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# Correction

We regret that Mildred and Bud McLellan were misidentified in the Spring issue of Making Rounds

MAKING ROUNDS THE OFFICIAL MAGAZINE OF CAPE FEAR VALLEY HEALTH

MAKING ROUNDS is published by the Marketing & Outreach Department of Cape Fear Valley Health System.

Cape Fear Valley is a non-profit community-owned health system. Please direct all correspondence to: Marketing & Outreach Department Cape Fear Valley P.O. Box 2000

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www.capefearvalley.com



# **LETTER** from the **CEO**

Cape Fear Valley Health recently launched five new medical residency programs, making a big investment in the health of our community.

The programs officially started June 19 with 32 physician residents. Some were from nearby Campbell University in Buies Creek, while others were from as far away as Yakima, Wash. Many of them are married, some with children. They've already bought nearby homes, making them a real part of our community.

The 32 residents were chosen from among 837 applicants nationwide. With so many applicants, we could afford to be highly selective in our choices.

The residency programs will eventually train up to 300 residents a year and help generate \$30 million toward the local economy annually. The financial benefits will certainly prove worthwhile, but improving our community's health is our main concern.

Like many other parts of the country, our state is feeling the pinch from a national doctor shortage. North Carolina will need nearly 2,000 more primary care physicians by 2030, according to some estimates.

The shortage is especially severe in some medical specialties. A quarter of N.C. counties don't have a pediatrician, OB/GYN physician, psychiatrist or general surgeon. Having medical residency programs can help change that.

Studies show that residents often practice within 50 miles of where they train. For evidence of this, just look to the family practice residency program at Southern Regional Area Health Education Center (SR-AHEC). For decades these residents have trained at Cape Fear Valley Health and in the family medicine clinic at SR-AHEC. You'll find many of these graduates in practices large and small throughout the region.

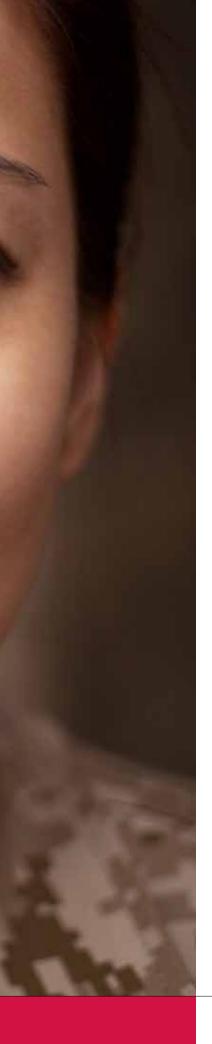
Our new medical residency programs will include internal medicine, general surgery, emergency medicine, obstetrics and gynecology, and transitional year residency students. Next year, we expect to add psychiatry and pediatric residencies.

The residency programs were created through a partnership with Campbell University's Jerry M. Wallace School of Osteopathic Medicine, which contributed seven residents to this year's inaugural class. The Buies Creek medical school's mission is to train doctors who ultimately practice in rural areas.

Only a select few health systems nationwide are capable of training physicians, physician assistants, nurse practitioners and other highly trained clinical experts. As Cape Fear Valley's CEO, I'm proud to say our health system is now one of them.

Mike Nagowski CEO, CAPE FEAR VALLEY HEALTH





The billionaire hedge fund manager and philanthropist has made it his mission to help former soldiers who return home still suffering from the silent wounds of war. He made the decision after talking with his son, a U.S. Marine, about what he could do to help veterans.

His son replied helping veterans recover from post-traumatic stress disorder (PTSD) and other problems from war would be a good start. The father agreed.

"It's not easy to serve your country in combat overseas and then come back into society seamlessly," Cohen said, "especially if you're suffering. These men and women have paid an incredible price, and it's important this country pays back that debt."

To keep that promise, Cohen has pledged \$275 million to open at least 25 mental health treatment facilities across the U.S. through the Cohen Veterans Network. The network's goal is to provide low- to no-cost mental health treatment to veterans and their families.

Clinic locations include, New York, Dallas, San Antonio and Philadelphia. The newest clinic is the Steven A. Cohen Military Family Clinic at Cape Fear Valley. As the name implies, the Fayetteville clinic is a joint partnership between the Cohen Veterans Network and Cape Fear Valley Health.

Fayetteville was chosen for a clinic for several reasons, including its large veteran population and close proximity to Fort Bragg, home to America's largest military base.

John Bigger is Cape Fear Valley's Director of Clinical Services. He said the health system was thoroughly vetted by the Cohen Veterans Network to ensure the partnership was a good fit. That included ensuring Cape Fear Valley's patient care vision was similar and its clinical expertise could contribute to the network's ongoing effort to improve mental health outcomes nationwide.

"We were the network's first hospital based-provider," Bigger said. "That allows us to offer the new Fayetteville clinic a wealth of hospital resources."

Located in the Tochari Center, at 3505 Village Drive, the short- to mediumterm outpatient treatment facility is just steps from Cape Fear Valley's Emergency Department and a city bus stop.

Patients can seek treatment for: anxiety, depression, post traumatic stress disorder (PTSD), anger issues, sleep problems, grief and loss, family issues, transition and adjustment challenges, relationship problems, substance abuse and children's behavioral problems.

It's an extensive list for good reason. North Carolina places 8th in the nation when it comes to veteran population.









The unique needs of children are addressed at the clinic. Children have their own waiting room, specially trained therapist and play therapy room.

# TREATMENT STRATEGY

Officials expect the new clinic to treat up to 600 people the first year. The primary target groups are veterans who are ineligible for VA care and veteran family members. Patients can expect to be screened within 24 hours and have their first appointment within one week of the screening.

Treatment programs will try to address the emotional, psychological and social wellbeing of patients. These factors often determine how well people relate to others, handle stress, and make daily choices.

Iill Palmer is Clinical Director for the Steven A. Cohen Military Family Clinic. She says good mental health leads to a number of things, including an easier transition from active duty to civilian life, finding a new job, creating a new daily routine and improved home life.

"It'll also help heal the invisible wounds of a nation at war," she said. "We'll provide high quality mental healthcare to ensure veterans and their families get the best start to their next adventure in life."

Services provided through the Steven A. Cohen Military Family Clinic are confidential. Treatment information is not shared with the U.S. Department of Veterans Affairs or other entities unless required by law.

# WHO IS ELIGIBLE?

Services are available to anyone who previously served in the U.S. Armed Forces, including the National Guard and Reserves, regardless of role while in uniform, combat experience, or discharge status.

The clinic gives priority to post-9/11 veterans. This group suffers from a higher rate of service-related disability, poverty, lack of health insurance and income disparity compared to older veterans. They also have a propensity to rely solely on VA care.

Ability to pay is not a prerequisite for treatment at the clinic. All veterans and their families are eligible for free or low-cost care from the clinic's staff of licensed clinicians, therapists, psychologists and social workers.



Jill Palmer CLINICAL DIRECTOR, THE STEVEN A. COHEN MILITARY FAMILY CLINIC AT CAPE FEAR VALLEY

Nearly 90 percent of the staff are either a veteran, a veteran's spouse, or child of a veteran, so they understand the unique challenges and problems military families face.

The clinic also has a mandate to treat veteran family members, who typically have fewer treatment resources available to them. Eligible parties include spouses, partners, children ages 3 and older, parents, siblings, caregivers and others living in the household.

John Freudenberg is the Cohen Clinic's Outreach Director. He said helping everyone is important because military families suffer from anxiety and depression at a much higher rate than civilian families. That stress eventually builds up, especially for the head of the household.

"Research shows that the more frequent and longer the deployments," Freudenberg said, "the higher the risk of a service member developing post-traumatic stress issues. Working with an experienced behavioral health specialist can help mitigate the effects for both the veteran and family member."

It's for that reason, the Cohen Clinic will reach out to veterans and their families in a number of ways, not just through treatment. In-house case managers are able to connect patients to support and referral groups to address unemployment, housing, finances, education and legal needs.

"When people call, our clinic will do everything it can to help," he said, "because it takes a tremendous amount of courage just to pick up the phone. We're here to help veterans and families get back to better."



3505 Village Drive, Fayetteville, NC 28304

(910) 615-3737

military.capefearvalley.com

www.cohenveteransnetwork.org

### HOURS:

Monday, Tuesday and Thursday, 8 a.m. to 7 p.m.

Wednesday and Friday, 8 a.m. to 2 p.m.

Saturday, 10 a.m. to 2 p.m.

# TREATMENT COSTS:

Free or low-cost, based on insurance and ability to pay

# **SERVICES OFFERED:**

Anxiety

Depression

Post Traumatic Stress Disorder

Anger

Sleep problems

Grief and loss

Family issues

Transition and adjustment challenges

Relationship problems

Substance abuse

Children's behavioral problems

# **Mental Illness**

HIMAN!

# The Numbers Behind A Hidden Disease

Mental Illness is a disease, just like heart disease or diabetes. It affects a person's thinking, emotions and behaviors. Despite the fact that millions of people are affected by mental illness, many don't talk about it. But mental illness is nothing to be ashamed of.



Approximately 1 in 5 adults in the U.S. experiences mental illness in a given year.



Among the 20.2 million adults in the U.S. who experienced a substance use disorder, 50.5% had a co-occurring mental illness.



Half of all chronic mental illness begins by age 14; three-quarters by age 24.

# 1 in 4

An estimated 26% OF HOMELESS ADULTS staying in shelters live with serious mental illness ...



... and ALMOST HALF live with severe mental illness and/or substance use disorders.



Approximately 20% OF STATE PRISONERS and 21% OF LOCAL IAIL PRISONERS have "a recent history" of a mental health condition.

70% OF YOUTH in juvenile justice systems have at least one mental health condition and at least 20% live with a serious mental illness.



# **ONLY 41% OF ADULTS**

in the U.S. with a mental health condition received mental health services in the past year.



Serious mental illness costs America \$193.2 billion in lost earnings per year.

Individuals living with serious mental illness face an increased risk of having chronic medical conditions. Adults in the U.S. living with serious mental illness die on average 25 years earlier than others, largely due to treatable medical conditions.

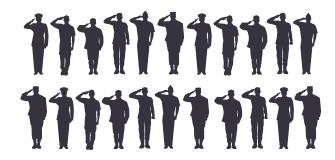


Mood disorders, including major depression, dysthymic disorder and bipolar disorder, are the third most common cause of hospitalization in the U.S. for both youth and adults ages 18-44.

Suicide is the 10<sup>th</sup> leading cause of death in the U.S., the 3<sup>rd</sup> leading cause of death for people ages 10-24 and the 2<sup>nd</sup> leading cause of death for people ages 15-24.



More than 90% of children who die by suicide have a mental health condition.



Each day an estimated 18-22 veterans die by suicide.

# There is help.

Mental illness is treatable. If you or someone you know suffers from mental illness, please call one of the numbers below for help.



3505 Village Drive Fayetteville, N.C. 28304 (910) 615-3737



1724 Roxie Avenue Fayetteville, N.C. 28304 (910) 615-3333

# **National Suicide Prevention Lifeline**

1-800-273-TALK (8255)





# Cape Fear Valley employees have a passion for healthcare, but some literally take it further than others.

Lucas Henry, Cape Fear Valley Occupation and Physical Therapy Supervisor, was vacationing in Belize in 2000, when he noticed a number of children in the countryside struggling with disabilities. The conditions included uneven bone growth, Down Syndrome, cerebral palsy and Marfan Syndrome, a genetic disorder that affects connective tissue and causes joint pain.

His concern turned to lament when he realized most of the children would never receive the medical attention they desperately needed.

"I said to myself: 'I can help those kids," said Henry.

So he took time out of his vacation to meet with Evan Cowo, director of CARE Belize, a community program dedicated to helping children with disabilities. They discussed the plight of the country's disadvantaged youth and the medical care they so desperately needed. When he returned home, Henry started Barnabas Bar Petra, Inc., a nonprofit to help treat children in need abroad.

For the next 14 years, Henry and volunteer teams of physicians, therapists, nutritionists and pharmacists conducted yearly medical missions to Belize to help treat that country's disadvantaged youth.

Their clinics not only provided free healthcare, but also hope, to the children and their families who could not otherwise afford medical care. The results of their work could literally be seen and heard through the smiles and laughter from their young patient's faces.

Henry recalls a particular young girl with cerebral palsy he met. He watched her grow over the years to go on and attend college, thanks to Barnabas Bar Petra's work.

"She's the first in her family to go," Henry said with a wide smile. "It's awe-inspiring."



# Fundamentally, I really consider it an extension of the hospital's mission to help those in need.

Christopher Aul, M.D.

Christopher Aul, M.D., is Associate Chief Medical Officer for Quality and Patient Safety at Cape Fear Valley Health. He's been going on similar mission trips to Haiti for nearly 20 years.

"To me, mission work is all about how you treat others," he said. "A lot of caregivers have a desire to help those in need. You can do it locally in your community, within your country, or internationally."

Dr. Aul started doing mission work in 1999 after his church, First Presbyterian Church in Fayetteville, joined a church in Richmond for a medical and construction mission trip to Haiti. Dr. Aul and First Presbyterian have been going back every year since.

Along the way, Dr. Aul began recruiting Cape Fear Valley colleagues and coworkers to accompany him. He says there's no better way to serve the community, even if the community is thousands of miles away.

"Fundamentally, I really consider it an extension of the hospital's mission to help those in need," he said. "It's all part and parcel of what we do every day."

Many of the illnesses Dr. Aul sees overseas are common in the U.S., including diabetes, hypertension, bronchitis





and asthma. Others are trademark diseases of developing countries, such as malaria, intestinal parasites, malnutrition and ulcers.

During a mission in 2010, he and his team had to work through a Cholera outbreak in the aftermath of Haiti's massive earthquake. The country is still trying to recover.

Chelsea Statler, an RN in Cape Fear Valley's Information Systems Technology Department, remembers her first trip to Haiti in 2016. She was there with other Cape Fear Valley employees working clinics in the ravaged country.

The group saw more than 1,700 patients, ranging from newborn babies to those in their 90s. Statler recalls her frustration while trying to treat an elderly patient who was dehydrated and suffering from pneumonia.

"We needed to get her to the hospital," Statler said, "but most of the hospitals were shut down because the country's healthcare workers were on strike."

She said Americans often take simple medical care for granted. But people in other countries can't afford that luxury. That makes medical missions all the more vital.

"They have to go without so much," Statler said. "We Americans can have bad things going on in our lives, but the hardships people face elsewhere really put things into perspective."

For Henry, medical mission trips aren't just about aiding others. He says trips give volunteers better insight into what's going on elsewhere in the world, while also providing good training for younger clinicians.

"They become excellent therapists," he said. "When they come back, they don't just see themselves as coming to work and providing services. They think of the client first.

"They develop a deeper appreciation for people. They become better employees. I see them, and they change completely in a week."

Dr. Aul agrees.

"I think anyone who does mission work will tell you: "I get far more out of it than I ever give," he said. "And that's true."



# It's not often someone's life is saved due to bronchitis, so Tom Dugan should consider himself pretty lucky.

The 64-year-old works at Goodyear and maintains an active lifestyle, but a recent bout of constant coughing forced him to go to an urgent care. He was initially treated for bronchitis. When medications didn't improve his symptoms, he returned to the urgent care. Doctors detected a heart murmur during routine testing and ordered follow-up tests with a cardiologist.

Dugan was shocked. He had always been so healthy he hadn't felt the need to get regular check-ups. However, he reluctantly agreed to follow-up with the cardiologist. An echocardiogram showed Dugan had severe aortic stenosis, so his cardiologist, Sylvester Ejeh, M.D., referred him to the Valve Clinic at Cape Fear Valley Heart & Vascular Center.

Additional testing, including cardiac catheterization, not only confirmed Dugan had aortic valve stenosis but also obstructive coronary artery disease. The combination meant Dugan would need valve surgery and coronary artery bypass graft surgery.

Heart valve disease like Dugan's can occur in any of the four heart valves, but the most commonly affected areas are the aortic and mitral valves. Sometimes they narrow (stenosis) or leak (regurgitation).

Stenosis is caused by calcium build-up on the valve or damage to the valve, hampering its ability to open or close properly. The stenosis does not allow the left ventricle to fully empty when the heart is pumping, so blood backs up causing the heart to enlarge. As a result, the heart has to pump harder to push blood out to the rest of the body.

Leaky valves can lead to blood seeping back through the valve after the heart pumps blood forward. This is better known as aortic regurgitation.



1638 Owen Drive, Fayetteville (910) 615-TAVR(8287)

www.capefearvalley.com/heart

### **PHYSICIANS**

Ali Husain, M.D. Robert Maughan, M.D. Gregory Keagy, D.O.

Symptoms of a failing heart valve include shortness of breath, light-headedness, angina, chest pain, pressure or tightness, fatigue, swelling in feet, legs or abdomen, heart palpitations and rapid or irregular heartbeat.

Dugan didn't experience any symptoms, but that's not unheard of. He only experienced a cough and breathlessness, which he attributed to bronchitis. Luckily, he discovered his abnormalities in time to receive surgical treatment.

"There's really no specific timeline for when a heart valve needs replacing because each patient is different," said Tonya Carter, NP-C. "In Mr. Dugan's case, without valve replacement surgery, continued obstruction of flow from his heart into the aorta out to the rest of the body would have caused sudden cardiac death."

Carter, a Nurse Practitioner, is the interim coordinator for Cape Fear Valley Heart & Vascular Center's new Valve Clinic. Opened in January, the clinic serves as a "one-stop shop" to help Cape Fear Valley better evaluate patients like Dugan who have structural heart disease.

Patients are seen by a team of professionals and can undergo extensive testing before a best course of treatment is decided. Sometimes it can be valve replacement, while other times it could be routine monitoring by a cardiologist.

Severe aortic stenosis is a serious problem in the U.S. According to the American Heart Association, people with symptoms have a 50 percent chance of dying within two years if they don't receive treatment.

Luck was on Dugan's side the day he went to the urgent care. By listening to his heart through a stethoscope, his doctor detected a heart murmur caused by a leaky valve. Carter says Dugan did the right thing by going to a cardiologist as recommended.

"The best way for patients to stay ahead of health problems, like heart valve disease," she said, "is with annual visits to a personal physician. Many symptoms of structural heart disease are misunderstood as normal signs of aging."

Something as simple as an untreated strep infection can lead to valve disease. Anyone with a known history of rheumatic fever as a child or a serious blood infection should be checked for heart valve disease.

One of the benefits of going to Cape Fear Valley's new Valve Clinic is streamlined care coordinated by Carter and her team. She joined the clinic when it opened and was previously a Cardiac Surgery Intensive Care Unit nurse.

Carter's job is to ensure all diagnostic testing is done and the proper team members review results before a patient's treatment plan is created. Having all parties, including physicians, collaborate before any surgery helps ensure the best outcomes for patients.

Ali Husain, M.D., Robert Maughan, M.D., and Gregory Keagy, D.O., are the cardiothoracic surgeons who work with the Valve Clinic. Dr. Husain met with Dugan during his initial Valve Clinic appointment. After reviewing all the tests, Dr. Husain determined Dugan needed surgery sooner rather than later. Dr. Husain performed Dugan's surgery less than a week after he was seen in the Valve Clinic.

Dugan didn't think twice about having it either. He had made a promise to his granddaughter that had to be kept.

"I do a lot of woodworking," said Duggan. "My granddaughter wanted me to make her some pieces to go along with her American Girl doll collection."

He ordered furniture plans online the week of surgery.

"Knowing I had those plans waiting for me was all the motivation I needed to get through this," said Dugan.



# UP AND AT 'EM

There's no rest for the weary when it comes to preventing ICU delirium



Rolando Blandin doesn't remember too much about his time in intensive care last year, which may be a good thing.

The 43-year-old suffered a major heart attack and subsequently died twice on an operating room table, before being revived by doctors. The most he can recall was how bad he felt before collapsing at work, then waking in Cape Fear Valley Medical Center a week later.

No one would have blamed him for staying in bed another day or two to regain his strength and bearing after his ordeal. But his doctors had other ideas.

They immediately sat him up to help shake out the cobwebs from his long slumber. The next day, they had him walking hospital corridors every few hours. Two months later, he was back at work.

"The doctors were amazed at my recovery," said Blandin, the kitchen manager at World of Beer in Fayetteville. "They originally gave me just a 20 to 30 percent chance of surviving, because I was so bad off."

It seems almost outlandish for an ICU patient to be walking around so soon after waking from medically induced coma.

But research suggests it can actually help patients in the long run. Now hospitals are testing that theory.

A nationwide quality improvement project called the ICU Liberation Campaign recently challenged critical care practitioners to decrease their reliance on sedatives and ventilators in favor of getting patients back on their feet as quickly as possible.

Launched in 2015, the two-year project was organized by the Society for Critical Care Medicine, a professional group of ICU physicians and practitioners. Just 77 hospitals nationwide were selected to participate, including prestigious medical centers such as Vanderbilt University, UNC Hospitals and Cleveland Clinic.

Esteban Mery-Fernandez, M.D., is an ICU intensivist. He said Cape Fear Valley was chosen to participate because of strong administration support and the hospital's willingness to try new treatment protocols.

"We did very well and are still doing well," Dr. Mery-Fernandez said. "We had some of the best bundled scores among East Coast hospitals in the test.

"The project is over now, but we're continuing to do the things we learned from sharing with the other hospitals."

Every day, the hospitals would score ICU patients for responsiveness and sedation levels. If patients were not sufficiently awake, the team would hold all sedatives until they woke up. They then optimized the dose and type of sedatives to keep the patient as awake and calm as possible. This allowed the patients to exercise their lungs and begin physical activity.

The goal was to get patients up and moving to decrease the risk of delirium, which essentially equates to brain dysfunction. ICU patients often experience the condition after coming out of a medically induced coma.

The strategy has been a hard sell to doctors in the past, because of the long-established practice of using heavy sedatives on ICU patients while they recover in bed. The practice does help keep traumatized patients alive, who would otherwise die. But heavy sedation has its drawbacks, including a longer stay on breathing machines and a higher incidence of delirium.

Studies show up to 80 percent of ICU patients on breathing ventilators suffer delirium during their hospital stay. And up to half of all ICU patients suffer post-traumatic stress disorder, similar to combat PTSD, once discharged from the hospital.

"Patients with delirium feel like things are happening to them that really aren't," said Claudette Fragueiro, RCP, RT, Respiratory Care Manager. "As respiratory therapists, we immediately begin thinking about when we can take patients off ventilators."

Inactivity and delirium are extremely detrimental because sufferers are less likely to survive. Those who do are more likely to suffer longterm cognitive damage, as well as muscle atrophy and weakness.

"These patients go home and they can't walk, let alone work or balance a checkbook," said Samuel Kimani, M.D. "So the purpose of the Liberation Campaign was to minimize those risks."

Dr. Kimani helped lead Cape Fear Valley Medical Center's participation in the project. He said none of the campaign's treatment strategies were really groundbreaking. The project focused more on teamwork and having everyone following the same treatment protocols.

Project instructors were chosen from different specialties on the ICU floor to train others on individual duties and overall goals. Lynn Bass, Pharm.D. was one of the instructors.

She was charged with better educating the ICU nurses she works with on various sedatives, their respective side effects, and the importance of weaning patients off heavy sedation as quickly as possible.

"The guidelines we were using have been out for a while," Bass said, "but the Liberation Campaign got everyone on the same page to get everything done correctly."

If anyone understands teamwork, it's Felicia McGarry, Patient Care Manager of Cape Fear Valley Medial Center's Medical, Surgical and Cardiac ICUs. She said everyone on her staff had a strategic role in helping make the project a success.

"It was definitely a collaborative effort," she said. "To see Rolando, and patients like him, get up and walk out of the hospital just days after cardiac arrest is amazing. If we didn't have these measures in place, the outcome could have been very different."

The Liberation Campaign is a bit different in that it encourages the patient's family members to also be a part of the treatment process. They can prop up their loved ones in bed or help them walk around, even if the patient is still using a ventilator.

The physical activity serves as a springboard for livelier exercise when the patient is discharged. The key, Dr. Kimani said, was to first get the patient out of bed.

"You can't walk a patient who's deeply asleep or comatose," he said, "so this project helps them to be more awake. Then they can exercise their lungs and get off the ventilator and not be confused from delirium anymore."

Dr. Kimani and Dr. Mery-Fernandez both point out how well the sped-up treatment strategy worked for chronic ICU patients. One example involved a morbidly obese patient who was constantly readmitted for pneumonia complications.

The patient would need an emergency tracheotomy to help him breathe every time he came back. Doctors changed things up a bit during his last admission. He was prescribed physical activity within the first 24 hours of readmission.

The decision worked. It helped him avoid another painful tracheotomy while also helping him come off the ventilator sooner.

"We were able to break the cycle," Dr. Mery-Fernandez said. "Humans just weren't meant to breathe lying down like that. We were designed to breathe standing upright."

Rolando Blandin agrees and is glad doctors ordered him out of bed.

"The staff was outstanding, every one of the ICU doctors and nurses up there," he said. "I wouldn't be here today without them and the work they did on me."



# The Big Spin

MRI technology just keeps getting better

:: by Donnie Byers

It's been 40 years since doctors performed the first Magnetic Resonance Imaging (MRI) scan on a patient. Little did they know how groundbreaking the moment would prove to be.

The powerful imaging technique has fundamentally changed the way doctors look inside the human body, providing detailed images of tissue and organs like never before.

MRIs can detect everything from brain and spinal cord injuries, to cancerous tumors and organ diseases. And it's done painlessly, without the need for surgery.

As with anything, there are drawbacks. MRI devices are loud, for one. They emit a mind-numbing drone that only gets louder as their high-speed magnets ramp up to speed.

MRI tests are also uncomfortable. Patients must lie perfectly still on a table inside the device's portal opening, or "donut hole," during testing. Some patients experience claustrophobia, which can lead to profuse sweating, nausea, dizziness and anxiety.

But a new breed of MRI scanners is dramatically improving patient comfort, thanks to wider portal openings and more powerful magnet technology. Cape Fear Valley recently purchased one of these newer devices, and it's drawing raves from patients and staff alike.

The new unit is a General Electric (GE) 450 wide-bore model that comes with a 70-centimeter portal opening. Older MRIs typically have a 60-centimeter or smaller portal. Casual observers won't notice the 10-centimeter difference, but patients inside will. And those patients can be much larger now.

The GE 450 can scan patients weighing up to 500 pounds, versus the 350-pound limit on older MRIs. That fact isn't lost on Chiekezi Ekechi, Cape Fear Valley's Corporate Director of Imaging Services. He says the new MRI not only works on more patients, but will also get them out the door faster.

"It has much faster scan times," Ekechi said. "And it'll provide better patient comfort, while making less noise, than the older

Introduced in 2012, the 450 is one of GE's best-selling MRI models. It's built at the company's MRI plant in Florence, S.C., which produces more than 1,000 MRI devices a year.

Scott Ramsey is a product specialist with GE Healthcare. He says it takes about a month to build each 450, due to all the technology that goes inside. But selling them isn't nearly as difficult.

"Its biggest selling point is the wider portal opening," Ramsey said. "It's also shorter, front to back, so patients will definitely feel less claustrophobic."

Cape Fear Valley officials toured the GE plant this spring and were able to see their newly finished 450 before it was shipped. The tour included insight on how meticulous the manufacturing process is.

Every MRI starts out the same; as a simple outer shell, before magnets, coils and electronics are bolted in by hand. Then they're tested in a simulated clinical environment, before quality control inspectors sign off on final delivery.

# "It'll definitely be an upgrade for everyone."

If a problem is found during any part of the production process, the MRI unit is sent back to restart the certification process. It's tedious, but build safety is critical due their highspeed rotating magnets.

Cape Fear Valley Medical Center received its new 450 in June. Ekechi said the new MRI was bought to replace the hospital's aging main unit. The old MRI was one of two that helps the hospital perform more than 450 tests a month.

Planners made major renovations to the old MRI housing area before installing the new 450. The work was needed to accommodate the device's upgraded computer servers and electronics.

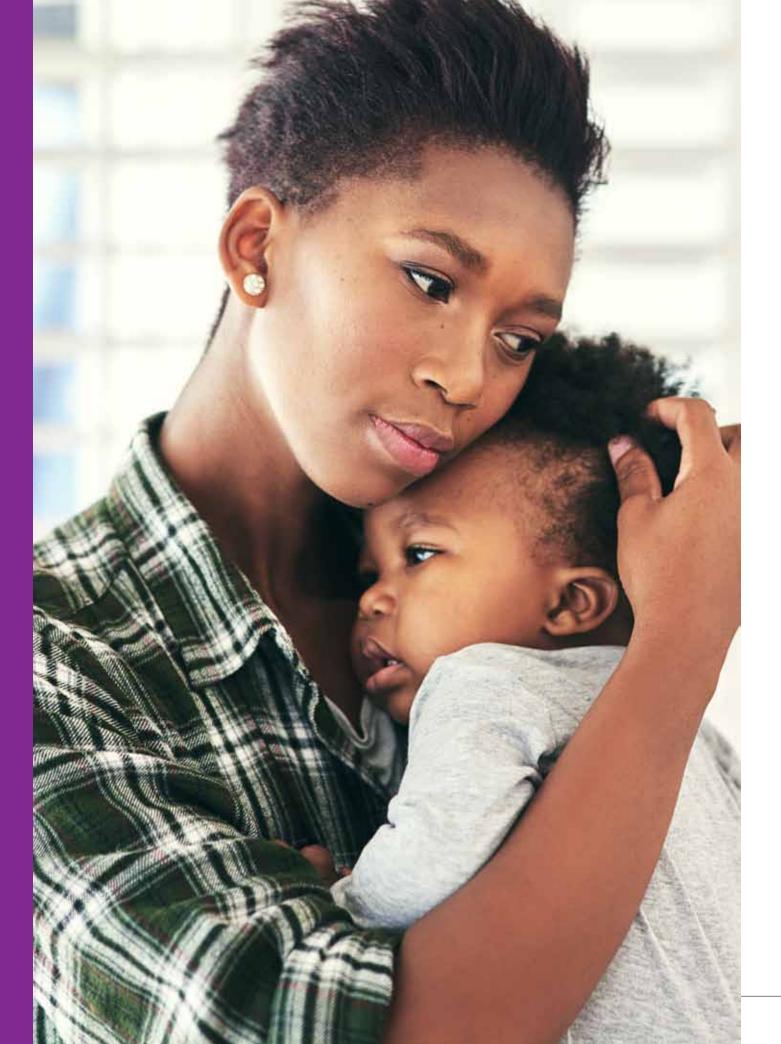
A new patient reception and meeting area was also built outside the main MRI room. The addition allows patients and their family members room to consult with doctors and medical staff before testing.

When the testing is done, patients will receive much sharper test results. It's due to the 450's higher density coils, faster spinning magnets and more powerful computing software.

Patients will also appreciate the device's ability to scan without the need for contrast dyes. Older MRIs sometimes require patients to be injected with dyes prior to testing to bump up image clarity. The dyes can cause reactions in patients, including nausea, vomiting, dizziness, fever and diarrhea.

All the 450's benefits and improvements not only make testing easier for patients, but also for Cape Fear Valley staff. And that has health system officials more than delighted about the new purchase.

"It'll definitely be an upgrade for everyone," Ekechi said.



# living with Sickle Cell

Sickle Cell Disease (SCD) can be a debilitating condition, but with a little education and effort, it can be well managed over a lifetime.

SCD is technically a group of blood disorders, which most commonly affects African Americans, but people of Greek, Italian, Caribbean, Asian and Indian ancestry can also be affected.

While the exact number of U.S. sufferers is unknown, the Centers for Disease Control and Prevention estimates the number to be upwards of 100,000. African Americans are affected at a rate of 1 out of every 500.

The painful disorders can lead to anemia, organ damage, infections, lung problems, bone damage and stroke. SCD strikes its victims by affecting hemoglobin in the blood. Hemoglobin is an iron-containing pigment of red blood cells that carries oxygen throughout the body.

"Hemoglobin should move easily," said Elazzoa McArthur, Director of Prevention Services at Community Health Interventions and Sickle Cell Agency, Inc. (CHISCA). "But those with SCD have hard, sticky and sickle-shaped blood cells. It makes it hard for them to flow through blood vessels, eventually getting stuck and blocking flow."

Parts of the body that don't receive enough oxygen can suffer damage. Painful episodes, called crises, can follow, as well as stroke and organ failure. Illness, temperature changes, high altitudes, stress and dehydration can trigger a crisis.

Sickle Cell Disease is passed down genetically. Nearly 1 in 12 African Americans have at least one copy of the gene. Those who inherit two copies of the gene have SCD.

People who inherit one sickle cell gene and a normal gene have what is called sickle cell trait (SCT). They can pass that trait on to their own children.

McArthur says the state has been screening for the gene since 1994. The tests can detect both SCD and Sickle Cell Trait (SCT) at birth. The results allow parents of newborns of either disorder to be counseled by professionals.

If one parent has SCT and the other does not, there is a 50 percent chance their child will be born with sickle cell trait, since each parent contributes one gene to offspring.

If both parents have SCT there is a 25 percent chance any of their children will end up having Sickle Cell Disease.

There is no known cure for Sickle Cell Disease, but blood transfusions can help treat symptoms. Antibiotics, pain management and intravenous fluids can also help ease complications.

Managing symptoms is a big part of living with SCD. That's why it's important to stay hydrated, avoid extreme cold or hot environments and to keep stress low.

Doctors often prescribe a drug called hydroxyurea for severe SCD sufferers. McArthur says the drug works by reducing the number of crises SCD patients experience.

SCD suffers can receive support for their condition through CHISCA, which has three offices in southeastern North Carolina. The Fayetteville office serves nearly 250 patients in Cumberland, Hoke, Harnett and Robeson counties.

CHISCA offers free SCD and SCT testing to the public. A support group for sufferers is also held each Thursday of the month, at 6 p.m. For more information, call (910) 488-6118.

:: by Ginny Deffendall

# CAPE FEAR VALLEY HEALTH: NEWS briefs







# Save Our Summer

More than 1,300 blood and platelet donors have contributed to the success of Cape Fear Valley Blood Donor's Save Our Summer campaign. Yet it is still not enough to meet demand.

Every month, the Blood Donor Center needs 1,100 volunteer donors to meet the transfusion needs of patients at Cape Fear Valley's eight hospitals. Volunteer blood donors are needed to have a safe, sufficient supply on hand for surgeries, therapy and emergencies.

The Blood Donor Center is asking area residents to please consider giving blood or hosting a blood drive to meet the community's needs. Two bloodmobiles regularly travel throughout Cumberland, Bladen, Harnett and Hoke counties.

For more information, or to make an appointment, call (910) 615-LIFE or visit www.savingliveslocally.org. Cape Fear Valley Blood Donor Center is located in the Bordeaux Shopping Center in Fayetteville, at 3357 Village Drive, Suite 150.

# Real Talk 2017

Hundreds of students and parents attended this year's Real Talk event at 71st High School in Fayetteville. The teen pregnancy forum discussed statistics, awareness and available resources for teens to stay healthy and make informative choices. Entertainment was provided by the E.E. Smith Teen Pep Team. More than 20 exhibitors were also in attendance.

# **American Heart Association** Mission: Lifeline Awards

Cumberland County EMS of Cape Fear Valley, Hoke County EMS and Cape Fear Valley Medical Center have received quality awards from the American Heart Association for implementing quality improvement measures to better treat severe heart attack patients.

Cape Fear Valley Medical Center has received the Mission: Lifeline STEMI Receiving Center Gold Plus Award. Hoke County EMS earned the Mission: Lifeline EMS Gold Award and Cumberland County EMS received the Mission: Lifeline EMS Gold Plus Award. The Gold Plus Award is the highest award possible.

More than 250,000 people suffer ST-elevated myocardial infarction (STEMI), which is the most deadly type of heart attack. It is caused by blockage of blood flow to the heart and must be promptly treated to prevent death.

Mission Lifeline's goal is to reduce barriers to prompt treatment, beginning with the 911 call and continuing through hospital treatment.

# Cape Fear Valley Wins Four Patient Care Quality Awards

Cape Fear Valley Medical Center has been awarded several 2017 Get With The Guidelines® Quality Achievement Awards from the American Heart Association and American Stroke Association.

The top award was the Stroke Gold Plus Quality Achievement Award with Target: Stroke<sup>SM</sup> Honor Roll Elite. It recognizes the hospitals' commitment to providing the most appropriate stroke treatment according to nationally recognized, research-based guidelines based on the latest scientific evidence.

The next highest honor was the Resuscitation Gold Quality Achievement Award. It recognizes the hospital's commitment to improve patient outcomes following in-hospital cardiac arrests for adult patients.

Cape Fear Valley Medical Center also won a Gold Quality Achievement Award for Heart Failure. The award recognizes hospitals that achieve at least two years of 85 percent or higher adherence to the program measures designed to improve the quality of patient care and outcomes.

The final award was a Silver Quality Achievement Award for Atrial Fibrillation. The award recognizes 12 consecutive months of 85 percent or higher compliance with program measures when treating Atrial Fibrillation patients.

# Umoja Festival 2017

Join Cape Fear Valley Health at this year's Umoja Festival Free Health Clinic for screenings and one-onone appointments with healthcare providers. The event is on Saturday, Aug. 26, from 10 a.m. to 2 p.m., at Smith Recreation Center at Seabrook Park in Fayetteville.

Cape Fear Valley will also offer a Mobile Health Clinic from noon to 4 p.m. Community Paramedics will provide screenings and general physical assessments in their mobile clinic outside Smith Recreation Center.

Screenings will be available for cholesterol, blood pressure, blood sugar and lung function. Attendees can discuss abnormal test results on the spot with care providers. For more information, visit www. capefearvalley.com.





# Pediatric Diabetes Camp

Cape Fear Valley Pediatric Endocrinology held its annual Pediatric Diabetes Camp at Rockfish Camp and Retreat Center from Friday, June 23, to Sunday, June 25. This year, 52 diabetic children and 27 volunteers gathered for a weekend of fun and education. Children attended group sessions on diabetes management, carb counting and insulin pumps and had the chance to interact with peers dealing with the same diabetic issues. When the children weren't learning, they were busy enjoying activities such as rock climbing, swimming, archery and arts and crafts.

Sixty percent of the attendees received financial aid to help cover the \$150 cost. Money used to pay for the camp and financial aid scholarships is raised through the Pediatric Diabetes Spring Ball held each April and a Family Fun Run held in the Fall. The upcoming Family Fun Run will be held on Saturday, Sept. 16, at the Medical Arts Center in downtown Fayetteville. For more information or to register, visit www.capefearvalley.com.

# CAPE FEAR VALLEY HEALTH: NEW physicians

# **Cardiac Electrophysiology**

Matthew Baker, M.D.

Cape Fear Cardiology Associates

Cardiac Electrophysiology: University of North Carolina, Chapel Hill, N.C.

Cardiology: Rhode Island Hospital, Providence, R.I.

Medical Degree: University of Pittsburgh, Pittsburgh, Penn.

**Board Certification:** Internal Medicine, Cardiology and Clinical Cardiac Electrophysiology

# **General Surgery**

Elizabeth Sawyer, M.D.

Village Surgical Associates

**General Surgery:** Tripler Army Medical Center, Honolulu, Hawaii

Medical Degree: Uniformed Services University of the Health Sciences,

Bethesda, Md.

**Board Certification:** General Surgery

# **Internal Medicine**

# Tracie Bellanger, M.D.

Cape Fear Valley Primary Care

# **Hospitalists**

Geethanjali Bandla, M.D.

Cape Fear Valley Hospitalist Group

**Internal Medicine:** Mercy Catholic Medical Center, Darby Penn.

Medical Degree: B.J. Medical College, University of Pune, Pune, India

**Board Certification:** Internal Medicine

# Saranya Buppajarntham, M.D.

Cape Fear Valley Hospitalist Group

**Internal Medicine:** Albert Einstein Medical Center, Philadelphia, Penn.

Medical Degree: Chulalonkorn University,

Bangkok, Thailand

**Board Certification:** Internal Medicine

# Chetan Kammari, M.D.

Cape Fear Valley Hospitalist Group

Internal Medicine: Detroit Medical Center/Wayne State University, Detroit, Mich.

Medical Degree: Osmania Medical College, Hyderabad, India

**Board Certification:** Internal Medicine

# Nikita Patil, M.D.

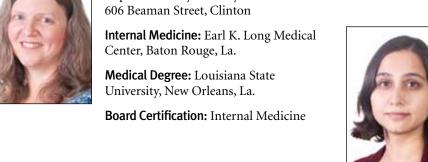
Cape Fear Valley Hospitalist Group

**Internal Medicine:** Georgetown University Hospital/Washington Hospital Center, Washington, D.C.

Medical Degree: Seth GS Medical College, Mumbai, India

**Board Certification:** Internal Medicine







Kingsley Pudota, M.D.

Cape Fear Valley Hospitalist Group

Internal Medicine: West Virginia University/ Charleston Area Medical Center, Charleston, W.Va.

Medical Degree: St. Petersburg State Medical

Academy, St. Petersburg, Russia

**Board Certification:** Internal Medicine

# **Obstetrics and Gynecology**

Cathleen Brown, D.O.

Women's Wellness Center

**Obstetrics & Gynecology:** Tripler Army Medical

Center, Honolulu, Hawai

Medical Degree: Philadelphia College of Osteopathic Medicine, Philadelphia, Penn.

**Board Certification:** Obstetrics and Gynecology



Catherine Jackson-Evans, M.D.

Cape Fear Valley OB/GYN

**Obstetrics & Gynecology:** SUNY Downstate Health Science Center/King's County Hospital, Brooklyn, N.Y.

Medical Degree: Albert Einstein College of

Medicine, Bronx, N.Y.

**Board Certification:** Obstetrics and Gynecology

# **Pediatric Emergency Medicine**

Peace Ibekwe, M.D.

Cape Fear Valley Pediatric Emergency Department

Pediatric Emergency Medicine: WakeMed/ University of North Carolina, Raleigh, N.C.

Pediatrics: Harlem Hospital, New York,

Medical Degree: Abia State University,

Uturu, Nigeria

**Board Certification:** Pediatrics

# John Tyo, D.O.

Biddeford, Maine

Cape Fear Valley Pediatric Emergency Department

**Pediatrics:** Children's Hospital of Buffalo, Buffalo, N.Y.

Medical Degree: University of New England College of Osteopathic Medicine,

**Board Certification:** Pediatrics



Manu Sharma, M.D.



Jason Minton, O.D.



Delores Johnson, M.D.



Wilfredo Rodriguez-Falcon, M.D.

Manu Sharma, M.D., has joined Cape Fear Valley Pediatric Care at 1262 Oliver St., Fayetteville. She is board certified in pediatrics. For an appointment, please call (910) 615-4801.

Cape Fear Valley Ophthalmology has opened an office at Health Pavilion North at 6387 Ramsey St., Suite 210, Fayetteville. The practice offers routine eye exams for glasses and contact lenses, diabetic eye exams and evaluation of glaucoma, cataracts, macular degeneration and other diseases of the eye. Optometrist Jason Minton, O.D., is the provider. For an appointment, please call (910) 615-3150.

Delores Johnson, M.D., and Wilfredo Rodriguez-Falcon, M.D., have opened Premier Women's Care, a new obstetrics and gynecology practice. The practice is located at 2135 Valleygate Drive, Suite 101, Fayetteville. For an appointment, please call (910) 429-5754.

# we're here for you...

Cape Fear Valley Health and Campbell University's Jerry M. Wallace School of Osteopathic Medicine have partnered to open the state's newest medical residency program. Based in Fayetteville, the program's goal is to train physicians to live in and work in rural communities in North Carolina. Some of the residents joined Cape Fear Valley at community events in Jacksonville, Wallace and Rutherfordton to provide free health screenings.



















# CAPE FEAR VALLEY HEALTH SUPPORT for the Community

# **Mended Hearts of Fayetteville**

Second Thursday of each month 6 - 7:30 p.m.

Cape Fear Valley Rehabilitation Center Auditorium, Room B.

(910) 615-6580

### **Defibrillator Support Group**

Meets quarterly, 6:30 - 8 p.m. Cape Fear Valley Education Center, Carolina Room, 3418 Village Drive (910) 615-8753

### Scleroderma Support Group

Third Saturday of each month 10 a.m. – noon Medical Arts Center, Room 106A, 101 Robeson St.

(910) 308-9792 or (910) 237-2390

# **Stroke Support Group**

Third Wednesday of each month 3 - 4 p.m.

Cape Fear Valley Rehabilitation Center Physical Therapy Gym

(910) 615-4344

# **Spinal Cord Injury Support Group**

First Monday of each month 3 - 4 p.m.

Cape Fear Valley Rehabilitation Center Patient Cafeteria

(910) 615-4051 or (910) 615-6066

# **Alzheimer's Caregiver Support Group**

Third Tuesday of each month 2 - 3 p.m.Heritage Place 325 North Cool Spring St. Sam Hutchinson at (910) 615-1633

# **Arthritis Support Group**

Fourth Monday of each month (except February, July and December) 7 - 8 p.m.

Cape Fear Valley Rehabilitation Center Auditorium, Room A

Stacia Britton at (910) 615-4078

# **Bereavement Support Group**

Call (910) 609-6710

First and third Thursdays Noon -2 p.m. Cape Fear Valley Hospice and Palliative Care 1830 Owen Drive, Suite 203



### **MOBILE BLOOD DRIVES**

### **FAYETTEVILLE**

# **FAYETTEILLE REGIONAL** ASSOCIATION OF REALTORS

**H&H Homes** 2919 Breezewood Avenue Wednesday, August 28, Noon – 5 p.m.

# STONEY POINT FIRE DEPARTMENT

7221 Stoney Point Road Thursday, August 31, 5 - 9 p.m.

# **METHODIST UNIVERSITY**

Berns Student Center 5400 Ramsey Street Tuesday, Sept. 5, 10 a.m. – 4 p.m.

# **FTCC - TONY RAND STUDENT** CENTER

2201 Hull Road Wednesday, Sept. 13, 9 a.m. – 3:30 p.m.

### IN THE REGION

# BEAVER DAM VOLUNTEER FIRE DEPT.

11042 NC Hwy. 210 South Roseboro

Tuesday, August 22, 3:15 – 7:45 p.m.

### **ROCKFISH CHURCH**

9949 Fayetteville Road Raeford

Wednesday, August 23, 4:30 - 8 p.m.

# LONG BRANCH BAPTIST CHURCH

2868 Minnie Hall Road Autrvville Tuesday, October 31, 4 - 8 p.m.



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





P.O BOX 2000 FAYETTEVILLE, NC 28302-2000

www.capefearvalley.com



# umojafestival Health Fair & Clinic







www.capefearvalley.com

Saturday, August 26

from 10 a.m. - 2 p.m.

Smith Recreation Center at Seabrook Park