

CAPE FEAR VALLEY HEALTH *and* WELLNESS MAGAZINE

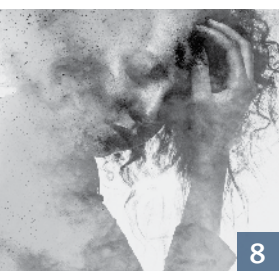
MAKING ROUNDS

WINTER 2017



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

Do you have a primary care physician? If you do, you're doing the best thing possible for your health. U.S. adults who have a primary care physician accumulate 33 percent lower health-related costs.

In areas of the country where there are more primary care providers per person, death rates for cancer, heart disease and stroke are lower. People are also less likely to require hospitalization.

When you have a relationship with a primary care provider, he or she makes sure you're up-to-date on immunizations, like flu and pneumonia vaccinations and tdap – tetanus, diphtheria and pertussis.

That's right, vaccines are not just for the very young. Adults need booster shots at various times throughout their lives. Your primary care provider can make sure you get them.

Your primary care provider will also screen you for chronic conditions like diabetes, high blood pressure and high cholesterol and remind you to get an annual mammogram or a colonoscopy when you turn 50.

Cape Fear Valley Health's vision is "In every way, improving the quality of every life we touch." One way we

do this is through our network of primary care practices – from Fayetteville to Raeford, and Elizabethtown to St. Pauls. And we're adding more.

We recently opened Cape Fear Valley Primary Care in Lumberton. Tracy Bullard, M.D., a graduate of Southeastern Regional Area Health Education Center's (SR-AHEC) family practice residency, is the primary care provider.

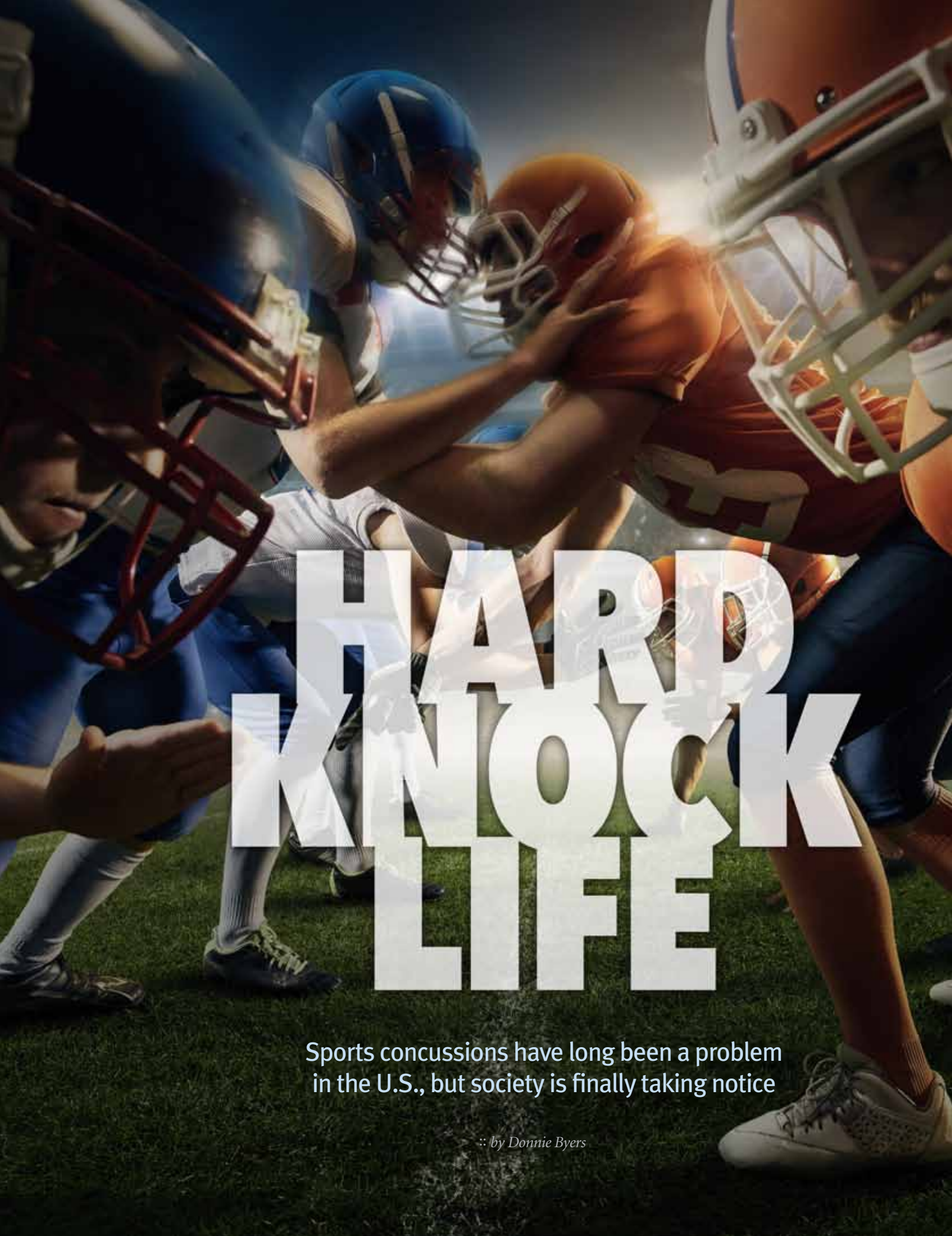
On February 1, we added two additional practices. Fayetteville Family Medical Center, the largest family practice in the area with 10 providers, joined the Cape Fear Valley family. The second is the internal medicine practice of Kusim Garg, M.D. Both practices remain at their same locations with no changes in hours, services, or phone numbers. In fact, patients won't notice much difference beyond the sign out front.

We've also added new primary care physicians at Stedman Medical Care, Cape Fear Valley Internal Medicine, Hoke Family Medical Center and Hoke Primary Care. More primary care physicians mean more opportunities for you to find a provider for your healthcare.

And that can translate into a longer, healthier life for you and a healthier community for us all.

Mike Nagowski

CEO, CAPE FEAR VALLEY HEALTH



HARD KNOCK LIFE

Sports concussions have long been a problem
in the U.S., but society is finally taking notice

∴ by Donnie Byers



Bryan Till hasn't stepped onto a football field as a player in ages, but he still remembers the last time he suffered a concussion – sort of.

It was during his senior year in high school while trying to tackle another player. The rest of the details are just a bit hazier, but that's how concussions work. A player can get hit so hard that the head snaps back, shaking the brain inside.

The brain is normally protected by fluid and surrounding membrane. But violent impacts can push the brain against the skull wall, leading to bruising, memory loss and other problems.

Back then, it was still common for coaches to tell players to shake it off and get back in the game. Luckily, those days are as distant today as Till's injury recollection. Increased awareness about sports concussions has made sure of it.

The issue became a mainstream topic of discussion two years ago after the movie *Concussion* hit theaters. The sports drama starred Will Smith as a doctor who took on the National Football League (NFL) and its attempt to suppress his research on concussions and their link to chronic traumatic encephalopathy (CTE).

The research showed players were suffering the brain degradation disorder at an alarming rate, due to multiple concussions during their career. The condition leads to a myriad of problems later in life. But as Till knows: players don't have to be paid professionals to suffer such problems.

"I didn't practice for a couple of days after having my concussion, but played the following week," he said.

"Knowing what we know now, I probably wouldn't have played that next game."

He always keeps that in mind, now that he roams the sidelines as head football coach at Terry Sanford High School. He knows concussions can happen at any given moment, and there's definitive guidelines in place to deal with them.

The North Carolina High School Athletic Association requires players to sit out until fully recovered from a concussion. This goes for all sports, not just football. It's a hardline stance that can irk players, coaches and fans alike, but it's for the players' own safety.

Till says injured players must follow a rigorous protocol to get back on the playing field, just like NFL and college athletes. A team's head coach, team trainer and a doctor must sign off on a printed checklist during each step of the recovery process. Fail any of the ordered steps and the protocol process starts over.

Players can't show any concussion symptoms to start. That includes headaches, dizziness, memory loss, fatigue, nausea, and light and noise sensitivity. When that stage is cleared, players can begin mild exercise. The first session is just 20 minutes.

The exercise gradually increases in time and intensity for the next few days before weightlifting is allowed. If all goes well, a player can be back on the practice field in a week.

Cumberland County high school athletes must go an extra step to get back onto the playing field. It involves passing a neurocognitive test on a computer. Their test results are compared to original baseline testing performed during the offseason. The comparison testing ensures athletes haven't suffered permanent brain injury or other neurological disorders.

The North Carolina High School Athletic Association requires any athlete suffering a concussion, regardless of thier sport, to sit out until fully recovered. Players must follow a rigorous protocol before returning.

Contact vs. Collision

There are contact sports and there are collision sports. Football, like hockey and lacrosse, is the latter. That means high-speed impacts are to be expected, as are injuries. But baseball, basketball and even cheerleading pose concussion risks. Blame it on human evolution and physics.

Today's athletes are just bigger, faster, stronger. This is perfectly illustrated every night on ESPN, where athletes often show feats of mind-boggling speed and skill.



Let the kids have fun, but always look out for their future and their brains. Neurons can't regenerate. Once the damage is done, it's done.

— Daniela Abrams, M.D., Cape Fear Valley Neurosurgery

Physics come into play when the athletes fall or collide. The bigger something is or the faster an object is moving, the greater the impact forces.

Soccer is often seen as a relatively safe sport, but studies show that isn't always the case. On average, soccer players suffer fewer concussions than football players, but the concussions are much more severe. Blame it on the lack of equipment.

Players wear nothing more than shin guards and cleats while running full speed before colliding with other players. Collisions with metal goal posts and kicks to the head can also happen. There's no protective headgear to help cushion blows like in football.

As a result, the U.S. Soccer Federation recently changed its rules to prohibit players under age 10 from "heading" the ball during games to lessen the chance of head injuries.

The NFL has followed suit and now recommends young children only play flag football. The league has also begun holding youth development camps to teach players and coaches the proper way to tackle. The goal is to decrease the helmet-to-helmet contact that often leads to serious head and neck injuries.



An estimated 1.6 to 3.8 million youths and high school athletes suffer a concussion each year. Some of them have more than one. Daniela Abrams, M.D., is a neurosurgeon with Cape Fear Valley Neurosurgery. She says multiple concussions pose a serious health risk to athletes of all ages.

"Every concussion is a mild traumatic brain injury," she said. "If you have a series of concussions, one right after the other, then the effect is multiplied. You just can't have that."

If it does, players can expect problems long after their playing days are over. The problems can include headaches that never go away, a persistent inability to concentrate and severe memory problems. Teens can experience increased anxiety and depression that can also lead to memory loss.

There are also major concussions to worry about. Players who get them can suffer brain swelling. These injuries require emergency treatment and overnight hospitalization. Brain scans and trauma neurosurgery may also be needed.

If the swelling continues, intracranial pressure develops. This can lead to permanent impairment or even death. It's a scary scenario for parents to think about, but it has to be considered when letting children play sports, especially hard-hitting ones.

Although she doesn't let her own kids play football, Dr. Abrams says youth sports are a good thing. Parents just have to weigh the risks involved.

"Let the kids have fun," she said, "but always look out for their future and their brains. Neurons can't regenerate. Once the damage is done, it's done."

A **CONCUSSION** is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth.



1 IN 5 high school athletes will sustain a sports concussion during the season

1.6 TO 3.8 MILLION

youths and high school athletes suffer a concussion each year

almost HALF A MILLION

kids are treated in an emergency department each year for traumatic brain injury, including concussions.

how many injuries go **UNDIAGNOSED?**



47% of all reported sports concussions occur during high school football



33% of all sports concussions happen *at practice*

90% of most diagnosed concussions *do not involve a loss of consciousness*



SIGNS & SYMPTOMS *of a concussion*



- ☐ Headache
- ☐ Dizziness
- ☐ Blurred Vision
- ☐ Difficulty Thinking Clearly
- ☐ Sensitivity to Noise & Light

TOP SPORTS AT RISK OF *receiving a concussion:*

football
ice hockey
soccer
lacrosse
wrestling
basketball



SHINING THE LIGHT *on winter blues*

:: by Lindsey Graham

Winter weather can lead to seasonal depression in some, but it doesn't have to become a year-round sentence.

First recognized in the 1980s, the condition is now considered a real disorder by mental health experts. And it can be debilitating.

Once known as Seasonal Affective Disorder, the condition affects up to 20 percent of the U.S. population in milder versions. However, six to eight percent suffers the kind of effects that make people want to curl up and hide.

The mood disorder is most often triggered when the outside temperatures change from warm to cold. As the days grow shorter, sufferers become homebodies or feel more lackadaisical. And saying "snap out of it" just doesn't work.

The good news is that seasonal depression is fairly normal, but it's often confused with simple winter blues. The difference between the two are the degrees of severity.

Mental health experts define seasonal depression as a depressive disorder. To be diagnosed, people must experience two consecutive years of depression during the same season and relief once the season changes. The depression must last three months or longer.

The condition leads to isolation and sleep and concentration problems. It can also cause carbohydrate cravings and weight gain. People who have a predisposition to depression or have bipolar disorder are more likely to suffer seasonal depression.

Sufferers also think differently than normal people. Many dwell on past events and see them as negative signs of things to come, according to John T. Bigger, Director of Clinical Services and a Licensed Professional Counselor at Cape Fear Valley Health.

“People ruminate on how bad things have been,” he said, “instead of how bright the future could be. The best thing for them to do is to seek help.”

Bigger says seasonal depression can lead to a host of other problems. They include decreasing work productivity, failure to form positive relationships and general retreat from daily activities.

People who think they may have the condition should see their primary care physician or go to the Community Mental Health Center at Cape Fear Valley.

The Fayetteville treatment facility is open to Cumberland County residents regardless of their ability to pay. Treatment plans can include medication management and psychiatric and psychotherapeutic assistance. All visits are confidential.

Patients receive screening tests to determine if they have simple winter blues, seasonal depression or another type of depression. If seasonal depression is diagnosed, psychiatrists and psychotherapists use a collaborative approach to help keep the patient’s condition from spiraling out of control.

Treatment usually lasts just three to six sessions. It includes solution-based therapy, focusing on coping skills and solutions. Cognitive behavioral therapy may also be administered.

This treatment strategy focuses on patient thoughts and behaviors, barriers that resist change, changing attitudes and improving reactions. Seeking social support, volunteering and staying busy are also good ways to prevent dwelling on negative thoughts.

Carolie Atherton is the Administrative Director of Clinical Services at Cape Fear Valley Behavioral Health Care. She says lifestyle changes can also help.



“Sleep hygiene is important,” she said. “Turn off your TV and cell phone at night, because they disturb sleep patterns.”

Atherton says people should also exercise, eat right and keep good hygiene to ward off seasonal depression. Most anti-depression medications take up to six weeks to take effect, so seasonal depression sufferers should be proactive about getting help.

Outpatient services for adults and children age 4 and older are available at the Community Mental Health Center. It is located at 711 Executive Place in Fayetteville.

“People ruminate on how bad things have been instead of how bright the future could be. The best thing for them to do is to seek help.”

For an appointment or more information, call (910) 615-3333. Walk-in appointments are welcome based on availability.

The Community Mental Health Center also has a Crisis Evaluation Service, located at 1724 Roxie Ave. It is open Monday through Friday, 8 a.m. to 10 p.m., and weekends, 8 a.m. to 5 p.m. No appointment is needed. Individuals in crisis are able to stay up to 23 hours while receiving treatment.



feeling fine

Sleeve gastrectomy was just the thing this former athlete needed to get back in the game



Losing weight is one thing. Keeping it off is always another, as Susan Dees can attest.

The Hope Mills mother of two had always struggled with her weight, despite being a standout athlete growing up and staying active over the years. Constant dieting didn't help either. Whatever she lost on the bathroom scale always came back, and then some.

Two years ago, Dees had enough of the yo-yo dieting and decided to undergo weight loss surgery.

"What pushed me over was having trouble with my knees," she said. "I'd always had problems with them because of sports, but the extra weight wasn't helping."

:: by Donnie Byers

Dees chose to have gastric sleeve surgery, also known as sleeve gastrectomy. It's still a relatively new bariatric procedure in the U.S but gaining popularity, due to its rapid ability to shed weight.

Recipients can expect to lose between 40 to 50 percent of their excess body fat within two years. Some patients have even lost half their body weight in less than 12 months. The surgery is minimally invasive and can be done in an hour under general anesthesia.

Dees didn't have to be sold on the surgery. She is Cape Fear Valley Medical Center's Chief Nursing Officer and regularly sees how it can make a dramatic impact on patients. A good working relationship with her surgeon and knowing Cape Fear Valley Medical Center is a nationally accredited center for bariatric surgery only bolstered her decision.

Looking back, Dees says gastric sleeve surgery changed her life. She lost 96 pounds within a year and looks like her old college self again. Walking is less of an ordeal too.

“I feel good,” she said, “very good.”

Such results have helped gastric sleeve surgery become the fastest growing weight loss surgery in the U.S. The procedure works by removing a large section of the stomach, along the greater curve. What’s left is a narrow tube-like canal or “sleeve” that holds just 15 percent of the original stomach capacity. Patients feel fuller with smaller meal portions as a result.

The stomach section responsible for producing the hormone Ghrelin is also removed. This hormone stimulates the brain into feeling hungry. So patients not only eat less, but also feel less hungry.

Another benefit is how the remaining stomach section continues to function normally. Patients can continue eating most of their favorite foods without suffering chronic stomach discomfort or “dumping syndrome.”

Other bariatric procedures have far more drawbacks. Although more popular, gastric bypass surgery requires the rearranging the entire digestive system. It also takes longer to perform, recover from, and can have more long-term complications.

Lap-Banding has been another popular bariatric procedure. It involves placing a silicone band around the upper portion of the stomach. This restricts food intake into the lower part of the stomach.

The procedure is reversible, unlike gastric sleeve and gastric bypass surgery. But the devices are still foreign objects left in the body. They can also slip, requiring routine adjustment at the doctor’s office.

James Classen, M.D., and Leo Davidson, M.D., are bariatric surgeons with Village Surgical Associates. They’ve been performing bariatric surgery since 2002 and say Lap Bands have fallen out of favor in recent years.

“We take out more Lap Bands than we put in now,” Dr. Classen said. “People who had them would still be hungry, the bands would slip out of place, or have other complications. Gastric sleeves are a much better procedure.”

Dr. Classen and Dr. Davidson, who perform the procedure as a team, started doing them just a few years ago. But the surgery is so in demand now that it makes up 40 percent of their bariatric surgery volume.



Ijeoma Ejeh, M.D., a bariatric surgeon with Ferncreek General Surgery, agrees that gastric sleeves are a better option than Lap Bands.

“The 10-year data isn’t quite there yet,” she said. “But what is out there so far, shows that weight loss is better than with the band. It’s also less complicated to perform than gastric bypass surgery.”

Dr. Ejeh has performed the surgery on patients ranging in age from 24 to 73 with good success, but doesn’t recommend it for teens. She said teenagers are better off going to comprehensive weight loss centers, which can offer a better support system.

Anyone considering gastric sleeve surgery should consult their doctor to see if it is right for them. Patients who have struggled with weight loss in the past and have a body mass index (BMI) of 35 or higher are usually good candidates.

As with any bariatric surgery, gastric sleeve surgery can have complications. They include stomach leaks, blood clots, infections, nausea, food aversion and stomach reflux.

Patients typically recover two days in the hospital and another two weeks at home. They will also need to continue to diet and exercise following surgery to achieve their weight loss objective.

People can learn more about gastric sleeve surgery and other weight loss options by calling Leisle Lynch at (910) 615-8373. Or they can attend monthly seminars held by Village Surgical Associates at Cape Fear Valley Education Center or seminars held by Dr. Ejeh at Ferncreek General Surgery.

The public can also join Cape Fear Valley’s new Facebook bariatric support group page. Just search Facebook using the keywords: “CFV Bariatric Surgery Support Group” and click Like.

Little Known But
Vastly Common

Acute Coronary Syndrome

is far too prevalent
to not be aware of

:: by Donnie Byers



Healthcare is filled with medical terms most people have never heard of. Acute coronary syndrome is probably one of them. But anyone who's ever had a heart attack was probably screened for the lesser-known condition.

Heart attacks and acute coronary syndrome go hand-in-hand, since acute coronary syndrome is an umbrella term. It describes the blockage of blood flow to the heart over time. If that sounds familiar, it's because heart attacks are a condition of acute coronary syndrome.

Whether a patient has heard of it or not, acute coronary syndrome is a medical emergency that requires prompt diagnosis and care. If the blood supply to the heart is greatly reduced or cut off for more than a few minutes, heart tissue begins to die. This is considered a heart attack.

Even if tissue death doesn't occur, heart function can still be altered, sometimes permanently. The clock is always ticking during heart episodes. Getting patients to a qualified treatment facility is vital.

People experiencing acute coronary syndrome typically have chest pain or pressure, shortness of breath and fatigue. They should call 911 and chew an aspirin tablet if suffering symptoms.

Actual treatment depends on the type of condition being suffered. Most treatments try to quickly increase blood flow back to the heart.

Rick Irving, MHS, PA-C, is the lead physician assistant with Cape Fear Valley's Emergency Department and Chest Pain Center. He says acute coronary syndrome covers three specific things: unstable angina, non ST-elevated AMI (silent heart attack), and ST-elevation acute myocardial infarction or STEMI (heart attack).

"If you're having a true heart attack," Irving said, "you go straight upstairs to our cardiac catheterization lab for intervention to help restore blood flow to the heart.

"But if you had pain, and it's gone by the time you arrive, and you have a normal EKG, then we'll place you in an observation unit to perform cardiac enzyme tests and serial EKGs every six hours. That should determine if your pain was related to acute coronary syndrome or not."

Patients identified as low-to-moderate risk for acute coronary syndrome and meet certain age requirements receive cardiac fast track service. It includes further evaluation and testing by an advanced practice provider team, consisting of certified physician assistants and nurse practitioners.

Moderate-risk patients are identified the moment they enter the Emergency Department. Once the patient is seen and determined not to have had a heart attack, fast track team members will bring them upstairs to Cape Fear Valley's Chest Pain Center for quicker evaluation.

On average, fast-track patients are treated and released within 24 hours. It used to average three days. The increase in efficiency is due to the fast-track team and its dedicated nurses, cardiologists, cardiovascular technicians, nuclear medicine technicians and echocardiogram personnel.

"Our goal is to get them out of the ED and up here," Irving said, "so we can provide the focused care they need."

Troubling numbers

More than 1.5 million people have a heart attack each year. About 400,000 to 500,000 of them die. Half of those deaths occur before the sufferer ever reaches a hospital. This places an emphasis on getting patients to a qualified treatment facility as soon as possible.

Cape Fear Valley Medical Center is an Accredited Chest Pain Center with PCI (percutaneous coronary intervention) through the Society of Cardiovascular Patient Care. The medical center is also certified for treatment of Acute Myocardial Infarction through The Joint Commission.

That may not mean much to the average hospital patient. But for heart patients, it could mean the difference between life and death.

"Being certified and accredited means we provide our patients with evidence-based care," said Sommer Royal-Smith, AMI Chest Pain Coordinator at Cape Fear Valley. "It's the standard of care across the nation, and we hold ourselves accountable as a best practice hospital to follow these standards."

The treatment guidelines are followed the moment a patient is seen by a first responder or physician. The goal is to minimize patient treatment times, due to the critical window from when a heart attack begins and when heart muscle starts to die.

The average heart patient arrives in an emergency department two hours after initial symptom onset. Patients always fare better if treated sooner. It's why Hoke Hospital worked toward getting Chest Pain Disease-Specific Care Certification.

The national accreditation validates Hoke Hospital's commitment to providing patients the fastest, most proven and state-of-the-art treatment for chest pain. Roxie Wells, M.D., President of Hoke and Bladen Healthcare, pushed for the certification.

"It's rare for a hospital as relatively young as ours to even apply for disease-specific care certification," she said, "but we want to ensure we're providing excellent care for all of our patients."

Hoke County has a disproportionately large number of heart patients, compared to the state average. Heart disease is also the leading cause of death in the county, according to a 2015 county health report.

The troubling combination spurred Hoke Hospital to start treating chest pain patients soon after opening, also in 2015. The decision means most chest pain patients can stay in-county for care and follow-up treatment. There will always be times when a dedicated PCI facility is necessary, however.

"Time is heart muscle," said Jan Mathews, Cape Fear Valley's Corporate Executive Director of Quality and Patient Safety. "If a patient at Hoke Hospital's Emergency Department needs further cardiac intervention, our transfer center provides a smooth transition to Cape Fear Valley Medical Center."

CAPE FEAR VALLEY MEDICAL CENTER *accreditations, certifications & distinctions*

Accredited Chest Pain Center with PCI
by the Society of Cardiovascular Patient Care

Disease Specific Certification in AMI
through The Joint Commission

AHA Mission Lifeline Gold Status
Performance Recognition in 2015 and 2016 for
Acute Myocardial Infarction and STEMI patients

AHA "Get with the Guidelines" Resuscitation
Gold Status 2016

Hoke Hospital Disease Specific Certification
for Chest Pain through The Joint Commission



A Growing PROBLEM

Cape Fear Valley and other health systems struggle to deal with the growing opioid epidemic in America

Anyone who has ever been to a doctor's office or Emergency Department has probably been asked to describe his or her pain level on a scale from 1 to 10.

Most patients answer honestly. But some would say 11 or higher if it guaranteed leaving with a painkiller prescription in hand. And that's become a major problem for hospitals and physicians.

In 2014, the U.S. experienced a record number of drug overdose fatalities. Roughly 60 percent involved opioids, a powerful class of painkillers that includes oxycodone, hydrocodone and methadone. Opioid abuse has become so prevalent that nearly 78 people die from overdoses every day.

It's not hard to trace the origins of America's burgeoning opioid problem. Prescriptions for the drugs have nearly quadrupled since 1999, despite no significant change in the pain levels reported by patients, according to a recent American Journal of Medicine study.

Not surprisingly, deaths from opioids have also quadrupled during the same period. So why do doctors keep prescribing opioids?

The answer is simple: they work extremely well.

Like heroin and morphine, opioids are derived from opium and have a similar ability to quickly mask pain. But continued use can lead to dependence.

Cape Fear Valley Health treated 481 opioid-related cases in 2010. That number steadily increased every year since and was up to 1,717 in 2015. The health system had treated nearly 1,900 by mid-November of last year.

John Bigger is the Corporate Director for Cape Fear Valley Behavioral Health Care and Sleep Center. He says people become addicted to the intense highs opioids can produce.

"It makes you feel like nothing is wrong in the world," he said, "and everything is good."

Bigger sees the opioid problem everyday at Cape Fear Valley's Roxie Center detox facility. He says breaking opioid addiction is extremely tough. People going through withdrawal not only have to deal with cravings, cramps and muscle aches, but also the original pain they were prescribed opioids for.

"Some people become so reliant on the drugs that they can't psychologically deal with the pain," Bigger said.

This inability to cope has led to a troublesome trend nationwide called "doctor shopping." People will go to as many doctors as possible, for real problems or imaginary, just to obtain painkiller prescriptions.

A patient may visit dozens of physicians and receive just as many prescriptions. But doctor shopping to obtain prescription medication can lead to jail time. It can also result in death, due to mixing so many drugs.

Doctors have unintentionally contributed to the doctor-shopping problem, because they try to help patients in genuine pain. But the healthcare field is finally beginning to address the dilemma.

Cape Fear Valley recently held seminars to better educate physicians on when pain medication prescriptions are appropriate. Physicians also have a new state-run database at their disposal.

The online database helps track habitual painkiller seekers. Patients caught doctor shopping can be flagged in the system to let other doctors and pharmacists know.

Cape Fear Valley practices also use new urine sample cups that detect certain drugs. Doctors instantly know if a new prescription is appropriate.

Patients already on long-term opioid medication will see changes too. They must sign a contract promising not to doctor shop and allow for random drug testing. This helps prevent patients from falling into patterns of abuse.

"Part of treating a patient," Roxie Wells, M.D., said, "is to decrease the likelihood of developing opioid dependence or addiction.

"We can help physicians do that by sharing knowledge about the appropriateness of using contracts, urine drug screens and databases. It all provides additional sources of objective information while treating patients."

Dr. Wells is President of Bladen Health and Hoke Healthcare. She helped implement Cape Fear Valley's new opioid drug policy after initially helping create it for Bladen County Hospital and Bladen Health clinics. Several Bladen County practices were seeing a surge in patients seeking painkillers.

Doctor shopping is just as problematic in Cumberland County. Cape Fear Valley now works with local officials and law enforcement through the Cumberland County Opioid Abuse and Awareness Task force to fight the problem.

Over several meetings, the task force has agreed to launch a public awareness campaign about the dangers of opioids, identify local treatment options for addicts, and create a new law enforcement diversion program.

The program allows law enforcement officers to take people arrested for opioid possession to drug treatment instead of jail. The Roxie Center is one of the treatment drop-off points.

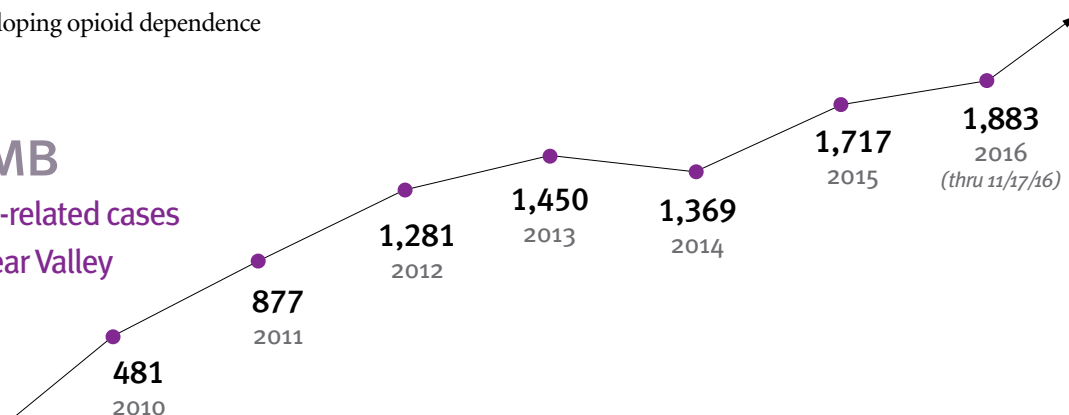
Bigger says the diversion program is modeled after similar operations in San Antonio, Texas, and Seattle, Wash. Seattle's diversion program treats 300 people a year, with another 150 on waiting lists at any given time.

Fayetteville's diversion program isn't nearly as busy, but Bigger worries it may be someday. It's why the Roxie Center provides discharged patients with ongoing substance abuse counseling options. They include classes to learn coping skills and alternative therapies to help patients deal with the inevitable urge to start taking opioids again.

"There's no such thing as a blanket treatment option," Bigger said. "A patient's success depends on all the treatment options available to them. Not just one."

STEADY CLIMB

The number of opioid-related cases being seen at Cape Fear Valley continues to grow.



pain killers

Are you taking medication safely?

According to the Centers for Disease Control (CDC), every 19 minutes someone dies from an accidental opioid overdose.

Opioids, better known as prescription painkillers, are among the most widely prescribed drugs in the United States. Drugs such as morphine, oxycodone (Oxycontin, Percocet and Percodan) and hydrocodone (Vicodin) are prescribed for back pain, headaches, fibromyalgia and other painful conditions.

Opioids can change the way a person experiences pain. Studies show that chronic use can actually increase the brain's pain perception.

Further, patients who initially found pain relief from opioid use can build up a tolerance to the medication's effects. This can cause patients to increase dosage – often to dangerously high levels – in order to maintain some form of pain relief.



:: by Ginny Deffendall

Jameeka Bridgeman, Pharm.D, is a pharmacist at Hoke Hospital. She warns that painkillers can be dangerous because of side effects that many are not even aware of.

“Certain pain medications can decrease your breathing rate,” Bridgeman said. “This can lead to respiratory arrest and can be fatal.”

Bridgeman says even if people feel extreme pain, it is important to stick to the prescribed dosage.

“It’s very easy to take too much,” said Bridgeman. “And there are side effects that can wreak havoc on your whole system. Painkillers can be dangerous to liver and kidneys, so it’s very important to stay on the schedule your physician prescribes so you don’t go over the max limit for the day.”

Opioids are designed to be used for a short period of time. When used for acute pain, physicians should prescribe the lowest effective dose of immediate-release opioids. For severe pain, three days worth of pills are often enough. More than seven days worth of medication is rarely needed.

Even over-the-counter (OTC) pain medications can be harmful when misused. There are two main types of OTC pain medications: acetaminophen (Tylenol) and non-steroidal anti-inflammatory drugs, or NSAIDs.

Aspirin, naproxen and ibuprofen are common NSAIDs on the market. Taking too many NSAIDs can cause stomach bleeding and kidney damage.

More than 50 million Americans use acetaminophen each week. It is found in more than 600 prescription and OTC medications, including allergy pills, cough syrups, headache pills and sleep aids.

Taking a higher dose of acetaminophen can lead to liver damage, especially among those who drink three or more alcoholic beverages per day. This liver damage can be dangerous and lead to death.

To avoid accidental acetaminophen overdose, patients should tell their pharmacist about any over-the-counter medications they may be taking.

“A lot of medicines have similar ingredients in them,” said Bridgeman. “Some prescription medications have acetaminophen in them. So if you take them along with Tylenol, you’re putting your liver at risk for failure.”

Even at the recommended dose, acetaminophen should not be taken for more than 10 days for pain and three days for fever.

Here are some basic tips on how to take prescription and OTC medication safely:

Do not change the dose of prescribed pain medication without talking to your doctor.

Avoid taking multiple medications with the same active ingredient. For example, headache and cough medicine often both contain acetaminophen.

Disclose any history of substance abuse to doctors.

Follow medication directions carefully. If the prescription bottle says, “Take two pills every 4 to 6 hours,” do not take more than 8 pills in one day.

Do not crush or break pills. This can alter the rate at which the medication is absorbed and lead to overdose and death.

Avoid interactions. Don’t take opioids with alcohol, antihistamines, barbiturates or benzodiazepines. All of these substances slow breathing and their combined effects could lead to life-threatening respiratory depression.

Patients often think they know their pain better than their physician. But there usually isn’t a “quick fix” to pain management.

Physicians are the best judge of what to prescribe and at what dosages. It could mean the difference between life and death.



No Time For Golf

This Cape Fear Valley trustee stays on the run, and that's the way she likes it

It's funny how life works out sometimes.

Murtis Worth really wasn't sure what she wanted to be when she grew up. She thought she'd like teaching, so she majored in elementary education in college. But the Fayetteville native quickly realized a new career choice was in order after trying some student teaching.

Worth chose nursing instead. She liked the idea of being able to care for people, while still being able to teach others at some point. The field also changes constantly and offered lots of learning opportunities.

Her new career choice seemed like a good fit at first. She steadily rose up the nursing ranks at Cape Fear Valley Medical Center, eventually becoming Emergency Department manager.

But a funny thing happened on the way up the corporate ladder: Worth and her husband, Walker, decided to have another baby. It wasn't an easy decision, especially for the wife. Being a manager involves long hours and late nights at the office.

Worth went on to become the Emergency Department's interim director. But by then, she knew she was staring down a rabbit hole filled with even more meetings and paperwork. All she wanted to do was spend more time caring for patients at the bedside.

"I was just doing way more administrative things," she said. "It wasn't something I wanted to do for the next 20 years."

A transfer to another department felt more rewarding, but the new job still lacked the patient interaction Worth was hoping for. She later had her son, Walker, IV, and took maternity leave for three months.

During that time, she applied for a teaching position with Fayetteville Technical Community College's nursing program. It's the same program she graduated from years before.

Worth landed the job and realized teaching really was her calling.

“It was always my favorite part of nursing,” she said, “whether it was teaching new hires or new nurses on the floor.”

Her reintroduction to the classroom inspired her to go back to school. She completed her master’s degree in 2011 and promptly rejoined Cape Fear Valley as a part-time nurse, while still teaching at the community college.

Two years later, she was hired as a full-time nursing instructor at Fayetteville State University, where she still works today. Her new job is a dream come true. She can teach in the classroom, organize clinical rotations and work hands-on with students on hospital floors.

Some teachers are extremely vocal and animated. Worth is a bit more subdued and demure. She gives students pointers only when needed. She prefers to sit back and let them learn through first-hand experience. It’s the motherly instinct in her, having already raised two children and now raising a third.

Asked if either of her older children are nurses, Worth just chuckles and says “No.”

For the record, her oldest son, Jack, is a 25-year-old business professional. Her daughter, Rebecca, 24, is a certified public accountant and is about to get married.

Walker, IV, is just 8 and obviously too young for a career. His job is to go to school, play sports, and just be an all-around kid. He plays baseball but loves golf, like his older brother and father.

Asked if she plays too, Worth again laughs and says “No.”

“I just don’t have three hours to chase around a little white ball,” she said. “It’s just not my thing.”

She’s got other things on her mind, like helping plan her daughter’s wedding and finishing her doctorate in Nursing. Her classes are just one day a week, but they are all day in Greensboro. So if she isn’t in a classroom, then she’s probably driving to or from one.

Worth isn’t complaining. She genuinely loves her life right now. What she does shake her head at are all the classes that she’s had to take recently. They include philosophy, theory, statistics and number analytics. The classes were meant to prepare her for her dissertation paper on “Triage decision-making in the Emergency Department.”



“teaching was always my favorite part of nursing”

Unbelievably, Worth still finds time for hobbies. She likes to write as long as it’s not a class paper. She also enjoys spending time at the beach with her family. And she recently started working with a personal trainer to improve her health and better deal with daily stress.

But her favorite distraction right now is probably just watching her son play sports. It gets her out of the house and her mind off work, if only for a few short hours. And it certainly beats chasing around a little white ball all day, at least for this nurse educator.



A GOOD INVESTMENT

How new rehab therapy equipment silently watches over patients



:: by Donnie Byers

Love it or hate it, technology is pretty much everywhere nowadays. And for Bob Kugelmann, that's OK.

The 83-year-old Fayetteville retiree can honestly say technology helped save his life earlier this year after unknowingly suffering a heart episode.

The former airman and college professor was exercising in a cardiac rehabilitation class at Cape Fear Valley Rehabilitation Center, when a staffer suddenly told him to stop. Seconds later, he was surrounded by the entire staff and peppered with questions about pain or breathing problems.

Puzzled, the soft-spoken Kugelmann said he felt fine. But data from a wireless heart monitor he was wearing showed otherwise. Tests later revealed he was suffering from Atrial Fibrillation, or irregular heartbeat. It's caused by errant heartbeat signal, which makes the heart beat too fast, too slow or inconsistently.

In Kugelmann's case it was too fast, way too fast. He was eventually diagnosed with Supraventricular Tachycardia, a condition in which the heart goes into overdrive and can't come back down like it should. It can be fatal if left untreated. Kugelmann required a pacemaker to fix his condition.

"They saved my life," he said of the staff. "I'm glad I was wearing the monitor at the time."

Had he known, the grateful patient would have probably thanked Cape Fear Valley's Health Foundation too. The health systems' philanthropic arm raised more than \$60,000 to help pay for the wireless monitors used by Cape Fear Valley's Cardiac and Pulmonary Rehabilitation program.



Staff members use the portable devices to silently monitor a wearer's progress from nearby computer stations. It's the only cardiac rehab program in the area to use such technology.

The rehab program tried to purchase the monitors a few years ago, but didn't have the budget. So the Health Foundation stepped in with money from its Greatest Need Fund. The fund was established to provide critical new programs, essential equipment and patient comforts that might not otherwise be funded by the health system.

"Undesignated gifts to the Foundation became part of the Greatest Need Fund," said Melanie Erwin, the Health Foundation's Major Gifts Officer, "and allow our board to put those gifts to work where they will have the greatest impact for our patients."

In years past, the Greatest Need Fund has helped pay for everything from surgical ultrasound machines and aquatic therapy equipment, to comfort, nutritional and hygiene items for families with a dying loved one in intensive care. Funded projects don't have to be large or overly expensive either.

The Greatest Need Fund recently helped buy a \$4,500 device that helps physical therapy patients stand back on their feet. Located at Highsmith-Rainey Specialty Hospital, the device is essential to improving mobility for long-term patients.

Another thoughtful purchase was a blanket warmer used in the Advanced Endoscopy procedure room at Cape Fear Valley Medical Center's Gastrointestinal Lab. The stainless steel, refrigerator-sized device cost \$7,000 and does just one

thing: heat linens and blankets for use on patients coming out of surgery.

Warming blankets may sound like a luxury, but hospital operating rooms can be pretty cold places. It's to discourage bacterial growth and to keep surgeons and nursing staff comfortable while they work.

Waking to such a temperature extreme can be a shock. A warm and cozy blanket can help take the edge off while patients shake off anesthesia.

"Anyone who's ever had a procedure done probably remembers waking to a warm blanket," said Debra Egan, RN, BSN, CPAN, CAPA. "We place them on patients as a comfort measure."

Something so simple, yet effective, makes a real difference to patients every day at Cape Fear Valley. And the blanket warmer would never have been purchased had it not been for the Greatest Need Fund.

And soon, there will be even more reason to give.

“the GREATEST NEED FUND allows our board to put those gifts to work where they will have the greatest impact for our patients”

The Health Foundation plans to create plaques bearing donor names as a way to say "Thank You" for their generosity. Each plaque will be inscribed with a message of hope and healing for patients or serve to honor donor friends or family members.

The plaques will make their way onto the walls of a new observation unit at Cape Fear Valley Medical Center. The 28-bed unit is on the first floor of Valley Pavilion, right above the hospital's Emergency Department.

Recently completed, the new unit provides an additional 17,500 square feet of space for patients and staff. It will also provide ample opportunity to recognize foundation donors making a difference with their gifts to the Greatest Need Fund, one plaque at a time.

To donate or learn how you can Make a Difference through the Greatest Need campaign, visit www.cfvfoundation.org or call Melanie Erwin at (910) 615-1327.

CAPE FEAR VALLEY HEALTH : *NEWS briefs*

Pharmacy Department Wins Food Drive

Pharmacy Services won Cape Fear Valley Health's 2016 Christmas food drive competition held in December. It was the department's second win in a row. The health system collects food supplies every year for local charities for the holiday season. Janice Voter, Emergency Assistance Coordinator of Fayetteville Urban Ministry, presented Tom Nicholson, Corporate Director of Pharmacy Services, with a trophy for his department's latest win. Last year, Cape Fear Valley collected and then donated more than 12,000 pounds of food and water.



Cape Fear Valley Literacy Day

Hundreds of Cape Fear Valley employees and their families attended this year's Literacy Day free book giveaway at Cape Fear Valley Education Center. The annual event provides free books, giveaways and entertainment to promote the love of reading at an early age. Attendees were also treated to free snacks, informational booths and magic shows.



Dr. Smith Named Top Family Physician

Karen L. Smith, M.D., FAAFP, has been named 2017 National Family Physician of the Year by the American Academy of Family Physicians (AAFP). The award is the AAFP's most prestigious honor. It was bestowed upon Dr. Smith for her lifelong commitment to improving patient lives and her instrumental efforts to make Hoke County a healthier place to live.

She has served the greater Hoke County region for more than 20 years, offering a wide range of family medical services, from obstetrics to care for the elderly. Her Raeford practice was one of the first rural, independent family medicine practices in the nation to invest in modern technology, such as interactive patient portals and kiosk-based check-ins.

Dr. Smith also gives back to the community by serving as medical director and supervising physician for the Hoke County Health Department. She was previously named the 2016 North Carolina Family Physician of the Year.



Volunteers Save Lives Locally

In 2016, more than 13,550 blood products were transfused into patients at Cape Fear Valley Health, thanks to the generosity of local blood donors. Trauma patients, heart surgery patients, obstetric patients, premature babies, and sickle cell and cancer patients are among the beneficiaries of donated blood.

It's not too late to make a resolution that counts for the new year. Pledge to be a regular donor by donating blood four times a year – once per season – to save lives locally.

The Blood Donor Center's hours are Monday through Friday, from 9 a.m. to 5 p.m., and the third Saturday of each month, from 9 a.m. to 3 p.m. For more information on donating or hosting a blood drive, call (910) 615-LIFE or visit www.savingliveslocally.org.

Cape Fear Valley Blood Donor Center thanks all blood donor volunteers and local schools, businesses, civic groups and churches who supported our local blood bank in 2016.



CAPE FEAR VALLEY HEALTH : *NEW physicians*

Cardiology



Shriti Mehta, M.D.

Carolina Heart and Leg Center

Interventional Cardiology: University of North Carolina, Chapel Hill, N.C.

Cardiology: Barnes-Jewish Hospital/ Washington University, St. Louis, Mo.

Medical Degree: University of Kansas, Kansas City, Kan.

Board Certification: Internal Medicine, Cardiology, Interventional Cardiology, Nuclear Cardiology, Echocardiography and Vascular Ultrasound

Critical Care



Purnachander Vangala, M.D.

Cape Fear Valley Intensivist Program

Critical Care: Detroit Medical Center/ Wayne State University, Detroit, Mich.

Internal Medicine: Grand Rapids Medical Educational Partners, Grand Rapids, Mich.

Medical Degree: Gandhi Medical College, Secunderbad, India

Board Certification: Internal Medicine

Family Practice



Janine Scott, M.D.

Hoke Primary Care

Family Practice: Southern Regional Area Health Education Center, Fayetteville, N.C.

Medical Degree: University of Connecticut, Farmington, Conn.

Board Certification: Family Medicine



General Surgery

Sara Chaffee, M.D.

Village Surgical Associates

General Surgery: Medstar Washington Hospital Center, Washington, D.C.

Medical Degree: Wayne State University, Detroit, Mich.

Hospitalist

Sherry Bajwa, M.D.

Cape Fear Valley Hospitalist Group

Family Practice: Southern Regional Area Health Education Center, Fayetteville, N.C.

Medical Degree: Ross University, Dominica, West Indies

Board Certification: Family Medicine

Obstetrics & Gynecology



Shakonda Strayhorn, M.D.

Bladen Women's Health Specialists

Obstetrics & Gynecology: East Carolina University Brody School of Medicine, Greenville, N.C.

Medical Degree: University of Cincinnati, Cincinnati, Ohio

Board Certification: Obstetrics and Gynecology

Psychiatry



Konral Madaram, M.D.

Community Mental Health Center at Cape Fear Valley

Child Psychiatry: Thomas Jefferson University, Philadelphia, Penn.

Psychiatry: Lincoln Hospital, Bronx, N.Y.

Medical Megree: J.S.S. Medical College, Mysore, India

Board Certification: Psychiatry and Child and Adolescent Psychiatry

Pediatric Critical Care

Melina Frantz, M.D.

Cape Fear Valley Inpatient Pediatrics

Pediatric Critical Care: Medical College of Virginia, Richmond, Va.

Medical Degree: Louisiana State University School of Medicine, New Orleans, La.

Board Certification: Pediatrics and Pediatric Critical Care

Jennifer Thompson, M.D.

Cape Fear Valley Inpatient Pediatrics

Pediatric Critical Care: Children's Medical Center of Dallas, Dallas, Texas

Pediatrics: Naval Medical Center, San Diego, Calif.

Medical Degree: Tufts University School of Medicine, Boston, Mass.

Board Certification: Pediatrics

Radiation Oncology

Abhijeet Bhirud, M.D.

Southeastern Radiation Oncology

Radiation Oncology: University of Nebraska Medical Center, Omaha, Neb.

Medical Degree: University of Virginia, Charlottesville, Va.

Radiology

Ellie Pack, M.D.

Valley Radiology

Breast and Women's Imaging: Northwestern University, Chicago, Ill.

Radiology: Rutgers New Jersey Medical School, Newark, N.J.

Medical Degree: Rutgers New Jersey Medical School, Newark, N.J.

Board Certification: Radiology

: PHYSICIAN *briefs*

John Samies, Sanjeev Slehria, M.D., Xiao-Lan Chen, M.D., Satyanarayana Vaida, M.D., and Nafisa Saleem, M.D., were recently published in *Journal of Medical Cases* (2016;7(11):471-474). Their paper was titled "Chronic Khat (Catha edulis) Ingestion as a Possible Triggering Agent in the Development of Autoimmune Hepatitis." John Samies is a medical student with Campbell University Jerry M. Wallace School of Osteopathic Medicine. Dr. Slehria is a gastroenterologist with Cape Fear Center for Digestive Diseases. Dr. Chen is a pathologist with Fayetteville Associates in Laboratory Medicine. Dr. Vaida and Dr. Saleem are hospitalists with Cape Fear Valley Hospitalist Group.



Sanjeev Slehria, M.D.



Xiao-Lan Chen, M.D.



Satyanarayana Vaida, M.D.



Nafisa Saleem, M.D.

Due to flooding from Hurricane Matthew, Hope Mills Family Care has moved to 300 Medical Pavilion Drive, Suite 150. **Albert Chao, M.D., Johnnie Moultrie, M.D., and Jamie Dickerhoff, FNP**, have relocated their family practice to this location adjacent to Hoke Hospital in Raeford. For an appointment, please call (910) 615-3120.



Albert Chao, M.D.



Johnnie Moultrie, M.D.

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

Jennifer Tartaglia, M.D.

Cape Fear Valley Ear, Nose and Throat has opened a clinic in Health Pavilion Hoke, a medical office building adjacent to Hoke Hospital in Raeford.

Jennifer Tartaglia, M.D., and **Sabina Francis, M.D.**, will see patients there on Tuesday and Wednesday afternoons. Their main office is located at 1565

Purdue Drive in Fayetteville. For an appointment, please call (910) 615-3060.

Scott Everett, D.O., received the Scientific Essay Award at the American Osteopathic College of Anesthesiologists 64th Annual Convention held Sept. 18-24, in Seattle, Wash. The award recognizes the anesthesia resident who has researched, prepared and presented the winning Case Study Research Report. Dr. Everett presented *Endoscopic Assisted Craniosynostosis Repair*. He was selected as the recipient of this award by the AOCA Awards and Honors Committee while he was a resident at Grandview Medical Center in Dayton, Ohio. He is an anesthesiologist with Cumberland Anesthesia Associates.



Shalaka Indulkar, M.D., received sub-specialty certification in epilepsy from the American Board of Psychiatry and Neurology. Dr. Indulkar practices

at Carolina Child Neurology. For an appointment, please call (910) 491-2487.



Shriti Mehta, M.D., was recently inducted as a Fellow of the American College of Cardiology. Dr. Mehta was published in the October 2016 issue

of *JACC: Cardiovascular Interventions*. Her article is titled "Orbital Arthrectomy-Induced Coronary Fistula: Complication and Treatment." Dr. Mehta practices cardiology at Carolina Heart and Leg Center in Fayetteville. For an appointment, please call (910) 491-1760.



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

Rodney Sessoms, M.D., recently relocated his practice, Sessoms Medical Associates, to 414 Owen Drive in Fayetteville. For an appointment, please call (910) 779-2564.



Shan Tang, M.D., was recently board certified in otolaryngology from the American Board of Otolaryngology. Dr. Tang is with Fayetteville

Otolaryngology. For an appointment, please call (910) 323-1463.



Nay Min Tun, M.D., was published in the September 2016 issue of *Blood Research*. His paper is titled "A Case of Thrombotic Thrombocytopenic Purpura in Late

Pregnancy." Dr. Tun practices medical oncology and hematology at Cancer Center at Health Pavilion North in Fayetteville. For an appointment, please call (910) 321-6216.



Erik Wiglama, D.O., was recently board certified in internal medicine from the American Osteopathic Board of Internal Medicine. Dr. Wiglama also

received the American College of Physicians Travel Scholarship Award.

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 Monday 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

Fayetteville Brain Injury Support Group

Second Tuesday of each month
6:30 – 7:30 p.m.
Cape Fear Valley Rehabilitation Center
Patient Dining Room
Ellen Morales at (910) 486-1101

Bereavement Support Group

First and third Thursdays
Noon – 2 p.m.
Cape Fear Valley Hospice and Palliative
Care
1830 Owen Drive, Suite 203
Call (910) 609-6710



CAPE FEAR VALLEY
BLOOD DONOR CENTER

MOBILE BLOOD DRIVES

FAYETTEVILLE

VALLEY AUTO WORLD

3822 Sycamore Dairy Road
Thursday, March 9, 9 – 11 a.m.

RICK HENDRICK TOYOTA

1969 Skibo Road
Thursday, March 9, 1 – 3:30 p.m.

BUFFALO WILD WINGS

2087 Skibo Road
Saturday, March 11, 11 a.m. – 5 p.m.
Sponsored by *Chive On Fayetteville*

FTCC - TONY RAND STUDENT CENTER

2201 Hull Road
Wednesday, March 29, 9 a.m. – 3:30 p.m.

IN THE REGION

HOKE HOSPITAL

210 Medical Pavilion Drive
Raeford
Tuesday, March 14, 8 a.m. – 1:30 p.m.

RAEFORD - HOKE CHAMBER OF COMMERCE/

NATIONAL GUARD ARMORY

305 Teal Drive
Raeford
Wednesday, March 15, 9 a.m. – 3 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





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Kusum Garg, MD



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Kelly McGrath, PA-C
Jennifer Hall, PA-C
Sarah McDonald, FNP-BC