Early Detection Helped Debbie Ellis Fight Breast Cancer

Shoulder Pain How to Fix It

Is Your Child Getting Enough Sleep?

Summer Days

Healthy Ways

Plus
Say goodbye to varicose veins
Detox diets — good or bad?
Prenatal massage
Tourette syndrome
BRING YOUR
Aspirations
BIG IDEAS
Whole Self

mission-health.org/careers
Summer 2018

3 . . . 5 Ways to Improve Your Health Online
Check out Mission Health’s new options to manage your wellness

4 . . . Ask the Doctor
Your weight-loss surgery questions answered

6 . . . A Small Bump in the Road
Early detection was key in Debbie Ellis’ fight against breast cancer

8 . . . Summertime Flavor
Fire up the grill and gather your friends for a fun — and healthy — good time

10 . . . Detox Diets
Are you doing more harm than good?

14 . . . From the Bed to the Stage
Thanks to rehabilitation at CarePartners, bluegrass legend Raymond Fairchild is back to pickin’ his banjo

18 . . . Living with Dignity to the End
CarePartners Hospice social workers support patients and their families when they need it most

20 . . . Putting the Patient First
The next generation of medical office buildings is here

21 . . . Happy Campers
A special retreat offers support for stroke survivors and their caregivers

11 What’s Your Prediabetes IQ?

12 Exceeding Expectations

16 A Game Changer
Healthy ways to enjoy your summer days

Whether it’s eating fresh local produce or spending time outdoors, summer is a time when a healthy lifestyle comes naturally. In this issue of My Healthy Life, learn how to ditch detox diets, page 10, and cook with fresh summertime fruits, page 8. On page 11, you’ll also learn how the foods you eat can help reverse prediabetes. And with the calendar officially flipping to shorts-and-swimsuits weather, turn to page 12 to learn how you can finally get rid of varicose veins and bare your legs without embarrassment.

You won’t want to miss our feature on bluegrass legend Raymond Fairchild’s return to stage. Turn to page 14 to read about his road to recovery following his accident last summer. You’ll find other rehab-focused articles on the pages of this issue, including information on a camp for stroke survivors, page 21.

Also in this issue, we highlight a number of the programs Mission offers to pediatric patients. On page 24, learn how a new pilot program is making hospital stays easier for children with autism. And on page 16, read about a unique new tic protocol that has been successful in children with Tourette syndrome. You can also find out more about the pediatric rehabilitation we offer children with developmental issues on page 26.

For families facing bereavement and end-of-life decisions, we want to share information about our hospice services, page 18, and our cuddle cots, page 27. There’s plenty more in this issue, including an inspiring story of breast cancer survival, page 6, and lots of other helpful articles designed to help you be well, get well and stay well.

23... There’s the Rub
5 benefits of prenatal massage

24... Passport to Understanding
New program helps surgery patients with autism

25... Is Your Child Getting Enough Sleep?
Not enough rest can lead to problems — find out when to get help

26... Reaching Milestones
Using therapy to help children succeed at life

27... Precious Little Time
A donation gives family’s the chance to bond

28... The Perfect Fit
Mission My Care Now offers quick, convenient, compassionate care

29... New Physicians

30... Spring Calendar

32... Still Loves to Play Jokes
An update on young Noah’s story

My Healthy Life
magazine
mission-health.org/magazine

Find the E-edition of My Healthy Life
at mission-health.org/magazine
5 Ways to Improve Your Health Online

Check out Mission Health’s new options to manage your wellness

By Heath Nettles

Did you know it may be possible to improve your family’s health and wellness with the click of a mouse or scroll on a smartphone? With the launch of the redesigned missionhealth.org this summer, here are five things you can do to improve your health online:

1. **Choose the doctor who is best for you**
   Use our “Find a Doctor” to search, evaluate and select the provider to meet your healthcare needs. Here, you have access to North Carolina’s second largest network of specialists who are affiliated with the best hospital in the state.

   **Tip:** Unsure about what doctor may be best for your condition? Visit our Health Information Library and symptom checker to browse symptoms, treatment options and other content to improve your overall health literacy.

2. **Securely communicate with your healthcare team**
   You stay connected with friends, loved ones and colleagues via email. Connecting with your healthcare provider is just as convenient. Mission Patient Connect, Mission Health’s patient portal, offers 24/7 appointment requests, access to your personal health record, and the ability to manage your medications and view diagnostic results such as laboratory and imaging results. If you have a question about your medication or forgot to ask your provider a question, you can message your care team. Learn more or sign up at missionhealth.org/patientconnect.

   **Tip:** Download the Mission Patient Connect mobile app in the App or Google Play store to stay connected on the go.

3. **Stay current on trending health and wellness topics**
   Don’t miss out on award-winning content from the Mission Health Blog, ranked among the internet’s Top 100 Health Blogs. Visit blog.missionhealth.org to browse topics you’re interested in, and subscribe to get updates directly to your inbox.

   **Tip:** When signing up for updates, be sure to select your preferences for content you’d like to see.

4. **Get care online**
   The doctor will see you now. With Mission Virtual Clinic, you can skip the trip and just click. Convenient, fast and helpful, all for $25, the online clinic provides care for minor illnesses — cold, flu, allergies, UTIs, minor eye and skin conditions, and more — without needing to be seen in an office. Receive a response within one hour from 7 am to 11 pm, and from 7 to 8 am the next morning for after-hours visits. Visit Mission Virtual Clinic at missionhealth.org/virtualclinic.

   **Tip:** The Mission Virtual Clinic is $25 regardless of your insurance; however, some insurance plans may allow you to submit a claim.

5. **Browse our events calendar**
   Fifteen-plus support groups, weight-loss information sessions, Ladies’ Night Out, Men’s Night Out, blood drives, career fairs and much, much more — Mission Health offers a variety of events with you in mind. Nearly all events are free and open to the public. Go to calendar.missionhealth.org to view and sign up.

   **Tip:** Watch our Facebook Live events, where our subject-matter experts answer your health and wellness questions live.

---

**We want to hear from you.** Share your suggestions for missionhealth.org with us at web.updates@msj.org.

Heath Nettles is Director, Digital and Social Media, for Mission Health.
Ask the Doctor

Garth P. Davis, MD, FACS, FASMBS, medical director at Mission Weight Management, answers some questions about weight-loss surgery.
To learn more about Mission Weight Management or to register for a free information session, visit missionweight.org or call 828-213-4100.

What makes someone a good candidate for bariatric surgery?
There are criteria for weight-loss surgery that are based on height and weight, but the ideal candidate is far more than a set of numbers. First off, weight-loss surgery is just a tool. It works for sure. Obesity has many causes, many of which stem from genetic/hormonal dysfunction. This can result in excess hunger and, therefore, excess calorie intake. Surgery can certainly help limit portion size and hunger, but the key is to utilize the surgery to help change the lifestyle. Going from a double cheeseburger to a single cheeseburger is not the long-term solution to health. So, the ideal candidate is someone who has a body mass index above 35, but they also need to be motivated to make real lifestyle changes with the goal being not just weight loss, but also health. They must understand that this is not cosmetic surgery but rather an intervention to prevent and treat disease. Of course, at Mission Weight Management we will give you the support and education so that you get the most out of your surgery.

What can I expect after the surgery?
There’s a bit of bloating and gassy discomfort after surgery, though most patients say the pain is less than they expected. Nausea is uncommon, but can occur. It will pass, and we have medications that can help. We begin you on a liquid diet and advance your diet in stages over the course of a month. In the beginning, eating can be a little difficult and must be done slowly. Eventually, however, you will lead a very normal life. You will eat normally, but just get full with smaller portions, and won’t be as hungry.

What is the recovery like?
We do these surgeries laparoscopically, meaning we make very small incisions and use specialized miniature cameras and instruments. This allows us to do these surgeries in a minimally invasive fashion. We keep you in the hospital for one to two nights, and you are back on your feet immediately. We don’t like you to drive for a week or lift heavy for 3 weeks, but people go back to work often as soon as a week, or earlier with desk jobs.

What types of bariatric surgery are there?
There are many different weight-loss surgeries that are performed around the world. Broadly speaking, this can be broken down to surgeries that restrict how much you can eat versus surgeries that alter the way you absorb calories. The two most popular surgeries are sleeve gastrectomy and Roux-en-Y gastric bypass. These surgeries are the most commonly performed because we have studied them for many years and perfected the techniques to minimize the risks while maximizing the benefits.

What’s your personal motivation to help people lose weight?
I have been practicing weight-loss surgery for 17 years, and it has been such a rewarding profession. I have developed such close relationships with my patients. Watching someone go from 500 pounds to doing an Ironman race is beyond rewarding. I feel like I am able to offer people a way out of the disease and struggles that obesity brings. Obesity can feel like a trap, and I love being able to work with people to escape this otherwise gloomy life sentence.
They’re four words no woman ever wants to hear: You have breast cancer. Unfortunately, doctors utter that phrase more than 330,000 times each year in the United States alone.

Debbie Ellis was on the receiving end of that all-too-common refrain in June 2012. While reviewing results from her annual mammogram, a radiologist at Mission Breast Center detected a small lump in Ellis’ right breast. A biopsy later confirmed their fears: stage I breast cancer.

A State of Shock

“At first, I was in a state of shock,” said Ellis, a 62-year-old resident of Fletcher who works in medical records. “I didn’t have a history of breast cancer in my family.”

According to Helen Sandven, MD, a radiologist with Asheville Radiology and the Director of Breast Imaging for Mission Health, that’s a common misconception. Approximately 75 percent of women diagnosed with breast cancer have no known family history. “You are still at risk even if you are not genetically predisposed. Twelve percent of women in the United States will have breast cancer in their lifetime,” said Dr. Sandven.
Looking back, Ellis realizes she “got lucky” because her cancer was diagnosed early. “I didn’t feel the lump and neither did my gynecologist (during a routine exam),” she said. “The mammogram found it.”

Had Ellis not gone to Mission Breast Center for her yearly screening, the outcome may have been much different. “If we find the cancer early, treatment can be more like a bump in the road than a life-changing event,” said Dr. Sandven. “If it progresses before detection, patients face a much more difficult path to recovery.”

The Journey to Healing

The course of treatment chosen for Ellis included surgery to remove the tumor, followed by four months of chemo and seven weeks of radiation. It was an aggressive plan, necessitated by the discovery of HER2-positive cells in Ellis’ breast. Being positive for HER2 made early detection all the more important.

“It’s the most frightening thing I’ve ever been through,” said Ellis, recounting her eight-month road to remission. “After all, I was staring at my own mortality.”

“At the same time, I wouldn’t let my family show sympathy because that would only make things more difficult,” she added. “So I stayed positive through the whole thing and decided I wasn’t going to let it beat me.”

Throughout the journey, the team at Mission Breast Center helped and comforted Ellis. When the cancer was discovered, she — like all patients at the clinic diagnosed with cancer — was assigned a nurse navigator to answer questions, provide reassurance and accompany her through the process.

“It’s an expense a smaller breast program couldn’t absorb,” said Dr. Sandven of the nurse navigator program. “We’ve chosen to do so because it helps deliver better care and provides a more supported experience.”

During follow-up visits, Ellis was treated with the same care and compassion, which she freely admits helped allay the anxiety that she felt — and continues to feel — at each appointment while waiting for results.

“Every time I went [to Mission Breast Center], the staff was awesome,” Ellis said. “Everyone was very encouraging and made me feel completely comfortable. That makes all the difference. They all go above and beyond in the way they interact and communicate with you.”

Patient-Centered Care

Therein lies the foundation upon which the Mission Breast Center is built: a patient-centered approach to early breast cancer detection. Delivering that level of care is no small feat, particularly considering more than 40,000 women are screened each year at the clinic. Even so, Dr. Sandven and her entire team are committed to doing just that.

“Our goal is for every patient to feel as though they had a caring, supportive experience each time they come,” said Dr. Sandven. “We have a very specialized group of breast imagers and an incredibly skilled, caring staff. Patients can have confidence in our extensive experience and know they’re getting the best care possible.”

That dedication, coupled with what Dr. Sandven calls “a history of being early adopters of technology,” has established Mission Breast Center as one of the southeast’s most respected breast specialty centers. In fact, the group was one of the first 15 healthcare providers in the nation chosen to offer contrasted mammography and was the second hospital east of the Mississippi River to purchase a new ergonomically designed 3D gantry that makes the exam more comfortable for patients.

Additionally, Mission Breast Center was the first to introduce whole breast ultrasound (ABUS) to the area. “We’re always evolving,” said Dr. Sandven. “We have our finger on the pulse of technology, and Mission Health has been very proactive about investing in cutting-edge equipment when it becomes available.”

Mission Breast Center is the only practice in the region currently utilizing Volpara software, which allows radiologists to better evaluate imaging quality and positioning. This information is then used to refine the skills of the imaging technologists and, ultimately, detect abnormalities with more precision.

Not surprisingly, the capital and human resources required to support the services and purchase the technology that separates Mission Health from other healthcare providers is substantial. But that’s of little concern to Ellis, who said, “I would highly recommend Mission Breast Center to anyone, any time because of the level of care and quality of treatment they’d receive.”

“I didn’t feel the lump and neither did my gynecologist... The mammogram found it.”

The Mission Breast Center provides state-of-the-art breast imaging utilizing 3D mammography, contrast mammography, whole breast ultrasound (ABUS) and diagnostic ultrasound. Mission Breast Center is accredited by the American College of Radiology as a Breast Imaging Center of Excellence. To schedule an exam at the Mission Breast Center, visit mission-health.org/imaging or call 828-213-9729.
Hawaiian Chicken

ingredients

For chicken:
- 12 oz boneless, skinless chicken breast, cut into 1-inch cubes (24 cubes) (about 2 large breasts)
- 1 cup fresh pineapple, diced
- 8 6-inch wooden skewers

For sauce:
- 2 Tbsp ketchup
- 2 Tbsp lite soy sauce
- 2 Tbsp honey
- 2 tsp orange juice
- 1 tsp garlic, minced (about 1 clove)
- 1 tsp ginger, minced

preparation

Preheat a grill or broiler to medium-high heat. Thread three chicken cubes and three pineapple chunks alternately on each skewer. Combine ingredients for sauce and mix well; separate into two bowls and set one aside for later.

Grill skewers for 3-5 minutes on each side. Brush or spoon sauce (from the bowl that wasn’t set aside) onto chicken and pineapple about every other minute. Discard the sauce when done with this step.

To prevent chicken from drying out, finish cooking skewers in a 350 degrees F oven immediately after grilling (to a minimum internal temperature of 165 degrees F). Using a clean brush or spoon, coat with sauce from the set-aside bowl before serving.

4 servings (one serving is two skewers)

Nutrition information (per serving): 156 calories; 2 g total fat; 1 g saturated fat; 47 mg cholesterol; 320 mg sodium; 18 g protein; 16 g carbohydrates
**Watermelon Feta Salad**

**Ingredients**
- 2 cups diced seedless watermelon
- 3 oz crumbled low-fat feta
- 4 cups baby spinach or arugula
- ¼ small red onion, sliced
- 2 Tbsp balsamic vinegar
- 2 Tbsp olive oil
- ½ tsp salt
- ground black pepper to taste
- garnish with fresh mint (optional)

**Preparation**
Combine watermelon, feta, red onion and arugula on plate. Whisk together balsamic vinegar, olive oil, salt and pepper until emulsified. Drizzle dressing over salad.

**4 servings**
Nutrition information (per serving): 132 calories; 9.9 g fat; 346 mg sodium; 7.5 g carbohydrates; 5.2 g protein

---

**Summer Farro**

**Ingredients**
- 2 cups cooked farro (or other grain such as quinoa or wheat berries)
- 2-3 roasted red peppers, chopped
- 1 can garbanzo beans, drained and rinsed
- ½-⅓ cup basil, chopped
- ½ cup grape or cherry tomatoes, halved

**For dressing:**
- 1 Tbsp red wine vinegar
- 2 Tbsp olive oil
- 2 Tbsp lemon juice
- ½ tsp dried oregano or parsley
- salt and pepper to taste

**Preparation**
Add roasted red peppers, beans and basil to farro. Whisk together dressing ingredients and add to grain mixture. Add salt and pepper to taste. Refrigerate until ready to serve.

**Optional:** Add more vegetables such as cucumber, zucchini, chopped onions or yellow squash.

**4 servings**
Nutrition information (per serving): 234 calories; 6.6 g fat; 0.6 g saturated fat; 236 mg sodium; 36.8 g carbohydrates; 7.8 g fiber; 8 g protein
A detox, or detoxification, diet is done for a number of reasons: to lose weight, rid the body of harmful wastes or help with chronic inflammation. Detox diets vary by what manner they “cleanse” the body. Unfortunately, there is not a lot of evidence-based research that supports their effectiveness. In fact, detox diets can actually cause more harm than good.

With a detox diet, people can lose weight by fasting, cutting out certain types of food and drinking large quantities of water, or taking laxatives. This can be effective to help with losing weight quickly, but is not a sustainable long-term strategy, as most of the weight lost is quickly regained. Also, there is risk for dehydration, low blood sugar, abdominal cramping and other adverse effects.

Detox diets can also be risky to individuals with diabetes, heart disease or other chronic conditions, and to women who are pregnant or nursing. It’s also important to note that the liver and kidneys are filtering systems within the body, so they do their own waste detoxification, and do it quite efficiently.

Instead of a detox diet, you are more likely to lose weight — and keep it off — with these strategies:

- Eating a diet high in plant-based foods
- Eating small meals every 3-4 hours that contain a protein and complex carbohydrate, such as fruits and vegetables
- Drinking at least 64 ounces of water daily
- Exercising at least 150 minutes a week
- Eliminating fast food and high-calorie drinks

To learn more and register for a free Mission Weight Management weight-loss information session, visit missionweight.org or call 828-213-4100.
What’s Your Prediabetes IQ?

Take our quiz to see how much you know about controlling your risks of diabetes

By Cheri Hinshelwood

Prediabetes is a sneaky health condition. It only shows itself with slightly higher than normal blood glucose levels. “Think of prediabetes as a warning sign that you are at higher risk of developing Type 2 diabetes,” said Kim Miller, MSN, RN, certified diabetes educator at Mission Hospital.

Quiz

1) Prediabetes is diagnosed with:
   a. Blood pressure
   b. Eye exam
   c. Cholesterol test
   d. Blood test

2) Risks factors for prediabetes include:
   a. Age
   b. Family history
   c. Race
   d. Obesity and sedentary lifestyle
   e. High cholesterol
   f. Gestational diabetes
   g. All of the above

3) Symptoms prediabetes has progressed to Type 2 diabetes include:
   a. Feeling thirsty a lot
   b. Urinating more often than usual
   c. Feeling very hungry a lot of the time
   d. Having blurred vision
   e. Losing weight without trying
   f. All of the above

4) Prediabetes can be reversed:
   a. True
   b. False

Answers

1) d. Any type of diabetes means you have too much glucose in your blood, and it can lead to serious health issues. A blood test to determine either your fasting blood glucose or A1C level can reveal prediabetes. “Since an A1C is not part of routine annual labs, if your fasting blood glucose level is above 100, talk with your doctor about your risks and whether this test would be right for you,” said Miller.

2) g. According to the North Carolina Department of Health, one in 10 people with prediabetes know they have it. Obesity is the leading cause of prediabetes. “Knowing and managing your lifestyle risks is one of the best things you can do to prevent even prediabetes,” said Miller. Stay fit and active at a healthy weight, especially as you age. Factors like family history and race are out of your control, and diabetes is more common among African Americans, Native Americans and Hispanics.

3) f. When blood glucose levels reach higher ranges, prediabetes can progress to diabetes. If you have any of these symptoms, contact your doctor immediately. Serious health issues like heart attack, stroke, nerve damage, vision issues and kidney failure can occur when high glucose levels go untreated.

4) a. Prediabetes can often be reversed with moderate weight loss. According to Mission’s Diabetes Prevention Program, losing just 5 to 10 percent of your body weight can decrease your risk of developing Type 2 diabetes by about 60 percent. “Move more and eat less. Being physically active for 30 minutes five days per week and eating less starchy foods like rice, breads, pastas, sugary drinks is a great place to start,” said Miller.

At the Diabetes Center at Mission Health, a healthcare team provides education and support to empower patients to create their own unique diabetes treatment plan. The center requires a physician referral. To learn more, call 828-213-4700 or visit mission-health.org/diabetes.
Exceeding Expectations

Kelly Kranker’s legs went from varicose veins to very pretty

By Lindsey Grossman

Kelly Kranker, 39, felt like her legs belonged to a much older person. Her varicose veins initially appeared with her first pregnancy. After she delivered, the swelling improved. However, Kranker, still had some swelling, pain and prominent varicose veins.

She was exploring treatment options at The Vein Specialists of Carolina Vascular, an affiliate of Mission Health, when she became pregnant again, and the veins got significantly worse. “Prior to my treatment, my legs throbbed and I could feel the blood rush in my veins when I stood up,” she said. “They were not only painful, but unsightly, too.”

Before They Become a Problem

Toby Cole Jr., MD, an interventional radiologist with The Vein Specialists of Carolina Vascular, said that pregnancy can cause varicose veins and lead to increasing symptoms that may include, pain, swelling, burning, heaviness or itching. Left untreated, it can ultimately lead to leg ulcers. Varicose veins can be inherited from your family or caused by other factors, including job-related prolonged sitting or standing, or pregnancy. “Recent studies suggest having veins treated sooner rather than later provides better long-term results and benefits,” said Dr. Cole.

Dr. Cole states, though not all treatments are covered by insurance, approximately 80 percent of procedures are considered medically necessary and are covered by insurance.

Kranker was ultimately cleared by her insurance for endovenous thermal ablation (EVTA), a minimally invasive treatment using local anesthetic and guided by ultrasound. Using either a laser or radio frequency energy, the ablative device redirects blood to healthy veins. “The body’s reaction is to close the vein, so there is no further reflux,” said Dr. Cole. “It decreases venous insufficiency in the lower leg, which in turn, decreases the pressure that contributed to the patient’s symptoms.”

Walking Out of the Doctor’s Office

Kranker said the worst part of the procedure was the local anesthesia, which The Vein Specialists of Carolina Vascular described would feel like “bee stings,” but she would be able to walk out of her appointment that day. She was encouraged to walk more the same day and the days following her treatment.

A few months following the EVTA, she had sclerotherapy prescribed to treat the smaller spider veins. This treatment involves a tiny needle injecting the veins with a solution that causes the targeted veins to collapse. After both treatments, Kranker was required to wear compression stockings to optimize the results of her treatments.

“Now it looks like it never happened, and I feel like myself again,” Kranker said. “Now I have the confidence and joy that comes with wearing shorts, again. I really never thought that I would ever wear them again. My results have far exceeded my expectations. Now my legs look better than they did prior to my pregnancy.”

Kelly Kranker’s legs went from varicose veins to very pretty
“I really never thought that I would ever wear [shorts] again... Now my legs look better than they did prior to my pregnancy.”

Want great looking legs for next summer?

According to Toby Cole Jr., MD, an interventional radiologist with The Vein Specialists of Carolina Vascular, an affiliate of Mission Health, “You should be thinking about vein procedures, for large varicosities, well in advance of warm weather. It takes four to five months from the initial appointment until you get treated. This includes three months of wearing compression hose and following conservative therapy recommendations.” To learn more, contact The Vein Specialists of Carolina Vascular, an affiliate of Mission Health, at 828-670-8346.
From the Bed to the Stage

Thanks to rehabilitation at CarePartners, bluegrass legend Raymond Fairchild is back to pickin’ his banjo

By Jennifer Sellers
Fairchild was treated in the Neuro Intensive Care Unit at Mission Hospital for a couple of weeks, and was then transferred to CarePartners Rehabilitation Hospital to undergo physical therapy and occupational therapy for a few additional weeks. Thanks to the care he received at both locations, Fairchild has continued recovering and has been able to return to what he calls “his life,” which is pickin’ his banjo for audiences at his music house, the Maggie Valley Opry.

**Keeping the Main Goal in Mind**

The CarePartners therapists who worked with Fairchild, 79, were well aware of his goal to return to music, but before they could help him get there, they set much smaller goals for him — goals like bending over to tie his shoes.

“Many of our patients are starting over from scratch,” said Warren Yeisley, rehabilitation occupational therapist with CarePartners. “First thing each morning, we start them out working on all of the activities of daily living they would have in normal life — getting up, going to the bathroom, getting dressed, eating breakfast, taking a shower and so on.”

Fairchild’s primary area of rehabilitation was gaining the strength, mobility and coordination to walk again. His limitations were due primarily to a subdural hemorrhage in his brain and limited range of motion in his back, although Yeisley said that both cognitively and physically Fairchild was a good candidate for rehabilitation.

“Slow and steady is always best, and that’s how he progressed,” said Yeisley. “He did quite well with his therapy.”

While the rehabilitation CarePartners patients undergo seems basic, it can be quite rigorous for those who have experienced serious injuries or stroke. Yeisley said that patients have seven sessions a day of occupational therapy, physical therapy and speech therapy.

“They get to the end of their day and they’re pretty well tuckered out,” he said. “In acute care at the hospital, their needs are all medical and the therapy is minimal. But once they’re here, it flip flops. Although their medical needs are being met, it’s mostly all therapy, therapy, therapy.”

Fairchild said that, aside from having to get up so early each morning, he enjoyed his therapy. “I liked the way they taught me to walk. I liked the therapies and the bicycles,” he said. “They really spoiled me. I want to come back and see them when I’m walking better.”

**Rehab Is Ultimately about People**

Fairchild said that one of the reasons rehab was such a positive experience for him was the people he worked with. “They were great at CarePartners,” he said. “They took the best care of me; I couldn’t ask for no better.”

The feeling is mutual, according to Yeisley. “He worked hard, but it was also a lot of fun talking with him about traveling the world and all the different people he’s played with. He’s someone I wouldn’t have met otherwise, and that’s the great thing about this job: You meet people from all walks of life, and they’re all interesting folk.”

Of course, it isn’t just CarePartners Fairchild credits for being instrumental in his recovery. He has high praise for Mission Hospital, too. “I think Mission is the greatest hospital there is,” he said. “I’m so glad we have a place like that close by in western North Carolina.”

Yeisley said the continuum of care between Mission and CarePartners is designed to work seamlessly, both on the front end, when patients are being admitted into the rehabilitation hospital, and on the back end, when they’re being released to skilled nursing, assisted living or their own homes.

“We have a number of liaisons on all the floors at Mission, talking with case managers there to see who’s appropriate for rehab and lining up all the info for our docs,” said Yeisley. “Then, after a patient has been under our care for an appropriate amount of time, and we think they’re safe to leave, we help ensure a smooth transition to their next caregiver. In Mr. Fairchild’s case, he had progressed enough to safely return to his own home, with his wife caregiving for the few things he was still not able to do independently.”

**Back to Pickin’**

Fairchild is still recovering. Weakness in his right arm and leg has made relearning to walk a slow process. But he is building his stamina — particularly for his return to stage. “I may not be 100 percent yet, but I’ll be good enough to perform again,” he said.

“That was one of his big goals all along, and it really is a big one,” said Yeisley. “It takes a lot of endurance to play even a 30-minute set. And remembering the music can take a lot of mental strength.”

Fairchild’s assessment of his recovery is positive. Following Memorial Day, he will be playing seven nights a week at his Maggie Valley Opry. “I’m doing pretty good,” he said. “Still weak, but beginning to do things on my own. Playing was awkward for a while, but I’m getting back on that. I’m so thankful for the folks at CarePartners. They’re really fine people — you couldn’t ask for no greater people.”
A Game Changer

A new tic protocol is helping children with Tourette syndrome regain happiness and confidence.

By Jennifer Sellers

Kelly Hughes’ son Aidan, age 12, has Tourette syndrome, and as a result has experienced tics throughout most of his childhood. Over time, he developed more complex tics, as well as co-occurring conditions like ADHD and OCD.

What Are Tics?
Tics are involuntary motor movements or vocal expressions that are typically related to a tic disorder, such as Tourette syndrome, which usually presents in childhood. Some tic disorders are transient, while others can persist into adolescence or even adulthood.
As diagnoses piled up, and doctors continued offering the family new theories and suggestions as to how to manage Aidan’s tics, Hughes finally had enough and took their pediatrician’s advice: “If the tics aren’t bothering him or hurting his grades, then they’re not a problem,” she said. “If they’re a problem for others, that’s their problem.” “I wholeheartedly agreed,” said Hughes. “Overall he was doing well, so I thought we would just chill out with the doctors for a little bit.”

As it turns out, however, Aidan wasn’t doing so well. As a preteen entering middle school, he was starting to feel self-conscious about his tics. This became clear to Hughes last September on the night of Aidan’s 5th grade orientation. Even though Hughes suggested Aidan sit up front so that he could focus, he wanted to sit in the back. The reason: He didn’t want others seeing his tics. “He’s getting older, and I was willing to let him make his own decision about where to sit, but the reason for it broke my heart,” said Hughes. “That was the first time he had vocalized any embarrassment about what other people thought of him. I knew we had to do something. I didn’t want him in the back of the classroom trying to hide instead of making friends. Middle school is tough enough as it is.”

That night, Hughes went online to the Tourette Association of America (TAA) to revisit a list of providers she had come across before. These were providers who specialized in a new behavioral protocol for treating tics known as cognitive behavioral intervention for tics (CBIT). However, none were near the Hughes, who live in Winston-Salem. The closest practitioner was in Asheville at Mission Children’s Hospital — Jarod Coffey, LCSW, a behavioral health provider at Olson Huff Center for Developmental and Behavioral Pediatrics. “I just said to myself, ‘we’re going to do this,’” said Hughes. She soon contacted Coffey, and that phone call was a game changer. “Jarod was amazing from day one,” said Hughes. “When I talked to him, I felt confident he could help us.”

**CBIT Protocol for Tics**

While tics are not all that uncommon in children (they’re experienced by about 1 in 100 children, according to the TAA) the new cognitive behavioral protocol for tics, known as CBIT, is.

CBIT has been successful in the majority of children who have undergone the treatments. However, the number of practitioners who are trained in CBIT is relatively rare. Coffey is currently one of only three providers in North Carolina who offers it.

Coffey received training in the protocol a few years ago and has been offering it at Mission ever since. “Right away I was having great success in getting tics to settle down and even stop happening,” he said. “It was quite a change compared to when I first saw many of the same kids.”

CBIT is a combination of function-based interventions and habit-reversal training, explained Coffey. The function-based component evaluates the things that happen just before and immediately following a tic, and identifies ways to control those variables. For example, if a child who experiences a tic and then is told by a parent to try to control the tic or to not do it again, the anticipation of scolding can make the tics increase. Likewise, if the scolding, or any other type of trigger, is withdrawn, tics will likely decrease.

The habit-reversal component is where the cognitive behavioral techniques really get interesting. This treatment is designed to help the child become more aware of the urge he or she feels right before a tic so that he or she can then do a competing exercise at the same time. For example, if the child’s tic is an arm movement, Coffey trains him or her to straighten the arm until the urge goes away. This isn’t simple habit reversal; it’s a way to neurologically reduce the urge to express the tic.

Often, the practitioner or parent will need to experiment to find the exercises that work best for their child’s particular tics. Coffey has treatment protocol manuals he walks families through to identify exercises they can try.

The combined protocol is very effective and typically sees quick results. “Using this, we can get very good control over tics within a relatively short amount of time — a few weeks to a month,” said Coffey.

**Putting the Protocol to Practice**

Hughes said Aidan started experiencing relief by his third visit with Coffey. “By then it was already like night and day,” she said. “I got my child back. Just the look on his face — it was a face I hadn’t seen in so long.”

Early in his treatment, Aidan went from a maximum of 36 tics in a minute to one to two tics a minute. As he continues the protocol, Hughes reports that Aidan’s tics are becoming even more manageable over time.

The CBIT protocol is recommended for most children with tics, said Coffey. “So far in my practice, there has only been one kid who didn’t respond to it, and that issue ended up being a neurological issue and not a true tic,” he said.

This brings up a point that Hughes said is important in identifying who can benefit from treatment. CBIT is designed for children with a tic disorder like Tourette syndrome. Not all repetitive movements are tics. For example, children with autism experience repetitive motor movements to self-soothe or express excitement. “Even though they look like tics, we may not want to get rid of them because they serve a purpose,” said Coffey.

Children with true tics, however, experience great relief as the tics decrease. “These kids go through a lot of suffering when their tics go untreated,” said Coffey. “Fortunately, the suffering is unnecessary. We have an effective, accessible treatment here for those children, and for those who also benefit from medications, our doctors can help with that.”

Once a family learns the protocol, treatment sessions with Coffey can discontinue as the family puts CBIT into practice at home. “We had it down in about four or five sessions,” said Hughes. “Aidan’s really focused and motivated because he doesn’t want this to be a hindrance any longer.”

Seeing the success of this treatment has really boosted Aidan’s confidence, said Hughes. “This has been a blessing and a relief,” she said. “The confidence is carrying over into Aidan’s school life and social life. He is so much better and so much happier now.”

mission-health.org
Living with Dignity to the End

CarePartners Hospice social workers support patients and their families when they need it most

By Trisha McBride Ferguson

Compassion. There’s no better way to describe how social workers with CarePartners Hospice operate. Whether they’re helping a patient transition from home care to assisted living or aiding a family in making final arrangements, they do it with kindness and empathy. Part of a team of professionals, they offer physical, emotional and spiritual support to patients with life-limiting or terminal illnesses.

Expert navigators of all types of issues, hospice social workers provide support that benefits both patient and family. “We don’t get in the boat to help drive, we get in the boat to help paddle,” explained Elizabeth Lewis, a social worker with CarePartners Hospice.

From coordinating healthcare to helping patients access community resources, no two days are alike, and every patient is unique. Personalized care is at the foundation of the program.

“We get to know the identity of the individual and their family,” said Christopher Chardos, LCSW, CarePartners Hospice social worker. “The better we get to know them, the better able we are to support them.”

A Unique Caregiver

When Tracy Boone got a call in June of last year about being the healthcare power of attorney for patient Gloria McVicar, she couldn’t have been more surprised. “I didn’t know Gloria, she chose me,” said Boone. A minister at the Times of Refreshing IPHC church, Boone had only briefly met McVicar once before.

Suffering from COPD, McVicar was moved from her home into a CarePartners assisted living facility and eventually a skilled care facility. Social workers Elizabeth Lewis and Christopher Chardos supported McVicar and her caregiver Boone throughout their journey until McVicar’s passing in February. “If it had not been for Libby and Christopher, I couldn’t have done it,” said Boone. “There wasn’t a time when I called that they weren’t there. They became my family.”

“We are there for the family as much as the patient,” said Chardos. “We bring peace of mind, and we have the ability to make an impact on the individual by supporting the caregiver.”

Whether they were helping Boone move McVicar’s personal belongings between homes or assisting her with coordinating final arrangements, the CarePartners hospice social workers were invaluable, said Boone.

Social workers Lewis and Chardos also provided McVicar with counseling and support. “We helped her make peace with some of her life’s challenges,” said Chardos. “She was able to find peace, which was huge in her having a peaceful and dignified transition. It’s important for patients to no longer be struggling with past life events — to make their final chapter smooth, peaceful and loving.”

Help When It’s Needed Most

The journey from good health to a terminal prognosis can sometimes be a short one. “For a lot of people, things happen so quickly there’s not a lot of time to make decisions,” said Chardos.

CarePartners Hospice social workers are adept at helping patients and their families navigate these difficult times.

“We’re certainly not the preconceived notion of what people think of as social workers — someone coming to review their home and take
Christopher Chardos, LCSW, is a social worker with CarePartners Hospice.

Elizabeth Lewis is a social worker with CarePartners Hospice.

them away,” said Lewis. “We have no preset agenda. We’re there to support and help them so they don’t feel like they’re all alone.”

Helping patients sort through information and navigate decisions also helps reduce misinformation and keeps them from feeling overwhelmed, explained Lewis. “We help them make sense of the process and find resources; we help them cut down on their need to Google,” she said.

Providing care for the body, mind and spirit — for both patient and caregiver — allows the family to continue to function and operate as a family unit, said Chardos. And while training and information are abundant when it comes to bringing a new life into the world, there isn’t as much available for the end of life, he explained. “It’s like they’re going to a foreign land, and we are the travel guide. It truly is an honor that we get to be in someone’s life in such a critical and sacred time.”

“A lot of what we do is showing up and having compassion for another human being — letting them know they aren’t alone,” said Chardos. “We share their space and their grief, their tears, and joy. We look them in their eyes and let them know they’re not alone. Sometimes people don’t have a lot of love in their life, and we’re the first group of people to give them unconditional love — to meet them where they are is powerful and humbling.”

“I will never forget them, they went above the call of duty. To this day, they will always have a special place in my heart,” said Boone.
Putting the Patient First

The next generation of medical office buildings is here

By Cheri Henshilwood

Rebecca Carter, MSN, RN, FACHE, President/CNO for Blue Ridge Regional Hospital, answers questions about the offerings inside the Mauzy-Phillips Center at Blue Ridge Regional Hospital.

Q. What makes care at the Mauzy-Phillips Center so different?
A. All providers work within steps of one another at this center. Patient care collaboration occurs seamlessly in a shared work space. Real-time consultation among providers happens while patients are at the center, often saving the need for additional appointments later. If an appointment is needed with a specialist, it can frequently occur the same day.

Q. What is team-based care?
A. Team-based care puts the patient at the center of care. Primarily care physicians lead care teams at the Mauzy-Phillips Center. They interact easily with their patients and each other for planning and treatment. Social workers, pharmacists, care managers and registered nurses coordinate care and provide education to help break traditional barriers to treatment such as scheduling or access to specialists.

Q. What’s a typical appointment like?
A. Visits can either be a traditional visit or a team visit, depending on each patient’s needs. On-site labs and imaging provide timely information. The second story of the building is dedicated to surgical clinics including orthopedics, urology and wound care. With providers working together closely, treatments and care can begin right away. Consults may even take place in the same visit.

Q. What about patients without a primary care physician?
A. Mission My Care Now Blue Ridge, on the first floor, is a non-emergency center accepting walk-ins for minor bumps and bruises, asthma, cold and flu, depression or allergies. Patients who want a primary care doctor can be connected with one right away. If a primary care provider has an open spot on their schedule, the walk-in patient may see that provider instead of the My Care Now team.

Q. How does the design of the Mauzy-Phillips Center support wellness?
A. This building’s design included patient and provider input for maximum efficiency and convenience, where patients are truly at the center of care. A unique combination of providers is located here to address the health needs in our community including specialists like cardiology and orthopedics.

The Mauzy-Phillips Center is located at 189 Hospital Drive in Spruce Pine. To learn more about the center, visit blueridgehospital.org.
Happy Campers

A special retreat offers support for stroke survivors and their caregivers

By Lindsey Grossman

Marylee Nunley, whose husband survived a stroke, realized her dream of starting a camp for stroke survivors and their families in 2004. What began as a single camp in Illinois has grown into Retreat & Refresh Stroke Camp, a national network of stroke camps with the mission of improving the quality of life for stroke survivors and those who love and care for them.

Keisha Hastings, coordinator for Mission Hospital’s Clinical Documentation Improvement Department, participated last year with her friend and stroke survivor Sandra Nutbrown. “Stroke Camp is an amazing opportunity that allows both the caregivers and the stroke patients a chance to relax, be vulnerable, and share feelings, fears and emotions,” said Hastings.

Stroke survivors, their caregivers and family members enjoy a weekend full of activities that are accessible for all ability levels including crafts, games, educational sessions, hiking/walking, relaxation and outdoor activities such as fishing and boating.

Hastings said the nightly shows and games were fun and provided much needed laughter. “But one of the most memorable moments was a breakout session with the caregivers,” she recalled. “Everyone really shared and cried, and it seemed that there was a lot of relief and healing that truly touched me.”

“You are not just giving these individuals a break,” Hastings emphasized. “You are allowing them to heal, become whole again, connect and make friends, let go of guilt and issues because they are around others who have gone through similar situations and emotions. This camp is so amazing!”

Mission Health’s Stroke Center offers a variety of highly effective treatments that can limit damage to the brain and body during a stroke. Our multidisciplinary team of stroke experts works together to ensure the best patient-centered care for your diagnosis, treatment and rehabilitation. Mission is certified by The Joint Commission as a Comprehensive Stroke Center. Learn more at mission-health.org/stroke.

Mission Health Stroke program has hosted this camp for the past four years and is partnering again with Retreat & Refresh Stroke Camp to bring this unique experience to western North Carolina. In 2018, camp dates are September 7-9, and registration is now open. For more information, visit strokecamp.org.
The shoulder is one of the most exciting joints in the body and allows us to do much more than we ever thought possible, only to be sorely missed when it’s injured. All these movements are the result of the shoulder’s unique structure—a combination of three bones, at least eight muscles and their attached tendons, and the sinew surrounding the joint called the capsule.

The most common shoulder injuries that an orthopedic surgeon deals with concerning the shoulder are problems with the rotator cuffs and osteoarthritis.

Rotator Cuff Injuries
Rotator cuff injuries can be the most painful and debilitating of the common injuries seen of the shoulder. The rotator cuff is a fascinating group of four muscles with their tendons that allow the complex movements of the shoulder.

Rotator cuff tears, for the most part, are not injuries that heal on their own and often need the help of a skilled orthopedic surgeon. Once a painful and open surgery done through a large incision and requiring a night in the hospital, surgery is now frequently performed arthroscopically as an outpatient procedure.

Recovery from rotator cuff surgery typically is a test of one’s patience, for the healing time for the newly repaired rotator cuff tendon to become fully functional will take 12-18 months. The recovery usually starts with a four-to-six-week period in a sling with restricted range of motion of the shoulder. At about six weeks, the cuff repair site is strong enough to initiate a six-week program of physical therapy combined with a home exercise routine that will take 20 minutes a day. However, the point when the tendon repair site becomes tough, strong and durable takes much longer as new collagen fibers continue to span the site of the old injury, creating a union that will endure the most strenuous of activities.

Degenerative Osteoarthritis
Degenerative osteoarthritis of most joints is more often seen in the later decades and rarely seen in persons under age 60. Arthritis is more often due to who you are (hereditary) than what you did (occupation or trauma).

Pain and stiffness raise red flags signaling the possibility of arthritis. Arthritis occurs when the soft, durable articular cartilage of the joint, that layer covering the bone, wears away and the underlying rough bone ends up rubbing against the other opposing bone.

Fortunately, with arthritis of the shoulder, first-line treatments such as rest, physical therapy and anti-inflammatory over-the-counter medications like ibuprofen, will often work and surgery isn’t required. If the symptoms aren’t alleviated, that’s when surgery enters the discussion. Total shoulder replacement is sometimes the best choice, and if there is also an accompanying rotator cuff tear then reverse shoulder arthroplasty needs to be considered.
There’s the Rub
5 benefits of prenatal massage
By Lindsey Grossman

Regular prenatal massages can work wonders for your pregnancy issues, right up through delivery. Toni Fisher, LMBT, lead massage therapist with MyHealthyLife® Wellness Services at Mission Health, talks about the many pluses of prenatal massage that expecting moms can expect.

1. Improves sleep. Prenatal massage supports the release of serotonin in the body, which increases deeper sleep. “Many mamas report sleeping better than ever after their massage, and some even report that a busy ‘kicking’ baby seemed to be calmed by the massage as well,” said Fisher.

2. Reduces stress and anxiety. The releasing of serotonin in the body also boosts endorphins and dopamine, which promotes a sense of well-being, lowering stress and anxiety levels.

3. Improves circulation and reduces swelling. The two go hand-in-hand. Gentle massage techniques help to increase blood flow to restricted areas, and at the same time increase lymphatic fluid flow to reduce water retention and remove metabolic waste.

4. Reduces joint pain. Pregnancy takes a real physical toll on your body. The extra weight can cause all kinds of aches and pains (like lower back pain) that can be relieved with prenatal massage.

5. Reduces intensity of the labor process. “Many issues — such as muscle tension, fatigue, headaches and anxiety — are often greatly reduced, if not alleviated altogether, with regular prenatal massages,” said Fisher.

What’s a prenatal massage like?
At MyHealthyLife Wellness Services, prenatal massages are performed in a warm, dimly lit room, with gentle music to support the nurturing nature of the mother’s needs. In most cases, the mother will be lying on her side. The therapist provides bolstering and cushioning with pillows and blankets for support and comfort. Fisher emphasized that communication is key. “Adjustments are easy to make to ensure the mother’s comfort — repositioning, additional bolstering, adjusting temperature, blanketing, etc.,” said Fisher.

To receive a prenatal massage from a MyHealthyLife Wellness Services-trained massage therapist, women must be in their second trimester or beyond. High-risk pregnancies require a doctor’s release. To schedule a prenatal massage appointment at MyHealthyLife Wellness Services, call 828-213-8250 or via One-Call Scheduling at 828-213-2222. Be sure to specify for prenatal.

To register for any Mission Health classes including breastfeeding, childbirth and parenting, visit mission-health.org/womens.
Five-year-old Taylor Burleson of Leicester has autism and uses a communication device to talk. When he was at the Asheville Surgery Center, an affiliate of Mission Health, to have tubes put in his ears, the new Linked Program pilot the center had implemented to assist children with autism spectrum disorders made his experience go smoothly.

The program implements evidence-based strategies that improve the experience for children with autism and their families every step along the way, including scheduling, registration, preparation, recovery, discharge and follow up, said Lisa A. Clark, MSN, RN, PCCN, a registered nurse at the Asheville Surgery Center.

“Each child with autism having surgery at the Asheville Surgery Center needs individualized care and a multidisciplinary team of nurses, anesthesiologists, registration staff, Child Life specialists and certified nurse anesthetists collaborating to reduce stress and anxiety for them and their caregivers,” said Clark.

Clark pointed out that perioperative areas of a hospital or clinic can be especially challenging to those with autism. “At those times, they may be exposed to changes in routine, noisy or busy environments, medical equipment and different types of communication,” she said. “It can be hard for them to make sense of their environment and can be scary for them.”

Taylor’s mother, Chasity Burleson, agreed. “If the child has autism, getting them back as quickly as possible is important,” she said. “Waiting rooms are overstimulating for me, and I’m not autistic, so I can only imagine how it is for my son and other children.”

The Linked Program offers:
- All about Me Passport
- A quiet waiting room
- Rapid or early registration
- Availability of comfort items
- Minimal lights and noise
- Quick removal of monitors and IV lines

The Linked Program has an extensive protocol that begins with an All about Me Passport parents can fill out prior to the visit. This “passport” allows parents to detail their child’s functional level and needs so that the surgery center’s team can create an individualized plan of care.

“Taylor also got to keep his iPad for distraction, and they made sure I was in recovery as soon as possible so that I could be there when he was waking up,” said Chasity. “I think it’s a fantastic program.”
If there’s any uncertainty or concern, especially in school-aged children, it is never a bad idea to consider a detailed sleep evaluation,” said Bruce Bacot, MD, pediatric pulmonologist at Mission Children’s Hospital.

In youngsters, lack of sleep can be mistaken for conditions like attention deficit/hyperactivity disorder (ADHD). Ultimately lack of sleep can take a serious turn, resulting in hypertension and diabetes, even in children.

Snoring, lengthy pauses combined with gasps for air and obesity can indicate sleep apnea. Large adenoids and tonsils can block airways affecting sleep. A family history of narcolepsy and other disorders such as extreme sleepwalking can also be concerning. “Plus, normal sleep can be affected by underlying conditions including depression and anxiety, marked by either sleeping too much or too little,” said Dr. Bacot.

If your child isn’t getting enough sleep, ask your child’s doctor about the pediatric sleep services at Mission Children’s Hospital or for questions, call 828-213-1740.

### Sleep Recommendations from The American Academy of Pediatrics

<table>
<thead>
<tr>
<th>Age</th>
<th>Sleep per 24 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants 4 to 12 months</td>
<td>12 to 16 hours (with naps)</td>
</tr>
<tr>
<td>Children age 1 to 2</td>
<td>11 to 14 hours (with naps)</td>
</tr>
<tr>
<td>Children age 3 to 5</td>
<td>10 to 13 hours (with naps)</td>
</tr>
<tr>
<td>Children age 6 to 12</td>
<td>9 to 12 hours</td>
</tr>
<tr>
<td>Teens age 13 to 18</td>
<td>8 to 10 hours</td>
</tr>
</tbody>
</table>

Bruce Bacot, MD, is a pediatric pulmonologist at Mission Children’s Hospital.
Whether it’s trouble holding a spoon or keeping up in school, when our children struggle, so do we as parents. It’s challenging and stressful to see our children miss milestones, get poor grades or experience social shortfalls.

“Some kids are fine at school, but when they get in the car or home, they totally melt down. This can be a sign of anxiety or sensory processing issues,” said Chelsea Lynch, an occupational therapist specializing in pediatrics at Angel Medical Center. Most parents don’t know how to respond.

Amy Carter, a stay-at-home mom of six, and her husband, Monty, of Franklin have been foster parents for a decade, teaming with specialists to help the children they’ve cared for over the years.

The Carters adopted Cole and Kassie as babies. Both children struggled with developmental delays and attention deficit deficiency disorder (ADHD), leading them to the Angel Medical Center. Four-year-old Cole was just a baby when challenges feeding and rolling over became obvious.

“We built up Cole’s strength and gross motor skills,” said Lynch. “Now we are working on problem solving and self-control to ready him for preschool.”

Six-year-old Kassie had trouble concentrating and struggled to count and learn her ABCs. A yoga ball and special textured alphabet tapped into Kassie’s preferred learning style with her hands.

“Chelsea finds how each child learns best and suggests tools and resources to help. Through me, we work with the school and teachers as a team,” said Amy. Now Kassie is right where she needs to be academically.

“Chelsea helped our family to function as normal as you can when you’re dealing with special-needs kids. It’s meant the world to us for both Cole and Kassie,” said Amy.

Chelsea Lynch is an occupational therapist specializing in pediatrics at Angel Medical Center.
Precious Little Time
Giving families the chance to bond
By Cheri Hinshelwood

Most parents fall in love long before their baby draws its first breath. Lives are inexplicably intertwined whether they have a lifetime or mere minutes together.

“It’s one of the most challenging and rewarding things I’ve done,” said 36-year veteran nurse Martha Hill, RNC-OB, nursing unit supervisor for the Maternal Fetal Medicine Unit at Mission Hospital. Hill cares for moms and families grieving the loss of their babies. “Each moment we can give them with their baby is precious and priceless,” said Hill.

A year ago, Mission Hospital received a generous gift from Jim and Catherine Ashe from Candler. Following their son’s death at five months old, the couple donated a special cooling bassinet known as a cuddle cot, which makes it possible for bereaved families in the hospital to keep their babies with them in the room.

The Ashes know firsthand what a cuddle cot can mean. When their son, James, was born, they didn’t know how much time they’d have with him. Baby James had been diagnosed with a genetic disorder that cuts short babies’ lives, and the hospital didn’t have a cuddle cot at the time.

“Having one there would have eased the fear of having to let his body go before we were ready,” said Catherine. “Since we were with him every minute of his life, it seemed unnatural to be separated just after he died.” Using a cuddle cot from a nearby center, the family was able to say said goodbye to James in their home.

The Ashes are honoring James’ memory by doing this for others. About one family each week gets to know their baby in the hospital before saying goodbye thanks to the Ashes.

“The reception has been overwhelming,” said Hill. “Many families are comforted by having the time they need.”

To learn more about specialty services at Mission Children’s Hospital, visit missionchildrens.org.
The Perfect Fit
Mission My Care Now offers quick, convenient, compassionate care
By Trisha McBride Ferguson

Mission My Care Now
- Allergies and asthma
- Anxiety and depression
- Stabilizing diabetes and hypertension
- Colds and flu
- Headaches
- Minor injuries
- Muscle and joint pain
- Sinus infections
- Stomach pain
- UTI (urinary tract infection)
- Preemployment and worker’s comp evaluations
- DOT exams for commercial truck drivers

Designed for Real Life
Sometimes the hardest part of getting medical care is knowing where to go — do you go to the ER, an urgent care or your primary care doctor? Combining the best features of each, Mission My Care Now makes it easy to get fast, affordable, non-emergency medical care.

“For most of us, our lives and schedules are unpredictable,” said Courtney Mull, MD, Medical Director of Mission My Care Now. “I think Mission My Care Now’s greatest benefit is offering high quality, compassionate healthcare at a time convenient for our patients.” Mission My Care Now locations are walk in and are open early, evenings, weekends and most holidays.

“We offer primary care copays and are less expensive, and we share a close partnership with our local primary care and specialist providers,” said Dr. Mull. Mission My Care Now locations offer diagnostics on-site, such as lab and X-ray, so patients can be evaluated quickly. Plus, the use of a shared electronic health record allows easy updating of our patient’s provider about their visit. ☺

Mission My Care Now Locations
Mission My Care Now Biltmore Park
310 Long Shoals Road, Arden
Seven days a week, 7 am - 10 pm

Mission My Care Now McDowell
472 Rankin Drive, Marion
Seven days a week, 7 am - 10 pm

Mission My Care Now Blue Ridge
189 Hospital Drive, Spruce Pine
Mon - Fri, 7 am - 7 pm
Sat, 9 am - 4 pm
Sun, 1 - 5 pm

Mission My Care Now Angel, a service of Angel Medical Center
190 Riverview Street, Franklin
Mon - Fri, 7 am - 7 pm
Sat, 9 am - 4 pm

Call 828-213-4444 to find a Mission My Care Now near you.

missionmymycarenow.org

Courtney Mull, MD, is Medical Director of Mission My Care Now.

Courtney Mull, MD, consults with a patient at Mission My Care Now

Photo by Farisha Mohammed and Ryan Chambers

828-213-1111
Garth Davis, MD, joins Mission Weight Management and Mission Surgery. Dr. Davis graduated Phi Beta Kappa from the University of Texas in Austin where he was the Student Government President and was recognized as the most outstanding student at UT. Dr. Davis went on to attend medical school at Baylor College of Medicine and graduated in the top 10 percent of his class. In addition, he was inducted to the Alpha Omega Alpha Medical Honor Society. Dr. Davis completed his surgical residency at the prestigious University of Michigan in Ann Arbor where he was elected to the position of Chief Administrative Resident. He then started his career in Houston, where he established The Davis Clinic and was an assistant professor of surgery at The University of Texas-Houston. He is certified by the American Board of Surgery and is a Fellow of the American College of Surgeons and a Fellow of the American Society for Metabolic and Bariatric Surgery. He is also boarded in medical management of obesity. Dr. Davis is the author of Proteinaholic: How Our Obsession with Meat Is Killing Us and The Experts Guide to Weight-Loss Surgery.

Dr. Davis sees bariatric patients at Mission Weight Management located at 1 Hospital Drive, Room 3400, in Asheville. To schedule an appointment with Dr. Davis at Mission Weight Management, call 828-213-4100. Dr. Davis sees general surgery patients at Mission Surgery located at 14 Medical Park Drive, in Asheville. To schedule an appointment with Dr. Davis at Mission Surgery, call 828-252-3366.

Bill Earnhardt, MD, joins Asheville Cardiology Associates. Dr. Earnhardt is a graduate of University of South Carolina School of Medicine. He completed his Internal Medicine Residency at Bowman Gray/NC Baptist Hospital, and his cardiology fellowship at the University of South Carolina School of Medicine/Dorn VA Hospital. Prior to his medical career, Dr. Earnhardt graduated from the University of North Carolina with his bachelor’s and master’s degrees. Additionally, Dr. Earnhardt served in the Army.

Dr. Earnhardt sees patients at our Franklin, Marion and Asheville offices. To schedule an appointment with Dr. Earnhardt or an Asheville Cardiology Associates provider, call 828-274-6000.

Bryan Pace, DO, FACC, joins Asheville Cardiology Associates - McDowell. Dr. Pace is a graduate of Midwestern University’s Chicago College of Osteopathic Medicine. He completed his Internal Medicine Residency at Cleveland Clinic Southpointe and his Cardiology Fellowship through Michigan State University at EW Sparrow. Prior to his medical career, Dr. Pace graduated from John Carroll University with a BS in Biology, magna cum laude.

Dr. Pace sees patients from his office located at 31 E Medical Court, Suite 2, in Marion. To schedule an appointment with Dr. Pace, call 828-652-0005.
Calendar of Events
June through August 2018
All events are free unless noted. Event dates and times subject to change.

BLOOD DRIVES

Angel Medical Center
Jul 6, 8 am-2 pm
120 Riverview St., Video Conference Room, 3rd floor, Franklin

Blue Ridge Regional Hospital
Jun 7, Aug 9, 11 am-2 pm
125 Hospital Dr., Bloodmobile in hospital parking lot, Spruce Pine

CarePartners
July 11, 12-5 pm
68 Sweeten Creek Rd., Seymour Auditorium, Asheville

Highlands-Cashiers Hospital
Jul 27, 9 am-2 pm
190 Hospital Dr., Bloodmobile in hospital parking lot, Highlands

Mission Health Business Office
Jul 19, 10 am-3 pm
50 Schenck Pkwy., Asheville

Mission Hospital
Jun 28, Aug 28, 7 am-12 pm, 1-6 pm
501 Biltmore Ave., Lobby, Asheville

Mission Hospital McDowell
Jun 14, Aug 16, 12-5 pm
430 Rankin Dr., Bloodmobile in hospital parking lot, Marion

Transylvania Regional Hospital
Jul 26, 9 am-2 pm
260 Hospital Dr., Carlson Conference Room, Brevard

Call (828) 883-5130 or email kimberly.stewart@msj.org for an appointment

MEN’S HEALTH

An Evening with the Docs: Men’s Urology Health
Presented by Gregory Carter, MD. Light refreshments provided. Event limited to 50 attendees. Jun 21, 5:30 pm Highlands-Cashiers Hospital, 190 Hospital Dr., Jane Woodruff Clinic, suite 103, Highlands
RSVP to Brittany Dryman at 828-526-1345

Men’s Night Out: Here’s to You
Jul 24, 5:30 pm
Angel Medical Center, 120 Riverview St., Video Conference Room, 3rd floor, Franklin

SUPPORT

ALS (Lou Gehrig’s Disease) Support Group
4th Wednesday of the month, 1-2:30 pm
23 Edwin Place, Asheville
Contact Jenny Martin at 877-257-7401, ext. 714

ALS (Lou Gehrig’s Disease) Support Group
2nd Saturday of the month, 12:30-2 pm
Westgate Shopping Center, Earthfare Community Room, 66 Westgate Parkway, Asheville
Contact Pamela Brown at 877-257-7401, ext. 703

Bereavement Support Groups
Call for dates and times
CarePartners Bereavement Center, 68 Sweeten Creek Rd., Asheville
For information, call 828-251-0126

Brain Injury Support Group
1st Wednesday of the month, 3:30-4:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin

Brain Injury Support Network
1st and 3rd Wednesday of the month, 4-5 pm
CarePartners, Family Conference Room, 68 Sweeten Creek Rd., Asheville
Contact Karen Keating at 828-337-0208

Cancer Survivors Support Group
2nd Thursday of the month, 4 pm
Transylvania Regional Hospital, Newland Conference Room, Brevard
For more information, contact Joelle Cleveland, BSN, RN, OCN, at Joelle.Cleveland@msj.org

Caregivers Support Group
3rd Wednesday of the month, 3:30-5:30 pm
CarePartners Adult Day Services, 68-A Sweeten Creek Rd., Asheville
Contact Kenya Miles at 828-277-3399

Grief Classes
CarePartners Bereavement Center, 68 Sweeten Creek Rd., Asheville
For information, call 828-251-0126

Hearing Loss Support Group
CarePartners Seymour Auditorium, 68 Sweeten Creek Rd., Asheville
Contact Ann Karson at 828-665-8699 or akarson57@gmail.com for meeting time

Parkinson’s Support Group
1st Tuesday of the month, 10 am-12 pm
Grace United Methodist Church, 94 Tunnel Rd., Asheville
Contact Beth Pape at 978-729-3356 or parkinsonsAVL@gmail.com

Post-Polio Resource Group
2nd Saturday of the month, 12-2 pm
Asheville
Contact Charles Henson for location at 828-648-1938 or janicehenson1@aol.com

Spinal Cord Injury Support Group (patients and caregivers)
3rd Thursday of the month, 11 am-12 pm
CarePartners Rehabilitation Hospital Family Room, 68 Sweeten Creek Rd., Asheville
Contact Debbie Johnson, PT, at 828-274-2400, ext. 41112

Stroke Education and Support Group
2nd Thursday of the month, through May, 12:15-1 pm
CarePartners Seymour Auditorium, 68 Sweeten Creek Rd., Asheville
Contact Robin Smith at 828-274-9567, ext. 41112

Strokes & Neurological Disorders Support Group
First Wednesday of the month, 3:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin
For more information, call 828-369-4171 or email robin.smith2@msj.org

CHILDREN’S HEALTH

Breastfeeding Support Group
Wednesdays, 10 am-12 pm
Mission Hospital McDowell, 430 Rankin Dr., Labor & Delivery Department, Marion
Call 828-659-5330 or email erika.moody@msj.org

Parenting and Baby Safe Classes
Educational opportunities for all caregivers.
Various dates and times
Asheville
For details, visit store.mission-health.org/womens/
WEIGHT MANAGEMENT

Mission Weight Management: Free Medical Information Session — Mission Hospital
An information session on a program designed to help you lose weight without surgery with the help of trained medical professionals.
Jun 6, 11 am; Jun 21, 6 pm; Jul 4, 11 am; Jul 17, 6 pm; Aug 1, 11 am; Aug 16, 6 pm
Mission Hospital, 1 Hospital Dr., Asheville
Call 828-213-4100 or visit missionweight.org

Mission Weight Management: Free Surgical Information Session — Cherokee
Learn about our many surgical options for weight loss.
Jul 5, 5:30 pm
Corpening Memorial YMCA, 348 Grace Corpening Dr., Marion
Call 828-213-4100 or visit missionweight.org

Mission Weight Management: Free Surgical Information Session — Fletcher
Learn about our many surgical options for weight loss.
Jun 25, 5:30 pm; Aug 16, 5:30 pm
Fletcher YMCA, 2775 Hendersonville Rd., Fletcher
Call 828-213-4100 or visit missionweight.org

Mission Weight Management: Free Surgical Information Session — Marion
Learn about our many surgical options for weight loss.
Jul 5, 5:30 pm
Corpening Memorial YMCA, 348 Grace Corpening Dr., Marion
Call 828-213-4100 or visit missionweight.org

MISCELLANEOUS

An Evening with the Docs: Advanced Care Planning
Jul 19, 5:30 pm
Highlands-Cashiers Hospital, 190 Hospital Drive, Jane Woodruff Clinic, Suite 103, Highlands
For more information, contact Brittany Dryman at 828-526-1345

An Evening with the Docs: Immunizations
Aug 16, 5:30 pm
Highlands-Cashiers Hospital, 190 Hospital Drive, Jane Woodruff Clinic, Suite 103, Highlands
For more information, contact Brittany Dryman at 828-526-1345

Grocery Games
Aug 25, 9 am, registration begins at 8:30 am
BI-LO, 245 Macon Plaza Dr., Franklin

Situational Awareness Class: How Not to Be a Victim
Presented by Franklin Police Department
Jun 12, 5-6 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin

Vegas on the Greenway Poker Run 5K/1-mile Walk
Jul 21, registration begins at 6 pm
Angel Medical Center, 120 Riverview St., Franklin
Call 828-349-6639 or email Bonnie.Peggs@msj.org for more information
Still Loves to Play Jokes
An Update on Young Noah’s Story

In the Fall 2016 issue of My Healthy Life, we shared the heartwarming story of young Noah Woods of Marion and his inspiring journey as he courageously battles acute lymphoblastic leukemia (ALL). Noah’s mother, Michele Woods, catches us up on his progress.

Noah continues with his chemotherapy treatments: taking oral chemo each day at home and traveling back to the Mission Children’s Hospital suite at the SECU Cancer Center for his chemo infusion along with the IT [intrathecal] chemo. We have had a couple of bumps in the road as Noah has had a couple of admissions to the hospital and has had to fight off some rough infections due to his lower immune system. He continues to do well overall and still loves to play jokes on the staff and chase them with rubber spiders and snakes. The interdisciplinary team at the SECU Cancer Center has helped Noah tremendously throughout his treatment and especially with the issues he has had. We have also been very blessed to have a school that has worked so well with Noah and his need to be out of school while he has had lower immunity. They have supplied Noah with a Chromebook and allowed Noah to attend class virtually. We are very grateful to all the staff at Mission Children’s Hospital and for the faculty and staff at Lower Creek Elementary School in Lenoir. Noah will continue his treatment until March 2019. We know he will have both good days and bad and are thankful to know the providers and staff at Mission Children’s Hospital are excellent and have proven themselves to be just a phone call away. It is amazing to think about what these kids with cancer must go through and how they face it with such wonderful attitudes.

To learn more about the pediatric cancer services at Mission Children’s Hospital, visit missionchildrens.org.

Have a great Mission Health story to tell? Email us at MyHealthyLifemagazine@msj.org.
WELCOMING
Garth Davis, MD,
TO THE TEAM!

TEAM ROSTER:
4 BARIATRIC SURGEONS
2 BARIATRIC PHYSICIANS
2 ADVANCED PRACTITIONERS
2 PSYCHOLOGISTS
2 BEHAVIORAL HEALTH SPECIALISTS
4 REGISTERED DIETICIANS
1 EXERCISE SPECIALIST

READY TO
SUPPORT YOU

To learn more about Mission Weight Management’s comprehensive in-person and web-based programs and enroll for a free information session, call (828) 213-4100 or visit missionweight.org.
WALK-IN  EXTENDED HOURS  NON-EMERGENCY CARE

CARE ON YOUR SCHEDULE.
828-213-4444
MISSIONMYCARENOW.ORG