

CAPE FEAR VALLEY HEALTH *and* WELLNESS MAGAZINE

MAKING ROUNDS

SUMMER 2015



CAPE FEAR VALLEY HEALTH

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LETTER from the CEO

Hospitals across the state are transforming healthcare to reduce costs and increase wellness in their communities. Cape Fear Valley Health has been at the forefront of this movement for several years now.

As a health system, we're currently focusing on improving not only individual patient care, but also communitywide care. As a result, we've taken on the Institute for Healthcare Improvement's (IHI) Triple Aim initiative.

As the name implies, Triple Aim is an approach to optimizing health system performance that incorporates three main components:

:: IMPROVING THE PATIENT EXPERIENCE

:: IMPROVING THE HEALTH OF POPULATIONS

:: REDUCING THE PER CAPITA COST OF HEALTHCARE

Improving the patient experience includes both quality and satisfaction. Use of evidence-based medicine helps patients get better quicker. In turn, this reduces the per capita cost of care (the third component).

In recent years, Cape Fear Valley Health has created Centers of Excellence focused on common problems that bring patients to the hospital. These include hip and knee replacement surgery, heart failure, stroke, heart attack, pneumonia and wound care. As a result, each of these Centers of Excellence has earned Disease Specific Certification by The Joint Commission.

We're also working to improve patient satisfaction by putting the patient at the center of everything we do. For example,

we've brought "shift reports" to the bedside. Shift reports are patient updates given by the nurse leaving the shift to the oncoming nurse. Bringing shift report to the bedside allows the patient and family members to become part of the conversation.

The second component (improving population health) is a loftier goal simply due to sheer numbers. One way hospitals are trying to achieve it is by forming Accountable Care Organizations (ACO). In January, Cape Fear Valley Health became one of just 405 ACOs nationwide participating in the Medicare Shared Savings Program. These ACOs provide almost 9 million Medicare beneficiaries with access to high quality, coordinated care throughout the U.S.

Providing patients with a true "medical home" is another approach toward providing total healthcare. The National Committee for Quality Assurance (NCQA) has certified Cape Fear Valley's 10 primary care practices in Cumberland, Hoke and Robeson counties as recognized Medical Homes.

ACOs and medical homes provide patients with coordinated care. This ultimately reduces duplication of services, thereby reducing the per capita cost of healthcare. At the same time, they don't limit a patients' choice of healthcare providers like HMOs or managed care programs do.

Change is coming to healthcare. It's our responsibility to ensure patients remain the most important aspect of the healthcare system. You can be sure that Cape Fear Valley Health will always put you at the center of your healthcare.

Mike Nagowski
CEO, CAPE FEAR VALLEY HEALTH

umojafestival
FREE HEALTH CLINIC & SCREENINGS
 10AM – 2PM :: Saturday, Aug. 22 :: SMITH RECREATION CENTER at SEABROOK PARK

Join Cape Fear Valley Health to learn more about your health. We are offering FREE screenings, as well as FREE one-on-one appointments with providers to talk about any abnormal test results. For an appointment, please call (910) 615-5465.

TAKE CHARGE OF YOUR HEALTH
 CAPE FEAR VALLEY HEALTH

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CAPE FEAR VALLEY HEALTH



A Joint Commission
TOP PERFORMER

Lost Pounds Often Return

Is lasting weight loss attainable?

:: by Lindsey Graham

Brenda Jones knows all about the ups-and-downs of constant dieting.

Overweight since childhood, the 47-year-old Roseboro resident has tried everything from traditional diet and exercise to fad diets and diet pills. But any weight she lost returned, and she eventually weighed nearly 400 pounds.

Jones' mother also struggled with her weight. She had bariatric surgery years before, with lasting results.

Jones turned to her mother's surgeon, Leo Davidson, M.D., FACS, for help.

Like her mother, Jones chose Roux-en-Y gastric bypass, which is considered the gold standard for bariatric surgery by the American Society for Metabolic and Bariatric Surgery. It's the most common bariatric surgery worldwide and often the most effective at providing long-term weight loss for obese patients.

The procedure involves creating a small pouch from a section of the stomach. The pouch is then attached directly to the small intestine, bypassing a majority of the stomach and duodenum. Food and calorie absorption are greatly limited, helping patients feel full faster and they are not as hungry.

The surgery did the trick for Jones. She lost 167 pounds since having surgery in late 2013.

"I feel like a brand new me," she said. "I wish I had it years ago. I could've done a lot more things I wasn't able to do."





“Improving patients’ health is most important. If the byproduct of that is also making you thinner, then that’s a good thing.”

Bariatric surgery is becoming increasingly popular in the U.S. for good reason: more than a third of adults are clinically obese. That means their body mass index (BMI) is greater than 30. A BMI of 35 or greater is required for bariatric surgery.

If left unchecked, obesity can slowly take its toll on the body. It increases the risk of developing heart and cardiovascular disease, high blood pressure, diabetes, severe joint disease, stress urinary incontinence, sleep apnea and some cancers. Obese individuals also live eight years less, on average.

Losing weight is the solution, but it’s easier said than done. Research shows genetics may ultimately decide the weight range a person can achieve over his or her life.

In other words: some people are prone to accumulating extra body fat, while others are naturally thinner.

“Genetics and heredity load the gun;” Dr. Davidson said, “environment pulls the trigger.”

Dr. Davidson and his partner, James Classen, M.D., FACS, of Village Surgical Associates in Fayetteville, have performed more than 2,500 bariatric surgeries during the past 13 years.

Along the way with Cape Fear Valley Medical Center, they earned a Center of Excellence designation from the American Society for Metabolic and Bariatric Surgery.

Dr. Classen says bariatric surgery really can make an impact on patients’ lives. He points out how some patients can lose up to 75 percent of their excess body weight within a year after surgery.

“Improving patients’ health is most important,” he said. “If the byproduct of that is also making you thinner, then that’s a good thing.”



Leo Davidson, M.D.
VILLAGE SURGICAL ASSOCIATES



James Classen, M.D.
VILLAGE SURGICAL ASSOCIATES



Ijeoma Ejeh, M.D.
FERNCREEK GENERAL SURGERY

MANY BENEFITS

Bariatric surgery has been shown to dramatically improve, or even eliminate, many obesity-related conditions, including diabetes and high cholesterol. Heart disease risk is reduced as a result.

Type 2 diabetics may benefit from bariatric surgery the most. Patients who have had the condition for less than five years have a 95 percent chance of reversing their diabetes, according to Dr. Classen. Some patients are able to stop diabetes medication just two weeks following surgery.

Ijeoma Ejeh, MD, FACS, is a bariatric surgeon with Ferncreek General Surgery. Some of her patients choose sleeve gastrectomy, a procedure that reduces the stomach about 80 percent in size by removing a large portion of the stomach along the great curvature. The remaining stomach organ resembles a sleeve or tube-like structure.

Both Roux-en-Y gastric bypass and sleeve gastrectomy can be done laparoscopically. That means patients can recover quicker and be on their way to better health faster. But no type of bariatric surgery is a magic bullet.

Requirements for surgery vary among insurance companies. Some require patients to keep a food diary and exercise for a period of time. Patients may also have dietary consults, thyroid checks and sleep apnea treatment. A mental health exam is required, and those over age 50 need a cardiology referral.

The arduous process is in place because surgeons and insurance companies want to rule out other possible causes for excessive weight before turning to bariatric surgery.

Jones attended monthly support group meetings through Village Surgical Associates before undergoing her operation. The meetings are open to anyone interested in weight loss or bariatric surgery, as well postoperative bariatric patients.

“We help people eat less and give support,” said Dr. Classen. “But patients still need to make the right food choices.”

Dr. Ejeh agrees. “Although your stomach will not go back to its original size,” she said, “you can gain some weight back after your initial weight loss if you go back to old habits.”

Jones still works at losing weight and follows her diet plan. She goes to the gym five times a week and regularly takes Zumba® classes. She also takes hour-long walks on the treadmill. Before surgery, she could walk just a minute before tiring.

The work continues at home. Jones plans her meals out thoroughly with grocery lists that exclude processed foods. She still gets to enjoy some of her old favorites, but in much smaller portions.

The diligence and hard work has paid off for her. She once carried a bag full of pills. Now she takes just two pills a day plus vitamins. She also no longer needs diabetic medication.

The biggest payoff, however, is when Jones comes home every night. Her husband is able to hug her with both of his arms wrapped completely around her. She can thank bariatric surgery for that.

“It’s a lifesaver!” she said.

Accidents Happen

Preventing Falls in the Home

by Ginny Deffendall

Every 2.3 seconds someone falls. That equates to more than 13 million falls a year. For many, falls are just a nuisance. They can be much more serious for older adults, however.

Natalie Harris, Lifeline Coordinator for Cape Fear Valley Health, says home falls are the leading cause of death, injury and hospital admissions for older adults.

Nearly 50 percent of older adults cannot get up after a fall, whether injured or not. What's more, lying on the floor for long periods can have serious consequences.

"If someone falls and they aren't helped quickly," Harris said, "they can develop pneumonia. Hospital stays are also longer for those who fall and remain on the ground."

It is important to practice basic home safety and create a home environment that reduces fall risks and home accidents. Anything on the floor can cause a fall. This would include rugs, cords, spilled liquids or pets.

Harris recommends the following to reduce home fall risks:

- Keep the floor clear. Reduce clutter and safely tuck telephone and electrical cords out of walkways.
- Keep the floors clean and don't wax them.
- Use non-skid throw rugs and install handrails in stairways.
- Install grab bars in the bathroom by the toilet and in the tub or shower.
- Make sure living areas are well lit. Turn on lights before entering a room. Use nightlights in the bedroom, bathroom and hallways. Keep a lamp or flashlight within reach of your bed.
- Take medications as prescribed. Using medications incorrectly may lead to dizziness, weakness and other side effects, causing a fall.

Older adults who live alone or have mobility problems should consider installing an emergency response system at home. Cape Fear Valley offers the Lifeline® Personal Emergency Response System to residents of Cumberland and ten surrounding counties.

"Lifeline is a personal emergency response system that keeps individuals safe and independent in their home for as long as possible," Harris said. "We have about 500 people using the system right now."

The system provides individuals a button to wear around the neck or on the wrist. Wearers push the button to communicate with a Lifeline operator during an emergency.

"Lifeline can call up to three responders to help the subscriber," Harris said. "They can contact neighbors, if necessary, or they can inform out-of-state family members when a loved one has had an emergency."

Lifeline emergency systems can be used for more than just falls. They can be used to contact police or fire and rescue.



Standard Button : \$31/MONTH

Works in and around the home, up to 100 yards.

Help button sends radio signals to the Communicator, which calls Lifeline, via the subscriber's land line.

AutoAlert : \$44/MONTH

Works in and around the home, up to 100 yards.

Help button sends radio signals to the Communicator, which calls Lifeline, via the subscriber's land line.

Automatically detects falls.

GoSafe : \$49/MONTH

Works anywhere with wireless service.

Mobile help button uses mobile technology to send radio signals to the Communicator at home, which calls Lifeline, via the subscriber's phone service.

Automatically detects falls.

For more information or to subscribe, please call (910) 615-6112.

"If a subscriber hears a prowler," Harris said, "he or she can press the button and Lifeline can call the police and send them to check on the home."

Lifeline offers three different button styles. The standard button must be pressed to alert Lifeline operators of an emergency. The second AutoAlert-style button uses special technology to detect falls. It allows Lifeline employees to call emergency responders even if the subscriber is unable to push the button. Both versions work up to 100 yards outside the home and require an active home phone line.

Lifeline recently introduced a third model, called GoSafe Mobil, equipped with GPS. The GPS feature can alert Lifeline employees anywhere a mobile signal is present – even while traveling. The new model is so popular that Harris has had to order more to meet demand.

All the buttons are waterproof and light enough to wear during daily chores.

"Sometimes when people fall they can lay there for hours," Harris said. "Each and every day one of our subscribers presses their Lifeline button for help. Lifeline gives them a sense of independence. And it gives their families peace of mind."



A BETTER PICTURE

How Advanced Endoscopy is providing a better look into patients

:: by Donnie Byers

Nothing beats taking a closer look when trying to diagnose health problems. Diagnostic endoscopy is a perfect example.

The minimally invasive procedure involves using a thin, flexible tube (endoscope) that houses a tiny flashlight and video camera at the tip. Physicians can route the exploratory device into a patient's gastrointestinal tract to search the stomach, colon or surrounding organs for problems.

Diagnostic endoscopy has become a mainstay procedure for gastroenterologists because it provides live video of the area being scoped. Before, physicians had to rely on MRIs or CT scans to try to determine problems without exploratory surgery.

Now comes a new field of endoscopy, called interventional endoscopy. It not only allows physicians to diagnose problems, but also perform surgical-type procedures while still inside the gastrointestinal tract.

Special endoscopes with built-in channels make it possible. The narrow passageways provide a "portal" for miniature, cable-based instruments to pass through.

"Think of it as a Roto-Rooter® system," said Joseph Henderson, D.O., M.S. "The endoscope is the big pipe. The smaller instrument cable is the daughter scope that's routed through."

Dr. Henderson is a gastroenterologist with Fayetteville Gastroenterology Associates who specializes in advanced endoscopic procedures. He has extensive training and experience in treating benign conditions, such as chronic pancreatitis, as well as malignant conditions, such as pancreatic and bile duct cancers.

His specialties include endoscopic ultrasounds (EUS) and endoscopic retrograde cholangio pancreatography (ERCP) using endoscopes. He is also one of a handful of gastroenterologists performing endoscopic suturing. The technique is used to treat weight gain after gastric bypass surgery.

Patients previously were referred to academic medical centers for such complex procedures. But Cape Fear Valley Medical Center now offers advanced endoscopies locally to better diagnose and treat certain digestive tract disorders and cancers.

Dr. Henderson offers EUS services to examine not only a patient's digestive tract, but also surrounding tissues and organs. A special endoscope housing a tiny ultrasound attachment is used. The pairing provides constant video over a monitor, as well as sub-dermal imagery, just like prenatal ultrasounds.

Endoscopic ultrasounds can diagnose and stage cancer, evaluate the pancreas or study intestinal muscle walls. The procedure can also be used to better inspect abnormalities, suspicious nodules or tumors in organs, such as the gallbladder and liver.

EUS procedures are invaluable in helping detect and diagnose pancreatic disorders and cancer. Most pancreatic cancers are discovered at later stages, after they have spread, lowering the chance for survival.

The problem with pancreatic cancer lies in the organ's location. It's tucked away behind the intestines, making it difficult to explore.

"EUS endoscopies have changed the playing field," Dr. Henderson said. "They can be advanced all the way down to the small bowel, if necessary, while constantly sending back live images and data."

If a problem is found, the same endoscope can take tissue samples or deliver therapeutic medicine right to the site.

Like EUS, endoscopic retrograde cholangio pancreatography (ERCP) uses specially modified endoscopes. The procedure is used to examine or test the pancreas or bile ducts for disease or cancer. It can also be used before or after surgery to help remove bile duct stones, tumors or blockages of the bile duct.

Endoscopes are placed down the throat and into the stomach and duodenum during ERCP procedures. Air may be pumped through the endoscope into the intestine to increase working space.

Once in place, the endoscope tip can explore the bile duct opening for blockages or problems. The tip and accompanying tools are so thin and tiny they can even reach into the body's biliary tree. The system of tiny vessels serves as a pathway for bile from the liver to the upper intestine.

If a problem is found, the doctor may stretch any narrowed openings or even remove gallstones during the procedure.

EUS and ECRP procedures are both minimally invasive, so they can be done on an outpatient basis with few side effects. They can even be performed on the same patient during the same operation.

These procedures are done in Cape Fear Valley's Advanced Endoscopy procedure room, which opened last year.

The state-of-the-art workspace is outfitted with several large video monitors and a C-arm fluoroscopy X-ray machine. The equipment allows users to see live X-ray images during procedures instead of having to do prior scans.

The room also houses a new Holmium Laser Lithotripsy System. The handheld device is powered by high-pressure carbon dioxide gas, which delivers quick shocks to help break up even the hardest stones in bile and pancreatic ducts.

The laser lithotripsy system is one of a handful in the state, and Cape Fear Valley Health owns two. The other is housed at Highsmith-Rainey Specialty Hospital. The equipment shows the health system's growing commitment to minimally invasive procedures, such as advanced endoscopies, for years to come.

Robert Friedrichs, M.D.
OTOLARYNGOLOGIST

Getting UNDER The Skin

Diagnosing Ear, Nose & Throat
problems often requires
looking a little deeper

by Ginny Deffendall

Earlier this year, Leander Carroll, 85, noticed a small lump on the right side of his face. His daughter couldn't see it, but could feel it. Neither seemed too worried at first.

But the nodule continued to grow. Three months later, it became clearly visible by Carroll's right ear. He was referred to Robert Friedrichs, M.D., an otolaryngologist at Cape Fear Valley Ear, Nose and Throat.



Sabina Francis, M.D.
OTOLARYNGOLOGIST

GROWING PRACTICE

Dr. Friedrichs immediately ordered a CT scan. Resulting images showed a 5-centimeter mass in Carroll's parotid gland, the body's largest salivary gland. Even worse, coronary artery blockages were discovered. The patient was taken to the Emergency Department.

Tests showed his coronary artery was 90 to 99 percent blocked on the right side, 80 to 90 percent blocked on the left. Carroll needed cardiac catheterization and two stents to open up the blocked arteries. He then needed surgery for his mass.

Five centimeters may seem small, but it's dangerously large for a salivary gland tumor. The growth was also still growing and pressing on Carroll's facial nerve. Surgery was scheduled.

The Carrolls were understandably nervous. Tumor removal is tricky because of all the nerves. Any complications and the father could have lost control of one side of his face, similar to a stroke. Luckily, there were none.

"He did very well," Dr. Friedrichs said. "The surgery went well and the patient still has all the movement in his facial muscles."

Carroll's daughter, Kim, couldn't be happier.

"You can't even see where the tumor was," she said. "Cosmetically, Dr. Friedrichs did a very good job. Every time we see him, he tells my dad how well he looks."

Members of Carroll's church, Union Hill Mission Baptist, are just as happy he retained his trademark smile. He's been a deacon and superintendant there for 53 years, as well as a member of the church's male choir. He's been able to resume singing, thanks to Dr. Friedrichs and the surgery.

Cape Fear Valley Ear, Nose and Throat opened in November. Dr. Friedrichs and his partner, Sabina Francis, M.D., are the otolaryngologists with the practice. Both are trained to treat all manners of ear, nose and throat disorders, medically and surgically.

That includes throat diseases, such as chronic tonsillitis, voice changes and tumors. They also treat smell and taste disturbances, sinus problems, and ear problems, such as hearing loss and vertigo.

A good portion of their practice involves seeing ear infections, especially in children. They also see lots of allergies, sinusitis and problems with the thyroid, tonsils and adenoids.

Combined, the physicians have 50 years of otolaryngology experience. Dr. Friedrichs is the cancer expert, while Dr. Francis has a special interest in sinus and allergy problems.

"I enjoy solving complicated problems," Dr. Francis said. "In medical school, otolaryngology first piqued my interest when we were introduced to a cancer case that required a 20-hour surgery. That got me very interested."

Cape Fear Valley Ear, Nose & Throat's practice is set to expand in the coming months. An audiologist will join the staff this summer to conduct balance testing, hearing tests and assist with hearing aids. In September, the practice will add allergy testing and allergy shot services. Next year, the practice hopes to add a third physician.

That's pretty good for a practice less than a year old.

"We're really proud of this office," Dr. Friedrichs said. "It's a really friendly place and the staff is so helpful. It's pleasant for the workers, and we hope for the patients, as well."



The GOLDEN Hour

:: by Lindsey Graham

They say every day is a new day, but even more so when you're lucky to still be alive. Just ask Josh LaFave.

The 26-year-old Deputy Sheriff of Cumberland County nearly died in the line of duty last year while responding to a call in Fayetteville. He was at a home investigating a domestic dispute, when a gunman outside began firing into the residence with a high-powered rifle.

One of the people inside was immediately struck. Moments later, another bullet struck LaFave in his lower back just below his bullet-proof vest, as he tried to shield the first victim from more gunfire.

Unable to walk, the deputy began army crawling towards the back of the house and was hit with another bullet. LaFave was having difficulty breathing.

"I thought I wouldn't make it out of the house," LaFave said. "I thought I was going to die."

The gunman sped off in his vehicle after running out of bullets, giving rescuers time to get LaFave out of the home. But the gunman returned after reloading and began shooting again.

"It was the most dangerous scene to which I've ever responded," said Brian Pearce, Cape Fear Valley's Corporate Director of Emergency Medical Services and Engineering. "I've been working with Emergency Services for 21 years and have never seen anything like it."

EMS crews often treat patients on the scene. But Pearce made the call to do a "load and go," because LaFave was bleeding internally and the gunman was still on the loose.

Once the patient was loaded into an ambulance, Pearce and paramedic DeQuan Washington treated LaFave while EMT

Stacey Griego Masters roared off into traffic toward Cape Fear Valley's Emergency Department.

Michael Bryant, M.D., FACS, is Cape Fear Valley Health's Trauma and Acute Care director. He says Pearce made the right call that day.

"Getting the patient to the hospital," he said. "That's where the lifesaving occurs."

A trauma patient's best chance for survival is to access skilled critical care within the first 60 minutes after injury. It's called the "Golden Hour." The shorter the transport time, the greater the chance for survival.

Cape Fear Valley Medical Center is a state-designated trauma center, which increased LaFave's personal odds. Such facilities are better at treating trauma injuries than regular Emergency Departments.

Trauma is the leading cause of death for people age 44 and younger. Studies show up to a quarter of the deaths could have been prevented if optimal care was immediately available.

Cape Fear Valley Medical Center is a Level-III Trauma Center and one of just 13 designated trauma centers in the state. It's also the only trauma center between Wilmington and Raleigh, meaning more patients can be treated locally instead of being flown elsewhere.

In LaFave's case, it meant quicker care for his gunshot wounds. One of the bullets struck his vena cava, a large vein carrying deoxygenated blood back to the heart. Other than the aorta, it's the worst possible blood vessel to injure.

The patient was in surgery 13 minutes after arriving at the Emergency Department, because EMS crews notified the trauma team ahead of time. The trauma and OR teams saved the deputy's life, but he required 12 units of blood, eight units of plasma and three units of platelets. That equals roughly 23 blood donations.

LaFave's case shows the importance of blood donations at Cape Fear Valley Health. More than a 1,000 blood donations are needed a year just for trauma patients at Cape Fear Valley Medical Center alone.

Locally donated blood through Cape Fear Valley Blood Donor Center has saved the lives of nearly 170 trauma patients in the first five months of this year.

Sheriff's deputies gave blood after LaFave's shooting as a way to say "Thank You" to Cape Fear Valley for helping save their fellow law enforcement officer's life.

"Real heroes don't come from comic books," said Ronnie Mitchell, legal counsel for the Cumberland County Sheriff's Department. "The heroes in all this are Josh, the registered nurses, and the doctors who treated him, as well as the blood donors."

A little less than a year after the shooting, LaFave was back on the job and equally appreciative.

"Life isn't just time going by," he said. "It's meaningful. Having a local trauma center was the difference between life and death for me."



be a HERO. give BLOOD.



**CAPE FEAR VALLEY
BLOOD DONOR CENTER**

3357 Village Drive, Suite 150, Fayetteville
across from Cape Fear Valley Medical Center

www.savingliveslocally.org

Health Disparities

Not everyone is equal when it comes to obtaining healthcare

Good healthcare is only good if you can get it.

It's a simple statement. But for millions of Americans, obtaining even basic healthcare can be a challenge due to certain disadvantages.

The health disparity problem isn't new. But it does tend to get lost on the very population groups affected the most. That makes addressing the problem difficult.

Health disparities are defined as inequalities in healthcare and access to healthcare across different racial, ethnic and socioeconomic backgrounds. The problem most occurs among ethnic minorities, such as African Americans, Native Americans and Latinos.

Studies show these population groups suffer more chronic conditions, higher mortality rates and poorer health outcomes compared to Caucasians. Cardiovascular disease is a perfect example.

The nation's leading cause of death kills more than 600,000 people a year. African-American adults are at least 50 percent more likely to die prematurely from heart disease or stroke than Caucasian adults, according to the U.S. Centers for Disease Control and Prevention (CDC).

When it comes to cancer, African Americans are 10 percent more likely to get the disease than Caucasians. They are also far more likely to die from it. In 2007, the cancer death rate was 32 percent higher for African-American men and 16 percent higher for African-American women than their Caucasian counterparts.

In all, African Americans have higher death rates than Caucasians in 12 out of the 15 leading causes of death in the U.S.

Thaddeus Bell, M.D., author of *Closing the Gap in Healthcare*, is a noted expert on America's health disparity problems. He says years of racial discrimination created the disparities, but the problems continue today due to health illiteracy and misinformation.

"A lot of people aren't even aware of the problem," he said. "For years, African Americans and other underserved populations have operated under the guise of myths and truths when it comes to their healthcare."

The South Carolina family physician says African Americans often refuse to go to a doctor unless really sick, because it's seen as wasteful spending. That same stubbornness can apply to exercise and routine medication.

Some people believe taking blood pressure medication can worsen other conditions, so they refuse to take their medications. Others believe working is a genuine alternative to real exercise.

"We all know that's the furthest from the truth," Dr. Bell said.

Geography can also play a role in health disparities.

North Carolina sits in what is commonly referred to as the "Stoke Belt" of America. The 11-state region of the Southeast has an unusually high stroke and cardiovascular disease rate. The states include Alabama, Arkansas, Georgia, Indiana, Kentucky, Louisiana, Mississippi, South Carolina, Tennessee and Virginia.

Health experts cite the region's lower incomes, poorer diets and less-active lifestyles as possible factors for the higher cardiovascular problems. They also cite the region's larger number of African Americans and their greater propensity for strokes and untreated hypertension.

In 2011, the CDC noted the growing correlation between the Stroke Belt and a larger, overlapping "diabetes belt" that stretches from the Gulf Coast to Michigan. Residents within the wide swath of territory have a higher risk of developing type 2 diabetes.

Some counties within the secondary belt have a 13 percent diabetes occurrence rate. The national average is 8.5 percent. Nearly 30 million Americans have diabetes. Another 86 million have prediabetes. Up to 30 percent of those prediabetics are projected to develop type 2 diabetes within five years.

Diabetes is a global epidemic. The World Health Organization reports 9 percent of adults worldwide have the endocrine disorder. Here in the U.S., African Americans and Latinos are twice as likely to develop diabetes than Caucasians. Native Americans have an even higher likelihood.

Dr. Bell says the numbers won't get better until everyone becomes better educated on health disparities. That includes both patients and care providers.

"If you're in denial about the problem, then it will always exist," he said.

umojafestival

Cape Fear Valley's Take Charge of Your Health outreach program will hold a free health fair at the 24th Annual Umoja Festival on Saturday, Aug. 22, at Smith Recreation Center, near Fayetteville State University. The free event will be from 10 a.m. to 2 p.m. and is open to the public.

Festival-goers are invited to stop by and take part in free health screenings, including blood pressure, blood sugar testing, depression and anxiety screening, rapid HIV testing, cholesterol and EKGs. Smoking cessation advice and blood typing will also be available.

The blood pressure measurements and EKGs can reveal possible heart or blood pressure problems. Blood sugar testing can identify risk of developing diabetes, which can lead to complications. They include kidney, eye and heart disease. Early detection is the key to a good health outcome.

Providers will be on site to discuss test results and possible treatment measures, if needed. For more information about the health fair, call Darvin Jones at (910) 615-7424.



DREAMS

Really Do Come True

How a young girl from Texas became
the physician she was meant to be

Kids often say the darndest things, like what they want to be when they grow up: teacher, lawyer, rock star, professional racecar driver. There really is no wrong answer at such a young age. But it's rare for those wide-eyed dreams to become reality.

Not so with Sandra Carr-Johnson, M.D. The Texas native knew by age 5 she was going into medicine, because she admired her family doctor so much. He was a strong role model, as well as a constant, caring presence throughout her childhood.

There was also her grandmother, who worked as a nurse midwife. The elder family member was always quick to help anyone needing medical attention, not just expectant mothers.

"She really inspired me," Dr. Carr-Johnson said. "She showed the importance of filling in the gaps and providing for patients when they don't have many options."

Flash forward 30 years, and the granddaughter is doing the same today as a Fayetteville family medicine physician. A good chunk of her practice is working with underserved population groups, such as the working poor and uninsured.

The patients are referred to her through Cumberland HealthNet. The nonprofit, community agency helps uninsured patients find the care they need through a coordinated system of care. The system's backbone is a network of care providers, who agree to treat patients on a sliding scale payment system, based on patient income.

Dr. Carr-Johnson's journey toward working with low-income patients was spurred along after an eye-opening discussion with a local Emergency Department physician. He talked about the ED's constant struggle to treat patients who aren't really having an emergency. They often have a simple illness, he said, or ran out of medication, or just lacked insurance.

"They just needed a good doctor," Dr. Carr-Johnson said. "I thought: 'you know, this is what our community needs,' so I decided to take it on."

As a result, she left behind a comfortable career with Southern Regional Area Health Education Center (SRAHEC) to join Wade Family Medical Care Downtown's then-new facility in Fayetteville.

Staying with the practice that first hired her would have been the easy choice. She joined SRAHEC in 1996, after completing her family medicine residency training there.

She eventually became a SRAHEC vice president. But she always felt she could do more for the community

by actively working with patients, like her childhood idols. So in 2010, Dr. Carr-Johnson joined Wade Family Medical Care Downtown and didn't look back.

She's hasn't had time to.

Her practice is so busy that Wade Family Medical Care Downtown has already had to extend weekend hours to meet patient needs. It's still not enough.

The Murchison Road practice recently purchased nearby land to build a larger facility. When open, it will be able to house four full-time providers, instead of the practice's current two.

Wade Family Medical Care Downtown will continue to see Cumberland HealthNet referrals at the new location. They make up nearly a quarter of the practice.

The busy work schedule hasn't stopped Dr. Carr-Johnson from doing other things. In addition to sitting on Cape Fear Valley Health's Board of Trustees, she also participates in social cause events, like fundraisers and 5K walks.

She and her husband, Al Johnson, also like to visit family, go to jazz concerts and attend cultural events, such as festivals and art exhibits. Their favorite leisure activity is to board a plane or cruise ship to some far off destination. They've been to Mexico's Puerto Vallarta, London, and the Caribbean Islands, among others.

Their most memorable getaway was to Tahiti, where tourists can stay in grass huts built atop stilts. The seemingly frail structures are surrounded by clear blue ocean water from all sides.

Dr. Carr-Johnson will never forget the experience. She could not only see the fish swimming in the water the entire time, but the ocean floor, as well.

Such imagery is a far cry from the dusty, barren plains that surrounded that little girl back in Texas. But it's proof that anything can happen when you follow your dreams.



Forever Grateful

Sometimes a simple “Thank You” just isn’t enough

:: by Donnie Byers

Appreciation can be shown in many forms, including money. But it’s harder to give money when you don’t have a lot to start with.

Michele Singerline can relate.

The 49-year-old Fayetteville educator is recovering from cancer. The disease has wrecked her health and finances. She couldn’t work full-time during chemotherapy, and her husband is disabled, so paying bills has been a tremendous struggle for them.

She still wanted to show her caregivers at Cape Fear Valley Cancer Treatment and CyberKnife Center a little appreciation, though. They made her countless treatment sessions a little more bearable. For that, she is beyond grateful.

Singerline decided to do it by saying “Thank You” through Cape Fear Valley Health Foundation’s new Grateful Patients and Families program. It allows patients and their family members to honor any Cape Fear Valley caregiver who holds a special place in their heart.

Singerline sent a letter of thanks with her Grateful Patients and Families recognition and a \$4 donation for each caregiver honored. The honorees received a copy of the thank you letter, a certificate of appreciation, and a Grateful Patients and Families lapel pin. A photo of the honorees was then mailed to the donor, as a special touch.

Gifts received through the Grateful Patients and Families program are the most valuable way to support Cape Fear Valley Health. It allows the Health Foundation to fund priority needs, meet new challenges and direct support where it is needed most. In return, patients and their loved ones get the chance to recognize and celebrate exceptional care within the health system.

“Exceptional” can mean anything: lifesaving care, assistance walking down a hall, even a kind word. It’s up to the giver to decide.

In Singerline’s case, exceptional equates to a year’s worth of support during her time at the Cancer Center. Anyone who has undergone chemotherapy knows how overwhelming side effects can be.

Cancer Center staff always made sure Singerline had an aisle seat in the treatment area to help with her claustrophobia. They also made sure her husband had a nearby chair.

When the side effects became too difficult, they took the patient for walks or offered extra pillows to help with pain and nausea. And when the bills became seemingly insurmountable, staff members worked with counselors to help the Singerlines receive financial aid.

“I wasn’t prepared for cancer,” the wife said. “It just stepped right on me. You’ve got to be in the right place when it hits, and I was in the right place.”

Rachel Richardson, Health Foundation Development Coordinator, says the Grateful Patients and Families program allows patients to say “Thank You,” even if they were discharged long ago.

“Patients don’t always get that chance,” Richardson said, “when they’re in the hospital receiving care.”

Recognizing someone is as easy as picking up a program brochure. They are available in waiting rooms and lobby areas throughout the health system. You can also recognize someone through the Health Foundation’s website at www.cfvfoundation.org.

Gifts can be made by check or credit card in recommended amounts of \$25, \$50, \$100 or \$500 amounts. But any amount will be appreciated and can be given anonymously.

To recognize a caregiver directly or learn more about the Grateful Patients and Families program, call (910) 615-1449 today. Saying “Thank You” has never been easier.



Let's Talk About It

Support group helps heart patients talk about their experiences

by Donnie Byers



Part of that comes through letting patients talk about their ordeals. Mended hearts is organized into community-based chapters that hold monthly or bi-monthly meetings.

Cape Fear Valley's chapter is currently a satellite of the Goldsboro region. It should soon have enough members to be an official chapter of its own.

Rae Ashley, Cape Fear Valley's Cardiac Rehabilitation Program Manager, helps organize the Fayetteville chapter meetings. He said it's common for heart patients and families to have questions following a diagnosis or treatment.

"It's a vehicle to talk about problems and experiences," he said, "and lets patients give feedback about their care."

The Fayetteville chapter meetings are held every second Thursday of the month at Cape Fear Valley Rehabilitation Center. They include featured speakers who talk on various subjects, ranging from abnormal cholesterol and high triglycerides to available treatment options and procedures.

Since Mended Hearts is a national organization, annual dues are required for membership. Cape Fear Valley Health Foundation has stepped in and paid for local member dues to help get the Fayetteville chapter off the ground.

Rachel Richardson is the foundation's development coordinator. She says paying the annual dues helps bring people together who have faced similar life-threatening conditions.

"They get the chance to share their experiences, advice and even the chance to form real friendships," she said. "Providing such support and reassurance can lead to wonderful quality of life after surgery."

To become involved with Mended Hearts or to learn more about the program, call (910) 615-6580.

Hospital stays aren't usually pleasant experiences, due to all the uncertainty and questions involved. The anxiety increases with more serious conditions.

How long will the stay be? What will treatment be like? Are lifestyle changes necessary? What happens next?

The worry is understandable for heart conditions. Heart disease is the nation's No. 1 killer, with more than 600,000 deaths a year in the U.S. It claims more lives than cancer, respiratory diseases and accidents combined.

Having family at the hospital can help with anxiety, but not necessarily questions. Oftentimes, family members can have just as many questions as the patient.

That's where Cape Fear Valley's Mended Hearts program can help. The community-based patient support group helps provide patients and their families social, emotional and practical support that's often vital to a good recovery.

Support group members are usually former heart patients, so they're very knowledgeable on the subject. Trained and accredited members can even help answer patient questions right at the bedside, inside cardiac surgery intensive care unit waiting areas, or at rehabilitation programs.

Bill Farr is an accredited Mended Hearts patient visitor at Cape Fear Valley Heart & Vascular Center. He's survived two heart attacks, quintuple bypass surgery, and several stent procedures over the years.

"I try to remind patients about the importance of taking medication," he said, "and encourage them to get into phase-II cardiac rehab. Advanced rehab is critical."

Mended Hearts is the nation's largest peer-to-peer support group for heart patients, with more than 300 chapters and 20,000 members. The large membership allows the program to provide more than a quarter-million visits a year to patients, caregivers and families.

To date, volunteers have visited more than 800 heart patients since the program launched at Cape Fear Valley Heart & Vascular Center in late 2012. The goal is to help heart patients and their loved ones move on after treatment and live fuller, healthier lives.

Where There's SMOKE There's **CANCER**

Cigarette smoking has long been linked with lung cancer and heart disease, but a recent report from the U.S. Surgeon General significantly expands the list of health conditions linked to tobacco.

The new report, titled "The Health Consequences of Smoking – 50 Years of Progress," comes 50 years after the U.S. Surgeon General first linked cigarette smoking to lung cancer and other harmful effects.



SMOKING CAUSES **CANCER** IN THE:

- | | |
|--------------|---------------------|
| Lungs | Stomach |
| Trachea | Bladder |
| Bronchus | Pancreas |
| Esophagus | Kidney |
| Oral cavity | Liver |
| Lip | Uterine Cervix |
| Nasopharynx | Colon and Rectum |
| Nasal cavity | And causes Leukemia |
| Larynx | |

CAUSALLY LINKED TO SMOKING:

- | | |
|--|--------------------------|
| Age-related macular degeneration | Erectile dysfunction |
| Cleft palates in children of women who smoke | Ectopic pregnancy |
| Colorectal and liver cancers | Impaired immune function |
| Diabetes | Rheumatoid arthritis |
| | Tuberculosis |
| | Vision loss |

NEARLY 8 OUT OF 10

COPD deaths are a result of smoking.



There is no cure for COPD. Women smokers are up to 40 times more likely to develop COPD than women who have never smoked.



1964: 42%
of adults smoked



2012: 18%
of adults smoked



5.6 MILLION CHILDREN
(or 1 out of 13)

alive today will ultimately die early from smoking if we do not do more to reduce current smoking rates.



Cigarette Smoke contains more than
7,000 CHEMICALS
and chemical compounds



\$150 BILLION
Smoking-related productivity losses from premature death

\$130 BILLION

Smoking-related medical costs annually



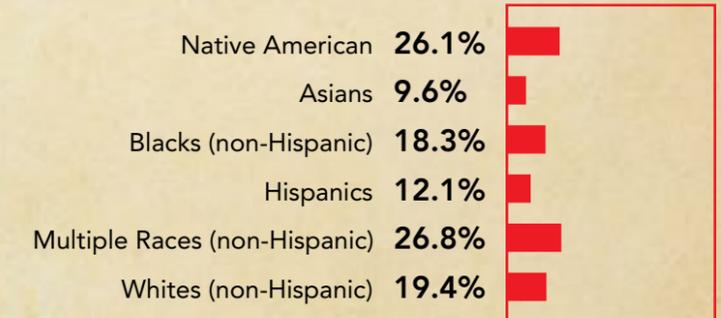
Smokers are
30% to 40%
more likely to develop
type 2 diabetes than
nonsmokers

18,000,000

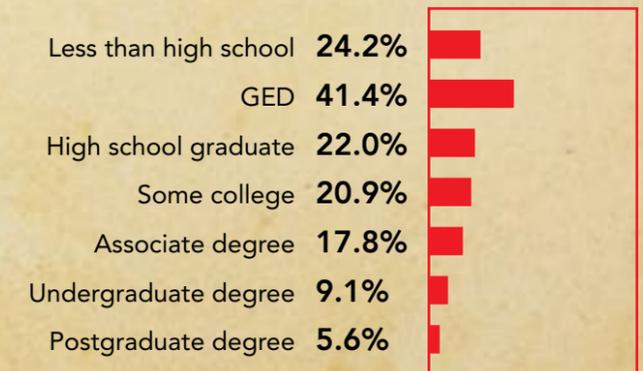
people have died from tobacco use and related problems



SMOKING PREVALENCE BY RACE/ETHNICITY



SMOKING PREVALENCE BY EDUCATION



SMOKING PREVALENCE BY POVERTY STATUS



If you are a smoker and want to quit, free help is available at 1-800-QUIT-NOW (1-800-784-8669) and at smokefree.gov.



CAPE FEAR VALLEY HEALTH : *NEW physicians*

ANESTHESIOLOGY

Andrew Lizek, M.D., has been approved for the medical staff of Cape Fear Valley Health and has joined Cumberland Anesthesia Associates. Dr. Lizek received his medical degree from Mercer University School of Medicine in Macon, Ga. He completed a residency in anesthesiology at Walter Reed National Military Medical Center in Bethesda, Md.

HOSPITALISTS



Manoj Bhattarai, M.D.

Manoj Bhattarai, M.D., has been approved for the medical staff of Cape Fear Valley Health and has joined Cape Fear Valley Hospitalist Group. Dr.

Bhattarai received

his medical degree from B.P. Koirala Institute in Dharan, Nepal. He completed a residency in internal medicine at SUNY-Upstate Medical University in Syracuse, N.Y. Dr. Bhattarai is board certified in internal medicine.



Deepak Garipalli, M.D.

Deepak Garipalli, M.D., has been approved for the medical staff at Cape Fear Valley and has joined Cape Fear Valley Hospitalist Group. Dr. Garipalli

received his medical

degree from Kakatiya Medical College in Warangal, India. He completed a residency in internal medicine at Mercy Hospital and

Medical Center in Chicago, Ill. Dr. Garipalli is board certified in internal medicine.

Harry Kissi, M.D., has been approved for the medical staff of Cape Fear Valley Health and has joined Hoke Hospitalist Group. Dr. Kissi received his medical degree from Ross University School of Medicine in Dominica, West Indies. He completed a residency in family practice at UHS Wilson Regional Medical Center in Johnson City, N.Y. Dr. Kissi is board certified in family medicine.

Nagendra Gupta, M.D., has been approved for the medical staff of Cape Fear Valley Health and has joined Cape Fear Valley Hospitalist Group. Dr. Gupta received his medical degree from Osmania Medical College in India. He completed a residency at Texas Tech University in Lubbock, Texas.

PEDIATRIC EMERGENCY MEDICINE

Angel Schuster, M.D., has been approved for the medical staff of Cape Fear Valley Health and has joined Cape Fear Valley Children's Emergency Department. Dr. Schuster received her medical degree from the University of Maryland School of Medicine in Baltimore, Md. She completed her residency at the University of Maryland School of Medicine/Medical Center and a fellowship in pediatric emergency medicine with WakeMed/UNC Healthcare. Dr. Schuster is board certified in pediatrics.

Ashley Kinkaid, D.O., has been approved for the medical staff of Cape Fear Valley Health and has joined Cape Fear Valley Children's Emergency Department. Dr. Kinkaid received her medical degree from

West Virginia School of Osteopathic Medicine in Lewisburg, W.V. She completed her residency at East Carolina University/Vidant Medical Center in Greenville, and a fellowship in pediatric emergency medicine with WakeMed/UNC Healthcare. Dr. Kinkaid is board certified in pediatrics.

PAIN MEDICINE

AnnMarie Munoz, M.D., has been approved for the medical staff of Cape Fear Valley Health and has joined Integrated Pain Solutions. Dr. Munoz received her medical degree from Universidad Nacional de Cordoba in Cordoba, Argentina. She completed a residency in anesthesiology at the Medical University of South Carolina in Charleston, S.C., and a fellowship in pain medicine at the University of Iowa Hospital and Clinics in Iowa City, Iowa. Dr. Munoz is board certified in anesthesiology and pain medicine.



Elene Papakostas, DPM

Elene Papakostas, DPM, has been approved for the medical staff of Cape Fear Valley Health and has joined Cape Fear Podiatry and Premier Foot & Ankle. Dr. Papakostas received her podiatry degree from the New York College of Podiatric Medicine in New York, N.Y. She completed a residency at Mount Sinai Hospital in New York, N.Y.

PODIATRY

URGENT CARE

Revella Harmon, M.D., has been approved for the medical staff of Cape Fear Valley Health and has joined Highsmith-Rainey ExpressCare. Dr. Harmon received her medical degree from Tufts University School of Medicine in Boston, Mass. She completed a residency in family medicine at Penn State University/Good Samaritan Hospital in Lebanon, Penn. Dr. Harmon is board certified in family medicine.

: *PHYSICIAN briefs*



Esther Smith, M.D.

Esther Smith, M.D., was recently board certified in Obstetrics and Gynecology by the American Board of Obstetrics and Gynecology. Dr. Smith is with A Woman's Place in Fayetteville.



Joseph Henderson, D.O.

Joseph Henderson, D.O., was recently published in the journal *Gastrointestinal Endoscopy*. His article was titled "Wet suction technique (WEST): A novel way to enhance the quality of EUS-FNA. Results of a prospective,

single-blind, randomized controlled trial using a 22-gauge needle for EUS-FNA of solid lesions." Dr. Henderson is with Fayetteville Gastroenterology Associates.

CAPE FEAR VALLEY HEALTH : *NEWS briefs*



5 O'Clock Whistle Program

Hoke Healthcare's campus has become a destination with its new 5 O'Clock Whistle program. Debuted in April, the walking program allows employees and area residents alike to walk around the campus parking lot roadway.

Walkers can walk whenever their schedule permits. The program's goal is to let participants get their heart rate up while walking in a safe, controlled environment.

The Hoke Healthcare campus is located near U.S. 401 and Johnson Mill Road, near the Hoke/Cumberland County line. It includes the 41-bed Hoke Hospital and Health Pavilion Hoke medical office building.

Campbell University Medical Students Train At Cape Fear Valley

Campbell University medical students will soon begin performing clinical rotations at Cape Fear Valley Medical Center, under an agreement with the Buies Creek school. The students will rotate through a variety of specialties, beginning with three months of medicine. Two months will be for internal medicine. The third is for subspecialty medicine, such as cardiology and gastroenterology.

The students will also train in general surgery, obstetrics and gynecology, pediatrics, family medicine and psychiatry, as well as perform a rotation in rural or international medicine. Donald Maharty, D.O., Campbell University's Regional Assistant Dean, will oversee the training.

CAPE FEAR VALLEY HEALTH : NEWS *briefs*

Partners For Life 1st place award winners Pine Forest High School (top left), Douglas Byrd High School (bottom left) and Massey Hill Classical School (above).

Partners For Life

Cape Fear Valley Blood Donor Center partnered with Cumberland County high schools this past school year to donate nearly 3,000 units of blood under the Partners for Life program. A similar program, Neighboring Partners for Life, collected 675 units from high schools in Hoke, Bladen, Moore and Harnett counties.

The combined donations can save more than 10,000 local lives. The donated blood equals roughly half of all blood products transfused into Cape Fear Valley Health patients from August 2014 to June 2015.

Cash prizes were awarded to the high schools with the most donors. Massey Hill Classical, Douglas Byrd and Pine Forest won first place in Cumberland County. Howard Health & Life Sciences, Grays Creek and Cape Fear came in second. West Bladen and Hoke County were first place winners under the Neighboring Partners for Life program. East Bladen and Union Pines came in second.

Urgent Days of Summer

Cape Fear Valley Blood Donor Center will hold its annual Save Our Summer donation campaign through Aug. 15. Blood supply drops dramatically during summer months due to vacations. The Blood Donor Center relies on local blood donors who give regularly. Steady donations ensure a safe supply of blood for local surgeries, therapies and emergencies.

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

Health Disparities Summit

Cape Fear Valley Health partnered with Community Health Interventions and Sickle Cell Agency in May for the 9th Annual Cumberland County Health Disparities Summit. The event is held to discuss the impact of health disparities in the area.

The resulting conversation helps direct future health policy for several area health providers, such as Cape Fear Valley, Southern Regional Area Health Education Center and Community Health Interventions. Roxie Wells, M.D., Hoke Healthcare President, was a featured speaker, along with several other area physicians.



Pediatric Diabetes Gala

More than 100 people attended Cape Fear Valley's inaugural Pediatric Diabetes Gala at Highland Country Club in April. Attendees enjoyed fine dining and dancing. Nicole Johnson, Miss America 1999, a type 1 diabetic, was the featured speaker. Nine children were honored for having lived with diabetes for a decade or more.

Tandem Diabetes Care, KidzCare Pediatrics, Children's Health of Carolina, P.A., Brunilda Cordero, M.D., Hector Cordero, and Cumberland County Public Schools sponsored the event. Nearly \$11,000 was raised to help Cumberland County children with diabetes attend Cape Fear Valley Health's Pediatric Diabetes Camp.

For more information about Cape Fear Valley's Pediatric Diabetes Program, call (910) 615-1885.

Cape Fear Valley Wins Top Stroke Award

Cape Fear Valley Medical Center has received the American Heart Association/American Stroke Association's (AHA/ASA) Get With The Guidelines® – Stroke Gold Quality Achievement Award.

The award recognizes the hospital's commitment and success in ensuring stroke patients receive the most appropriate treatment according to national guidelines based on latest scientific evidence. To receive the Gold Quality Achievement Award, hospitals must achieve 85 percent or higher compliance of core standard levels of care for two or more consecutive years.

Cape Fear Valley Wins Top Heart Failure Award

Cape Fear Valley Medical Center has received the American Heart Association (AHA) Get With The Guidelines® – Heart Failure Gold Quality Achievement Award.

The honor recognizes the hospital's commitment and success in ensuring heart failure patients receive proper diagnosis and treatment according to national guidelines based on latest scientific evidence. To receive the Gold Quality Achievement Award, hospitals must achieve 85 percent or higher compliance of core standard levels of care for two or more consecutive years.

Emergency Department Expansion

Cape Fear Valley Medical Center will expand its Emergency Department by 17 beds to accommodate increased patient volume. The ED averages 135,000 patient visits a year, making it one of the busiest in the emergency rooms in the nation.

The two-phase renovation will bring the ED's total beds to 92. The first phase will add five beds for low acuity patients. The second will convert the department's administrative area into space for 12 new emergency beds. Construction should finish by the end of the year.

Community Health Day

Cape Fear Valley held its annual Community Health Day Expo in May at the Holiday Inn Bordeaux. More than 240 men and women attended, receiving healthy living and health-risk prevention information. They also received free blood pressure, cholesterol and blood sugar screenings. After a buffet lunch, Michael Hodges, M.D., a cardiologist with Cape Fear Cardiology Associates, gave the keynote address on heart disease prevention.

The following seminars were also offered:

Don't Be A Victim

by Sharon Stevens, Fayetteville Police Department

You Are What You Eat

by Sarah Bowersox, Cape Fear Valley Health

Hearing Problems As You Age

by Sabina Francis, M.D., and Robert Friedrichs, M.D., Cape Fear Valley Ear, Nose & Throat

Sleep Health and Sleep Disorders

by Samuel Fleishman, M.D., Cape Fear Valley Sleep Center



CAPE FEAR VALLEY HEALTH *in the* Community

COMMUNITY CLASSES

FOR ADULTS

ARTHRITIS OF THE HIP & KNEE

Thursday, Oct. 29
6:30 – 7:30 p.m.
Cape Fear Valley Education Center

FREE! An orthopedic surgeon will discuss the signs and symptoms of arthritis and available treatments.
To register, please call (910) 615-7996.

FOR EXPECTANT PARENTS

BREASTFEEDING CLASSES

Wednesdays, August 26
September 9 & 23, October 7 & 21
6 – 7:30 p.m.
Cape Fear Valley Education Center
3418 Village Drive

FREE! Fathers are encouraged to attend.
To register, call (910) 615-LINK (5465).

PREPARED CHILDBIRTH CLASSES

Series of four classes:
Mondays, October 5, 12, 19 & 26
6 – 9 p.m.
Cape Fear Valley Education Center
3418 Village Drive
\$30 per couple

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

ACCELERATED PREPARED CHILDBIRTH CLASSES

Saturdays, September 5
October 3, November 7 & 21
9 a.m. – 5 p.m.
Cape Fear Valley Education Center
3418 Village Drive
\$30 per couple

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

FAMILY BIRTH CENTER TOURS

Tuesdays, August 18 & 25
September 1, 8, 15, 22 & 29
October 6, 13, 20 & 27
5 – 6 p.m.

FREE! Fathers are encouraged to attend.
To register, call (910) 615-LINK (5465).

SUPPORT GROUPS

Look Good, Feel Better

August 17, September 21
9 – 11 a.m.
Cape Fear Valley Cancer Center
Conference Room
Health Pavilion North Cancer Center
Licensed cosmetologists help women with cancer learn how to apply make-up and style wigs or scarves to compensate for changes that cancer treatment may cause.
To register, please call (910) 615-6791.

Mended Hearts of Fayetteville

August 13, September 10
5:30 p.m.
Cardiac Rehab Gym, Cape Fear Valley Rehabilitation Center
For more information, please call (910) 615-6580.

Defibrillator Support Group

October 8
6:30 – 8 p.m.
Cape Fear Valley Education Center
3418 Village Drive
For more information, please call (910) 615-8753.

Scleroderma Support Group

August 15, September 19
October 17
10 a.m.
Medical Arts Center, Room 106A
101 Robeson Street
For more information, please call (910) 308-9792 or (910) 237-2390.

Stroke Support Group

August 19, September 16
October 21
4 p.m.
Physical Therapy Gym, Cape Fear Valley Rehabilitation Center
For more information, please call (910) 615-6090.

Spinal Cord Injury Support Group

August 3, September 7, October 5
3 p.m.
Patient Cafeteria, Cape Fear Valley Rehabilitation Center
For more information, please call (910) 615-4051 or (910) 615-6066.

Heart Failure Support Group

August 20, September 17
5:30 – 6:30 p.m.
Cardiac Rehab Classroom, Cape Fear Valley Rehabilitation Center
For more information, please call (910) 615-4809.

Alzheimer's Caregiver Support Group

August 18, September 15
2 p.m.
Heritage Place, 325 North Cool Spring Street
For more information, please call Sam Hutchinson at (910) 615-1633.

Arthritis Support Group

August 24, September 28
7:00 p.m.
Auditorium B, Cape Fear Valley Rehabilitation Center
(located behind Cape Fear Valley Medical Center)
For more information, please call Diana Coppennoll at (910) 488-9352.

Bereavement Support Group

August 6, 20
September 3, 17
October 1, 15
Noon – 2 p.m.
Cape Fear Valley HomeCare and Hospice
Bordeaux Professional Center, Suite 203, 1830 Owen Drive
For more information, please call (910) 609-6710.

Fayetteville Brain Injury Support Group

August 11, September 8, October 13
6:30 p.m.
Patient Dining Room, Cape Fear Valley Rehabilitation Center
For more information, please call Ellen Morales at (910) 486-1101.



MOBILE BLOOD DRIVES

FAYETTEVILLE

WESTWOOD SHOPPING CENTER
Saturday, August 8, 11 a.m. – 4 p.m.

LAFAYETTE FORD LINCOLN
5205 Raeford Road
Wednesday, August 12, 10 a.m. – 2 p.m.

HENDRICK CHRYSLER JEEP
943 N. McPherson Church Road
Thursday, August 13, 2 – 3 p.m.

PIEDMONT NATURAL GAS
235 N. McPherson Church Road
Wednesday, August 19, 8 a.m. – Noon

HEADQUARTERS LIBRARY
300 Maiden Lane
Thursday, August 20, 7:45 – 10 a.m.

FTCC MAIN CAMPUS
2201 Hull Road
Charlie Rose Student Center
Wednesday, Sept. 2, 8:30 a.m. – 3 p.m.

METHODIST UNIVERSITY
5400 Ramsey Street
Berns Student Center
Wednesday, Sept. 9, 10 a.m. – 3 p.m.

IN THE REGION

**BEAVER DAM VOLUNTEER
FIRE DEPARTMENT**
11042 NC Hwy. 210 South
Roseboro
Tuesday, August 18, 3:15 – 7:45 p.m.

ZION HILL BAPTIST CHURCH
988 Rennert Road
Shannon
Saturday, August 29, 8:30 a.m. – 1 p.m.

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

HOSPITALS

BEHAVIORAL HEALTH CARE (910) 615-3700
 Inpatient Services
 3425 Melrose Road, Fayetteville
 Outpatient Services for Children & Adults
 711 Executive Place, Fayetteville

BLADEN COUNTY HOSPITAL
 501 S. Poplar Street, Elizabethtown (910) 862-5100

CAPE FEAR VALLEY MEDICAL CENTER
 1638 Owen Drive, Fayetteville (910) 615-4000
To Dial A Patient's Room Dial 615- Plus 4 Digit Room Number

CAPE FEAR VALLEY REHABILITATION CENTER
 1638 Owen Drive, Fayetteville (910) 615-4001
 Adult Outpatient Therapy (910) 615-4990
 Pediatric Outpatient Therapy (910) 615-4991
 Hearing/Hearing Aid Services..... (910) 615-6079

HIGHSMITH-RAINEY SPECIALTY HOSPITAL
 150 Robeson Street, Fayetteville (910) 615-1000
To Dial A Patient's Room Dial 615-1 Plus 3 Digit Room Number

HOKE HOSPITAL
 210 Medical Pavilion Drive, Raeford (910) 904-8000

BLOOD DONOR CENTER
 3357 Village Drive, Fayetteville (910) 615-5433

CAPE FEAR VALLEY CANCER TREATMENT & CYBERKNIFE CENTER
 1638 Owen Drive, Fayetteville
 Medical Oncology (910) 615-6910
 Radiation Oncology..... (910) 615-5894

CANCER CENTER AT HEALTH PAVILION NORTH
 6387 Ramsey Street, Fayetteville (910) 615-3840

CANCER CENTER AT HARNETT
 805 C Tilghman Drive, Dunn (910) 230-7800

CAPE FEAR VALLEY HEALTH FOUNDATION (910) 615-1285

CARDIAC AND PULMONARY REHABILITATION (910) 615-6580

CARELINK (910) 615-5465

COMMUNITY MENTAL HEALTH CENTER
 1724 Roxie Avenue, Fayetteville (910) 615-3333

DIETITIANS (OUTPATIENT)..... (910) 615-6268

EMERGENCY DEPARTMENT
 Cape Fear Valley Medical Center (910) 615-8000

EXPRESSCARE
 Cape Fear Valley ExpressCare
 1638 Owen Drive, Fayetteville (910) 615-4372

Health Pavilion North ExpressCare
 6387 Ramsey Street, Fayetteville (910) 615-3878

Highsmith-Rainey ExpressCare
 150 Robeson Street, Fayetteville (910) 615-1220

HEART & VASCULAR CENTER (910) 615-8200

HEALTHPLEX
 1930 Skibo Road, Fayetteville (910) 615-7539

LIFELINE (910) 615-6112

PASSPORT TO HEALTH (910) 615-4600

PATIENT FINANCIAL SERVICES (910) 615-7070

PHARMACIES
 Valley Pharmacy
 1638 Owen Drive, Fayetteville (910) 615-7895

Center Pharmacy
 101 Robeson Street, Fayetteville (910) 615-1800

Pavilion Pharmacy
 6387 Ramsey Street, Fayetteville (910) 615-3900

Hoke Pharmacy
 300 Medical Pavilion Drive, Raeford (910) 904-8700

TTY-TDD..... (910) 615-5864

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