

CAPE FEAR VALLEY HEALTH *and* WELLNESS MAGAZINE

MAKING ROUNDS

FALL 2018




CAPE FEAR VALLEY
HEALTH
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3 Letter from the CEO

HEALTH & WELLNESS

4 Going Gluten Free

What it is, where it hides ...
and why so many are cutting it out

6 Take The Load Off

Chronic back pain can be treated
but only with the correct diagnosis

PROGRAMS & SERVICES

9 Game Changer

Cape Fear Valley tackles the physician
shortage head on

12 Staying On Target

Cape Fear Valley's new linear accelerator
works only when it's supposed to

14 More Than Medicine

Sometimes a field trip can be just what
the doctor ordered

16 It's A Mannequin's World

How Cape Fear Valley Health is using
simulation to train new care providers

18 Increasing The Odds

Detecting lung cancer early can increase
your chances for survival

TAKE CHARGE OF YOUR HEALTH

20 Seeing Is Believing

Early prevention and treatment are the best
ways to keep sharp vision for diabetics

BOARD PROFILE

22 Working His Way To The Top

This Board of Trustee member is living
the American dream

IN THE COMMUNITY

24 At the Umoja Festival

25 North Carolina Festivals

NEWS BRIEFS

26 News Briefs

PHYSICIAN NEWS

28 New Physicians

29 Physician Briefs

INFOGRAPHIC

30 ED or Urgent Care

FOR THE COMMUNITY

31 Support Groups & Blood Donor Center

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:
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CAPE FEAR VALLEY HEALTH



A Joint Commission
TOP PERFORMER



LETTER *from the* CEO

Americans were stunned to hear the news of Kate Spade's and Anthony Bourdain's suicides. Here were two people who had everything: wealth, fame, rewarding careers and children they adored. What happened, we asked ourselves?

It came to light that Kate Spade had suffered from depression for years, a secret she kept from all but those closest to her. Anthony Bourdain also presented a jovial face on camera while quietly battling depression outside the limelight.

The stigma surrounding mental health persists today despite the fact that more than half of us will be diagnosed with a mental illness or disorder in our lifetime. Even more surprising: 1 in 5 Americans will experience a mental illness in a given year. If it's so common, why are we so reluctant to talk about it?

Mental and physical health are equally important components of physical health. In fact, they are interrelated. Mental illness, especially depression, increases the risk for many types of physical problems, including stroke, type 2 diabetes and heart disease. Likewise, chronic conditions can increase the risk for mental illness.

There's also a tremendous cost to society. Serious mental illness costs the U.S. \$193.2 billion in lost earnings per year. Yet only 41 percent of adults in the U.S. with a mental health condition receive mental health treatment.

That's not acceptable to us and why our Behavioral Health Care service line is such an important part of our health system. While reimbursement for behavioral health services still lags behind physical health services, it can't be overlooked in dealing with a community's wellness.

In July we launched our psychiatry residency program with four recent graduates of Campbell University's

Jerry M. Wallace School of Osteopathic Medicine. Scott Klenzak, M.D., is the program director. He and other faculty from Cape Fear Valley's Behavioral Health Care will lead these residents through four years of postgraduate study in psychiatry.

The residents will train in our Psychiatric Emergency Department and in our 24-bed inpatient unit. They will also train at our Roxie Avenue center, which offers facility-based detox for substance abusers and 24-hour crisis evaluation services.

The Steven A. Cohen Military Family Clinic at Cape Fear Valley will also be a training site. It provides confidential, high-quality behavioral healthcare services and case management resources at low- to no-cost to veterans, their families and the families of active duty, National Guard and Reserve soldiers.

Psychiatry residents will also train at our Community Mental Health Center at Cape Fear Valley, which offers outpatient services for children and adults. Our Behavioral Health Care service line is one of the most comprehensive psychiatry programs in the state, so psychiatry residents are sure to get good hands-on training.

Our new psychiatry training program will also have a positive impact on the region by expanding access to behavioral health.

Helping keep our community mentally and physically healthy is important to Cape Fear Valley. It's important, not just for our patients but for the whole community. Because great healthcare makes this region a great place to live.

Mike Nagowski

CEO, CAPE FEAR VALLEY HEALTH



GOING GLUTEN-FREE

What It Is, Where It Hides ...
And Why So Many Are Cutting It Out

In recent years, you may have noticed the term “gluten free” popping up on menus, food labels and grocery advertisements everywhere. As more people have cut gluten from their diets, this option has gone from a single shelf at health-food stores to a popular selection just about everywhere food is found.

What is Gluten, Anyway?

Gluten is a protein found in wheat, rye and barley. It has a gluey, elastic consistency, which helps baked goods form and retain their shape. Think of the sticky, stretchy dough you’ve wrestled with to make a loaf of French bread. That was gluten at work.

Naturally, you’d expect to find gluten in anything made with flour: muffins, cookies, cakes and bagels all have it. But with so many processed foods in American pantries these days, it can turn up in unexpected places. Some

brands of taco seasoning, power drinks and even frozen turkeys may have thickeners, flavorings or preservatives made with gluten.

Who is Going Gluten-Free?

The condition most often associated with gluten-free diets is celiac disease, a digestive disorder in which the presence of gluten sparks a reaction in the immune system. This inhibits the absorption of nutrients and, over time, causes damage to the small intestine.

Laura, a nurse practitioner, first learned of celiac disease at a medical conference several years ago. A presentation on the condition listed symptoms, including short stature and gastrointestinal problems, that sounded like one of her three daughters. All three girls later tested positive for the disease, although two of them had shown no symptoms.

Even without symptoms, Laura says, eliminating gluten from the diet was important for preventing long-term damage to the girls' digestive systems. "It's a lifetime diagnosis," she said. "They have to learn to deal with it and make good choices."

Because the diet eliminates so many options, Laura says it is not to be taken on casually. For that reason, she doesn't recommend it for anyone looking to treat a condition that isn't shown in studies to be helped by eliminating gluten.

"I've heard of people putting their kids on a gluten-free diet for autism, or for ADHD," she said. "It eliminates a lot of processed foods, so it's healthy in that sense, but it also eliminates a lot of nutrients. I wouldn't make a change that big without research to show that there's a reason for it."

Beyond Celiac Disease

Although celiac disease has the most medical data to support its association with gluten, many swear by gluten-free diets to address a variety of conditions, from chronic migraines to infertility. The National Institute of Mental Health is currently studying the effects of eliminating gluten and casein (a dairy protein) from the diets of children with autism.

Denise, a mother of two, is undaunted by the lack of published research on gluten and non-celiac conditions.

"I operate on common sense," she said. "I don't have a medical degree, but I understand cause and effect. Being gluten-free made me feel better than I have ever felt."

Since childhood, Denise experienced daily headaches. In college, her periods became irregular. After two difficult pregnancies, she had bloating so severe that her closet was stocked with skinny outfits and bloated outfits. A series of dismissive doctors led her to a series of psychiatrists. Countless appointments and medications left her frustrated and still sick.

Finally, a specialist in integrative medicine brought up gluten sensitivity, a general term for any adverse reaction to gluten. Within weeks of eliminating gluten from her diet, Denise felt like a new woman. No more bloating, no more headaches.

Should You Go Gluten-Free?

If you or a loved one are showing symptoms of celiac disease, you'll want to visit your physician and discuss it. Do not eliminate gluten from your diet until you've been tested. Your doctor needs to see how your body is responding to gluten you've eaten.

If you don't have celiac disease, it is possible that you have a sensitivity to gluten and will feel better without it. But even this is best to discuss with your doctor first; embarking on any restrictive diet may also deprive you of important nutrients, so you might be referred to a registered dietician to make sure you don't do more harm than good.

For most people, eliminating gluten would be an unnecessary complication to a healthy diet. What you suspect is gluten sensitivity may in fact have a much simpler explanation: poor overall diet, lack of exercise, stress and insufficient sleep can all cause the kinds of symptoms often blamed on gluten.

How Do You Do It?

Getting rid of gluten isn't just a matter of skipping the bread aisle. You have to know what ingredients to look for, including vague terms like modified food starch.

Laura studied up on ingredients to watch for and foods to avoid, fueling her grocery-store frustration—and prompting a farewell to favorite restaurants. "The convenience factor was a big challenge," she said. "We couldn't just go anywhere we wanted to."

But in the years since her gluten-free initiation, Laura has been pleased to see options clearly labeled in some stores and on restaurant menus. She says that greater awareness of the diet has led to better understanding among the general public.

This leads to the big question: How does it taste?

"I'll be honest," Laura said. "The first gluten-free bread we tried was like cardboard. But you keep trying different brands until you find one you like. It's not bad!"

TAKE THE LOAD OFF

Chronic back pain
can be treated
but only with the
correct diagnosis

:: by Donnie Byers





Almost everyone will suffer some sort of back or neck pain at one point in their life.

Lower back pain is the most common among the two, eventually affecting about 90 percent of the population.

Lower back pain sometimes goes away on its own or with conservative treatment options. That can include light exercise and physical therapy, ice packs or heating pads, and using over-the-counter pain medications, such as Tylenol or Advil.

But 20 percent of sufferers will eventually develop chronic lower back pain, making life downright miserable.

Lower back and neck pain are estimated to cost the U.S. healthcare system \$88 billion per year, yet most sufferers will never get a proper diagnosis for their pain. That makes treatment much more difficult, if not impossible.

So why the difficulty?

It's because the human spine is amazingly complex. It's made up of 24 bones (vertebrae), ligaments, discs, joints, muscles, tendons and enough nerve endings to make computer network wiring look simple. That's why the smallest spinal problem can impact daily life.

To make matters worse, most modern imaging techniques, such as CT scans and MRIs, can't actually detect pain in the body. So, they aren't good tools in diagnosing lower back problems.

"It's incredibly difficult to diagnose back pain," said David Hart, M.D., a neurosurgeon with Cape Fear Valley Neurosurgery. "But a proper diagnosis can help determine if a patient's outcome is going to be a success or a failure."

Stark words, but Dr. Hart doesn't gloss over the difficulties of treating back problems. He says most physicians fail to come up with a proper diagnosis, leading to unnecessary surgery and medical costs.

That's why Dr. Hart recommends nonsurgical options first, such as physical therapy, medication and pain management procedures or devices. Those treatments are typically tried for the first six to 12 weeks after onset of symptoms.

If that fails, Dr. Hart is called in to try to find a surgical solution, still starting with a proper diagnosis.

There are three common causes of spinal nerve pain: herniated discs, spinal stenosis and spondylolisthesis. The third condition is the hardest to pronounce but the easiest to

diagnose. It's essentially forward or backward slippage of a vertebra (spinal bone). The deviation causes the spine to be aligned wrong. The slippage is often visible in X-rays.

"We can solve this problem with surgery fairly easily," Dr. Hart said, "because it's a mechanical problem. Lots of people have surgery for it and the outcomes are generally good."

Stenosis, or narrowing of the spinal canal, is a bit more difficult. The condition results from the spine taking too much strain over time. Think of the spine as a bunch of shock absorbing plates placed on top of each other. Attached ligaments keep everything in alignment.

The average human spine undergoes about 1 million loading cycles a year. That's about 60 million strains by the age of 60. Like automotive shock absorbers, the discs and joints can wear out from daily usage. When that happens, the discs bulge out and the joints enlarge, which narrows the spinal canal. That places tremendous pressure on the spinal nerve, causing pain.

Stenosis in the cervical spine (neck) can put pressure on the spinal cord, affecting balance and coordination problems or progressive weakness. Lumbar stenosis causes intense pain in the back and legs instead. A person can be fine while sitting or lying down, but have trouble walking. This is just the opposite of sciatica, or lower hip and leg pain, which is usually painful while sitting.

Surgeons can perform a minimally invasive procedure called kyphoplasty to repair stenosis fractures. Patients lie face down on an operating table, while a small, half-inch incision is made over the damaged vertebra. Using X-ray guidance, surgeons insert a narrow tube through the incision into the collapsed disc. A special balloon is then inserted through the tube and inflated.

The vertebra is re-expanded long enough for special bone cement to be poured in, reinforcing the disc. The incision is then closed. The remaining cement hardens in about five minutes. Most patients can go home the same day, and often feel pain relief immediately.

Another common spinal problem, especially among older patients, are compression fractures. The vertebra can crack due to weak bone density (osteoporosis). The fractures aren't dangerous but can be painful. Kyphoplasty can also help with this condition.

Herniated discs, or disc bulging, are more difficult to repair but can still be done using minimally invasive surgery.



David Hart, M.D.

CAPE FEAR VALLEY NEUROSURGERY

Lower back pain sometimes goes away on its own or with conservative treatment options. But 20 percent of sufferers will eventually develop chronic lower back pain.

Surgeons remove just the piece of the disc that herniated to alleviate the nerve pain. Sometimes it's necessary to remove the entire disc. Spinal fusion surgery then follows to shore up the spinal column.

Spinal fusions once required open surgery, which is much more invasive and takes longer to heal. That's because a long incision is made along the spinal column to provide adequate operating room. Then the back muscles have to be stripped away from the spine. But thanks to new technology and minimally invasive techniques, patients can now recover much faster with less pain.

"It's a much better option," Dr. Hart said, "because there is less muscle damage, less blood lost during surgery, lower infection risk, and usually less pain afterward. Patients can get up and begin walking and go home sooner."

The fusion can be done through a small tube. The screws and rods needed to stabilize the fusion while it heals can be inserted through small incisions without needing to expose the spine.

In some cases, the fusion can be done without going through the back muscles. Surgeons can approach the lumbar spine from the back, the front (stomach), the side (between the ribs and hip bone) or even through the tailbone.

These types of procedures can be done in an hour, allowing patients to be up and walking just hours after surgery and discharged in less than 24 hours. They are not for everyone, however. Only a proper diagnosis can determine if a patient is a good candidate.

Back surgery patients have even more to look forward to in the future. Robotic spine surgery, which is far more accurate when placing screws, is starting to grow in popularity. A procedure called Cervical Disc Replacement is also emerging. Damaged discs in the neck are essentially replaced with small metal and plastic replicas that can move just like original ones. This can eliminate the need for spinal fusion.

Even further down the road, comes the promise of gene therapy and nanotechnology. Gene therapy heralds a new era in back pain treatment, because it uses the patient's own stem cells to help fight natural degeneration in the spine. The therapy has shown significant success in animal trials, but less so in humans. But scientists are determined to make it work.

As for nanotechnology, scientists are working on creating super tiny devices that can be introduced into damaged parts of the body to either fight off infections and cancer or help regrow natural cells. The hope is that the new technology will eventually help diagnose conditions like Alzheimer's Disease and cancers in the body, as well as treating many kinds of spinal problems.

Until then, however, the best treatment for back pain will be the oldest.

"A proper diagnosis," Dr. Hart said.



game changer

Cape Fear Valley tackles the
physician shortage head on

:: by Donnie Byers

**Few things compare to seeing a good plan
come to fruition.**

Nearly a decade ago, Cape Fear Valley embarked on a journey to open a new physician residency program due to the state's growing need for more doctors. The announcement came on the heels of Campbell University's similar decision to open the state's first medical school in 40 years.

Fast forward to today, and both visions have become reality. Campbell University's Jerry M. Wallace School of Osteopathic Medicine in Buies Creek is a thriving medical school, graduating some of the brightest medical talent in the country.



“If there was ever a hotspot for the nation’s physician shortage, it’s here in the southeastern part of our state.”

— Michael Nagowski , CEO
Cape Fear Valley Health



Cape Fear Valley’s new physician residency program is doing equally well, as it eases into its second year of existence. Launched last spring, the program has more than doubled in size in the past 12 months, growing from 32 residents to 66 today.

“Having a residency program at a hospital is very prestigious,” said Cape Fear Valley CEO Michael Nagowski. “Only a select few health systems are capable of training physicians, and I’m proud that Cape Fear Valley is among them.”

Plans call for the residency program to grow to 155 residents by 2021. When it happens, Cape Fear Valley Medical Center will become the state’s fifth-largest academic medical center.

Within the next 10 years the program is expected to grow to 300 physician residents. The exponential growth is right on schedule, according to Donald Maharty, D.O., Cape Fear Valley’s Vice President of Medical Education.

“A lot of initial hard work and planning,” he said, “by many dedicated individuals is finally starting to pay off.”

The news bodes well for the surrounding region, which depends on Cape Fear Valley to be able to meet its burgeoning healthcare needs. By 2030, an additional 2,000 primary care physicians will be needed in the state.

Specialty physicians will be in even greater demand. A quarter of North Carolina’s 100 counties already lack OB/GYN specialists, pediatricians, psychiatrists and general surgeons.

Nagowski cited the troubling data back in 2010 as grounds to launch a residency program. He said rural areas like the ones Cape Fear Valley serves feel the disparity even more.

“If there was ever a hotspot for the nation’s physician shortage, it’s here in the southeastern part of our state,” he said.

The Jerry M. Wallace School of Osteopathic Medicine is the residency program’s academic sponsor. So, it’s no surprise that many of the school’s graduates have gone on to train with the program. But just as many residents have come from as far away as Alaska and Arizona.

More than 2,000 applicants applied this year, showing just how competitive it is to get in. The overwhelming interest allows Cape Fear Valley to choose top candidates.

Cape Fear Valley’s residents train in internal medicine, emergency medicine, obstetrics and gynecology, general surgery and psychiatry, a program that was added this year. The program also has transitional-year slots for residents who haven’t chosen a specialty yet.

There were 10 transitional residents last year. Half were accepted this year for specialty training: three in emergency medicine, one each in internal medicine and general surgery.

The new psychiatry residency is designed to help address the growing mental health crisis in America. An estimated 1 in 5 people have some sort of mental health condition, but there aren’t enough psychiatrists to treat them all. A recent study says the U.S. will need anywhere between 6,000 and 15,000 more psychiatrists by 2025.

Cape Fear Valley is trying to do its part. In addition to residents, the health system also trains nearly 90 Campbell University medical students every year and will eventually begin offering training fellowships to dozens more young, new doctors.

“We’re a rapidly growing program and a pretty busy facility,” Maharty said. “The single, biggest issue we’ve faced as a program is space. We hope to eventually address that with a new training facility, but that will require some major funding.”



Money is always a major consideration with starting up and running any new medical program. Cape Fear Valley's residency program wouldn't have been possible without critical state funding.

Cape Fear Valley received \$7 million last year from state legislators to help pay for staff and resident salaries, new equipment, and conversion of Cape Fear Valley Medical Center office space into a training lab for the residents.

This year, Southeastern Regional Area Health Education Center received another \$4.8 million from state coffers. It is to be shared with Cape Fear Valley to train residents.

The funds received from the legislature will pay dividends for years to come. According to a study done by Michael Walden, Chief Economist at North Carolina State University, the residency program will create 923 jobs and generate \$574 million for the region over 10 years. That's equal to bringing a large company to town. The best part is that the company's employees will all be future doctors.

State funding is never an easy issue, due to ever-tightening purse strings at the state level. But thanks to N.C. Sen. Wesley Meredith and N.C. Rep. John Szoka, Cape Fear Valley's residency program received the money it needed to open. For this reason, both were recently honored with the health system's On-Point Award.

The honor was created to recognize individuals outside the health system who have gone above and beyond to help Cape Fear Valley fulfill its mission. And the mission should be getting just a bit easier, thanks to the new generations of young doctors the health system is now able to train.



The Cumberland County delegation attended a briefing on Sept. 28 by Cape Fear Valley Health CEO Michael Nagowski. The delegation heard an update on Cape Fear Valley Health's Residency Program. Nagowski thanked the delegation for their assistance in securing funding to launch the program.

Delegation members also toured several areas of the hospital and met on-duty Internal Medicine and Emergency Department resident physicians and their attending physicians.

The delegation was also briefed on how Cape Fear Valley's seven hospitals fared during Hurricane Florence. Betsy Johnson Hospital in Dunn and Bladen County Hospital in Elizabethtown suffered water damage that required remediation. The six other hospitals suffered no significant structural damage. All eight hospitals remained operational throughout the hurricane and the flooding that followed, providing a vital service to their communities.

Briefing attendees included N.C. House Representatives Marvin Lucas, representing District 42; Elmer Floyd, representing District 43; Billy Richardson, representing District 44; John Szoka, representing District 45; and N.C. State Senator Wesley Meredith, representing Cumberland County. N.C. State Senator Ben Clark, representing Cumberland and Hoke counties, was unable to attend the briefing.



staying on TARGET

Cape Fear Valley's New
Linear Accelerator Works
Only When It's Supposed To

:: by Donnie Byers

Linear accelerators have long been a vital part of cancer radiation treatment. The high-tech devices kill off lingering cancer cells by precisely emitting high-dose radiation at tumors. But that precision can diminish if patients move or breathe, even if ever so slightly.

Patients are instructed to lie still or hold their breath while the devices are emitting radiation. But the human body is incapable of lying perfectly still for extended periods of time. As a result, radiation can spill over into surrounding healthy tissue, damaging it in the process.



Cape Fear Valley Cancer Treatment & CyberKnife Center's new linear accelerator is making the motion issue a thing of the past.

The Varian Clinac® with TrueBeam technology is just like the 20-year-old linear accelerator it replaces at Cape Fear Valley, capable of delivering radiation at mindboggling speeds straight into tumor sites. Where the Varian TrueBeam differs is in its delivery method.

Older linear accelerators, even from just a few years ago, deliver radiation at a constant rate until operators halt power. The Varian Clinac® represents a quantum leap forward because it is self-operational, knowing when to emit radiation and when to stop.

"It can automatically hold the radiation while the patient exhales," said Devon Nobles, Lead Radiation Therapist at Cape Fear Valley Cancer Treatment & CyberKnife Center.

The science behind the magic comes from the device's Optical Surface Monitoring System (OSMS). It's a built-in CT imaging system that scans tumor sites within seconds to render a 3D computer model. The model is then analyzed overnight by the system's computers to determine the exact target area and treatment course.

Even more amazing is how OSMS can track the target site with cameras in real-time. If the target site moves out of focus, then radiation treatment is temporarily halted. This virtually eliminates the need for patients to try to hold their breath for extended periods.

Treatment session time can decrease since radiation delivery is so efficient. Patients are also less apt to experience radiation-induced side effects at the skin surface. Breast cancer patients can especially benefit from the new technology, since their tumors are often right above the lungs and heart.

Studies show 23 percent of breast cancer patients who underwent linear accelerator treatment develop cardiac problems in the months following treatment. That number grows to 40 percent after two years, according to Rachid Mghari, Ph.D., DABR, Chief Medical Physicist at the Cancer Center.

"There were lots of problems with young females in their early 20s, who can live another 40 years or so," Dr. Mghari said. "You don't want to treat one problem only to create another."

Throat cancer patients also stand to benefit since they are freer to breathe while on the treatment table. Jeff Stultz was one of the first throat cancer patients in the area to use the Varian Clinac®.

The 55-year-old Fayetteville biker missionary discovered a cancerous growth in his throat in February after losing his voice during his evangelical travels in Florida. He blames 30 years of heavy smoking, despite quitting eight years ago.

The new linear accelerator represents a quantum leap forward because it is self-operational, knowing when to emit radiation and when to stop.

Doctors ordered six weeks of radiation. Stultz said his treatment went smooth and pain-free for the most part. Now, he's counting the days until he's given a clean bill of health.

"They said I'd have to wait five years until I can officially say I'm cancer-free," he said, with his uncharacteristically raspy voice. "But for all intents and purposes, they got everything and I'm thankful."

Dr. Mghari says the praise is proof Cape Fear Valley made the right choice to replace its aging linear accelerator with the new Varian version.

"Cancer programs eventually upgrade their linear accelerators," he said, "and when they do, they will most likely choose a linear accelerator that has motion sensing technology on board."



More Than Medicine



Sometimes a field trip can be just what the doctor ordered

Pediatric Intensive Care Units can be pretty scary places for both children and parents alike.

Familiar faces are scarce, and the equipment and procedures are just as unfamiliar. To make matters worse, there's not much parents can do beyond sitting at the bedside and waiting for their child to get better. It's why Abhik Biswas, M.D., tries to treat his young patients to a special surprise when they're ready.

The surprise is a tour of Cape Fear Valley's new patient transport helicopter. Barely a year old, the sleek Airbus H135 chopper shuttles critically ill or injured patients back and forth to Cape Fear Valley Medical Center.

"It's partly for me and partly for them," said Dr. Biswas, a pediatric intensive care physician. "I don't know anyone who doesn't think it's neat to go see a real helicopter."

Patients lucky enough to see the shimmering aircraft mightily agree. It rests just below the hospital's Pediatric Intensive Care Unit windows, where Dr. Biswas and his patients spend their days.

When they arrive at the helipad outside, Dr. Biswas goes into full tour guide mode, dishing technical details and a brief history about Cape Fear Valley's use of helicopters.

Many are surprised to learn Cape Fear Valley has been using helicopters for more than 30 years. But this is the first to bear the health system's own name and logo.

ADr. Biswas once flew in helicopters himself. It was as a U.S. Navy sailor serving in Afghanistan. He helped provide in-flight medical care to injured soldiers being medevacked to nearby hospitals.

Now the combat veteran is out to fly helicopters of his own. He's working toward a helicopter license, a process requiring lots of time and practice to master.

"It scares the daylights out of me," the aspiring pilot said, "but flying is something I always wanted to do."

Sharing his love of flight with his young patients is just as important to him. Dr. Biswas says taking their minds off their hospital stay is good medicine, because it can bring a smile to even the most-worried face.

Dr. Biswas started offering his helicopter tours last Halloween. Children in the pediatric unit dressed up for the holiday and were asked if they wanted to go outside and see the helicopter. Barely a candy wrapper could be opened before the children's eyes lit up.

The young party-goers were able to meet the helicopter's crew and were encouraged to hop aboard, crawl inside, and even try on helmets. Dr. Biswas ended the tour by reminding his audience that the helicopter is essentially a flying hospital, able to save lives.



Taking their minds off their hospital stay is good medicine, because it can bring a smile to even the most-worried face.

A number of children have gone on the tour since, even older children. Emily Hubbard, 16, took her turn at the end of a recent five-day hospitalization. Dr. Biswas was treating the teen for diabetic ketoacidosis and brain swelling.

Hubbard's grandmother, Sandra Bean, said she was grateful her loved one could see the helicopter. She was even more grateful for the care Dr. Biswas provided.

"If he had not been on duty to know exactly what to do for her," Bean said, "there might have been irreparable damage. We could have lost her."

Dr. Biswas says seeing the granddaughter's smile at the end of her stay was thanks enough.

"It's doing the right thing for the kids and their families," said Dr. Biswas. "It's not just medicine we're taking care of. It's the whole kid."

:: by Donnie Byers



it's a Mannequin's

:: by Donnie Byers

How Cape Fear Valley Health is using simulation to train new care providers

They say practice makes perfect and nowhere does it apply more than in healthcare.

Cape Fear Valley has opened a simulation lab to help ease new doctors and nurses into their craft by providing realistic training scenarios. The realism comes from life-like mannequins that can simulate almost everything human patients can do to an uncanny degree.

The lab was two years in the making, starting with a single mannequin. It grew in size and mission when Cape Fear Valley Medical Center became the state's fifth-largest teaching hospital.

Officially opened in the spring, the training facility is open to all staff, but is primarily used by physician residents and new

nurses. The goal is to teach them clinical skills, before they ever set foot in a real patient room.

The first things students notice about the lab are two adult mannequins in the middle of the room. The Simman 3G male model, purchased by the Cape Fear Valley Auxiliary, is propped up in a patient bed on the left. His female counterpart, "Victoria," is on the right.

The Simman 3G doesn't have a nickname, but it makes up for it in functionality. Its pupils dilate, cries in pain, and can even go into convulsions if given too much of a certain medication. It recognizes up to 300 different medications.

"It's the most technologically advanced mannequin on the market right now," said Mark Rose, Cape Fear Valley's



World

Simulation Lab Coordinator. “You can run real-life simulations and practice on it before ever putting residents in front of patients.”

Rose works behind the scenes setting up training scenarios and controlling the mannequins. Attending physicians and nurse instructors watch in the background to see how their students respond.

Students could be called upon to do something as simple as inserting an IV, to reviving a mannequin undergoing full cardiac arrest. Fail to provide the right care, and the mannequins can die on the table.

Natalie Kandinata, D.O., is a transitional year physician resident training at Cape Fear Valley. She said her time in the lab was both strange and eye-opening.

“Nurses usually have everything set up in a patient room, in real life,” she said. “The sim lab is different. We have to really think about what we’re going to do more critically. It really makes you think on your toes.”

More Need. More Space

The simulation lab consists of two adjacent rooms in a remote corner of Cape Fear Valley Medical Center. The main room is the training area. The second room is a control booth where Rose gives instructions and voices the adult mannequins.

The control booth is straight from a Hollywood movie set. It has closed-circuit TV feeds from four different angles, patient vital signs on constant display, and software controls that can change mannequin reactions on the fly.

Training scenarios are replayed afterward for both students and instructors. If students are lucky – and skilled enough – they receive just positive critiques. Regardless, each gains better confidence and insight as to what’s needed on the job.

Matthew Walker, D.O., realized just how valuable his training was while doing a rotation in the Emergency Department. The second-year OB/GYN physician resident had opened a patient’s airway with an endotracheal tube just a day after performing the same emergency procedure in the lab.

“I knew Victoria would be priceless to our residency program after that,” Dr. Walker said. “She’s going to be instrumental in making all of us outstanding physicians.”

Victoria is a labor and delivery mannequin that can simulate various birthing methods, depending on attached accessories. The lab also has a baby mannequin that can cry and make facial expressions just like a real newborn. Nicknamed “Super Tori,” the tiny mannequin even cries using audio recordings from actual babies.

Cape Fear Valley Health Foundation raised more than \$140,000 last year during its Friends of Children Golf and Tennis Classic tournament to help buy Victoria and Super Tori. The Health Foundation also raised money from employees and the community to help move the simulation lab into its larger, current space. It was previously located in Cape Fear Valley’s Training and Development Department.

Sabrina Brooks is Cape Fear Valley Health Foundation Director. She said the foundation is happy to be involved with the simulation lab because of its vital purpose.

“The learning it provides fosters teamwork, critical thinking and good communication among the care teams,” she said, “which benefits our patients in countless ways.”



increasing the odds

Detecting lung cancer
early can increase your
chances for survival

:: by Donnie Byers

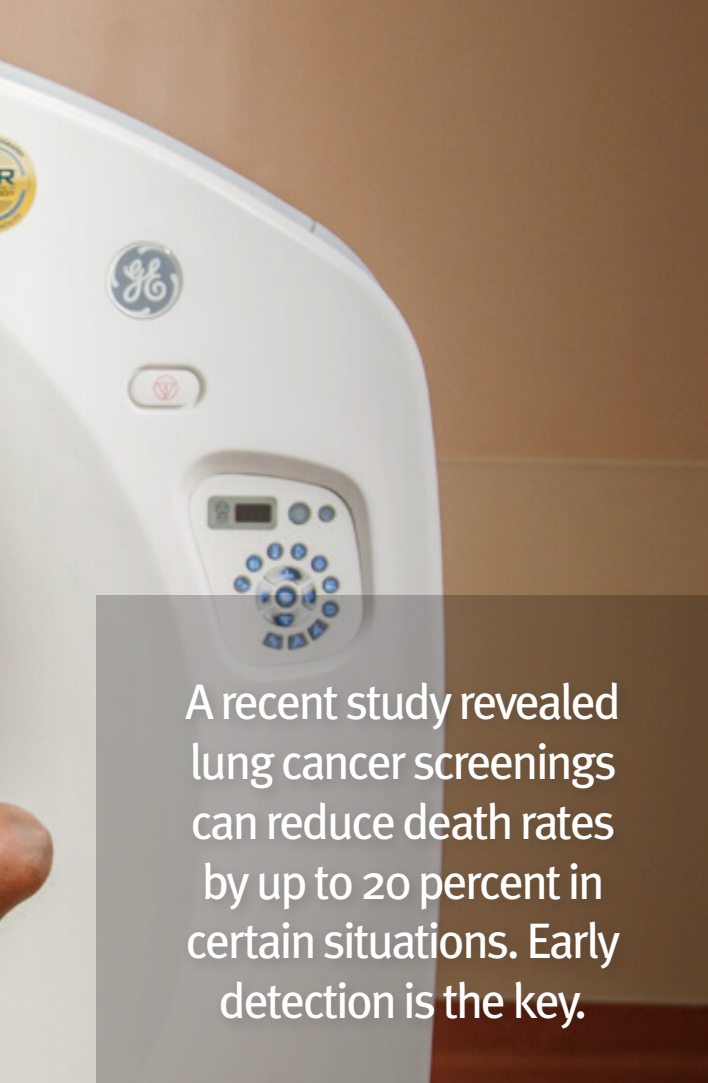
If there's a constant when it comes to smoking, it's the associated health risks. The longer someone smokes, the greater the chance for lung cancer.

Roughly 175,000 Americans are newly diagnosed with the disease every year. Another 163,000 people die from it during that same time span, making lung cancer the leading cause of death in the U.S.

The disease is often fatal when detected in later stages. But a recent study revealed lung cancer screenings can reduce death rates by up to 20 percent. Early detection is the key.

Experts recommend annual lung cancer screenings for smokers without symptoms, starting at age 55, if they have smoked one pack a day for 30 years or two packs a day for 15 years. Testing is also recommended for those who quit in the past 15 years.

X-rays were once the only avenue for detecting lung cancer. Low dose-CT scans are the preferred method now. The imaging technique can reveal small lesions in the lungs that X-rays might miss.



A recent study revealed lung cancer screenings can reduce death rates by up to 20 percent in certain situations. Early detection is the key.

The advantage comes from the way CT scanners take pictures. Their X-ray camera rotates around the patient, taking cross-sections, or slices, of the body. These images are then spliced back together by powerful computer software. The final images are infinitely more detailed than X-ray stills.

CT scanners have been around since the mid-1970s, vastly improving in comfort and image resolution over the years. The equipment is used to evaluate the brain, neck, spine, chest, abdomen, pelvis and sinuses, in addition to the lungs.

Low-dose CT testing is currently available at Cape Fear Valley Medical Center, Highsmith-Rainey Specialty Hospital, Health Pavilion North, Bladen County Hospital and Hoke Hospital.

It will soon be offered at Central Harnett Hospital in Lillington and Betsy Johnson Hospital in Dunn. The tests can be done at all the current locations on an outpatient basis, but require a physician referral. If patients don't have one, Cape Fear Valley can help.

"If they don't have a personal physician, they can call us, and we'll try to help get an order for them," said Carol Pyne, Cape Fear Valley's Lung Nodule Clinic Navigator.

The tests are simple and convenient. Appointments are available Monday through Friday, 8 a.m. to 4:30 p.m., at all the CT testing locations. Hoke Hospital also offers testing 10:30 a.m. to 3 p.m. on Saturdays and Sundays.

The Hoke County facility uses a new GE Optima 64-slice CT scanner, which is far more powerful than previous-generation 32-slice scanners. Testing can take five minutes or less.

"We can get patients in and out," said Clyde Hough, Hoke Healthcare Imaging Director. "No one else is doing these tests on the weekend out here."

Patients are given a short questionnaire about their cancer risk prior to testing. Questions ask about risk factors, educational background and family cancer history. Patients are also asked if they have had chronic obstructive pulmonary disease (COPD), pulmonary fibrosis, lung scarring or known exposure to Radon, which increases risk for lung cancer.

Test results are read by a radiologist. Any abnormal findings are sent to the Lung Nodule Clinic for further review. If cancerous growths or abnormalities are discovered, the results are forwarded to the patient's primary care physician. Tests are then performed to determine the cancer stage and the best treatment option.

CT scans, MRIs, PET (positron emission tomography) scans or bone scans could be used to determine if the cancer has spread from the lungs. The patient then undergoes treatment, which can take weeks or months. The important thing to remember is that the cancer was found early.

"The low-dose CT scanning we do is a preventive measure," said William Hood, RT (R)(CT), a Hoke Hospital imaging tech. "The goal is to catch anything early, because lung cancer can be devastating."

Low-dose CT scanning is covered by Medicare and many other insurance plans. Medicare does require patients to be between age 55 and 77 and have initial consultations before a testing decision is made. To learn more about the procedure or to make an appointment, contact your primary care physician or Carol Pyne at (910) 615-5561.



seeing is believing

Early prevention and treatment are the best ways to keep sharp vision for diabetics

There's no denying that diabetes has become a major health epidemic in the U.S. An estimated 30 million Americans, or roughly 10 percent of the population, now has the disease.

That figure doesn't address the countless number of disease-related complications. One of the most common is worsening vision due to diabetic retinopathy. Anyone who has diabetes can develop it.

About 8 million diabetic Americans suffer from the condition. It occurs when retinal blood vessels begin to break down. Even more damage can occur if abnormal blood vessels start to grow along the retina surface. This can lead to fluid leakage or vessel bleeding, further impairing vision.

Risk factors include smoking, high blood pressure, high cholesterol and race. African Americans, Hispanics, American Indians, Asian Americans and Pacific Islander are at increased risk. And the risk grows the longer people have diabetes.

Pregnant women with diabetes prior to pregnancy have an increased risk of accelerating diabetic retinopathy. They are urged to see their eye doctor regularly during pregnancy.

Symptoms and Prevention

There are usually no observable symptoms in the early stages of diabetic retinopathy. There's also no surefire way to prevent it. But there are ways to decrease risk. Experts recommend starting with comprehensive dilated eye exams every year.

Michael Woodcock, M.D., is an ophthalmologist with Carolina Vision Center in Fayetteville. He says it's often too late to fully restore vision lost to diabetes complications. Diabetes is the leading cause of new blindness in people ages 20 to 74.

"Why be a statistic, when you can do something to prevent vision loss?" he asked. "See an eye doctor and keep up with your annual appointments."

Managing diabetes overall is the best prevention. This includes eating healthy, regular blood sugar checks and staying physically active. At least 150 minutes of brisk exercise or activity a week is recommended.

Quitting smoking is also important. Smoking increases the risk for various diabetes complications, including diabetic retinopathy.

Pay attention to vision changes, no matter how slight. If sudden vision changes occur, then an eye appointment should be made right away.

When symptoms do appear, they often include:

- Blurred vision
- Fluctuating vision
- Dark spots
- Halos around lights
- Flashing lights
- Sudden loss in vision in one eye
- Sudden increase in eye floaters

Treatment

Diabetic retinopathy is the leading cause of blindness among working-age Americans. Early treatment can reduce severe vision loss by more than 50 percent, but long-term vision impairment can still occur.

Charles Wilson, M.D., is an ophthalmologist and retina specialist with Carolina Vision Center. He says almost half of type-2 diabetics will have some form of diabetic retinopathy by their first eye exam.

"This is why we recommend annual testing with pupil dilation so much," Dr. Wilson said. "Once the patient's retinopathy gets severe enough, I get involved."

His patients usually have one of three problems: leaky retinal blood vessels, blood vessels that are dying off, or vessels that can't deliver enough blood to properly nourish the eye. This last condition leads to new vessel growth, which can cause vessel bleeding or even detachment of the retina.

Any treatment plan usually starts with photos taken of the patient's retinas to determine damage. Some patients may need additional scans of the center of the retina, or macula. These tests detect excessive fluid buildup or thickening of the retina.

Medication

Lasers have long been the primary treatment option for diabetic retinopathy. But medication therapy is becoming the preferred treatment method.

Anti-vascular endothelial growth therapy, or anti-VEGF, medication can block the molecule that causes blood vessels to grow or leak. The medication is injected directly into the eye, monthly at first. Topical anesthesia is used to numb the eye. The injections may still cause slight pressure but are done in seconds.

"These medications are fairly miraculous," Dr. Wilson said. "We almost get a get-out-of-jail card with anti-VEGF, because we now have a non-destructive method that is gradually replacing laser as a first line of treatment. But they are not a substitute for eye exams and early diagnosis."

Although controversial, anti-VEGF injections have also shown promise treating retinopathy in premature babies. Long term studies are still needed, however.

If patients have good success, the injections can be scaled back. Doctors hope to one day have a longer-lasting medication, so patients require fewer injections. A refillable sustained-drug release device is currently undergoing FDA trials.

Dr. Wilson said the goal is to stop the damage as early as possible with the least burden possible on patients and their families.

"We want to stop the retinopathy before it starts at the biochemical level," he said, "but we haven't gotten there quite yet."



Like many in the medical profession, Sanjay B. Shah, M.D., is a bit of a workaholic. The India native is always looking for something new to conquer. It may be due to his upbringing.

Growing up in India, he didn't have a lot of resources available to him. He had to work hard for everything. And he's fine with that.

"I've always had this thing about moving forward," the Fayetteville anesthesiologist said. "It's always, 'What's next? What's next?'"

Dr. Shah's personal growth story started after medical school in the mid 1990s. After practicing anesthesia and pain management for five years, he left India to come to the U.S. for medical residency training in Jackson, Miss. He then accepted a job in Fayetteville with Cumberland Anesthesia Associates.

His decision to come and practice in Fayetteville wasn't a difficult one. He found North Carolina beautiful, the weather great, and Cape Fear Valley Medical Center an ideal place to practice anesthesiology.

In his eyes, the hospital was a good size with a full range of surgery specialties. Dr. Shah was especially pleased that it offered cardiovascular surgery, which he found both challenging and rewarding.

He also liked his group practice and Cape Fear Valley Health's administration, so he's never really entertained the thought of leaving. But don't confuse contentment with complacency. He still looks for growth opportunities whenever possible.

A patient once encouraged him to go back to school to get an MBA degree. And he did just that. He was well on his way to a degree before having to withdraw, two courses shy of graduation. His anesthesiology practice had become too busy.

It was a good problem to have, but he still longed for his MBA. Dr. Shah planned to re-enroll and finish his degree, but then he opened his own pain management clinic. His spare time disappeared again.

Today, Dr. Shah is as busy as he's ever been. But he's appreciative. He says people have to secure their own future and goals. He points out how he picks up a book any time he needs to learn a new skill.

Reading has always been a welcome distraction for him. He's been devouring books since middle school. He would often go to the library in the mornings to read a couple of books before class. He'd return later that night to finish off another.

He laughs when explaining his voracious reading habit, saying cable TV, smartphones and tablets didn't exist back then. Sadly,

working his way to the TOP



:: by Donnie Byers

This Board of Trustees member is living the American Dream

Dr. Shah doesn't have the time to read like he once did. New conquests and adventures take up his spare time now.

Part of his time goes to serving on Cape Fear Valley's Board of Trustees. Prior to that, he spent five years on the Cumberland County Board of Health, as a physician representative. The seat allowed him to raise awareness about his favorite cause: teen pregnancy prevention.

During that time, he also helped start a local program called "Prevention of Teenage Pregnancy." He says it helped decrease the local pregnancy rate from more than 1,200 a year to just 500.

If time allows, Dr. Shah travels to far away destinations with his wife Margi and grown children, Jay and Juhi. He also plays golf, like many doctors do. The aspiring tour pro admits that he didn't know the difference between a birdie and putter when he first arrived in Fayetteville.

Growing up in India, English cricket was more to his taste. He played in his younger days until his knees finally gave up. He's all about hitting the links now.

One of his more-recent scorecards registered a birdie on a par-four hole and an eagle during the same round. His eyes light up when describing the day.

"That's a once-in-a-lifetime thing," Dr. Shah said. "Now I know what a birdie means!"

So, things are going pretty well for the good doctor. He's got a great career – two actually – a wonderful family, and a budding golf game he never could have dreamed of while growing up in India. It's the epitome of the American Dream.

Yet, at the end of the day, the successful physician and businessman would still be content to just sit down and read a good book.

He genuinely gets excited when talking about his favorite, *The Three Musketeers*. He loves how the novel depicts historic French culture so much that he once vowed to buy a gigantic house someday and name it the Louvre.

Not surprisingly, the renowned Paris museum is his favorite place to visit. He told his wife he'd go back one day, just to sit inside and reminisce about all the books he's read.

If past accomplishments and sheer drive are any indicators, Dr. Shah can go ahead and purchase his plane ticket now.

CAPE FEAR VALLEY HEALTH
umojafestival

Cape Fear Valley Holds Free Clinic and Health Fair

Cape Fear Valley Health held its annual free clinic and health fair at this year's Umoja Festival.

Hundreds of participants were able to receive free screenings for blood pressure, atrial fibrillation and blood sugar levels.

The Health System partnered with Cumberland County Schools, Southern Regional Area Health Education Center (SR-AHEC) and Cumberland County Department of Public Health to provide free school health assessments and sports physicals.

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





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 Grifton, Roseboro, Kinston and White Lake to provide free health screenings.

CAPE FEAR VALLEY HEALTH : **NEWS** *briefs*

Publix Generator Saves The Day For Bladen County Hospital

Bladen County Hospital was just minutes from closing its Emergency Department when Publix stepped in to save the day with a working generator.

During Hurricane Matthew, Bladen County Hospital had trouble with its generator, so the facility rented one from a company in Indiana prior to Hurricane Florence. When the power cut off, they turned on the rented generator. After about five hours, it quit working.

Tommy Lindsey of the Bladen County Hospital maintenance department hooked up the old generator, which also worked for about five hours. He then called in Elizabethtown residents Daine Smith of Cape Fear Heating and Cooling and Powell Cross of Watson Electrical. They couldn't get either generator to work. Cross knew the Publix store in Fayetteville had a generator. He put Dr. Roxie Wells, President of Bladen County Hospital, in touch with Maria Butters at Publix headquarters in Lakeland, Fla.

Butters got right to work securing an 18-wheel tractor-trailer and driver to transport the store's generator to Bladen County Hospital in Elizabethtown. She also sent a fuel truck and a generator technician to the hospital.

Dr. Wells was appreciative of Publix's assistance during the storm. Without their help, the hospital would have had to close its Emergency Department and send patients out of the county for treatment.

Cape Fear Valley Receives Multiple AHA Awards

The American Heart Association/American Stroke Association has awarded Cape Fear Valley Medical Center seven Get With The Guidelines® awards for patient care quality. The awards include:

- Gold Plus for Heart Failure treatment
- Gold Plus for Stroke treatment
- Gold for Afib treatment
(Atrial Fibrillation or abnormal heart rhythm)
- Gold for Resuscitation of adult patients
- Target: Elite Honor Roll for Stroke treatment
- Silver for Resuscitation of pediatric patients
- Silver for Resuscitation of newly born patients

The American Heart Association and American Stroke Association created the hospital-based quality awards to recognize continued commitment to improve care quality for patients with cardiac diseases and stroke. The goal is to ensure hospitals and health systems use evidence-based medicine when treating patients to ensure the best possible outcomes.

Hoke Hospital Earns Stroke-Ready Certification

Cape Fear Valley Hoke Hospital has earned Disease-Specific Care Certification as an Acute Stroke Ready Hospital from The Joint Commission and the American Heart Association/American Stroke Association.

The certification is for two years. It recognizes hospitals equipped to treat stroke patients with timely, evidence-based care prior to transferring them to a primary or comprehensive stroke center. The certification benefits patients because early medical interventions can help reduce brain damage caused by stroke. Faster treatment times also improve the recovery process.

Bladen County Hospital Designated Lung Cancer Screening Center

Bladen County Hospital has been designated a Lung Cancer Screening Center by the American College of Radiology (ACR). Bladen County Hospital uses low-dose CT scans to help detect lung cancer at earlier stages, when patient treatment options are optimal.

Lung cancer screening with low-dose computed tomography scans, and appropriate follow-up care, significantly reduces lung cancer deaths. Experts recommend annually screening people age 55 to 77 who have smoked one pack a day for 30 years or two packs a day for 15 years and do not have symptoms. Adults who have quit smoking in the past 15 years are also urged to get low-dose CT screens.

Friends of the Cancer Center holds Annual Ribbon Walk

The 12th Annual Ribbon Walk and Run drew 3,000 people wanting to celebrate and support cancer survivors in the community. Held in April, this year's festivities featured a Survivor lap, a one-mile fun run and a 5K walk and timed run. Many chose to form teams to show support of a family member or loved one currently undergoing cancer treatment or to celebrate survivorship. Proceeds benefit the Friends of the Cancer Center's patient support programs. More than \$250,000 in gas vouchers, medications, mammograms, art therapy, nutritional supplements and more are dispersed under the program to patients receiving treatment at any Cape Fear Valley Cancer Center. Gill Security Systems, Inc., was this year's presenting sponsor.

Cohen Clinic Celebrates Anniversary

The Steven A. Cohen Military Family Clinic at Cape Fear Valley celebrated its first anniversary in July. The event was held to thank patients, partners and community organizations who have made the clinic's first year an overwhelming success.

"We have provided free behavioral health services for more than 500 clients since opening," said John T. Bigger, Cape Fear Valley Corporate Director of Behavioral Services, "and helped approximately 800 with case management."

Attendees and VIPs were able to tour the facility and meet Former Special Forces Soldier Chris Corbin, a double-amputee and motivational speaker, and Medal of Honor recipient Kyle White, who spoke at the event.

The Steven A. Cohen Military Family Clinic at Cape Fear Valley is one of 10 Cohen Veterans Network clinics nationwide. It was opened with a mandate to provide low- to no-cost, high-quality behavioral healthcare services and case management resource referrals to veterans, their families and families of active duty, National Guard and reserve soldiers.

Cape Fear Valley Wins Supply Chain Award

Cape Fear Valley Health has been awarded a Supply Chain Excellence Award from Premier, Inc., an alliance of nearly 4,000 U.S. hospitals and more than 150,000 other provider organizations. The Supply Chain Excellence Award recognizes high-value purchasing practices of hospitals and facilities, which help maintain a healthy bottom line while meeting patient needs. Cape Fear Valley Health was one of just 14 hospitals nationwide to win the award for 2018, and the only winner in North Carolina.

Cape Fear Valley Receives STEMI Award

Cape Fear Valley Medical Center has received the American Heart Association's Mission: Lifeline STEMI Receiving Center Gold Plus Award for implementing specific quality measures to help treat heart attack patients.

Mission: Lifeline's goal is to reduce system barriers to prompt treatment, from 911 calls to hospital treatment. More than 250,000 people a year suffer an ST-elevated myocardial infarction, the deadliest type of heart attack. The attacks are caused by blockages to the heart. Restoring blood flow as quickly as possible is vital, either by mechanically opening blocked vessels or providing clot-busting medication.

Cape Fear Valley Hospice and Palliative Care Wins National Quality Award

Cape Fear Valley Hospice and Palliative Care was named a "Premier Performer" in the recently released 2017 SHPBEST™ recognition program. The ranking puts the care provider in the top five percent in the nation among hospice providers nationwide.

The 2017 SHPBEST award recipients were determined by reviewing and ranking overall satisfaction scores for more than 950 hospice providers. Award recipients had to achieve quality scores equal to or better than the SHP national average for the entire reporting year.



CAPE FEAR VALLEY HEALTH : *NEW physicians*

Cardiology



Frank Fedele, M.D.

Carolina Heart and Leg Center

Interventional Cardiology: Rhode Island Hospital/Brown University, Providence, R.I.

Cardiology: Rhode Island Hospital/Brown University, Providence, R.I.

Medical Degree: Cornell Medical College, New York, N.Y.

Board Certification: Internal Medicine, Cardiology and Interventional Cardiology



Vasudev Virparia, M.D.

Premier Cardiovascular Center

Interventional Cardiology: Maimonides Medical Center, Brooklyn, N.Y.

Cardiology: Coney Island Hospital, Brooklyn, N.Y.

Medical Degree: M.P. Shah Medical College, Jamnagar, India

Board Certification: Internal Medicine, Cardiology

Augustine George, M.D.

Valley Cardiology

Interventional Cardiology: St. Joseph Mercy Oakland, Pontiac, Mich.

Cardiology: University of Oklahoma, Oklahoma City, Okla.

Medical Degree: Saba University School of Medicine, Saba, Netherland-Antilles

Board Certification: Internal Medicine, Cardiology



Family Practice

Shaun Hines, D.O.

Bladen Medical Associates – Bladenboro

Family Medicine: Lonesome Pine Family Medicine Residency, Big Stone Gap, Va.

Medical Degree: Edward Via College of Osteopathic Medicine, Blacksburg, Va.

Board Certification: Family Medicine



Hiten Patel, M.D.

Fayetteville Heart Center

Interventional Cardiology: St. Joseph's Regional Medical Center/New York Medical College, Paterson, N.J.

Cardiology: The Brooklyn Hospital Center/Weill Cornell Medical College, Brooklyn, N.Y.

Medical Degree: Government Medical College, Surat, India

Board Certification: Internal Medicine, Cardiology



Jessie Lawrence, D.O.

Westside Medical Care

Family Medicine: Medical College of Georgia, Augusta, Ga.

Medical Degree: Lincoln Memorial University – DeBusk College of Osteopathic Medicine, Harrogate, Tenn.

Board Certification: Family Medicine



General Surgery

Ovie Appresai, M.D.

Ferncreek General Surgery

Bariatrics: Tampa General Hospital, Tampa, Fla.

General Surgery: Harlem Hospital Center, New York, N.Y.

Medical Degree: University of Benin, Benin City, Nigeria

Board Certification: General Surgery

Orthopedic Surgery

John Arnold, M.D.

Cape Fear Orthopedics

Orthopedic Sports Medicine: The Hughston Clinic, Columbus, Ga.

General Surgery: Medical College of Virginia, Richmond, Va.

Medical Degree: St. George's University School of Medicine, St. George's, Grenada

Board Certification: Orthopedic Surgery



: PHYSICIAN *briefs*



Khalid Aziz, M.D.



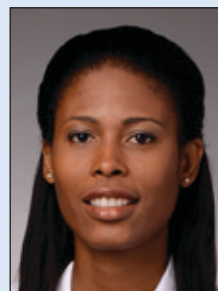
Robert Appel, M.D.



Garrett Franzoni, M.D.



Tracy Bullard, M.D.



Leah Yearwood, M.D.

Khalid Aziz, M.D., has joined Southern Regional Area Health Education Center (SR-AHEC) as a diabetologist. For an appointment, please call (910) 678-0100.

Robert Appel, M.D., and **Garrett Franzoni, M.D.**, have joined Cape Fear Valley Urology at Owen Park, located at 1537 Owen Park Lane. For an appointment, please call (910) 485-8151.

Tracy Bullard, M.D., has relocated her practice to 588 Bailey Road in Lumberton. She will co-locate with QuikCare, a walk-in clinic for minor illnesses and injuries. For an appointment, please call (910) 739-8899.

Christopher Imber, M.D., has joined Cape Fear Valley Primary Care – Fayetteville Family, located at 1307 Avon Street. For an appointment, please call (910) 323-1718.

Leah Yearwood, M.D., has joined Pinnacle Family Care, located at 3625 Cape Center Drive. For an appointment, please call (910) 483-6114.

DO YOU KNOW when to visit an Urgent Care rather than the Emergency Department?



Urgent

Urgent is a condition that requires immediate care but is not life-threatening

Common sprain

Earache

Cold & flu

Sore throat

Abrasion and cut requiring stitches

Urinary tract infection

Mild asthma

Rash without fever

Broken bone with intact skin and no obvious need to reset the bone



Emergency

An emergency is a condition that is life- or limb-threatening

Chest pain

Facial drooping

Head and eye injuries

Sudden numbness or weakness in arm or leg

Uncontrolled bleeding and severe cuts

Vaginal bleeding with pregnancy

Coughing or vomiting blood

Sudden shortness of breath or difficulty breathing

Rash with fever

Major fracture that breaks the skin or needs to be reset



Cape Fear Valley Medical Center is a Level III Trauma Center and has the busiest emergency department in the state. You can often be seen faster and at less cost at an urgent care facility, especially with non-emergent injuries or illnesses.

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

Better Breathers Support Group

Second Thursday of each month
5 – 6 p.m.
Cape Fear Valley Rehabilitation Center
Cardiopulmonary Rehab Classroom
(910) 615-7822 or (910) 615-7845

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.
Medical Arts Center
101 Robeson St., Suite 106
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



CAPE FEAR VALLEY
BLOOD DONOR CENTER



BLOOD DONOR CENTER HOURS

Monday – Friday, 9 a.m. – 5 p.m.
3rd Saturday, 9 a.m. – 3 p.m.

Partners for Life Scholarship

Cumberland County high school seniors, who help plan and execute a blood drive at their school, have an opportunity to earn a scholarship from Cape Fear Valley Health Foundation.

Cape Fear Valley Blood Donor Center and Cumberland County Schools have teamed up for more than two decades to save and improve local patients' lives. They do this through their Partners for Life program, in which Cumberland County high schools host blood drives throughout the year that directly supply our community's blood bank.

Blood drives serve as a platform to show students they are capable of making a difference in their community.

Half of all blood transfused to Cape Fear Valley Health's patients from September to June comes from a local volunteer high school donor.

The scholarship's intent is to foster high school participation with the Blood Donor Center by encouraging high school seniors to take an active role in planning and executing blood drives at their school. Their schools must have hosted at least two blood drives within the past 12 months or met the minimum number of donors relative to the school's size.

The scholarship is funded through donations to Cape Fear Valley Health Foundation and is a one-time \$500 award for students pursuing a degree in the health sciences. Scholarships are awarded to one student at each school.

For more information about the Partners for Life Scholarship and an application, visit www.cfvfoundation.org.

Applications are also available at the Blood Donor Center, 3357 Village Drive, Fayetteville.





Other hospitals practice medicine. We also teach it.



Cape Fear Valley Health. Where patients are healed, and doctors learn.

When you come to Cape Fear Valley Health, and receive our award-winning care, there's something you probably didn't know. We're a teaching hospital. That's right. We've been selected because of our excellence. We've earned the right to teach. Our best and brightest are teaching the next generation of doctors in the future of medicine. Cape Fear Valley Health residents learn from the best in Internal Medicine, Emergency Medicine, Obstetrics and Gynecology, Psychiatry and General Surgery. So next time you're here, look around. You'll no doubt see the next generation of top doctors. Cape Fear Valley Health. The best treating hospital is also the best learning hospital.

