

CAPE FEAR VALLEY HEALTH *and* WELLNESS MAGAZINE

# MAKING ROUNDS

WINTER 2019



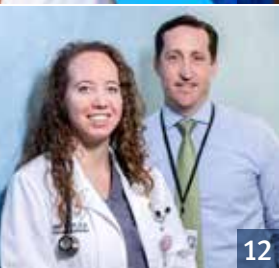
  
**CAPE FEAR VALLEY**  
HEALTH

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## MAKING ROUNDS

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## LETTER *from the* CEO

Every January, 40 percent of Americans make a New Year's resolution. But by February, 80 percent are broken. Sadly, just eight percent of resolutions last. So why not make a few small changes to improve your health instead?

Doctors and dietitians recommend adding more vegetables to your diet. But you don't have to be a vegetarian to reap the benefits of a plant-based diet. Stick with it, and you can lower your weight while reducing your risk for heart disease and type 2 diabetes. Adding one meatless meal a week is a good way to start.

Exercise can also increase the health benefits of a heart-healthy diet. HealthPlex fitness and wellness center is the perfect year-round exercise destination, even for those old enough to join AARP. Members range in age from 13 to 99 and enjoy everything from yoga and lap swimming to weight training and dance fitness. The center is also where our cardiac and pulmonary rehab maintenance programs are held.

Another tip is to get out and play more. Loneliness has been linked to heart disease, stroke, type 2 diabetes and dementia. Resolve not to let work and other obligations interfere with family and friends. Make time for lunch with an old friend or plan a date night with your spouse.

Now is the perfect time to also schedule an overdue checkup or to pick a primary care doctor. Don't be among the 33 percent of Americans who don't have one. A primary care provider helps ensure immunizations stay up-to-date and chronic diseases are diagnosed and treated. Your doctor will even make sure you are scheduled for necessary life-saving screenings for colon, breast or prostate cancer.

If you don't have a primary care doctor, just visit [www.capefearvalley.com](http://www.capefearvalley.com) and click on Find a Physician or call CareLink at (910) 615-LINK.

I'm glad to say Cape Fear Valley Health has made some recent resolutions too. And they've turned out spectacular.

Our new collaborative care model has improved patient care while reducing patient days in the hospital. And our commitment to be an academic medical center has led to the launch of the Carolina Institute for Clinical Research. The new venture will help our physicians and residents conduct clinical trials on new and better drugs.

Our commitment to patient safety and quality care continues as well. It's helped us earn our second consecutive A grade from The Leapfrog Group, the Gold Standard for measuring patient care quality. Just 30 percent of hospitals nationwide achieve an A, so this is a real accomplishment.

You can learn more about The Leapfrog Group and how we achieved our score by visiting [www.hospitalsafetygrade.org](http://www.hospitalsafetygrade.org).

Continuous improvement is all about making small, incremental change. It's true in a hospital setting and in everyday health. So, here's to a great 2019!

Mike Nagowski  
CEO, CAPE FEAR VALLEY HEALTH





# never mind those **LOVE** handles

Beware the belly fat you can't see

:: by Lia Tremblay

**Most people have struggled with their weight at some point**, whether a momentary crisis after the holidays or a lifelong fight with the scale. It's frustrating when things don't fit, and we all know about the health effects of extra weight – it can worsen everything from how well you sleep to how your hips and knees are holding up.

But fat alone is not the enemy when it comes to serious health risks. A particular kind of fat, in a particular part of the body, carries overwhelming health risks. And you might have it even if your outward appearance is pretty fit.



## What is Visceral Fat?

Visceral fat, which builds up around your abdominal organs, is different from the subcutaneous fat that accumulates on our thighs, rear ends and upper arms. It doesn't just sit there, ruining your beach photos and your wardrobe. It releases substances into the body that are linked to potentially devastating health issues.

For example, it releases a substance called retinol-binding protein 4 (RBP 4) that is known to increase the risk of coronary heart disease. This is likely due to RBP 4's harmful effects of insulin resistance, a precursor to metabolic syndrome and Type 2 diabetes, which are known cardiac risk factors.

Aside from diabetes and heart risk, visceral fat is also linked to cancer. Studies have shown colorectal and breast cancers to be much higher in people with expanded waistlines. In one study, biomarkers for breast cancer were significantly reduced when patients lost an average of just 12 pounds.

It's even a risk factor for dementia. A study of more than 6,000 people, spanning an average of 36 years, found that those with the most abdominal fat in midlife were significantly more likely to develop dementia than those with the least abdominal fat.

This visceral fat is essentially an organ unto itself – the only one in the body that is purely harmful. And because it gathers internally, around the organs instead of just under the skin, it may not be as apparent as the fat we're fretting about in the dressing-room mirror. Even people who do not appear overweight may be harboring this quiet enemy, and without surgery or high-tech imaging it's impossible to see.

## Time to Measure Up

So how do you know if visceral fat could be a problem for you? Break out the measuring tape. Stand up straight and exhale, then measure around your middle – the widest part of your waist, across your belly button. Write down the number of inches you measured.

Generally speaking, if your waist measures 35 inches or more (for a woman) or 40 inches or more (for a man) you are likely harboring too much visceral fat.

This is the standard generally used in studies of visceral fat. Some doctors may offer more precise measurements with body fat analyzers, which measure it on a scale of 1 to 59. Anything above a 13 on this scale is considered risky.

## What to Do About It

There's no easy or exciting way around this: It takes long-term changes to your lifestyle. Regular exercise and a smart diet are the only things that are proven to reduce visceral fat. Here are some basic rules of thumb:

**Limit sugar.** Not just that spoonful in your daily coffee, but in all the places you might not know it's hiding. Check your yogurt, pasta sauce, even ketchup for sugar or high-fructose corn syrup. And of course, sugary drinks like soda and sweet tea should be consumed in thoughtful moderation.

**Watch your alcohol.** Alcohol limits your body's fat-burning potential, gives you calories devoid of nutrition, and may lower your inhibitions enough to derail your smart eating choices.

**Choose your carbs carefully.** Processed carbohydrates like white bread and rice will have much the same effect as sugar on your metabolism. Stick to whole grains and vegetables for your carb intake.

**Get plenty of sleep.** Sleep deprivation disrupts the body's production of the hormones that regulate hunger and fullness. If you aren't getting enough shut-eye at night, you are far more likely to overindulge at the table.

**Move more.** Even when you're making smarter food choices, you need exercise to burn off the excess. Exercise is also directly related to heart health, mental clarity and even good sleep. Find an activity you enjoy doing regularly so it's a pleasure to do without prodding.

## Stay on Track

Whether you're in a good range right now, or you've found that you have some work to do, be sure to keep up with regular doctor visits. Your doctor can help you keep track of your progress and offer new ways to reach your goals, including referrals to specialists in nutrition, exercise and weight loss.

Visceral fat is a dangerous thing, but it doesn't have to derail your health. Maintaining an active, healthy lifestyle keeps you in control and keeps that silent enemy at a safe distance.





# Is it time to veg out?

## Reaping the benefits of a plant-based diet

:: by Lia Tremblay

When you think of going vegetarian, odds are your mind goes right to the things you'd miss out on: Thanksgiving turkey, spaghetti and meatballs, hot dogs on the Fourth of July.

But what you would likely get in return is significant: a longer life, a leaner body and a decreased risk of cancer, diabetes and cardiovascular disease. In some cases, a plant-based diet can even reverse advanced coronary artery disease and Type 2 diabetes.

A great example of this is found in a long-term study of Seventh-Day Adventists, a Christian denomination that emphasizes wholeness and health, including a vegetarian diet. Compared to their non-Adventist counterparts living in the same state, Adventists were found to have astonishingly lower rates of death from lung cancer, breast cancer and coronary heart disease.





## Why Is Plant-Based So Good for You?

The benefits are two-fold. First, a plant-based diet lets you avoid some of the troublesome contents of meaty foods: saturated fats, cholesterol and inflammation-causing carnitine, not to mention the antibiotics routinely pumped into most livestock today.

And by leaving more room on your plate for vegetables, fruits and whole grains, you can reap more of the well-known health benefits those foods have to offer.

“It’s really a diet for everybody,” said Solomon Ghebregziabihier, M.D., of Village Internal Medicine (affectionately known to his patients as Dr. Solomon). “In internal medicine, my main job is preventive care. Helping people avoid medication when possible, keep their weight and blood pressure down ... a plant-based diet is helpful with all of this.”

Dr. Solomon is especially eager to recommend this change for patients who have struggled with obesity, diabetes and heart trouble. But, as you might imagine, it can be a tough sell.

“I tell them, ‘You’ve been doing the standard American diet for all these years and this is where we are,’” he said. “Just try to cut back on the meat a little bit, increase the plants in your diet, see how you do.”

## Testing the Waters

For many people, this gradual approach to a plant-based diet is helpful. Knowing that they don’t have to commit to a completely meat-free life can make it easier to change their diet overall.

Some people introduce the change to their families with “Meatless Mondays,” so that just one day of the week is dedicated to plant-based meals. This is a great way to explore foods and recipes that may eventually become staples of your new diet. As you become more comfortable with meals where meat isn’t the main event, you may find that you don’t really miss it.

Dr. Solomon is quick to point out, however, that leaving meat off the plate is only half the battle.

“It’s important that you replace that meat with a variety of vegetables, legumes, and other plant-based foods,” he said. “You want to add nutrients to your meal, not just eliminate meat from it.”

## Easier Than Ever

Though the idea of changing your diet might be daunting, there has never been a better time to adjust to a plant-based diet. With the popularity of documentaries like “Forks Over Knives” and “Vegucated,” not to mention legions of vegetarian and vegan celebrities raving about their health, it has become a much more mainstream way to live. Soy milk and veggie burgers are no longer relegated to college-area health food stores; they’re in just about every grocery store.

Dr. Solomon recommends exploring the website of the Physicians Committee for Responsible Medicine at [pcrm.org](http://pcrm.org). Among other helpful health tips, you’ll find lots of guidance and recipes on making the switch to a more plant-based diet. They even have a Vegetarian Starter Kit, packed with helpful information on getting all the tasty benefits of your four new food groups: fruits, vegetables, legumes and grains.

## Here are some tips to help ease the transition:

Think of meat-free dishes you already love, like eggplant parmesan or hummus, and plan to enjoy those more often.

Find ways to replace the meat in your other favorites, like substituting refried beans for beef in a burrito or stirring mushrooms into your favorite pasta dish.

Research restaurants with great vegetarian options. Even a steakhouse will have salads for you, but some places really excel at offering a variety of meat-free treats.

Check out produce at a variety of stores and markets. Now that you have more room on your plate for fruits and vegetables, you might really enjoy finding new favorites like mango or jicama.

However you go about it, fueling your days with a more plant-based diet is a smart move. For every hot dog or turkey leg you miss, you get tasty new foods and happier doctor visits. That’s a pretty smart trade!



Lia Tremblay

# Only the lonely

## Feeling isolated can be hazardous to your health

Human beings are wired for social connection. Feeling like we have a place among others – a family, a workplace, a circle of friends – is vital to our functioning in the world.

So it's no surprise that social isolation is harmful to our mental health. Having no one to talk to or belong to can wreak havoc on a person's mood, self-esteem and sense of security.

But did you know that loneliness can also affect your physical health? In multiple studies, loneliness has been linked to heart disease, stroke, Type 2 diabetes and dementia.

Here are some recent examples:

This past year, researchers in the United Kingdom released the results of a seven-year study that tracked nearly a half-million adults. All were studied to determine their physical health as well as their lifestyle habits, including exercise, diet, work and social life. They found that social isolation corresponded to a 43 percent higher risk of first-time heart attack, and a 36 percent higher risk of first-time stroke.

In a recent Danish study of people living with various heart conditions, women who reported feeling lonely had twice the mortality risk of their more connected counterparts. For men, the risk was almost as high.

A Dutch study in 2017 analyzed the social networks and health of more than 2,000 people. Women in the study were found to be 112 percent more likely to have Type 2 diabetes if they lacked social connections. Their male counterparts were 42 percent likelier.

Results like these have prompted some to call loneliness a serious public health issue – more widespread and harmful than even obesity or smoking.



## Loneliness vs Being Alone

There's an important distinction in many of these studies: being alone and feeling lonely are two different things. Social isolation is the relative lack of company in one's life. Loneliness is feeling regret about a lack of human connection. It is possible for someone to spend most of their time alone and feel at ease that way, and it's possible to be surrounded by people while feeling connected to none of them. (In fact, some studies have shown that most people who report feeling lonely are married.)

If you spend most of your time alone, you are less likely to have someone reminding you to stick to healthy habits. No one is noticing the small signs and symptoms of illness that we often overlook in ourselves. There's less motivation to bathe, groom and cook as we might when a loved one is around.

But if you spend most of your time feeling lonely, the effect on your health is more insidious. Being dissatisfied with your lack of social connection causes stress, which raises blood pressure and sparks the continual circulation of stress hormones. This causes the heart and blood vessels to work harder and leads to widespread inflammation throughout the body. So it's no wonder that loneliness is linked to so many different conditions.

## A Vicious Cycle

Just as loneliness can lead to serious health issues, becoming very ill can cause even the most well-connected person to suddenly become very isolated. Someone living with dementia may find they are increasingly left out of conversations and family decisions, and someone whose declining health has led to placement in a nursing home may experience loneliness like never before.

But troubling levels of loneliness are not just for the older, sicker ones among us. An analysis of 3.4 million people, across 70 studies, found that the prevalence of loneliness actually peaks in adolescents and young adults. By middle age, most people have settled into the connections of marriage, work and community, and will likely feel satisfied with their social networks until circumstances dramatically change.

Current research is digging into a possible genetic link to loneliness. Just as some of us are genetically predisposed to depression or anxiety, there may be people whose tendency to feel lonely has as much to do with their DNA as their current life circumstances. Knowing this could be helpful in understanding why we feel the way we do, and the importance of maintaining connections as we age.

## What to Do

Because we know that being alone and being lonely are not always the same thing, the solution is not as obvious as it might seem. Simply being around more people isn't going to make a lonely person feel better – the idea is to increase the quality of connections, not the number of acquaintances.

### Here are a few ideas that may be helpful:

#### Nurture your existing relationships.

Rather than starting from scratch, try breathing new life into the connections you already have. Call a friend you haven't spoken to in a while. Ask your neighbor over for dinner. Take an old co-worker to lunch and get caught up.

#### Don't lean on social media.

It's a great way to keep in touch with friends, but be careful not to let it replace real, in-person connections. Having 200 Facebook friends can help you pass the time and see how everyone is doing, but it can't replace real conversations and quality time.

#### Pursue your interests.

Enrolling in a sign language class or a poetry workshop puts you into a room with people who already have at least one thing in common with you. Having something to work on together can be a great start to real friendship.

Everyone feels lonely from time to time, especially after major life events like an out-of-state move or the death of a loved one. But if loneliness is becoming a way of life for you, reach out and do what you can to get connected. Your health may depend on it.





# The Formula To Success

*:: by Donnie Byers*

**TEAMWORK** is helping Cape Fear Valley send patients home faster

## Nothing ever stays the same in healthcare.

New drugs, technology and patient care methods are constantly introduced in the name of better patient care. One of the newest care trends making the rounds in U.S. hospitals is called collaborative care, which takes a more team-oriented approach.

Patient care providers work closely alongside others, so everyone is more involved with every patient's care. The concept has actually been around for years. But it has been slow to gain traction, because hospitals often lacked the resources or commitment.

The hard truth is that implementing change can be difficult for hospitals. They employ hundreds or thousands of caregivers who have always done things a certain way.

Cape Fear Valley Health could have fallen into the same trap. But the state's eighth-largest health system is committed to the concept and has begun using the collaborative care model at its flagship hospital, Cape Fear Valley Medical Center.

The goal is to provide more standardized care, improve patient outcomes and decrease readmissions, while safely reducing patient length of stays.

Reducing patient length of stay is the Holy Grail for hospitals. Lengthy hospitalizations drive up insurance costs, increase the risk of hospital-acquired infections for patients, and take up finite bed space.

Freeing up beds has been a struggle for Cape Fear Valley Medical Center in recent years, as more acutely ill or injured patients flock to its busy Emergency Department. But the ED patients can't be admitted to the main hospital until a bed upstream is open. This leads to more patient backlogs, creating a vicious cycle.

Collaborative care is finally helping the hospital get a handle on the problem, however. Initial data shows patient floors using the practice are seeing sustained decreases in patient length of stays. At the same time, the number of patients cared for is way up.

The formula helped Cape Fear Valley Medical Center see its lowest average patient lengths of stay and highest discharge rate ever last June. The success has subsequently eased wait times downstream in the ED.

"The whole hospital has seen a decrease in wait times," said Rick Irving, MHS, PA-C, Cape Fear Valley's Director of Advanced Practice Providers and Collaborative Care. "We've





always talked about doing this, and now the results are actually exceeding our expectations.”

Irving says vastly improved staff communication is the key. Nurses and physicians have always discussed patient statuses during shift changes. Collaborative care just augments the practice, while also streamlining it.

Nursing teams use a simplified checklist and patient condition form to track patient statuses instead of longer, more detail-oriented reports. The checklists have admission information on the front, with easier-to-read daily events, vital signs and daily lab reports on the back.

The reports are briefly discussed by staff on each floor during patient rounding in the morning and again late in the afternoon. At noon, longer “team huddles” are held with physicians, mid-level providers, unit managers, nurses and any other specialist on the unit.

The huddle can last an hour and discuss 40 patients or more. And just like a football huddle, the meeting is led by a single play-caller. In most cases, it’s the hospitalist in charge.

Up to 20 people may cram into the small conference room 1 North Observation staff uses for huddles. It’s all business when

staff enter the room, as the lead team member starts asking questions and giving directions in rapid fire succession.

When done, the team decides what’s next for each patient. If the patient is ready to go home, a discharge order is written up. If not, the patient is admitted as an inpatient and transferred to another unit.

Emmanuel Nwamara-Aka, M.D., a Cape Fear Valley hospitalist, presides over his daily huddles like a bench judge working a courtroom. He hunches over at the edge of his seat as he stares at a long list of names. His reading glasses sit equally forward on his nose as he reads.

He continuously addresses different team members and asks questions like, “do they have a bed?” or “so what’s next?” Team members often answer and then leave the room. Their departure frees up space for other team members to enter.

Dr. Nwamara-Aka has quickly become a fan of the collaborative care model. He says its ability to drive down patient lengths of stay is extraordinary.

“The beauty of it all,” he said, “is that everybody works as a team, benefitting patients.”

Maria McCleod, Patient Care Manager for 1 North Observation, said collaborative care works because it speeds up the discharge process. ED patients who may need to be admitted are fast-tracked upstairs to her unit, instead of languishing in the ED.

Patients immediately start having tests after arriving to her unit. If results are normal, the patient is sent home. If not, the patient is admitted for more tests.

“The idea is to expedite their care,” McCleod said, “and send them back home. It’s been working tremendously well.”

The collaborative care model was originally tested on McCleod’s unit, before being pushed out to 2 South, 3 South, 5 South and 6 South during the past year. Irving says it has worked so well that it will eventually be rolled out hospital-wide.

When asked what he thought of the progress so far, Irving keeps his answer short, just like the collaborative care concept.

“It’s been pretty incredible,” he said.



:: by Donnie Byers



# a greater need

Physician residents are  
training to become doctors  
in rural America, which  
greatly needs them

Growing up in a small Ohio town, Amy-Jo Bekong, D.O., realized the importance of a good family physician, even at an early age. So, she decided to go into the field herself.

“I just liked the idea of taking care of people,” she said. “My family saw one particular doctor growing up, and they inspired me to be a doctor too.”

Now in her third year of residency, Dr. Bekong is well on her way to achieving her dreams, training as a physician resident at Coats Medical Services. In the process, she finds herself providing care in a town just like the one she grew up in.



There's a nationwide shortage of doctors. Nowhere is the pinch felt greater than in rural American towns like Coats. The Harnett County municipality is a sleepy little community of 2,500, midway between Fayetteville and Raleigh, not too far from Interstate 95.

By most accounts, it's like any other small rural town. It has a main street dotted with mom-and-pop stores and restaurants, but hardly any doctor's offices. It's a common theme. Doctors in these rural landscapes are aging out of the workforce, with no one to replace them, causing a growing healthcare disparity.

Roughly 20 percent of the U.S. population lives in rural towns, yet 10 percent of physicians practice there. At the same time, 18 percent of rural residents are age 65 or older. This population group requires far more care than their younger counterparts.

Rural patients also tend to be less well-insured and have more chronic illnesses, while having less access to preventive medicine. Studies show rural residents are living increasingly shorter lives over the past 40 years. It's why improving access to healthcare is vital in these parts.

Coats Medical Services offers its residents everything from pediatric to geriatric care. Services include simple flu shots and annual physicals to dedicated women's services and chronic treatment, such as diabetes, high cholesterol and hypertension.

The family practice also has a convenient walk-in clinic for more urgent needs, such as lacerations and stitches, as well as sports injuries. The latter isn't typically offered in small town offices.

Coats Family Services can offer the specialty because of its director, Ryan Hudson, D.O. The California native previously practiced sports medicine fulltime at nearby Campbell University. He joined Coats Family Medical Services two years ago to head its growing Family Medicine Residency Program.

The partnership between Cape Fear Valley Health and Campbell University's Jerry M. Wallace School of Osteopathic Medicine has attracted young doctors from as far away as Chicago and Nevada to train. But some are also from Campbell University, four miles up the road in Buies Creek.

The program's goal is to prepare new generations of doctors who want to practice medicine in more rural settings. Dr. Hudson grew up in a primarily rural town, so he understands the need.



"We want to train and develop these physicians," he said, "so they can take care of entire families. Hopefully, one or two will stick around to practice in the area when they're done."

He'll learn later this year if his wish comes true when the program graduates its first two residents. Until then, the entire resident staff continues to train as if they were already in private practice.

The residents see patients on an individual basis, checking symptoms and then prescribing treatments or medications. If the young doctors need advice, they can knock on Dr. Hudson's office door. He practiced private medicine for a decade and feels just as comfortable treating patients in an office as he does athletes on a sideline.

Residents can also seek advice from the facility founder, Linda Robinson, M.D., who has practiced medicine for 40 years. She and her late father, W. Donald Moore, M.D., opened the practice's current location at 25 N. Johnson St. The facility is spacious and modern looking, with plenty of room for the residency program and staff.

Dr. Robinson reluctantly opened the location in 2003 at the persistence of her husband. Looking back, she says it was the right decision because the office has faithfully served the community over the years.

Father Time has taken a toll on Dr. Robinson's knees, so she has to make her way around the office now with a rolling walker. But she still loves working and has no plans to retire. She also plans on staying put, despite several opportunities to move elsewhere over the years.

"I'll practice as long as I can drag my carcass in here," Dr. Robinson said with a chuckle. "I just want to do family medicine."

The quiet determination is a hallmark of many good rural doctors. The residency program organizers are hoping their young staffers gain the same trait.

This seems to be the case, at least with Dr. Bekong.

"I really like it here," she said. "I plan on staying in North Carolina."





# testing, testing, testing

How conducting clinical trials helps patients both far and near

*:: by Donnie Byers*

Modern-day medicine has come a long way over the centuries, helping fight everything from simple colds to cancer. But sometimes what's available isn't enough. At times like these, trying something new is called for.

Participating in a clinical trial opens access to experimental drugs or devices that could literally save a patient's life. But a willingness to participate is required.

Just one percent of Americans currently participate in clinical trials, according to experts. Patients decline for various reasons. Apprehension is obviously one. Others include limited trial space or driving distance. Some patients drive hours to participate in a study.

Clinical trials have been a rarity in southeastern North Carolina, but that will soon change. Cape Fear Valley Health is launching its own clinical trials program, with the help of Wake Research Associates of Raleigh. The goal is to bring clinical trials to the region on a wide scale, while furthering the health system's teaching hospital mission.

"We're going to do research across all service lines," said Sam Fleishman M.D., Chief Medical Officer of Cape Fear Valley Health. "That includes internal medicine, inpatient trials for hospitalists, urology, gynecology, oncology and others."

It's an ambitious plan, but certainly attainable due to Wake Research Associates' experience in the field. The Triangle-based research firm boasts a patient candidate pool of more than 2 million Americans and 15 research sites across the U.S.

Cape Fear Valley's program is called Carolina Institute for Clinical Research (CICR). The office is located within walking distance of Cape Fear Valley Medical Center's Owen Drive campus.

The research institute already has several physicians on Cape Fear Valley's medical staff ready and willing to serve as principal investigators for studies. Each physician is trained in FDA-approved methods on how to conduct clinical research.



## Clinical Trial Patients Needed

Wake Clinical Research is currently accepting test patients for several new clinical trials in addition to the overactive bladder studies.

### Obesity Study

Connette McMahon, M.D., is the principal investigator of a study testing a rapid genetic kit to determine the cause of a patient's obesity. She is an obstetrician and gynecologist with Jones Center for Women's Health. Men or women with a body mass index (BMI) of 40 or higher may qualify to participate.

### Yeast Infection Study

Dr. McMahon is also testing a new yeast infection drug. The drug is taken by mouth and stays in the system longer than other medications. Female patients with a current infection and three previously documented yeast infections in the past year can apply for the study.

This test is a double-blind trial. Patients will either get the new drug, a currently available drug, or a placebo. All participants will be treated for their infection by the end of the study, regardless what they are given during the trial.

### Baby Formula Study

Parents of newborn infants can apply for a clinical trial testing organic baby formula versus generic powdered formula. The four-month study is led by Tahmida Jahangir, M.D., a pediatrician with Cape Fear Valley Pediatric Care. It is open to newborn infants, 0-14 days old.

### Rapid Flu Test

This clinical trial is accepting applicants for a new rapid flu testing kit. Test subjects are not required to currently have a fever but must exhibit some type of flu-like symptoms. These can include runny nose, congestion, body aches and fever.

Male and female patients of all ages are needed for the 200-person study. The trial is led by Judith Borger, D.O., of Cape Fear Valley Emergency Department, and Richard Ferro, M.D., of Cape Fear Valley's ExpressCare facilities.

To learn more about the trials or to apply, contact Toree Gomez, Clinical Trials Coordinator, at (910) 302-8151.

Their work will help advance new drugs, vaccines and devices currently under consideration by U.S. pharmaceutical and medical supply manufacturers. The FDA requires all drugs and devices to be strenuously tested and researched before manufacturers can apply for a marketing license here and abroad.

Volunteer participation varies from study to study. Some patients just fill out questionnaires or surveys, while others might give blood or biological samples. Chosen candidates actually take the drug, or undergo testing, or use a medical device.

There are always risks involved. Researchers must inform volunteers what will be asked of them ahead of time and have patients sign consent forms. Patients can drop out of a study at any time.

Clinical trials can prove to be monumental. During World War II, doctors tested penicillin on the battlefield. The drug proved so remarkable at the time that soldiers crept into medical supply tents to get it.

The first recognized clinical trial occurred long ago aboard British ships, where sailors with scurvy were given oranges and lemons. The practice worked so well, the sailors were often back at their post in a week. Sailors have been called "limeys" ever since.

Trial methodology is far more advanced today, but the concept remains the same: conduct testing until a drug or device is safe enough for the masses.

Cape Fear Valley landed its first clinical trial in November. It will study the effects of a new drug for overactive bladders and bladder cancer.

Area patients are actively being recruited for the study, which is being headed by Juan Lopez, M.D., FACS, of Cape Fear Valley Urology. The Fayetteville urologist conducted similar studies while practicing in Florida.

Dr. Lopez is working with CICR research coordinators to identify study participants from his own practice. In time, he'll begin reporting results from his research. He may also test new devices in the future.

If all goes well, Dr. Lopez's work will help bring a new drug to market. It could also help some of his own patients who might have run out of options.

"Clinical trials can open a lot of new doors," he said. "Our hope is that this will be the case for us."







# GAMES ON!

## Diabetic children get a competition of their very own


**Cole Green had always been active and healthy his entire life.** So, imagine his family's shock when the Fayetteville middle schooler was diagnosed with type 1 diabetes.

Green was competing in an obstacle course competition two years ago when he suddenly fell ill. He was rushed to the hospital where doctors broke the news to him and his family. Cole's father, Chris, was devastated.

"It felt like he was robbed of a healthy future," the elder Green said.

Being a resilient child, Cole doesn't dwell on the diagnosis, nor the daily insulin he now takes. He'd much rather focus on sports, like he did before. He wrestles, plays soccer and runs on the school track team.





We want our  
community to  
understand that  
children can have  
diabetes, and it's  
not a disability.

— Brunilda Cordero, M.D.

The tall, wiry athlete was seemingly born to run, competing in Spartan races and half marathons with equal ease. He recently ran a mile, finishing with a leisurely time of 6:12.

“I could’ve gone faster,” Green said after the race.

He probably could have. But on this day, simply competing was victory enough.

Green was running in the inaugural North Carolina Diabetic Olympic Games, which were created to let diabetic youths like him showcase athletic prowess. Children of all ages, from across the state, descended upon Methodist University’s Monarch Stadium in November to participate.

Events ranged from traditional track and field sports, like the 50-meter dash and long jump, to more modern obstacle and giant hamster ball races. The emphasis was on participation and fun instead of solely winning medals.

The games were the brainchild of Brunilda Cordero, M.D., of Cape Fear Valley Pediatric Endocrinology. She started planning the games two years ago, because she felt diabetic children should have showcase games, just like the N.C. Special Olympics in Raleigh.

Dr. Cordero also believes diabetic children should play sports and get healthy exercise, not stay inside. Sadly, that’s often not the case. Parents worry about their diabetic children becoming ill or injured during outdoor activities or athletic competition. Coaches and trainers often fall into the same trap, limiting a diabetic athlete’s participation out of fear.

“To me, this is misguided,” Dr. Cordero said. “We want our community to understand that children can have diabetes, and it’s not a disability.”

If for only a day, she got her wish. A number of parents and family members cheered from the stands during the Diabetic Olympic Games while watching their loved ones compete. The games kicked off with an opening ceremony parade. Competitors then huddled trackside for the events to begin.





Most ran traditional track events, ranging from 25 meters to a mile in length. Brief medal ceremonies were held after each race. Dr. Cordero bestowed medals upon victorious athletes, just like in the Olympics.

The day's biggest draw may have been the CrossFit obstacle course. Competitors scooted around cones, underneath hurdles and then across long benches, before lifting huge tractor tires and pushing heavy wheeled sleds across a field.

Many of the entrants were exhausted and sweaty after their run, but just as many sported wide grins at the finish line.

The long jump area was nearby. Competitors took multiple turns trying to outjump each other into a sandy pit. Volunteers stood with rakes at the ready to measure distances and then smooth out the landing area after each attempt.

Even younger children who weren't officially competing were allowed to try their hand at events during the day. They also played games and browsed free giveaways with parents at nearby sponsor booths.

By the end of the day, most of the official competitors left Monarch Stadium with a fist full of medals and memories for a lifetime. And that's just what Dr. Cordero was hoping for when she originally thought up the games.

"Hopefully, if this gets big enough, it'll become an annual event," she said. "Maybe even national."

She just may get her wish.

The Juvenile Diabetes Research Foundation and ADA North Carolina Chapter have expressed an interest in taking the games national. If it does, diabetic children from across the country will get a chance to showcase their athletic ability and not just those in North Carolina.





with a little help  
from her

Friends





Tana Coleman is standing in the sun adjusting her fanciful rainbow-colored wig. It's shifted to the side due to the equally fanciful headband adorning it.



All around her, are people clad in pink T-shirts, hustling and bustling. It's a scene straight out of a situation comedy, and Coleman is ready. It's almost showtime.

The 12<sup>th</sup> Annual Cape Fear Valley Health Foundation Ribbon Walk & Run for Cancer is about to start, and Coleman is participating. So are 38 of her closest friends, co-workers and family members who comprise her "Tana's Tata Troop."

The 38-year-old could not have imagined being the inspiration for a Ribbon Walk team a few years ago. But she was diagnosed with breast cancer in 2017, and it changed everything.

:: by Ginny Deffendall

ds





“It felt like a punch in the gut,” Coleman said. “It’s like standing on a trap door and having it open on you. You don’t know what awaits you at the bottom. You just know you’re falling.”

Hormone therapy wasn’t an option, so doctors recommended a double mastectomy. It was a radical decision, but Coleman was suffering from Triple Negative Invasive Ductal Carcinoma, a particularly aggressive form of breast cancer.

Her doctors also prescribed five months of chemotherapy and five weeks of radiation at Cape Fear Valley Cancer Treatment and CyberKnife Center to ensure any lingering cancer cells were gone.

The treatment quickly took its toll on Coleman, who was normally vivacious and full of energy. But she kept her spirits high, thanks to friends, family and “the most supportive and loving boyfriend who ever existed.”

She also found support among the staff, volunteers and other cancer patients she met during treatment visits. They never let her feel like she had to go through it alone.

“There wasn’t a single person who wasn’t supportive,” Coleman said. “They were so compassionate.

**They have a way of putting you at ease, even as you experience one of the scariest things possible. It makes you feel like you’re in good hands.**

“They have a way of putting you at ease, even as you experience one of the scariest things possible. It makes you feel like you’re in good hands.”

Art therapy classes provided by Cape Fear Valley Health Foundation’s Friends of the Cancer Center helped Coleman express her feelings through art. She was most affected by the Look Good Feel Better class.

The hair and makeup workshop taught her how to help camouflage the ravaging effects of cancer treatment. She received a wig and a free makeup kit, as well as a renewed sense of self-esteem. She needed it.

Coleman considers herself far from superficial, but she was devastated after losing her eyebrows.



“They showed me how to draw them back on,” she said with tears welling up in her eyes. “It just meant so much to be able to sit with a group of women who were all battling cancer and going through the same issues.”

Talks with co-workers about the services provided by Friends of the Cancer Center eventually led to her decision to form a Ribbon Walk team. Coleman began raising funds, while her boyfriend made shirts for the team to wear.

Held every April, last year’s Ribbon Walk drew thousands of participants and attendees. Tana’s Tata Troop was the biggest team entered and competed wearing bright pink T-shirts, tutus and unicorn horns. One member even wore a dinosaur costume.

The fashion choices may have been a bit over the top, but it was all for a good cause. It certainly helped the team captain laugh again.

“For a few hours, I forgot I was sick,” Coleman said. “I was just hanging out with friends and family.”

The positive energy and support bolstered her so much that she completed a new one-mile survivor’s walk instead of the quick survivor’s lap she originally entered. In the process, her team raised more than \$2,100. That may not seem like a lot, but the amount can fund a number of Friends of the Cancer Center programs and services.

Sabrina Brooks is Cape Fear Valley Health Foundation’s Executive Director. She said \$2,100 can pay for 10 mammograms, 88 therapeutic massages, 2.5 months of Artful Reflection classes, or three months of housing and utility payments for the average cancer patient.

“It really can do a lot,” Brooks said.

When Coleman learned what the money could do, she again started to tear up.

“If everyone out there was able to do that much, we’d be able to take care of everybody,” she said.

More than 3,000 people attended last year’s 2018 Ribbon Walk and Run, helping raise nearly \$90,000. This year’s Ribbon Walk, presented by Gill Security, will be held on April 20 at Festival Park in Downtown Fayetteville.

Coleman and her Tana’s Tata Troop will be back, showing once again, cancer can’t keep a good woman down.



Walking with a team doesn’t just make the Ribbon Walk more fun, it makes it easier to raise more funds for area cancer patients.

Some teams, like the Cape Fear Valley Cancer Centers team, start fundraising early by hosting bake sales and silent auctions to raise money for the Ribbon Walk.

The 2018 Ribbon Walk and Run had a registered 139 teams. The top five fundraising teams were:

**Cape Fear Valley Cancer Centers:** \$10,448

**Cape Fear Valley Health Foundation Board of Directors:** \$3,000

**Tana’s Tata Troop:** \$2,102

**St. John’s Saints & Sinners:** \$1,780

**Aleesa’s Cancer Crushers:** \$1,240

Teams are comprised of local business employees, running clubs, churches, community groups, sorority and fraternity groups, and teams in honor or remembrance of a loved one.



If you would like to start a 2019 Ribbon Walk team, sign up online at [ribbonwalkforcancer.org](http://ribbonwalkforcancer.org)





# a two-way street

Doctor visits should be a conversation, not a lecture

**After a visit with your doctor, do you ever come home with more questions than answers?** Not quite sure why you have this prescription to pick up, or what you're supposed to do next?

You're not alone – and the result may be more than just momentary confusion.

Most people have felt puzzled by a doctor visit at some point, but it's especially true for people over 50. Unlike their younger counterparts, this age group tends to have more health conditions to treat, may have difficulty with changing technologies, and are likelier to come from a generation where the advice of doctors is accepted without question.

It's a widespread issue. A recent survey by the University of Michigan Institute for Healthcare Policy and Innovation

found that many older Americans are dealing with a big communication gap when it comes to their physicians. The study included more than 2,000 Americans between the ages of 50 and 80, and made some surprising discoveries:

In the preceding year, 16 percent of patients had been offered health services they believed to be unnecessary, including prescriptions and diagnostic testing. But a full 50 percent of those patients consented to the services anyway.

Conversely, 10 percent of respondents said their doctor advised them not to get a particular test or medication. Most reported that an explanation was given, but 40 percent of them admitted they didn't understand it.

Overall, 54 percent of respondents believed their physicians recommend tests, screenings or prescriptions that were unnecessary.



Whether the issue is too many services or not enough, it's clear that many patients are leaving the exam room with an incomplete picture of what their doctor is recommending and why. This can lead to a spectrum of problems – neglected health issues on one end and redundant, costly services on the other.

## Give and Take

At first blush this all may seem like the result of poor bedside manner, but it's important to remember that physicians need their patients to be part of a conversation about their healthcare. If your doctor doesn't hear your questions about the visit, or your honest feedback about what is recommended, she doesn't have a complete picture of what is necessary or how well you understand it.

So what can you do to be better prepared for your next doctor visit, and leave feeling confident about its outcome?

**Understand the services available.** The “Choosing Wisely” website ([www.choosingwisely.org](http://www.choosingwisely.org), also available as an app for smartphone or tablet) was created by medical professional groups to explain various kinds of services and their value to patients. You can search by specialty (cardiology, neurology, etc.) and by type (imaging, medication, etc.) to see which services are supported by substantial research, and which ones might be outdated or dubious.

**Bring a friend.** Sometimes just having a second set of ears with you can help you remember more of what was said. Bringing someone who knows you well also means they can ask questions you might not have considered or might be hesitant to ask.

**Take notes.** Bring a list of concerns with you to the appointment so you don't forget anything you wanted to ask about. And while you're there, write down any recommendations the doctor makes so you can remember and research them later.

**Be honest.** If you don't understand something your doctor has said, don't be afraid to say so – what is daily conversation for doctors might be incomprehensible jargon to the rest of us. And if you are skeptical of a recommendation being made, speak up. You might get a really helpful explanation that changes your mind, or you might give your doctor a good reason to rethink her advice.

**Ask about follow-up.** If a question occurs to you on the drive home, how can you reach your doctor to ask it? Does her office have an online portal where you can see your test results, or will you be waiting for a phone call? Don't leave the office without knowing what to expect next.

All of these things can help give your doctor a fuller picture of how you're doing, and help you leave each appointment with confidence.

We are living longer than ever before, but that means older Americans are spending more time in the healthcare world than their parents and grandparents did. There's no reason to be a passive spectator to your own care. Make sure you are a vocal part of the team that keeps you well!



Use your “**BRAIN.**” This acronym can be helpful in getting thorough information when your doctor recommends a service:

**BENEFITS** : What are the benefits associated with this choice?

**RISKS** : What are the risks I should know about?

**ALTERNATIVES** : Are there any alternatives to this option?

**INSTINCTS** : Ask yourself what your “gut” says about this.

**NOTHING** : What happens if we do nothing?






BOARD PROFILE

:: by Anna Haley

# serious. competitor

Emily Shaefer took on  
breast cancer and won





**In 2011, Emily Schaefer discovered a lump under her armpit by accident.** She wasn't concerned at first, thinking her body was just fighting off an infection. However, she mentioned the lump during a routine checkup a few weeks later.

Bloodwork came back normal. Her doctor, Stuart Jordan, M.D., ordered an ultrasound and biopsy. Schaefer was driving to the mountains for a week's vacation, when she got the call. It was breast cancer.

After the shock wore off, she felt almost relieved it wasn't lung cancer.

"I knew the chance of my surviving was much higher," she said, "as opposed to having lung cancer, since I'm a non-smoker."

However, the cancer had reached stage III. But Schaefer wasn't about to give up. The lifelong athlete was too competitive. She played tennis in college and still plays competitively today. She even competed in a recent USTA National Tennis Championship.

Cancer was just something else to win at.

Six months of chemotherapy was ordered. Schaefer complied with nary a complaint, because people were depending on her. There was her husband, Dickson, her four school-aged children, and the countless friends and students she came to know at Fayetteville Academy where she volunteered.

A native of West Virginia, Schaefer came to Fayetteville after marrying her husband. The couple met while she was in college, then moved back to his hometown, so he could practice orthopedic surgery with Fayetteville Orthopaedics and Sports Medicine.

And then there were her numerous other volunteer commitments, including serving as co-chair for Cape Fear Valley Health Foundation's annual gala at the time. Other people might have caved under the pressure.

"Cancer was just something that was part of my life like everything else," Schaefer said.

**The Cancer Center played such an important role in my life, I told myself that when I had the time, I wanted to give back even more.**

---

Luckily for her, chemotherapy went smoothly with few side effects. Planning the gala also kept her busy. She knew it would raise money for programs and services for other patients facing similar hardships.

Schaefer served on the gala committee two years before co-chairing with Nancy Duggins for four years. The duo helped raise \$775,000 during that time for various projects to support Cape Fear Valley programs involved with the healing process.

Six weeks after chemotherapy, Schaefer underwent surgery to remove any lingering cancer cells. When doctors declared her cancer-free, she was overwhelmed with relief.

"The Cancer Center played such an important role in my life," she said. "I told myself that when I had the time, I wanted to give back even more."

Schaefer now serves as Cape Fear Valley Health Foundation Board President and sits on Cape Fear Valley Health's Board of Trustees. She also serves on boards with the Cumberland Community Foundation and Cape Fear Botanical Garden.

Hardly a day goes by that Schaefer doesn't find herself driving to a meeting, taking phone calls or lending a hand to one of the agencies she's involved with. She could easily choose to sit at home and relax or play tennis with friends after her cancer ordeal.

But she doesn't mind the continued responsibilities. And nothing pleases her more than working with Cape Fear Valley and its Health Foundation.

"I enjoy giving back to the place that gave me back my life," she said.

And that she has.



CAPE FEAR VALLEY HEALTH : *NEWS briefs*

## UnitedHealthcare Gifts Cape Fear Valley Health with 10,000 Opioid Disposal Kits

UnitedHealthcare donated 10,000 opioid disposal kits to Cape Fear Valley to help prevent potential misuse of such medications.

Opioid abuse has reached epidemic proportions in the United States. Each year, opioid overdoses kill more than 33,000 Americans. That's more than gun violence or vehicle accident deaths every year.

Fayetteville is ranked 18th in the nation for prescription opioid abuse, according to a recent study. Many opioid abusers get pills from medicine cabinets of family members and friends.

Recent studies found that up to 92 percent of patients do not use all their opioid pain relievers after surgery. Proper disposal of unused opioids is an important factor in fighting the addiction epidemic.



Each disposal kit deactivates up to 45 tablets or six opioid patches. They provide a safe and easy way to remove unused opioids from the home. The kits are available at all four Cape Fear Valley retail pharmacies. For location information, please visit: [capefearvalley.com/pharmacy](http://capefearvalley.com/pharmacy).





## Board Tours New TAVR and Sim Labs

Cape Fear Valley Board of Trustees members recently toured the new TAVR operating room and Simulation Lab at Cape Fear Valley Medical Center. TAVR is an acronym for Transcatheter Aortic Valve Replacement, a minimally invasive procedure to replace a narrowed aortic valve that does not open properly. Cape Fear Valley performed its first TAVR procedure on Dec. 19.



The Simulation Lab is used by physician residents, nurses, and other healthcare professionals to learn and practice realistic training scenarios using state-of-the-art mannequins. Two years in the making, the lab grew in size and mission when Cape Fear Valley Medical Center became the state's fifth-largest teaching hospital.

## Bladen County Gala

A night of music, dancing, dining and entertainment await guests at the 2019 Bladen County Hospital Foundation Gala on Saturday, Feb. 23. The event will be held at Lu Mil Vineyard and catered by Giorgio's of Elizabethtown.

Tickets cost \$50 per person and include dinner and two drinks. Raffles will be held at the event.

Proceeds will help purchase new hospital equipment and upgrade facilities.

Sponsorship opportunities are available, including tickets to the event, priority seating, recognition during the event and special signage recognition.

To purchase a ticket or sponsor the event, please call (910) 862-1206.

## Asthma Action Fair

It's time to breathe a little easier again! Cape Fear Valley Health will hold its annual Asthma Action Fair on Saturday, May 19, inside the HealthPlex at 1930 Skibo Road. The event will be from 10 a.m. to Noon.

Whether you suffer from asthma or have a child who does, this event has a lot to offer. Free spacers, peak flow meters, and nebulizer kits will be available, while supplies last.

Medical professionals will be on hand to answer questions. There will also be giveaways, refreshments and activities for all ages. For more information, please call (910) 615-3185.



## CAPE FEAR VALLEY HEALTH : *NEW physicians*

### Cardiac Electrophysiology

**Faisal Syed, M.D.**

Cape Fear Cardiology Associates

**Cardiac Electrophysiology:** University of Michigan, Ann Arbor, Mich.

**Cardiology:** University of Michigan, Ann Arbor, Mich.

**Internal Medicine:** Mayo Clinic, Rochester, Minn.

**Medical Degree:** University of Manchester, Manchester, United Kingdom

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

### Cardiology

**Mayur Lakhani, M.D.**

Carolina Heart and Leg Center

**Interventional Cardiology:** Mount Sinai Medical Center, New York, N.Y.

**Cardiology:** Staten Island University Hospital, Staten Island, N.Y.

**Internal Medicine:** Staten Island University Hospital, Staten Island, N.Y.

**Medical Degree:** N.H.L. Municipal Medical College, Ahmedabad, India

**Board Certification:** Internal Medicine, Cardiology, Interventional Cardiology



## : *PHYSICIAN briefs*



Kingsley Okoroafor, M.D.



Vasudev Virparia, M.D.



Lenard Salzberg, M.D.



Chidebe Udeozo, M.D.

**Kingsley Okoroafor, M.D., and Vasudev Virparia, M.D.,** of Premier Cardiovascular Center, have relocated to 1315 Avon Street, Suite 103 in Fayetteville. For an appointment, please call (910) 703-8718.

**Lenard Salzberg, M.D.,** a faculty physician at The Family Medicine Center located at Southern Regional AHEC, has achieved the Degree of Fellow of the American Academy of Family Physicians (AAFP), the national medical association representing nearly 131,400 family physicians, residents and medical students. Dr. Salzberg has served as faculty for the Southern Regional AHEC Family Medicine Residency Program for 27 years.

**Chidebe Udeozo, M.D.,** has won the 2018 Golden Stethoscope Award for Cape Fear Valley Bladen County Hospital. Winners of the annual physician award are chosen based on nominations from the hospital staff. Dr. Udeozo's nominees cited his kind and compassionate, high quality care for patients. He was also recognized for encouraging staff and always going the extra mile. Roxie Wells, M.D., Bladen Healthcare President, said he embodies the hospital's mission of providing exceptional healthcare for all patients. Dr. Udeozo joined Bladen County Hospital in 2011 as a hospitalist.



## CAPE FEAR VALLEY HEALTH SUPPORT *for the* Community

### Mended Hearts of Fayetteville

Second Thursday of each month  
6 – 7:30 p.m.  
HealthPlex, Room C  
1930 Skibo Road  
(910) 615-6580

### Defibrillator Support Group

Meets quarterly, Jan. 17, April 18, July  
18, Oct. 17, 6 – 7:30 p.m.  
Cape Fear Valley Cancer Center  
1638 Owen Drive  
Laurie Costello at (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  
Library  
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.

### FAYETTEVILLE

#### HEALTH PAVILION NORTH

6387 Ramsey St.  
Monday, March 18, 12:30 – 2:30 p.m.

#### E. NEWTON SMITH CENTER

227 Fountainhead Lane  
Tuesday, March 19, 8 – 10 a.m.

#### ANYTIME FITNESS

4251 Ramsey St.  
Tuesday, March 19, 3 – 7 p.m.

#### KELLER WILLIAMS REALTY

639 Executive Place, Suite 100  
Wednesday, March 20, 9 a.m. – 3 p.m.

#### FAYETTEVILLE TECHNICAL COMMUNITY COLLEGE

2201 Hull Road  
Wednesday, March 27, 9 a.m. – 3:30 p.m.

#### VA FAYETTEVILLE HEALTH CARE CENTER

7400 Raeford Road  
Wednesday, April 3, 8:30 a.m. – 1:30 p.m.

#### AAA TRAVEL

5321 Red Tip Road  
Saturday, April 6, 10 a.m. – 2 p.m.

#### METHODIST UNIVERSITY

5400 Ramsey Street  
Tuesday, April 9, 10 a.m. – 4 p.m.

#### FAYETTEVILLE STATE UNIVERSITY

1200 Murchison Road  
Thursday, April 11, 11 a.m. – 3 p.m.

For more information, please  
call (910) 615-5433 or visit  
[www.savingliveslocally.org](http://www.savingliveslocally.org)

### IN THE REGION

#### STONE GABLES APARTMENT HOMES

9000 Stone Gate Drive, Raeford  
Monday, February 18, 4 – 7 p.m.

#### BEAVER DAM VOLUNTEER FIRE DEPARTMENT

11042 NC Hwy 210 South, Roseboro  
Tuesday, February 19, 3:15 p.m. – 7:45 p.m.

#### HOKE HOSPITAL

210 Medical Pavilion Drive, Raeford  
Tuesday, March 12, 8 a.m. – 1:30 p.m.

#### BLADEN COUNTY HOSPITAL

501 S. Poplar St., Elizabethtown  
Wednesday, March 20, 12:30 – 4:30 p.m.

#### STEDMAN BAPTIST CHURCH

7750 Clinton Road, Stedman  
Saturday, April 27, 10 a.m. – 3 p.m.





NATIONALLY RECOGNIZED



**LEAPFROG**  
**HOSPITAL**  
**SAFETY**  
**GRADE**

# We focus on your safety so you can focus on healing.

## At Cape Fear Valley Health, patient safety is a top priority.

Our team works around the clock to reduce infection rates, put checks in place to prevent mistakes, and focus on a host of other measures to prevent harm. Why is that important? Because every day more than 1,000 people die because of a preventable hospital error.

When we earned an A grade in Patient Safety from The Leapfrog Group we felt pretty proud. While you may not have heard of The Leapfrog Group, it's considered the Gold Standard by major companies and health benefit providers. They have looked to The Leapfrog Group to drive improvements ("leaps") in healthcare safety, quality and customer value since 2000.

We think you have enough on your mind when you're in the hospital. We'll do the heavy lifting. You just focus on healing.

