good news for everyone, especially for patients in the region.

Like many parts of the U.S., North Carolina is feeling the pressure of a nationwide doctor shortage. Family medicine and primary care physicians are especially hard to come by.

There are currently 2,800 family physicians in North Carolina. But the state will need nearly 2,000 more by 2030, according to the N.C. Academy of Family Physicians.

The problem stems from the aging U.S. population. Baby Boomers are simply living longer. The fastest growing age group in America is 65 plus. But the two second-fastest groups are people age 0-17 and 25-34, so there is a definite need for more family physicians.

"I'm excited," said Cape Fear Valley CEO Mike Nagowski. "Our medical staff has been nationally recognized and approved to begin training the next generation of physicians. This will be a tremendous benefit to our region, because data shows residents often practice within 50 miles of where they train."

“ This will be a tremendous benefit to our region, because data shows residents often practice within 50 miles of where they train. ”

The health system is working with Campbell University's Jerry M. Wallace School of Osteopathic Medicine, which has a mission to train doctors for rural areas. The Buies Creek medical school is projected to provide up to 300 medical students a year for the program. Physicians complete residency training in a specialty, such as family medicine or pediatrics, after graduation from medical school.

The residency program is expected to generate \$30 million a year towards the local economy, because the program's residents and staffers will live and work in the immediate area. Residents will make approximately \$50,000 a year. Faculty and support personnel will make another \$50,000 to \$400,000 a year.

By 2027, more than 900 total jobs will be created under the program. The total projected economic impact for southeastern North Carolina is \$574 million. That's equal to bringing a large company to town. The best part is that this company's employees will all be future doctors.

The first residents should begin rotations at Cape Fear Valley hospitals and facilities by summer 2017. They'll train under the watchful eye of staff physicians in several fields. They include general surgery, emergency medicine, obstetrics, pediatrics, internal medicine and psychiatry.

"Only a select few health systems are capable of training physicians, physician assistants, nurse practitioners and other highly trained clinical experts," Nagowski said. "I'm proud to say Cape Fear Valley will be among the select few."



Physician, Heal Thyself

What happens when the healer
is the one who needs healing

Kenneth Manning, M.D., has made a career out of diagnosing cancer. So you can imagine the medical oncologist's surprise last year when he discovered a telltale lump near his clavicle while showering. A biopsy later confirmed he had lymphoma.

:: by Anna Haley



"I was in this unusual circumstance," Dr. Manning said, "of having a disease that I know more about than most people around me."

It proved to be both a curse and a blessing. As a cancer expert, he knew what was in store. So he consulted his colleague of 13 years, Kamal Bakri, M.D., Medical Oncology Director at Cape Fear Valley Cancer Treatment & CyberKnife Center, and together they decided on a plan for treatment.

Then Dr. Manning braced himself for the inevitable chemotherapy. It's standard procedure for lymphoma, following a biopsy to remove cancerous cells. The goal is to ensure all cancer cells are gone.

In November and December 2015 Dr. Manning received chemotherapy at Cape Fear Valley. He sat side by side with many of his own patients. Radiation treatments followed in January and February 2016 to complete his cancer treatment plan. Being in his profession, he could have easily called upon colleagues at nearby academic medical centers, like UNC Hospital in Chapel Hill or Duke University Hospital in Durham, for treatment help.

Even Dr. Bakri suggested his colleague seek a second opinion. But UNC confirmed what Dr. Manning already knew: his treatment plan was the best course of treatment.

Regardless, Dr. Manning was determined to stay at Cape Fear Valley for treatment. He trusts the Cancer Center staff and staying local allowed him to continue working through treatment.

"Why wouldn't I choose Cape Fear Valley?" Dr. Manning asked. "I'm really glad we have Chapel Hill and Duke close by for when we need them. But in terms of what I had, where else would I need to go?"

"The worst part of treatment is fatigue. You're *tired*. I never had pain and never got sick. But I was so tired. To feel that exhausted and have to hop back in the car and drive when you feel like that would be tough on anyone."

Staff members offered to provide chemotherapy behind closed doors, but Dr. Manning refused. He wanted fellow patients to see he was human too.

"I was going through the same thing everyone else was," he said. "And I'm getting the exact same treatment as everyone else. As a Fayetteville physician, I think that's an important message to send."

Cape Fear Valley Cancer Center is accredited by the American College of Surgeons Commission on Cancer (COC). This accreditation recognizes programs for their commitment to providing comprehensive, high quality and multidisciplinary patient-centered care. Each center is committed to improving survival and quality of life for cancer patients. This is done by setting standards for prevention, research, education and monitoring quality of care.

"Being accredited means you're following all the best practices and protocols to keep patients safe," said Brenda Hall, Cape Fear Valley Cancer Center Director. "We know we are doing that, but having the seal of approval from the COC ensures that accountability for our patients."

To learn more about Cape Fear Valley Cancer Treatment & CyberKnife Center, visit capefearvalley.com/cancer.

Patients were still startled to see their doctor sitting beside them during treatment sessions. They were also surprised to see him working between treatments. But Dr. Manning found it to be therapeutic. Being with patients kept his mind off himself.

Some of his patients started coming in just to wish him well. The doctor says that spoke volumes about the kind of care the Cancer Center staff provides.

"Every place has the same medicine," he said. "It's the people – the doctors, nurses, techs, phlebotomists – that make this place special."

The good doctor has since recovered and returned to a regular work schedule. He's also exercising again and slowly getting back in shape.

"I'm finally feeling pretty good again," Dr. Manning said, "and I'm as close to 100 percent as I'm ever going to get."

For years he's walked patients through diagnosis to treatment to remission. But now each time the physician does, he has little more empathy and compassion. Because, he too has been there. He understands what it's like to hear "you have cancer."



close to home



This Bladen County hospital offers a more personal touch for expectant mothers

Living in a rural community means long commutes are a daily part of life. But that shouldn't be the case when there's a baby on the way.

:: by Anna Haley



“Women in rural areas deserve the same quality of care that you can get in a bigger city.”

Bladen County Hospital's Family Birth Center offers patients a convenient and comfortable setting for delivering close to home. A wide range of maternity services includes everything from natural childbirth to high-risk obstetrics.

Over the past few years, the Birth Center has focused on enhancing services by offering educational classes for expectant mothers. Topics include breastfeeding, stages of childbirth, and what to expect during labor and delivery.

Tours of the center are also offered, providing glimpses into the LDRP (labor, delivery, recovery and post-partum) rooms within the unit. Each space offers a comfortable, home-like environment that allows patients to stay in one spacious, private room during their entire stay.

“The entire family plays an important role during this time,” said Allison Strickland, Director of the Family Birth Center, “and these rooms provide plenty of space for patients to have that support during childbirth.”

Allan Borusak, M.D., and Shakonda Strayhorn, D.O., are physicians with Women's Health Specialists' office in downtown Elizabethtown. They provide care for a variety of women's health issues, including routine and complex gynecology, infertility, obstetrics, menopause, pelvic floor disorders, incontinence and gynecologic surgery.

Dr. Borusak previously worked in Las Vegas for nearly 20 years. He never dreamed he would work in a small community. But nearly two years after his arrival, he feels more at home in Bladen County than he ever did in the big city.

“I've worked with patients who've had a lot of money,” he said, “They can afford the best care. But here, there are quite a few high-risk patients who need quality obstetrics care close to home. And I consider myself an old-fashioned doctor who can do a lot of everything. There's not much you can throw my way that I haven't seen before.”

Dr. Strayhorn, a Craven County native, joined Women's Health Specialist in August. She says she understands the importance of small town physicians because Bladen County is similar to her hometown.

“Women in rural areas deserve the same quality of care that you can get in a bigger city,” says Dr. Strayhorn. “Most of the time, you really don't even find OB/GYNs smaller towns.”

Having two board-certified OB/GYN physicians on staff shows the level of commitment Bladen County Hospital has toward providing quality healthcare to the community.

Drs. Borusak and Strayhorn are joined by certified nurse midwife Denise Davies. She was the lead midwife at Cape Fear Valley Medical Center.

As a midwife, Davies cares for patients throughout their entire pregnancy. From initial office visit to final delivery, the continuity of care provides a personalized experience tailored to each patient's needs.

“My role is to empower patients,” Davies said, “so they can make the most informed choices for their care. After all, it's really their labor, not mine.”

Using a midwife is a more natural delivery experience and requires less medication. Patients enjoy a more home-like environment, with softer lighting and beds that are not broken down for delivery. The mother's wishes guide every step of the delivery process. However, patient safety always comes first.

“We do everything a mother desires during labor as long as it is safe,” Davies said. “Once the mother or baby's safety is compromised, we let them know that medical intervention is the only option moving forward.”



Seeing Is Believing

A new eye procedure can help save glaucoma patients' eyesight

:: by Donnie Byers

Vision loss is a natural part of aging. Harmful UV rays, dust and debris, and injuries or trauma can all take their toll on a person's eyesight over time. But eye damage can also occur from within.

Increased eye pressure, also known as glaucoma, affects 3 million Americans, making it the second leading cause of blindness in the U.S. The good news is that glaucoma is a gradual disease. Regular eye exams to test intraocular eye pressure can detect problems early so treatment can begin.

The bad news is that people who aren't tested can have glaucoma for years and not know it. That's because it often doesn't show any symptoms.

The damage occurs when increased fluid build-up presses against the optic nerve located in the rear of the eye. The optic nerve is what sends image signals to the brain to process as vision.

The fragile nerve becomes pinched and begins to die if starved of blood. Eyes try to compensate for the increased pressure, until they no longer can. By then, it's often too late to prevent permanent vision loss.

There are a number of ways to treat glaucoma. They include eye drops, laser surgery, traditional surgery, or a combination of these methods. But a new high-tech approach is gaining popularity.

Canaloplasty is a minimally invasive procedure that helps revitalize the eye's natural moisturizing ability. In turn, this helps decrease the pressure build-up that destroys vision.

To better understand the process, think of the human eye as a tiny water balloon. On its surface are tiny blood vessels that encircle the cornea. The vessels act like tiny river tributaries that release inner fluid to help keep the eye moist. When the vessels get clogged, fluid outflow decreases and pressure builds.

The most common way to lower eye pressure surgically has been through trabeculectomy. The procedure cuts an opening on the eye's surface to let the aqueous fluid drain into the outer cyst. But the incision can also lead to infections, leakage and chronic eye irritation.

Canaloplasty is much less invasive. It uses a microcatheter inserted directly into the eye's drainage canal, called the Canal of Schlemm, through a tiny incision. The canal also encircles the cornea and helps feed the tiny blood vessels that help moisturize the eye.

The microcatheter is routed all the way around the drainage canal to help widen it. When complete, the drainage canal flows much more freely, relieving pressure.

"Think of it as solving a plumbing problem," said Mike Pickeral, a clinical trainer with Ellex, Inc. "We're cleaning out the eye's natural drainage system."

Ellex, a Minnesota-based eye surgery technology company, is spearheading the canaloplasty movement in the U.S. It markets the procedure as a good option for patients at risk for infection or bleeding and those for whom trabeculectomy was unsuccessful. Contact lens-wearers are also good candidates.

Pickeral says canaloplasty is a safer option than trabeculectomy because of its microcatheter. The tiny tubes are already used to treat congenital glaucoma in children and help deliver medication to the rear of eyes in patients with macular degeneration.

Raz Penmatcha, M.D., an eye surgeon with Cape Fear Valley Ophthalmology, performed the region's first canaloplasty this past April at Highsmith-Rainey Specialty Hospital. He has since performed more than 20.

"It's basically the same thing as what stenting does for the heart," he said. "But instead of leaving the stent in, we retract the microcatheter and inject a chemical that expands the drainage canal's outflow system. We're basically flushing out the system for better vision."

Since it's minimally invasive, canaloplasty can be performed as a stand-alone procedure or done in conjunction with cataract surgery. People who suffer from glaucoma often have cataracts, as well.

Dr. Penmatcha says it typically takes him seven minutes to perform a canaloplasty once the patient is in surgery. He uses a surgical microscope to see the patient's eye up close. Another machine helps irrigate the patient's eye during the procedure.

The surgery is pretty straightforward. The most difficult part is routing the microcatheter around the drainage canal. A small, flashing red beacon on the microcatheter's tip lets the surgeon know how far the tip has gone around the cornea.

It eventually exits the same entry point. When the microcatheter is withdrawn, a special "healing" lubricant is precisely delivered into the canal to separate the compressed tissue walls. The process is called 360-degree viscodilation.

Once surgery is over, the eye's drainage canal walls are opened back up and already on their way to recovery.

"It's a fantastic procedure," Dr. Penmatcha said.

For more information about this procedure, please call Cape Fear Valley Ophthalmology at (910) 615-315

At first, glaucoma can show no symptoms and cause no pain. Vision stays normal. And it can develop in one or both eyes.

Not everyone with increased eye pressure develops glaucoma, however. Some people can tolerate increased eye pressure better than others. A thorough dilated eye exam can help determine what level eye pressure is normal for a particular patient.

Certain population groups are at higher risk for glaucoma. They include:

- African Americans age 40 and older
- Everyone age 60 and older
- Mexican Americans are especially at risk
- People with a family history for the disease



Too Many Meds

Taking several medications for different conditions comes with risk



Going to the doctor is a relatively easy process nowadays; perhaps too easy. And that poses risk, especially for older Americans.

A person could go to a cardiologist for high blood pressure, an endocrinologist for diabetes, and a rheumatologist for chronic pain – and then be prescribed medication for each condition.

:: by Ginny Deffendall

If they aren't careful, they risk having dangerous drug interactions. The risk increases dramatically when five or more medications are taken at once for different conditions.

Mixing that many medications is called "polypharmacy." It's a growing problem in the U.S., given the large number of people age 65 and older seeing multiple physicians. This age group also purchases 30 percent of all U.S. prescriptions and 40 percent of all over-the-counter (OTC) medications, which can further complicate matters.

Polypharmacy can lead to patients taking two medications to treat the same condition, taking unnecessary medication, or taking medications that react adversely to one another. Using multiple pharmacies, living alone, or having hearing or vision loss further increases the risk of drug complications.

Christina Thurber is a Cape Fear Valley Medical Center pharmacist. She says recognizing medication-related problems can be difficult. But identifying changes in a person's health can help.

"Some medications can dehydrate you," she said. "They can also injure your kidneys, causing them to improperly filter your blood. This can cause other medications to build up in your body and cause a reaction."

Thurber says reactions can occur at any time during course of treatment, not just when new medication is started. She points out that more than 175,000 Americans over age 65 visit emergency rooms every year due to adverse reactions to commonly prescribed drugs.

People who suspect they are having medication-related problems should not stop taking the medication abruptly. This can lead to other problems. Instead, they should talk to their pharmacist or physician and let them know of any issues.

"Have them review your medications for possible interactions," Thurber said. "This includes any over-the-counter products, vitamins and supplements, as well."

The Food & Drug Administration does not regulate vitamins and supplements. They often contain ingredients not listed on their labels. Ingredient amounts may also be missing, so it's important to let physicians and pharmacists know they are being taken.

Thurber says patients can protect themselves from polypharmacy complications by taking an active role in their own medication therapy. Keep accurate, up-to-date lists of all medications (both prescribed and OTC), the dosages, and purpose for each to help prevent potential drug interactions.

"Providing this list to both your pharmacist and physician is a good idea," she said. "It's always a good idea to carry a list of medications and dosages when you are out of town too."

Persons covered by Medicare can receive a comprehensive medication review by appointment at any Cape Fear Valley retail pharmacies. Locations are at:

Center Pharmacy

Located in the Medical Arts Center
101 Robeson Street
Downtown Fayetteville

Convenient parking

Hours of Operation:

Monday – Friday, 9 a.m. to 6 p.m.

Saturdays, 9 a.m. to 1 p.m.

(910) 615-1800

Health Pavilion North Pharmacy

Located at Health Pavilion North
6387 Ramsey Street
Corner of Ramsey Street and Andrews Road

Convenient parking

Hours of Operation:

Monday – Friday, 9 a.m. to 6 p.m.

(910) 615-3900

Hoke Pharmacy

Located at Health Pavilion Hoke, adjacent to
Hoke Hospital
300 Medical Pavilion Drive, Raeford
Corner of U.S. 401 and Johnson Mill Road

Convenient parking

Hours of Operation:

Monday – Friday, 9 a.m. to 6 p.m.

(910) 904-8700

Major Screen Time

Regular mammogram screenings can
save lives and increase treatment options

Historically, African-American women have been less likely than Caucasian women to get regular mammograms. But the gap has closed. Statistics show 66 percent of African American and Caucasian women, age 40 and older, have had a screening mammogram in the past two years.

Health insurance is a good predictor if a woman gets a screening or not. Just 38 percent of uninsured women have had a mammogram in the past two years, compared to 70 percent of insured women.

Cape Fear Valley Health Foundation is working to close that gap by funding free mammograms for eligible women without insurance. Free mammograms are performed monthly at Hoke Imaging in Raeford and Cape Fear Valley Diagnostic Center in Fayetteville. The two locations have provided nearly 140 free mammograms through August of this year.

Applications for free mammograms are available on Cape Fear Valley's website. The link is located on the right side of the Cancer homepage. Individuals can also call (910) 615-6944 to request an application.

Overall, breast cancer incidence is slightly lower among African American women, but the death rate is higher. Most recent numbers (2013) show that breast cancer deaths are 39 percent higher among African-American women than Caucasian women.

Annual income, past screening rates and access to care all factor into why African-American women are diagnosed with more advanced breast cancers and lower survival rates.

However, Cape Fear Valley's Cancer Registry statistics show African-American women in this area are generally diagnosed at earlier stages (Stage 0, I, II) just like their Caucasian counterparts.

Furthermore, data shows 15.6 percent of African-American women were diagnosed at Stages III and IV compared to 18.9 percent of Caucasian women.

One subtype of breast cancer is more common in African-American women than in other ethnicities. Triple Negative breast cancer is Estrogen Receptor-negative (ER-negative), Progesterone Receptor-negative (PR-negative) and HER2 negative. This subtype has a poorer five-year survival rate, compared to other subtypes of breast cancer.



:: by Janet Conway

Lifestyle factors may play a role in the higher rate of triple negative breast cancer among African-American women. Studies show that compared to Caucasian women, African-American women have lower rates of breastfeeding and tend to carry excess weight in the abdomen area. Both of these tendencies may increase the chance of having triple negative tumors.

Nationally, African-American women age 45 and younger tend to experience breast cancer at a higher rate than Caucasian women of similar age. But this trend doesn't seem to apply locally either. Cape Fear Valley's 2014 Cancer Registry shows no significant difference between African-American and Caucasian women in this age group.

Up to 10 percent of breast cancer cases are thought to be hereditary. The most common forms of inherited breast cancer involve mutated BRCA1 and BRCA2 genes. In normal cells, these genes help prevent cancer by making proteins that keep the cells from growing abnormally.

Mutated versions cannot stop abnormal growth, which can lead to cancer. There are other gene mutations that can lead to inherited breast cancers, although these are much less common.

Women with denser breasts (more fibrous and glandular tissue and less fatty tissue) face up to two times the risk of breast cancer than women with average breast density. Women who start their period before age 12 or reach

menopause after age 55 also face increased risk.

Some risk factors can be modified. Drinking alcohol in moderation is recommended. Women who consume 2 to 5 drinks a day face 1.5 times greater risk for breast cancer than women who don't drink.

Maintaining a healthy weight after menopause can also reduce risk. After menopause, most of a woman's estrogen comes from fat tissue. Having more fat tissue after menopause can raise estrogen levels. This increases breast cancer risk. Overweight women can also have higher insulin levels, which is also linked to breast cancer.

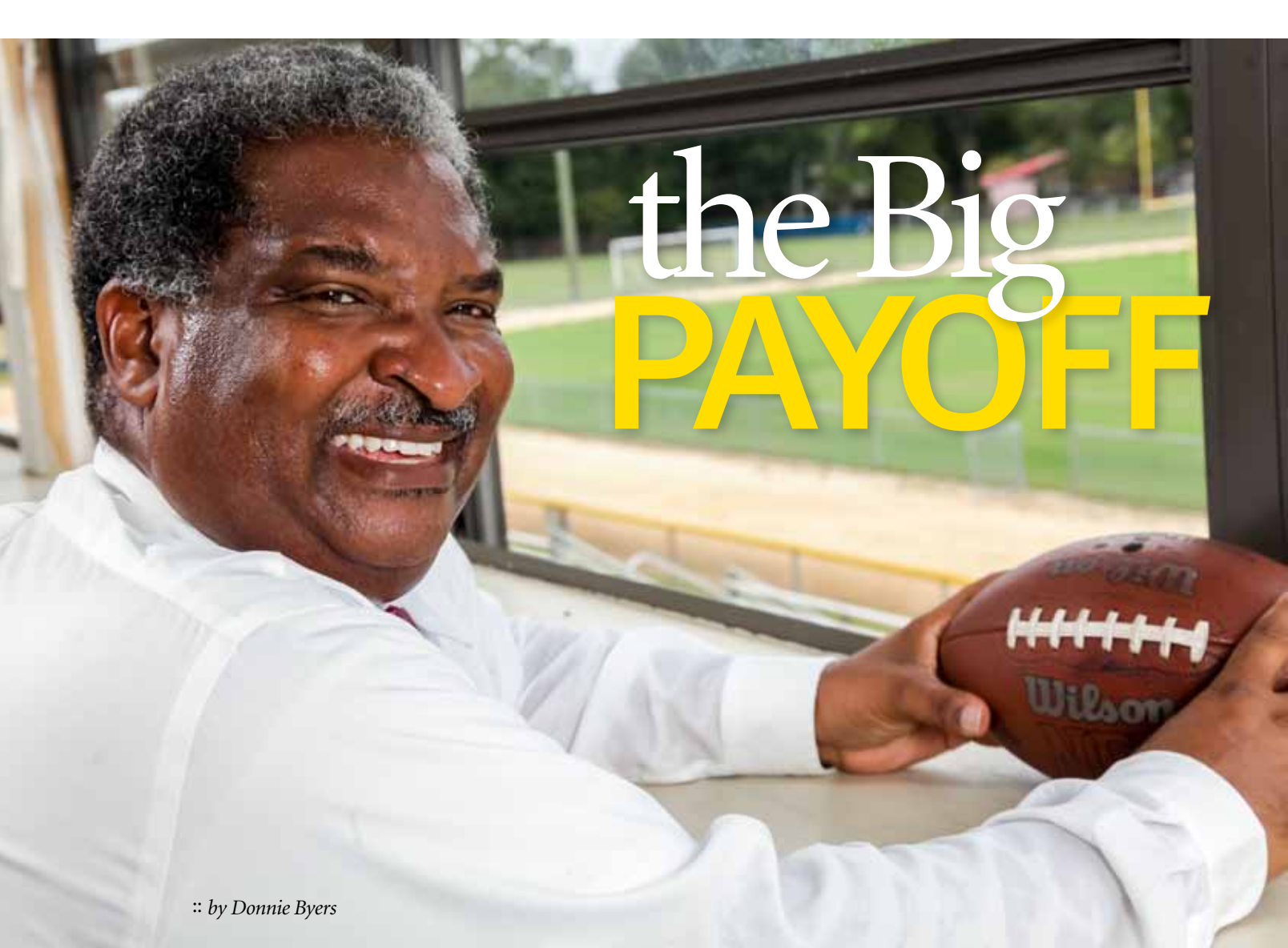
Increasing physical activity is also recommended. One study from the Women's Health Initiative showed as little as 75 minutes to 2.5 hours of brisk walking a week can reduce breast cancer risk by 18 percent.

A woman's overall risk of breast cancer during her lifetime is about 1 in 8. However, mortality rates have steadily decreased over the years. The rate declined 1.9 percent per year for Caucasian women and 1.4 percent for African-American women between 2003 and 2012.

Numerous studies show that screening mammograms save lives and increase treatment options. October is Breast Cancer Awareness Month and the perfect time to schedule a screening mammogram if you are age 40 and older. Don't let fear of bad news prevent you from taking this important step for your health.



If you would like to support Cape Fear Valley Health Foundation's Mammogram Assistance Program, please call (910) 615-1285.



:: by Donnie Byers

This Board of Trustee member is reaping the rewards of a truly good life



Fayetteville Attorney Glenn Adams is a walking dichotomy.

Physically, he's a pretty big man. He stands just shy of 6 feet tall and is built like a former NFL lineman. But he also sports an easygoing personality, accompanied by an infectious smile and a propensity to laugh out loud when something strikes him funny.

His seemingly charmed life makes it easy to laugh. He's a founding partner in his own law firm, has a loving wife and family, holds a county commissioner seat, and even has time for a life outside the courtroom.

"I got the big office, too," Adams said, while trying to hold back a chuckle. "That's what happens when your name comes first in the company name."

The good-natured ribbing is aimed at his two practice partners, Vickie Burge and Lee Boughman, Jr. The trio make up Adams, Burge & Boughman, PLLC, one of the city's most prominent and successful law firms.

Their office is located in the heart of downtown Fayetteville on Hay Street. It's surrounded by cobblestone streets and trendy restaurants and boutique shops that draw countless visitors to the area.

Sitting at his huge, but neatly organized desk, Adams wipes the smile from his face and retreats from his initial teasing a bit. He says his partners have the same size office, with the same stunning view outside. But then he points out how his office has more windows, before bursting into laughter again.

“The greatest thing about being an attorney is that no two days are exactly alike.”

His cheery sense of humor seems almost out of place for someone in such an esteemed profession. But it comes in real handy with nervous clients who are often sitting on chair edges.

Adams, Burge & Boughman opened its doors 10 years ago, after each partner put in considerable time at other law firms. In the years since, the practice has steadily built a name for itself as one of Fayetteville’s finest.

Adams says the decision to open the practice was a natural progression for his career. He has more than 30 years of trial attorney experience, arguing everything from simple criminal and traffic cases to first degree-murder charges.

“I’ve done it all,” he said. “The greatest thing about being an attorney is that no two days are exactly alike. And that’s what makes it so exhilarating.”

Adams’ legal career almost didn’t happen. He originally wanted to become a doctor. But a disastrous attempt to dissect a frog in biology class quickly changed his mind. He went on to attend N.C. State University, before deciding to pursue a law degree from N.C. Central University in Raleigh.

He met his wife, Gale, in college and the two married after graduating from law school. Adams says he became a “house husband” for eight months when his wife accepted a JAG attorney job at Norfolk Naval Base in Virginia.

Adams starts to grin. Then he breaks out into laughter, before declaring the time at home was the best job he ever had.

His wife eventually left the military, allowing the couple to move back to his hometown and become a husband-and-wife legal team. She later joined the District Attorney’s office before becoming a federal assistant public defender. Now she serves as a Superior Court Judge.

Their highly successful careers made hiring a nanny for their five children a non-decision. Adams said the nanny did her job almost too well.

He recalls how he accompanied his children to Chuck E. Cheese for the first time, with the nanny in tow. A staff member recognized the children and pulled one aside to ask who the stranger was.

The child had to explain that the stranger was his father.

“I told my wife if we ever got divorced, the nanny would get the kids,” Adams said, now with uproarious laughter. “We would be the ones who would have to ask for visitation.”

If he’s not arguing in court or embarrassing perfect strangers, then you can probably catch Adams working around the house. He has a private rose garden where he does all the gardening. The quiet time allows him to decompress from a long workweek and take his mind off cases.

Adams also likes to bake. His signature dish is a Hummingbird Cake, a traditional southern recipe heavy on banana and pineapple. Adams swells with pride and says everyone who has tried it raves about it.

If the baking and green thumb aren’t surprising, then his Friday evenings might be. He calls home games for the E.E. Smith High School football team.

He picked up the gig 15 years ago when his oldest daughter started school there. He was at a home game, when a school staff member asked if he’d like a turn in the booth. Being the natural talker that he is, he accepted. He’s been the team’s announcer ever since.

It’s an ironic situation, since Adams played football for the school when he was younger. But the word “played” could be used pretty loosely.

Most of his playing days were spent on the sidelines watching others get all the glory. He decided to quit the team during a particularly cold home game.

“I looked up in the stands and said: ‘Look at all those girls up there, and I’m down here freezing,’” Adams said before breaking out into laughter again.

He eventually took his talents inside, starring as a point guard for the school basketball team instead.

Looking back, Adams definitely got the last laugh over his football career. He has the best seat in the house every home game now. And he doesn’t even have to suit up.



MAKING HOUSE CALLS

Community Paramedic Program Keeps Patients Out of the Hospital

Cape Fear Valley Health has been dispatching EMS personnel out into the community to help patients. But it's not what you would think. These paramedics are actually trying to keep patients *out* of the hospital!

Cape Fear Valley's Community Paramedic Program was created to decrease readmission rates for heart failure, pneumonia and chronic obstructive pulmonary disease (COPD) patients.

These patients are often discharged from the hospital, only to be readmitted soon after. Readmission rates among older patients with such conditions are even higher. Studies show numerous readmissions can increase the risk of death.

:: by Ginny Deffendall

The Community Paramedics go to discharged patients' homes to provide routine checkups. They also provide on-the-spot medical care if needed.

"This is completely opposite of what 9-1-1 normally does," said Robyn McArdle, Community Paramedic Program Coordinator. "Everything we do is to prevent them from being readmitted."

She said that includes a thorough risk assessment, medication review, and even helping patients with their medications. Think of it as a modern day house call.

The paramedics also analyze the patient's "determinants of health." These are personal, social, economic and environmental factors that could influence a patient's health status.

“We check to see if their income is sufficient to meet their needs,” McArdle said. “Do they have access to food, transportation, medications? What are their barriers to health?”

McArdle said identifying barriers isn’t enough. Patients often need help solving their problems. This is where Cape Fear Valley Health Foundation has stepped in.

The Health Foundation has begun providing the Community Paramedics program with tools to help patients stay healthy. The tools include everything from shower chairs to help patients bathe themselves, to pillboxes so patients can comply with their daily medications.

“One patient I see regularly was *very* noncompliant for years,” said Brady Lawson, a program paramedic.

The patient was being seen for heart failure complications. Daily weight checks are vital for these types of patients, where gaining even three pounds can be serious.

The patient was given a scale provided by the Health Foundation so he can weigh himself every morning. He lost 20 pounds in the first month.

“That’s huge for a heart failure patient,” Lawson said. “Something as simple as a scale won’t make a big impact on the hospital budget. But for someone on a limited income, it can make a huge difference.”

Another problem Lawson sees frequently is patients not taking their medication properly. He gives patients pillboxes from the Health Foundation to help organize their weekly medications.

Lawson and his fellow paramedics first show patients how to properly sort their medications. The paramedics then watch their patients do it during their next visit. The goal is for patients to properly sort their own medication.

“We try to teach them so they can be independent,” Lawson said.

Another way Lawson and his program colleagues try to help patients is through perseverance – stubborn perseverance, if need be.

One of his patients had a mass removed from her lung, followed by a stint in a sub-acute rehabilitation center.

When she returned home after more than a month away, she was very weak. Lawson stopped by the patient’s home to check on her, but she wouldn’t answer the door. Exhaustion had made it difficult for her to get out of bed.

But Lawson refused to take no for an answer. He continued to knock until the patient answered the door. He was met by a woman in desperate need of help. She was unable to move around her home, let alone pick up any medications or groceries she needed.

With the help of the Foundation, Lawson purchased the medications she needed. He also rallied community members who built her a wheelchair ramp, made much-needed repairs around the house and provided her with emergency groceries.

The patient credits Lawson with saving her life and says she doesn’t know what she would have done without him.

Programs like the Community Paramedic program are pretty rare in the U.S. But they are growing in number because of the healthcare industry’s struggles with patient readmissions. The problem is especially problematic for safety net hospitals like Cape Fear Valley Medical Center.

These hospitals provide a disproportionate share of care to uninsured, underinsured and low-income patients.

Cape Fear Valley’s Community Paramedic Program was originally expected to aid approximately 250 patients a year. It has helped nearly 1,200 patients in less than two years instead.

“We average about 90 new patients a month,” McArdle said. “We couldn’t do it without the Foundation. They have been *exceptionally* generous in their support of the program.”

Supporting the Community Paramedic Program is one of many ways the Health Foundation helps Cape Fear Valley provide compassionate, quality healthcare to all of its patients – even after they’ve gone home.

For more information on how you can help the Community Paramedic Program, call Cape Fear Valley Health Foundation at (910) 615-1285.

Cape Fear Valley Health CARES about Harnett County



In 2014, the health system entered into a partnership with Harnett Health in order to expand services offered to the region. These are a few of the ways the partnership has impacted the community's access to healthcare.





HARNETT HEALTH

the numbers in 2015

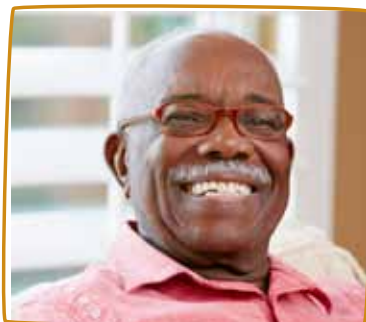
86,897

patients served

*meeting the
needs of our
community
is the core of
our mission*

55,270

patient visits to the
medical practices



604 births



6,303

patient visits to the
Cancer Center



51,703

patient visits to the
Emergency Department

*Betsy Johnson and
Central Harnett*



1,059

surgical procedures



*Our employees are
part of your community.
They're your friends.
They're your neighbors.*

733

employees

206

physicians

63

volunteers





CAPE FEAR VALLEY HEALTH : *NEW physicians*

ANESTHESIOLOGY

Scott Everett, D.O., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Cumberland Anesthesia Associates. Dr. Everett received his medical degree from West Virginia School of Osteopathic Medicine in Lewisburg, W. Va. He completed a residency in anesthesiology at Grandview Medical Center in Dayton, Ohio.

Alexander Vrable, D.O., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Cumberland Anesthesia Associates. Dr. Vrable received his medical degree from Lake Erie College of Osteopathic Medicine in Erie, Penn. He completed a residency in anesthesiology at Grandview Medical Center in Dayton, Ohio.

CARDIOLOGY



Obiora Anusionwu, M.D.

Obiora Anusionwu, M.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Valley Cardiology.

Dr. Anusionwu received his medical degree from University of Nigeria in Enugu, Nigeria. He completed a residency in internal medicine at Pinnacle Health Systems in Harrisburg, Penn. Dr. Anusionwu completed a fellowship in clinical and interventional cardiology at Drexel University/Hahnemann University

Hospital in Philadelphia, Penn. He is board certified in internal medicine, cardiology, nuclear cardiology and vascular ultrasound interpretation.

ENDOCRINOLOGY

Anju Gurung, M.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Cape Fear Valley Diabetes and Endocrine Center. Dr. Gurung received her medical degree from Manipal College of Medical Sciences in Pokhara, Nepal. She completed a residency in internal medicine at Interfaith Medical Center in Brooklyn, N.Y., and a fellowship in endocrinology at Southern Illinois University in Springfield, Ill. Dr. Gurung is board certified in internal medicine.

FAMILY MEDICINE



Tracy Bullard, M.D.

Tracy Bullard, M.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Three Rivers Medical Center. Dr. Bullard received her

medical degree from University of North Carolina in Chapel Hill. She completed a residency in family medicine at Duke/Southern Regional Area Health Education Center in Fayetteville. Dr. Bullard is board certified in family medicine.



Wesley Greenwood, M.D.

Wesley Greenwood, M.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Stedman Medical Care.

Dr. Greenwood received his

medical degree from Saba University in Saba, Netherlands-Antilles. He completed a residency in family medicine at Duke/Southern Regional Area Health Education Center in Fayetteville. Dr. Greenwood is board certified in family medicine.



Sharmin Sitafalwalla, D.O.

Sharmin Sitafalwalla, D.O., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Hoke Family Medicine Center. Dr.

Sitafalwalla received

her medical degree from New York College of Osteopathic Medicine in Old Westbury, N.Y. She completed a residency in family medicine at Duke/Southern Regional Area Health Education Center in Fayetteville. Dr. Sitafalwalla is board certified in family medicine.

GENERAL SURGERY



Thomas Harrell, D.O.

Thomas Harrell, M.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Ferncreek General Surgery. Dr. Harrell received his medical

degree from University of South Florida in Tampa, Fla. He completed a residency



Erik Wiglama, D.O.

in general surgery at SUNY Upstate Medical University in Syracuse, N.Y. Dr. Harrell is board certified in general surgery.

INTERNAL MEDICINE

Erik Wiglama, D.O., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Cape Fear Valley Internal Medicine. Dr. Wiglama received his medical degree from Lake Erie College of Osteopathic Medicine in Erie, Penn. He completed a residency in internal medicine at University of Connecticut in Farmington, Conn.

NEUROSURGERY

Daniela Alexandru-Abrams, M.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Cape Fear Valley Neurosurgery. Dr. Alexandru-Abrams received her medical degree from University of Iowa in Iowa City, Iowa. She completed a residency in neurosurgery at University of California Irvine Medical Center in Orange, Calif.

PEDIATRICS

Jasna Torrez, M.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Kidzcare Pediatrics in Hope Mills. Dr. Torrez received his medical degree from University of Belgrade in Belgrade, Serbia. He completed a residency in pediatrics at Kapiolani Medical Center for Women and Children in Honolulu, Hawaii and at Jersey Shore University Medical Center in Neptune, N.J.

PULMONARY MEDICINE

Kriti Lonial, M.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Cape Fear Valley Medical Group. Dr. Lonial received her medical degree from Lady Hardinge Medical College in New Delhi, India. She completed a residency in internal medicine at University of Connecticut School of Medicine in Farmington, Conn. Dr. Lonial completed a residency in pulmonary and critical care medicine at University of Southern California in Los Angeles, Calif. She is board certified in internal medicine and pulmonary medicine.

RADIOLOGY

Walson Metzger, M.D., Ph.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Valley Radiology. Dr. Metzger received his medical degree from Rutgers/New Jersey Medical School in Newark, N.J. He completed a residency in radiology at Cooper University Hospital in Camden, N.J., and a fellowship in musculoskeletal radiology at Duke University Hospital in Durham.

UROLOGY



Ifeanyichukwu Anusionwu, M.D.

Ifeanyichukwu Anusionwu, M.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Cape Fear Valley Urology. Dr. Anusionwu received her

medical degree from Washington University in St. Louis, Mo. She completed a residency in urology at Johns Hopkins Hospital in Baltimore, Md. Dr. Anusionwu is board certified in urology.



Derrick Burno, M.D.

Derrick Burno, M.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Cape Fear Valley Urology. Dr. Burno received his

medical degree from Temple University School of Medicine in Philadelphia, Penn. He completed a residency in urology at University of Medicine and Dentistry of New Jersey/Robert Wood Johnson University Hospital in New Brunswick, N.J. Dr. Burno is board certified in urology.

CAPE FEAR VALLEY HEALTH : **PHYSICIAN** *briefs*



Mary Joyce Gan, M.D.
Pediatric Endocrinology.

Mary Joyce Gan, M.D., received board certification in Pediatric Endocrinology by the American Board of Pediatrics. Dr. Gan practices at Cape Fear Valley



James Lester, D.O.

James Lester, D.O., received board certification in family medicine by the American Board of Family Medicine and American Osteopathic Board of Family Practice. Dr. Lester is on the teaching faculty of Southern Regional Area Health Education Center. He is Associate Director of Student Medical Education.

Radhakrishnan Ramaraj, M.D., has joined Champion Vascular Care at 721 Tilghman Drive, Suite 300 in Dunn. For an appointment, please call (910) 568-3529.



Vipul Savaliya, M.D.
please call (910) 729-6552.

Vipul Savaliya, M.D., has opened ID Care, P.A., at 1766 Metromedical Drive. Dr. Savaliya specializes in infectious disease. For an appointment, please call (910) 729-6552.



Bikramjit Grewal, M.D.

Bikramjit Grewal, M.D., received board certification in orthopedic surgery by the American Board of Orthopaedic Surgery. Dr. Grewal practices at Cape Fear Orthopedics.

Sanjay Shah, M.D., and **Lokesh Marigowda, M.D.**, have joined Cape Fear Valley Palliative Care, a new consultation service for providers.

Kidzcare Pediatrics received Business of the Year recognition from N.C. Small Business Technology Development Corporation for 2015-2016.

this is **MORE** *than a bag of* **BLOOD.**

This is a father being able to walk his daughter down the aisle.

This is a grandmother being able to kiss her first grandbaby.

This is a teenage girl being able to go to prom.

This is a child being able to laugh and play at the park.

give **LIFE.** *give* **MEMORIES.** *give* **BLOOD.**



CAPE FEAR VALLEY
BLOOD DONOR CENTER

SAVING LIVES *locally* : **910 615-LIFE**





Pay Your Bill Online

Patients wanting to save time and postage when paying their hospital bill now have a new option. Cape Fear Valley Health's new online ePayments service is ready to take payments. Users just go to www.capefearvalley.com/epayments and follow the simple instructions. Visa, MasterCard, Discover and American Express are accepted. Automatic bank drafts can also be set up for those wishing to make monthly payments. Enrollment in the ePayments service is not required to make a payment.

Most Wired

Cape Fear Valley Health was named to the Hospital & Health Networks® annual Most Wired Survey for the second year in a row. The list recognizes hospitals and health systems for excellence in Information Technology. Winners are benchmarked in four areas: infrastructure, business and administrative management, clinical quality and safety, and clinical integration.



Stay Connected Online

Did you know Cape Fear Valley Health has a Facebook page? Visit www.facebook.com/capefearvalley and give us a Like. Your Facebook timeline will then be automatically fed with all the latest news and events from Cape Fear Valley. Our Facebook page will also let you send us messages, tell us what you think and check out events coming to your area. So what are you waiting for? Like us today!

Find us on Facebook at facebook.com/capefearvalley



Breast Care Center Re-accredited

The Breast Care Center at Cape Fear Valley Health has been re-accredited by the National Accreditation Program for Breast Centers (NAPBC) through the American College of Surgeons. The accreditation is for three years. Cape Fear Valley's Breast Care Center was originally accredited in 2010 and again in 2013. The designation is given for providing the highest level of quality breast care, as determined by a rigorous evaluation and performance review.

Hoke EMS Wins Competition

A Hoke County EMS team placed first in the region during the North Carolina Office of Emergency Medical Service's preliminary EMS competition in July. The team included Stephanie Lunn, EMT-P, and Erick Flowers, EMT-P, and beat six other teams for the regional win. Dunn and Flowers will compete against four other regional teams for state honors in October.

Cape Fear Valley Receives Lactation Consultant Award

Cape Fear Valley Health has received an IBCLC Care Award for 2016. The award is from the International Board of Lactation Consultants Examiners and the International Lactation Consultant Association. It is bestowed for demonstrated excellence in staffing International Board Certified Lactation Consultants and conducting activities that promote, protect and support breastfeeding.

Please Pardon Our Construction

Cape Fear Valley Health is temporarily closing hallways and installing detours on Cape Fear Valley Medical Center's first floor for needed repairs and renovations. The work began in May and will continue through March 2017.

Construction crews are replacing flooring, wall coverings, ceilings and lighting. New terrazzo flooring will replace the old carpet and tile. Wallpaper will be replaced by neutral color paint.

New handrails and wall protection will increase patient safety and prevent damage from stretchers and beds transporting patients through the hallways. New lighting will brighten the corridors and save electricity.

The changes are designed to give Cape Fear Valley Medical Center an updated look and reduce maintenance and operational cost.

Long-term plans call for relocating more of the hospital's patient and visitor services to the front for easier access, similar to Hoke Hospital's layout. Service areas will be moved to the back.

Here is a timeline for construction:

November

The South Tower staff elevators located across from the cafeteria will be closed.

December

The Melrose Road hospital entrance will close, as well as a part of the hallway leading to Short Stay Surgery. Temporary access will be through an entrance near Cape Fear Valley ExpressCare.

January

The North Tower elevator lobby will close. Patients, staff and visitors will take the South Tower elevators to access the North Tower.

February through March

The back service hallway to the West Wing elevator will close.

We understand the construction will be inconvenient for everyone, but the results will greatly improve the facility's appearance and functionality.

Child Safety Seats Are Focus Of Governor's Highway Safety Program Event Held at Cape Fear Valley



The N.C. Governor's Highway Safety Program held a press conference at Cape Fear Valley Medical Center on Sept. 19 to commemorate Child Passenger Safety Week. Speakers included Governors' Highway Safety Program Director Don Nail, N.C. Department of Transportation Secretary Nick Tennyson, Fayetteville Police Chief Harold Medlock, Fayetteville Fire Department Deputy Chief Benjamin Major, Cape Fear Valley Health Trauma Program Manager Julie Leopard and Safe Kids NC Director Meg Langston.

"There is no single number – age, height, or weight – to determine the best option when choosing a car seat," Langston said. "What might make sense for one child may not be the best choice for another, even if they are the same age or size."

Every 33 seconds, one child under the age of 13 is involved in a car crash. Child safety seats reduce fatality risk by 71 percent for infants and 54 percent for toddlers.

Protecting children in crashes requires three important steps:

1. The restraint used must be the right type for the size and age of the child.
2. The child must be buckled correctly into the restraint according to the manufacturer's instructions.
3. The restraint must be correctly installed in the vehicle according to the child restraint and vehicle manufacturers' instructions.

Nearly 60 percent of child safety seats are not installed correctly. To learn how to properly install a car seat or booster seat, visit a Permanent Car Seat Checking Station. Locations can be found at www.buckleupnc.org.

Auxiliary Installs New Officers

Cape Fear Valley Volunteer Auxiliary installed new board members at its Fall Luncheon on Sept. 13. The board members were elected for two-year terms.



Patricia McClanahan,
President



Lola Cavalier,
President Elect



Jean Gilbert,
Vice President



Sharon Lowe-Lassiter,
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Family Fun Run

More than 170 families participated in Cape Fear Valley Kids with Diabetes Family Fun Run on Saturday, Sept. 19. In addition to the walk, participants played games, enjoyed face painting, had their pictures taken with Batman and Captain America and had an inside look at a firetruck and an ambulance. All funds raised help finance the Pediatric Diabetes Camp.

Next year's Family Fun Run will be held on Saturday, Sept. 16.

Diabetes Camp

Nearly 100 diabetic children attended this year's Cape Fear Valley Health Pediatric Diabetes Camp at Camp Dixie. Children participated in activities including canoeing, boating, go-carts, swimming in the lake and pool, hiking and much more. In between activities, children learned more about diabetes management and tried insulin pumps and sensors. The Fayetteville Community Lions Club provided vision screenings. Four children were identified as having vision problems. Referrals were made to an optometrist for further evaluation.

Next year's Pediatric Diabetes Camp will be held June 23-25 at Camp Rockfish.



when you need us... we're RIGHT HERE.



I live in Angier. About a year ago, Bobby, my youngest, fell on the golf cart and split his head open. I put him in the car and started off for Raleigh. I stopped at the end of the driveway and I thought, 'No, I can go to Central Harnett Hospital.'

It was pure reflex to start for Raleigh. That's where we've always had to go because we didn't have a hospital in Lillington. Going to Central Harnett Hospital was a good choice. We were in and home in less than two hours. The staff in the emergency department was awesome especially with a little kid who had never had stitches.

My kids are the most important things to me and knowing you have a place where they take good care of you makes all the difference.

— Joseph Jeffries

In partnership with Cape Fear Valley Health, Harnett Health has expanded professional medical services and improved access to our physicians. So now Harnett County residents can receive exceptional care close to home.

Residents now have more access to board certified physicians in Emergency Medicine, Radiology, Pathology, General Surgery,

Urology, Gynecology, Cardiology, Ophthalmology, Orthopedics, and Gastroenterology. Harnett Health is working to ensure you can find a family physician or a specialist of your liking when you need one.

The physicians and staff at all our locations are committed to providing quality care, compassionate service, and community support. When you need us... we're right here.


**CAPE FEAR VALLEY
HEALTH**

**CENTRAL HARNETT
HOSPITAL**

**BETSY JOHNSON
HOSPITAL**

www.harnetthealth.org



CAPE FEAR VALLEY HEALTH
umojafestival

August 27, 2016

Cape Fear Valley Holds Free Clinic and Health Fair

Cape Fear Valley Health held its annual Take Charge of Your Health free clinic and health fair at this year's Umoja Festival

Hundreds of participants were able to receive free screenings for cholesterol, blood pressure, glucose and blood typing. Free flu shots and HIV tests were also available.

Participants were able to discuss their screening results with onsite physicians, medical students and residents from Southeastern Regional Area Health Education Center.

Campbell University Medical School students were also on hand to provide osteopathic manipulation therapy (OMT). Miller-Motte College students helped check in and queue participants through screening stations.

A variety of Cape Fear Valley departments and local non-profits staffed educational exhibits and provided giveaways to those in attendance.





CAPE FEAR VALLEY HEALTH *in the* Community

COMMUNITY CLASSES

FOR EXPECTANT PARENTS

FAMILY BIRTH CENTER TOURS

Held every Tuesday at 5 p.m.

FREE! Fathers are encouraged to attend.

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

BREASTFEEDING CLASSES

This class covers all the basics, including practical solutions to common problems.

Nov. 2, 16 & 30

Dec. 14 & 28

6 – 7:30 p.m.

Cape Fear Valley Education Center
3418 Village Drive

FREE! Fathers are encouraged to attend.

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

SATURDAY ACCELERATED PREPARED CHILDBIRTH CLASSES

Learn all of the information of the three-week Prepared Childbirth class in one eight-hour day!

Saturday, Nov. 5

9 a.m. – 5 p.m.

Cape Fear Valley Education Center
3418 Village Drive

Cost is \$30 per couple.

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



CAPE FEAR VALLEY
BLOOD DONOR CENTER

MOBILE BLOOD DRIVES

FAYETTEVILLE

CUMBERLAND COUNTY HEADQUARTERS LIBRARY

300 Maiden Lane

Wednesday, Nov. 2, 7:30 – 10 a.m.

METHODIST UNIVERSITY

Berns Student Center

5400 Ramsey Street

Tuesday, Nov. 29, 10 a.m. – 4 p.m.

ON THE BORDER RESTAURANT

115 Glensford Dr.

Saturday, Dec. 3, 11:30 a.m. – 5:30 p.m.

VALLEY AUTO WORLD

3822 Sycamore Dairy Road

Tuesday, Dec. 20, 9 – 11 a.m.

RICK HENDRICK TOYOTA

1969 Skibo Road

Tuesday, Dec. 20, 1 – 3:30 p.m.



BLOOD DONOR CENTER HOURS

Monday – Friday

9 a.m. – 5 p.m.

3rd Saturday

9 a.m. – 3 p.m.

For more information, please
call (910) 615-5433 or visit
www.savingliveslocally.org



IN THE REGION

ZION HILL BAPTIST CHURCH

988 Rennert Road

Shannon

Saturday, Nov. 12, 8:30 a.m. – 1 p.m.

BEAVER DAM VOLUNTEER

FIRE DEPARTMENT

11042 N.C. Hwy. 210 South

Roseboro

Tuesday, Nov. 15, 3:15 – 7:45 p.m.

HOKE HOSPITAL

210 Medical Pavilion Drive

Raeford

Tues. Dec. 20, 8 a.m. – 1:30 p.m.

BLADEN COUNTY HOSPITAL

501 South Poplar Street

Elizabethtown

Thursday, Dec. 22, 12:30 – 4:30 p.m.

SUPPORT GROUPS

Look Good, Feel Better

Meets the third Monday of each month, 9 to 11 a.m., at Cape Fear Valley Cancer Treatment & CyberKnife Center and Cape Fear Valley Cancer Center at Health Pavilion North. Licensed cosmetologists help women with cancer learn how to apply make-up and style wigs or scarves to compensate for changes that cancer treatment may cause. [For more information, please call \(910\) 615-6791.](#)

Mended Hearts of Fayetteville

Meets the second Thursday of each month, 6 to 7:30 p.m., in the Cape Fear Valley Rehabilitation Center Auditorium, Room B. Patients with heart disease and heart failure, as well as their families, are invited to attend. [For more information, please call \(910\) 615-6580.](#)

Defibrillator Support Group

This support group meets quarterly, 6:30 to 8 p.m., in the Carolina Room of the Cape Fear Valley Education Center, 3418 Village Drive. Meetings for 2016 are Thursday, Jan. 14; Thursday, April 14; Thursday, July 14; and Thursday, Oct. 13. [For more information, please call \(910\) 615-8753.](#)

Scleroderma Support Group

Meets the third Saturday of each month, 10 a.m. to noon, in the Medical Arts Center, Room 106A, 101 Robeson St. [For more information, please call \(910\) 308-9792 or \(910\) 237-2390.](#)

Stroke Support Group

Meets the third Monday of each month, 3 to 4 p.m., in the Cape Fear Valley Rehabilitation Center Physical Therapy Gym. [For more information, please call Vicky Parker at \(910\) 615-6972.](#)

Spinal Cord Injury Support Group

Meets the first Monday of each month, 3 to 4 p.m., in the Cape Fear Valley Rehabilitation Center Patient Cafeteria. [For more information, please call \(910\) 615-4051 or \(910\) 615-6066.](#)

Alzheimer's Caregiver Support Group

Meets the third Tuesday of each month, 2 to 3 p.m., at Heritage Place, 325 North Cool Spring St. [For more information, please call Sam Hutchinson at \(910\) 615-1633.](#)

Arthritis Support Group

Meets the fourth Monday of each month, 7 to 8 p.m., in Cape Fear Valley Rehabilitation Center Auditorium, Room A. There will be no meetings in February, July or December. [For more information, please call Stacia Britton at \(910\) 615-4078.](#)

Bereavement Support Group

Meets the first and third Thursdays of each month, noon to 2 p.m., at Cape Fear Valley Hospice and Palliative Care, Bordeaux Professional Center, Suite 203, 1830 Owen Drive. [For more information, please call \(910\) 609-6710.](#)

Fayetteville Brain Injury Support Group

Meets the second Tuesday of each month, 6:30 to 7:30 p.m., in the Cape Fear Valley Rehabilitation Center Patient Dining Room. [For more information, please call Ellen Morales at \(910\) 486-1101.](#)



CAPE FEAR VALLEY
HEALTH SYSTEMSM

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