Stroke Survivor Learns Regular Doctor Visits Are Key To Recognizing Silent Risk Factors
EVERY DAY IS A CHALLENGE

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FROM THE PRESIDENT’S DESK

Health care seems to be making the national headlines on a daily basis now, and Mississippi hospitals are making the news with lots of “new” things in our hospital: new ceiling lifts at Methodist Rehabilitation Center, the first single-incision gallbladder surgery at Wesley, new clinical trials at UMC, renovations at Woman’s Hospital, new minimally invasive surgeries at St. Domini’s, new sinus surgery at NMHC and the grand opening of a new hospital, Highland Community Hospital, just to name a few.

Mississippi’s hospitals are much more committed to the community than the new, and this issue showcases a special event that Mississippi State Hospital held to combat bullying and how one man discovered what you don’t know CAN hurt you. And read about Interior Designer Yuki Northington, who credits her Hancock Medical Center designs as helping her become a contestant on the popular HGTV Design Star competition.

We want to thank our readers for your continued support of Mississippi hospitals and the Mississippi Hospital Association. We are proud to be serving those who serve us all – the employees of Mississippi hospitals.

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Young girls at Oak Circle Center, Mississippi State Hospital’s child and adolescent unit, heard a special presentation from a nationally recognized speaker in June.

Kelsey Jackson of Brookhaven spoke to girls at Oak Circle Center (OCC), presenting information from her “Mean Girls Aren’t Cool” program, a female anti-bullying initiative that draws from Jackson’s own personal experiences being bullied in middle school. Now 20, she developed “Mean Girls Aren’t Cool” when she was only in ninth grade and has since travelled around the country telling her story and educating young girls on why others bully, how adults can identify bullying behavior and helping girls empower themselves to make it through bullying.

“Bruises, scrapes, broken bones, they go away. They may hurt, but they go away,” Jackson said. “This is something I will never forget. For the rest of my life, I’ll remember. I know how you feel, and I promise you, you are not alone.”

As much as she was hurt in her middle school years, Jackson said she is now thankful for the experience, because without it she would not have the opportunity to help other young girls handle similar problems. And, she said, bullying is indeed a major problem, with someone being bullied in school every seven minutes throughout the day.

As far as female bullies go, Jackson told the children and teachers at OCC that many of them are popular, pretty and well-regarded by many of their peers and teachers. She also said that while males sometimes deal with bullying by getting physical or fighting, girls will get more hurt emotionally and may hold grudges for years.

In her case, she was able to change schools and get in other social activities outside of school that proved to be a big release and help her cope with the other problems she was going through.

“I joined the show choir. I saw that as an escape, and it really helped my self-esteem to just be able to hang out with people who liked the same things I did,” Jackson said.

She also encouraged girls to do something when they knew someone else was being bullied, whether it was directly intervening or going and befriending them later.

“If you stand up for one girl and help her out, you are making a difference,” she said. “You are making a difference in her life, and she will remember it forever.”

Jackson herself has done something to help prevent bullying; she lobbied for a bill that passed the Mississippi Legislature in 2010 that requires all schools to have a written policy addressing bullying.

“You are who you are for a reason,” Jackson said. “Don’t let anyone else put you down for who you are.”

Kelsey Jackson spoke to a group of young girls at Oak Circle Center, Mississippi State Hospital’s child and adolescent unit, on Wednesday, June 20. Jackson has travelled the country with a bullying prevention and education program called “Mean Girls Aren’t Cool” that is based on her own experiences in middle school. Jackson (center) is pictured with teachers Teresa McNeece (left) and Jill Breland (right).
Crossgates River Oaks Hospital in Brandon now provides specialized service in the area of microsurgery for the treatment of severe extremity trauma, hospital officials announced this week. At Crossgates River Oaks, plastic and reconstructive surgeons William Lineaweaver, MD, and Tanya Oswald, MD, bring years of experience and specialized surgical skills to treat complicated hand and extremity injuries.

“Lineaweaver and Oswald have successfully treated patients from across the state as well as the U.S. and international countries seeking replantation or reconstruction of extremities through the use of microsurgery,” said Allen Tyra, Crossgates River Oaks’ CEO.

Microsurgery is a specialized type of surgery that involves the use of an operating microscope. Microsurgery is performed when a patient’s hand or other body part becomes detached through a motor vehicle accident or other severe trauma or injury, including a saw or heavy equipment.

The techniques allow repair of critical small vessels and nerves as well as transplantation of tissue from other parts of the body to repair an injury.

Through the use of microsurgery, Lineaweaver and Oswald can reattach severed extremities, including hands, fingers, arms, legs and feet as well as facial structures, such as ears, lips and scalp.

Following surgery and if needed, follow-up therapy, most patients can regain function of previously amputated or injured parts.

In addition to restoring function to amputated parts, the surgeons can transfer nerves to new locations to maximize function and achieve other positive results even when massive soft tissue injury has occurred. Treatment of other complicated wounds, including severe burns, is also provided at Crossgates River Oaks and at the Joseph M. Still Burn & Reconstruction Center at Crossgates River Oaks Hospital.

Tyra added that an increasing number of patients are being transported to Crossgates River Oaks from other areas to receive treatment by the surgeons. Lineaweaver and Oswald are part of an elite group of Mississippi surgeons trained in the complex microsurgical technique.

“We are proud of the fact that patients from other areas of Mississippi and in many cases, areas far beyond our state, travel to Crossgates River Oaks to receive the treatment and accompanying surgery necessary to repair severe hand and extremities trauma,” Tyra said. “But despite the impressive statistics, Dr. Lineaweaver and Dr. Oswald are caring professionals who provide each and every one of our patients with ongoing personalized attention from the moment they arrive at our hospital.”

Lineaweaver is a board-certified plastic surgeon with an additional certification in hand surgery. He has over 20 years of surgery experience in the areas of plastic and reconstructive surgery, hand surgery, microsurgical replantation and flap transplantation. He is medical director of the Joseph M. Still Burn and Reconstruction Center at Crossgates River Oaks Hospital, Mississippi’s only inpatient burn center.

Oswald also received certification by the American Board of Plastic Surgery. During her surgery training, she was named a Hand and Microvascular Fellow at Washington University in St. Louis and a Microsurgery and Complex Reconstruction Fellow at University of Mississippi Medical Center.

For more information about Lineaweaver and Oswald’s microsurgery techniques or to schedule an appointment, call 1-877-863-9595. To learn more about Crossgates River Oaks Hospital, visit www.crossgatesriveroaks.com.
UMMC’s Congenital Heart Surgery Team Bests National Averages in Two Years

As it marks its two-year anniversary this month, the congenital heart surgery team at Batson Children’s Hospital has reason to celebrate.

Not only is the program thriving with more than 550 operations completed, but the outcomes of those procedures are better than the national average in patients expected to do worse.

In the first of two separate analyses of outcomes from the Society of Thoracic Surgeons Congenital Heart Surgery Database (STS-CHSD), Dr. Daniel DiBardino, assistant professor of surgery and congenital heart surgeon, found that outcomes for seven benchmark procedures performed between April 2010 and November 2011 were better than the national average for hospital discharge mortality and within the expected norms for lengths of stay.

“When we look at the data over the 18 months, we’ve excelled in every major category in the STS database,” DiBardino said.

Those major categories include some of the most complex operations to repair congenital heart defects.

Before the recruitment of Dr. Jorge Salazar, associate professor of surgery and chief of congenital heart surgery, and DiBardino, patients needing a repair for a complex congenital heart defect were sent out of state for these procedures.

With the establishment of the multidisciplinary team of specialists, the program has achieved great strides in its first two years, including the first Norwood procedure ever done in the state and the first heart transplant at Batson in eight years. The team expects to complete more than 400 operations in 2012.

DiBardino said the most exciting and dramatic outcomes were those for Norwood procedures, a series of operations most often used to repair hypoplastic left heart syndrome on babies born with only half of a heart.

“These are the sickest children in the hospital,” DiBardino said. “For the 19 babies evaluated in the last 22 months, we’ve had to do 63 procedures with a discharge mortality rate of seven percent. The national average for this operation is between 17 and 19 percent.”

In a second separate analysis of outcome data, DiBardino looked at outcomes for more than 20,000 patients in the STS-CHSD and found that African-American patients had significantly higher mortality rates, complications and a longer length of stay than other races. The analysis also found that females had a significantly shorter hospital stay than males.
Considering males make up the largest percentage of patients that have undergone congenital heart surgery at Batson and that many of their patients are African-American, the team knows the odds are already stacked against them.

“As a program, we know that the majority of our patient population, based on STS data, can be expected to have higher mortality and complication rates and longer hospital stays,” DiBardino said.

“Despite the fact that the national statistics show that these things affect outcomes, we are demonstrating that the very best outcomes can be achieved independent of race and gender,” Salazar said.

“We are overcoming these challenges and achieving outcomes that are equal to or better than the very best programs in the country,” he said. “It’s something Mississippi can be proud of.”

DiBardino presented the findings of his second analysis at the Society of Thoracic Surgeons’ annual meeting, where it was chosen as a 2011 Richard E. Clark Paper, an honor given to papers representing high quality research using the STS-CHSD.

He acknowledges that the numbers are good, but says they represent a national standard.

“The bar is set so high for a new program or a new surgeon that if you’re not achieving these results, people are going to start wondering why.”

DiBardino is also quick to point out that the importance of the STS-CHSD is to provide realistic expectations of what can be achieved.

“No other specialty has this type of data so readily available. All of us, like it or not, are benchmarked against that database.”

The STS-CHSD was established in 1989 to advance quality improvement and patient safety in cardiothoracic surgeries. Ninety-eight congenital heart surgery programs currently report outcomes to the database, representing approximately 80 percent of all programs in the U.S. The data is maintained by the Duke Clinical Research Institute.
New Ceiling Lift System At Methodist Rehabilitation Center Gives A Boost To Employee Health And Patient Satisfaction

Health care workers are getting older. Patients are getting heavier.
So it’s no surprise that caregiver injuries are common in Mississippi, the state with the highest obesity rate in the nation.

But one Mississippi hospital has found a way to reverse the trend by literally taking a load off its staff.

By installing ceiling lift systems in all its patient rooms, Methodist Rehabilitation Center has drastically slashed the number of employee injuries related to patient handling — the No. 1 cause of caregiver injury in the nation.

“A major concern of patients is falling,” Thigpen said. “The lift system takes that worry away from them. It makes them feel secure.”

“It doesn’t hurt you at all,” said Taylorsville resident Edward Lowe, 78, a patient who is paralyzed from the chest down due to a spinal hemorrhage. “It’s comfortable, and they can lift me from the bed to get a bath, or put me in my wheelchair. It’s so much easier.”

As Mississippi’s premier center for the treatment of stroke, brain and spinal cord injuries, Methodist Rehab serves patients who often have paralysis, crippling muscle stiffness and other disabling conditions. Also helping those patients in and out of their beds and wheelchairs was taking a toll on the hospital’s staff.

“We were seeing the numbers of patient handling injuries increasing,” said Susie Haseloff, Methodist Rehab’s employee health nurse. A hospital committee was formed in 2009 to seek solutions for the problem.

“After researching options, we started using a publication from the Veterans Administration (VA) titled Patient Care Ergonomics Resource Guide: Safe Patient Handling and Movement,” said committee chair Marcia King, Methodist Rehab’s director of education and process improvement.

“This helped us go step-by-step to look at our problem areas, determine what equipment would be most helpful for us and develop a safe-lifting policy and educate staff.”

The VA employs a similar lift system, but the committee assumed it would be too costly, as a single unit runs around $6,000.

It was Methodist Rehab’s Chief Operating Officer Joe Morette who suggested they look into the lifts, as employee and patient welfare trumped cost concerns. In the end,
though, it turns out the bottom line benefits, as well.

“When you don’t have an employee at work that means someone has to fill in overtime, or you work short, or you have to bring in another staff person to work in their place,” said Haseloff. “So that adds additional costs to providing health care services.”

“In 2008, the cost of patient handling injuries for the organization was about $90,000—that is medical costs and salary expense for replacing the injured employee,” said King. “In 2011, the cost of patient handling injuries for the organization was about $21,000.”

Now, all patient rooms at Methodist Rehab’s main campus feature the ceiling lifts, including the fifth floor, which will soon reopen after renovations. Each of the hospital’s three therapy gyms—one for traumatic brain injury, one for stroke and one for spinal cord injury—also are equipped with the new lift system, as is the radiology department. Methodist Outpatient Rehabilitation Center in Flowood also uses the system.

The first Methodist Rehab facility to get the lifts installed was Methodist Specialty Care Center in Flowood, Mississippi’s first residential care facility designed especially for the younger, severely disabled person. All 60 rooms have lifts, and they’ve been well received by patients and staff.

“At Specialty Care Center, residents like the lifts because they get properly positioned in their wheelchairs more quickly, and they get up more often because it takes staff less time to get them out of bed,” King said. “The first Thanksgiving after the lifts had been installed the residents were up and ready for Thanksgiving dinner in record time.”

The addition of the lifts has been overwhelmingly positive on all fronts.

It’s a win for finance, for employee health, for patient satisfaction and there are even other, unforeseen benefits.

“I think it’s good for recruitment to say that we have lifts in every patient room,” Haseloff said.

“Therapists have developed ways to use the equipment to assist with therapy activities such as walking, getting up off the floor and mat exercises,” King said.

And at the end of the day the lifts just make everyone’s life a little easier. “Employee injuries used to be the main focus of my job,” Haseloff said. “Now I’m able to focus my energies in other areas.”

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Magnolia Regional Medical Center
Visitor Guide
Patient Information
Dr. Wesley Girod, a general surgeon at Southern Surgical Associates, recently removed a patient’s gall bladder using only a single, inch-long incision camouflaged by the belly button. The advanced robotics-assisted procedure, which was performed at Wesley Medical Center using the da Vinci Si Surgical System, is the first of its kind in south Mississippi.

Wesley Medical Center brought da Vinci robotic assisted surgery to the Pine Belt in 2007. In 2011, their upgrade to the newest da Vinci robot enabled physicians to take a minimally invasive approach for even more complex surgical procedures and made single-incision surgery an option for specially trained physicians. Wesley Medical Center is one of only a few hospitals nationwide to offer single-incision da Vinci surgery.

“The da Vinci gives me a greater range of motion than traditional laparoscopic instruments,” said Dr. Girod. “I can see the operative field in far greater detail and I’m using the robot now for everything that I previously did laparoscopically, such as colon and gallbladder removal, esophagus repair and surgery for hiatal hernias.”

The da Vinci Si Surgical System integrates robotic technology to virtually extend the surgeon’s eyes and hands. Using the system, the surgeon operates while seated at a console viewing a 3-D image of the surgical area. The system mimics the surgeon’s hand movements in real time, in a smaller scale, within the operating site in the patient’s body.

“The technology is very advanced, and most general surgeons are not trained to perform da Vinci robotic-assisted surgeries,” said Dr. Girod. “I chose to become trained because about 70 percent of the procedures I perform are done laparoscopically, and I wanted to offer my patients the most precise, least invasive option possible.”

A traditional open cholecystectomy is a major abdominal surgery in which the surgeon removes the gallbladder through a 5- to 7-inch incision. Patients usually remain in the hospital at least 2 to 3 days and may require several additional weeks to recover at home.

Minimally invasive robotics-assisted surgical procedures may result in less pain and scarring, shorter hospital stays and fewer complications. During a single-incision surgery, the small scar can often be hidden by the belly button.

Wesley Medical Center is committed to providing superior care to the Pine Belt and has been recognized for patient safety and top performance on key quality measures. The da Vinci minimally invasive surgical program at Wesley is one of the fastest growing in the state. For more information, call 601-268-8000 or visit Wesley.com.

New FDA approved advancements to the da Vinci Si surgical robot now make it possible for robotics-trained surgeons to perform certain procedures with only a single, inch-long incision. As the area’s first and only da Vinci-trained general surgeon, Dr. Girod is now bringing this minimally invasive procedure to south Mississippi.

“I’ll be using just one tiny incision to perform the entire gallbladder removal surgery,” Said Dr. Girod.
As the largest CPA firm in Alabama, Warren Averett provides quality service and cost-effective solutions to clients across the Southeast. We go beyond traditional services to provide a broad range of expertise to healthcare organizations, including:

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During her sophomore year of college in 1989, Yuki Northington was the first woman to don the “Truman the Tiger” mascot costume at the University of Missouri. Today the Bay St. Louis artist, interior designer, business owner, mother of four and all-around bon vivant is still breaking ground and finding ways to keep life fun and interesting. Her latest adventure included an appearance on Design Star, the reality television series competition for interior designers on Home and Garden Television (HGTV). Yuki was one of 12 contestants from thousands of applicants across the country to be selected to compete in season seven of the top rated show on HGTV.

“It was an honor to be selected to appear on the show,” Yuki said. “Reality television is not for the faint of heart. It was a harsh reality being eliminated on the first episode of the show…but I would absolutely do it again.”

Yuki was eliminated early and had to keep the results under wraps while promoting the show locally among friends and family.

“Experiences like that don’t come around every day,” she said. “It’s a good lesson for my children on seizing the moment and having fun with opportunities.”

Yuki has a bachelor’s degree in fine art from the University of Missouri and a bachelor’s degree in interior design from the University of Missouri.
the University of Northern Iowa. She has designed law offices, residences and commercial sites. One of her local health care clients is Hancock Medical in Bay St. Louis and she has been helping bring patient-friendly designs to the hospital’s health care settings since arriving on the Coast.

“Hancock Medical is located in our beautiful coastal community so we’ve been using the environment as inspiration,” she said. “The colors are sea and sand, comfortable and relaxing. Resins include sea grass, leaves and flowers and long corridors are broken up by the use of a wave pattern with materials that provide warmth and a sense of peace.”

Yuki’s husband David is a doctor at Memorial Hospital in Gulfport, and she says they have a deal when it comes to occupational judgements and maintaining a healthy marriage.

“He doesn’t tell me how to design or paint and I don’t tell him how to diagnose patients,” she said.

For the third straight year, Yuki has volunteered to create a piece of art for the annual Hancock Medical Foundation Gala, “Moonlight on the Bay.” Her art is used as the invitation and the original piece donated to the event’s silent auction. She paints mostly with acrylics and likes to distress and stain the finished product.

“This year’s Moonlight on the Bay invitation is the third in a series,” she said, “and the donation of these art pieces each year is thanks for the collaboration I’ve enjoyed with our hometown hospital since my family moved to the Coast.”

Since settling in Bay St. Louis, Yuki has also been a force in the local business community. Her retail store, The Social Chair, located on Main Street is one of many quaint shops in charming Old Town Bay St. Louis. It sells jewelry, art, and a wide variety of fun gifts, fitting right in with the relaxed ambiance of Hancock County’s “City by the Bay.”

Yuki Northington looks over construction plans at Hancock Medical in Bay St. Louis.
New Clinical Trial Tests Efficacy of Stem-Cell Therapy for Stroke

An emergency helicopter trip in May that brought a stroke patient from Forrest General Hospital in Hattiesburg landed the Clarke County resident the first spot in a clinical trial at the University of Mississippi Medical Center for stem-cell therapy.

The new therapy could prevent further brain injury following the initial stroke, preserve vital motor and cognitive abilities and shorten recovery times.

The stem-cell treatment also could add a full day to a narrow four-and-a-half-hour window when current drug treatments work best.

The UMMC Comprehensive Stroke Center is one of 10 U.S. sites enrolling a total of 120 patients into the study. The center aims for about 12 from Mississippi.

Dr. Alexander P. Auchus, professor and McCarty Chair of Neurology at UMMC, serves as principal investigator for Medical Center’s portion of the clinical trial.

"These are pluripotent stem cells derived from adult bone marrow," Auchus said.

"No fetal or embryo-derived cells were used in making this treatment."

"Pluripotent" means the cells can transform into many different types of tissue: bone, muscle, connective tissue and more. That ability makes stem cells promising for a wide range of medical treatments.

But for biomedical scientists, precise control and manipulation of the cells' pluripotency has proved difficult in some circumstances.

"All adults have a small amount of stem cells in their bone marrow," Auchus said.

"These were removed from a donor, grown in culture, frozen and distributed to the participating centers."

Study participants get randomized into either a control group, which receives a harmless placebo, or the test group, which gets the experimental therapy. At UMMC, Bone Marrow Transplant Lab personnel prepare the injections.

"This is a collaboration between many players," said Tereza Holman, BMT Lab director. "This is more of a straightforward procedure for us than our normal processing of peripheral blood stem cells and bone marrow for transplants."

"But at the same time, a clinical trial like this could not have been done if there wasn't a lab trained in these preparations."

Auchus said after a patient consents, the person either gets injected with a placebo or 2.4 million stem cells in solution, all in one infusion, given over an hour. The stem cells circulate through the patient's bloodstream.

Brain cells in the stroke-injured area deploy signaling molecules known as cytokines that flag down the stem cells. The stem cells – like icing a twisted ankle – may keep the injured brain tissue from inflammation, Auchus said.

"This is not about removing the clot," he said.

"It's about keeping the brain from swelling, getting irritated and causing further damage as the area deprived of blood flow reacts."

That domino effect, called an ischemic cascade, can trigger more severe paralysis, speech and cognitive problems and leave the patient weaker and more vulnerable to greater injury or death from another stroke.

Mississippi ranked 46th in the nation for stroke deaths between 2005 and 2007, according to the American Heart Association. With 128,842 lives lost in 2009, stroke continued as the nation’s fourth-leading cause of death behind heart disease, cancer and chronic lower respiratory diseases, according to the Centers for Disease Control and Prevention.

Unhealthy lifestyles, including obesity, tobacco use, hypertension and lack of exercise, contribute to stroke’s likelihood, along with genetic factors.

Stroke remains a frustrating illness for physicians, Auchus said. In standard treatment, patients are assessed in an emergency room, get CT scans from a radiologist and receive a clot-busting medication in consult with a neurologist.

By Jack Mazurak
“The only clot-busting medication is FDA-approved for use up to three hours from symptom onset but is commonly used up to four-and-a-half hours from onset,” Auchus said.

If the clot lodges in a reachable blood vessel, neuro-interventionalists can insert an image-guided catheter into the artery to poke, pop or remove the blockage. Catheterization is considered viable for up to about six hours following onset. After catheterization, the patient moves to a neuro-ICU, where specialists treat and monitor progress.

Auchus welcomed new options, saying stem-cell therapy could extend the treatment window to 30 hours after symptoms begin. Ohio-based biotech researcher Athersys developed the experimental therapy and organized the trial. If this phase II trial proves effective, Athersys will start a phase III trial with about 600 patients.

“They wouldn’t have picked us if we didn’t have the expertise,” Auchus said of the Comprehensive Stroke Center.

Last year the center admitted more than 500 patients for stroke. Regardless of whether patients enroll and which injection participants receive, all patients get the stroke center’s standard of care, he said.

Study participants receive follow-up MRIs from the Department of Radiology to examine the size of the stroke and exams for function and strength at seven days, one month, three months and one year.

Auchus said not all stroke patients will qualify for the trial. Among other factors, candidates must have no cancer history, have their spleen and they must be enrolled within 30 hours of the onset of symptoms.

Mississippi’s first participant in the study arrived at Forrest General within two hours of symptom onset, received the clot-buster drug and was transported via helicopter to UMMC, a procedure commonly called “Drip ‘n Ship.”

For those reasons the Clarke County patient was a good candidate, Auchus said. Thanks to UMMC’s AirCare, the patient arrived at the Medical Center’s Emergency Department five hours after onset.

“We considered putting in a catheter but imaging showed us the clot was too far away,” Auchus said. “Although the clot was out of reach, the brain’s reaction to loss of blood flow was still within the realm of treatment.”

The patient, with family support, decided to enroll in the clinical trial. Following standard and trial treatments the patient left the neuro ICU on day three with some minor weakness as the only residual deficit.

“The family was glad to have a center where the patient had options,” Auchus said. “And the patient is home and continues to improve.”
On May 3, John Baten, M.D. performed the first known procedure combining three innovative minimally invasive technologies to remove an ovarian cyst.

While robot-assisted laparoscopic surgery continues to grow in popularity, the procedure was performed through a single incision – instead of the normal three or four incisions used in robotic assisted operations – and enhanced by the addition of a breakthrough CO₂ laser device from OmniGuide, Inc. of Cambridge, Mass.

Based on proprietary technology invented at the Massachusetts Institute of Technology (MIT), the OmniGuide BeamPath® flexible laser system provides Baten a level of precision, access and control unmatched by other surgical energy devices.

“CO₂ lasers have been used for some time in fertility surgery, providing a precise cutting tool that enables surgeons to remove disease with minimal risk of damage to healthy tissues,” Baten said.

“OmniGuide has developed a low-profile, flexible delivery system that allows CO₂ laser energy to be delivered through the robotic surgical platform for the first time. The combination of this novel technology with the improved visualization and anatomical access of the da Vinci robot will allow patients to have a better chance of symptom relief through a minimally invasive approach.”

Baten’s second first occurred on May 11, when Baten used the EndoWrist One™ Vessel Sealer in a single port approach. “This instrument combines two tools and results in a much faster surgery,” Baten said. “This means better outcomes for patients by using a more efficient tool.”

The EndoWrist One can be used in General Surgery, Colorectal Surgery and in Baten’s case – gynecological surgery. This tool, developed by da Vinci, adds one more benefit to robotic assisted surgeries for women and men.

OmniGuide’s BeamPath® flexible laser system can be used in the fields of Otolaryngology (Otology, Head & Neck Oncology, Laryngology & Airway) and Neurosurgery as well as gynecology where reproductive specialists apply the high-precision energy through laparoscopic and robot-assisted platforms for the treatment of endometriosis, ovarian cysts, uterine fibroids and intra-abdominal adhesions – all of which can lead to chronic pain and infertility.

Wesley Medical Center Receives Silver Achievement Award from American Heart Association

American Heart Association representative Earl Coleman Jr. recently presented Wesley Medical Center with the Silver Achievement Award for their participation in the Get With The Guidelines® Heart-Failure program. This recognition means that Wesley Medical Center has reached their goal of treating heart failure patients to high core standards set forth by the American Heart Association and American College of Cardiology.

Get With The Guidelines® puts the unparalleled expertise of the American Heart Association and American Stroke Association to work for hospitals nationwide, helping hospital care teams ensure that the care provided to heart failure and stroke patients is aligned with the latest evidence-based guidelines. The goal of participating in Get With The Guidelines® is to save lives.

Most hospitals that implement Get With The Guidelines® realize measurable results, including improved patient outcomes and fewer recurring events. It's a difference that shows in the lives of patients and their families and in the satisfaction felt by caregivers empowered to do their best.

“When we looked at the Get With The Guidelines® program, we saw it as a way to make sure we have the processes in place to give our heart care patients the very best we have to offer,” said Mike Neuendorf, Chief Executive Officer for Wesley Medical Center. “The Silver Achievement Award is confirmation that we’re getting it right at Wesley.”

Get With The Guidelines® includes quality-improvement measures such as care maps, discharge protocols, standing orders and measurement tools. The efficient use of guideline tools is designed to help Wesley Medical Center provide superior care to heart failure patients, save lives and ultimately, reduce healthcare costs by lowering the recurrence of heart attacks.

Wesley Medical Center is committed to providing superior care to the Pine Belt and has been recognized for patient safety and top performance on key quality measures. Wesley is the area’s first and only accredited Chest Pain Center and is the only area hospital to offer the 45-Minute-or-Less ER Service Pledge.
Mississippi’s first hospital built exclusively for the care of women and infants is undergoing an extensive renovation project that will transform Woman’s Hospital in Flowood into a patient and visitor-friendly facility that will better accommodate the growing healthcare needs of today’s families.

One of the most visible aspects of the renovation project will be evident when entering the hospital’s grounds on North Flowood Drive. A modern and spacious covered drive-through area will replace the current canopy to offer additional space for patients disembarking and entering vehicles.

Other exterior changes include the addition of a new parking lot on the southwest corner of the grounds, a complete facelift of the building, and accompanying landscaping improvements.

Just inside the front entrance, the main lobby will receive an extensive renovation in the form of adjoining, yet separate waiting and walkway areas to allow for easier accessibility to treatment and patient areas.

Far from being solely cosmetic, the need for improvements at the hospital that opened in 1975 evolved through a steady increase in number of families and patients utilizing Woman’s Hospital combined with a greater emphasis on creating a family-centered hospital, said Sherry Pitts, Chief Executive Officer.

“Our patients have been so pleased with the private and exclusive service they have experienced,” said Pitts. “Along with that boutique-like experience comes the necessity of providing an aesthetically pleasing setting from the moment anyone enters our grounds to the time they leave. As the project progresses, we are striving to keep inconveniences to a minimum while anticipating a final product that will be pleasing to everyone, including physicians, visitors, patients and staff.”
This May is the first time Frank Alexander ever paid attention to stroke awareness month.

He never felt sick, so why worry?

Now he’s a stroke survivor who’s spreading the word: What you don’t know about stroke risks CAN hurt you.

“I hadn’t been to the doctor since I retired from the military on June 30, 1990,” said the 62-year-old Jackson resident. “I felt fine. But I guess things can creep up on you.”

Alexander was ambushed by three conditions that often conspire to compromise blood flow—diabetes, hypertension and high cholesterol.

“It’s a combination that leads to blood vessel abnormalities that can promote abnormal clotting,” explained Dr. Alyson Jones, a stroke specialist at Methodist Rehabilitation Center in Jackson. “It’s a stroke waiting to happen—especially because his conditions were untreated. The best defense against stroke is to have your medical issues under control.”

Dr. Jones said that’s particularly important for African Americans in Mississippi, who already have a heightened risk due to their race and geographic location.

“According to the Centers for Disease Control, African Americans have nearly twice the risk of having a first stroke as whites and are more likely to die from stroke,” Dr. Jones said. “And residents of the Southeast have a higher death rate, as well.”

Alexander feels fortunate to have survived his Jan. 20 stroke, but says he initially struggled with resulting paralysis in his right arm and leg.

“I was really feeling sorry for myself,” said the former director of security for Mississippi College Law School in Jackson. “I just tried to tell him he’s going to get there,” Cooper said. “He was one of those people striving for perfection. And he was tough on himself.”

Although he arrived at Methodist in a wheelchair, Alexander was on his feet by the time he left, bolstered by his therapy on the hospital’s weight-supporting treadmill. The system allows patients to practice walking even before they can bear their weight. And by the time he left inpatient therapy, Alexander was getting around on a walker for short distances.

He has since transferred to Methodist Outpatient Neurological Rehabilitation in Flowood, where he’s pushing hard for more independence.

“He is so determined,” said Methodist Outpatient Rehab physical therapist Jennifer Nicholson. “He says just hit him with a stick if he’s not doing things right.”

Alexander says he likes to be challenged, and all his therapists have been accommodating. “They are very tough,” he said. “When you say you can’t do it, they say: Yes, you can. Don’t ever say what you can’t do until you try.”

Nicholson said Alexander has managed to go from walker to cane, thanks in part to the help of some special therapies offered at Methodist. “We started him on Neuro-Developmental Treatment, which is all about facilitating postural control and getting into more normal movement patterns,” she said.

He also has benefitted from a system known as the Bioness L300. The device uses electrodes contained in a cuff worn...
just below the knee to gently stimulate the peroneal nerve. Located on the outside of the lower leg, this nerve activates the muscles that lift the foot during walking. Specially trained therapists at Methodist Rehab fine-tune the electrical stimulation to create the most effective walking pattern for each user.

Improvements to his right arm have been slower because of problems with extreme muscle tightness in his right shoulder and chest. But Dr. Jones recently treated the spasticity with an injection of Botox, which should improve his range of motion.

Meanwhile, occupational therapist Suzanne Colbert has been showing Alexander how to work around his deficits. “He is doing all his dressing, grooming and bathing now,” she said.

Next up is more proficiency in the kitchen. “He has done some catering, and one of our goals is to get him back to doing meal prep,” Colbert said. “We also want to help him incorporate some healthy eating because he has a taste for things not so good for him.”

“My daughter and wife said what did me in was eating everything I wanted,” said the former Army cook who favored jumbo cheeseburgers and country-fried steak. “Now I bake and broil, and I use lower-sodium seasonings.”

It’s all part of his strategy to keep a second stroke at bay. “I learned my lesson the hard way,” he said. “You have to take care of yourself. And no matter how good you feel, you still need to go to the doctor and get check-ups.”
Forrest General’s NICU Cooling Program Helps Tiniest Patients In Distress

Among the hundreds of babies born at Forrest General each year, a percentage of those tiny patients enter the world needing specialized care after birth. For some critically ill babies, Forrest General’s Neonatal Intensive Care Unit (NICU) offers the gift of health through a seemingly simple solution – cool water.

Forrest General’s Neonatal Intensive Care Unit (NICU) offers a total body Hypothermia, or Cooling Program, which gives infants who have specific medical complications the best possible chance for a healthy start. If any baby has specific issues that would benefit from the Cooling Program along with physical findings and blood tests showing that he or she qualifies, the baby must begin the treatment within six hours after birth. Only babies who are born at least 36 weeks into the pregnancy and weigh approximately four pounds or more are eligible for the treatment.

Once the treatment begins, the baby’s body temperature is cooled to approximately 92 degrees (normal body temp 98.6) using a cooling blanket device. The low body temperature is maintained for 72 hours then slowly warmed back to normal. The special blanket uses a constant flow of cool water to maintain the exact temperature needed, and the treatment requires highly-skilled one-on-one nursing care plus dedicated respiratory therapy. Total body cooling significantly improves neurologic and developmental outcomes following a stressful event occurring around the time of delivery or otherwise. Babies needing this treatment are born outside of Forrest General’s Family Birthplace can be transported to the FGH NICU by the FGH Neonatal Transport Team, which is the second-oldest transport team for infants in Mississippi.

“Total body cooling has been proven to reduce an infant’s risk of death or disability following specific medical complications,” said the director of the Cooling Program, neonatologist Kerry D. Stewart, M.D. “Baby cooling is one more service that Forrest General provides that prevents separation of mothers from their critically-ill newborns during a time of family crisis and stress. Our ability to transport newborns to Forrest General from the hospital’s 19-county referral area, combined with the features of the new family-centered NICU, means that family members can remain in the same room with their baby throughout hospitalization, regardless of birthplace.”

Multiple patients have been successfully treated since the FGH NICU began offering the Cooling Program in 2010. The very first patient to benefit was Natalie Rose Garrett, who was born in July 2010. Pictured is Garrett, receiving treatment on the cooling blanket. Multiple patients have been successfully treated since the FGH NICU began offering the Cooling Program in 2010. The very first patient to benefit was Natalie Rose Garrett, who was born in July 2010. Pictured is Garrett, receiving treatment on the cooling blanket.

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It is normal for a newborn to be wrapped up and kept warm and my newborn was lying on a blanket keeping her cool,” said Natalie’s mother Krista Garrett. “Dr. (Randy) Henderson was very informative and made us feel very comfortable. After he explained everything, I felt better because I understood the reasoning behind the treatment.” Natalie continued cooling treatment for 72 hours before staff started gradually warming her back to normal body temperature. Natalie responded so well that by mid-morning four days later, she had completely finished the treatment and Krista and husband Joey were able to hold and feed her. She stayed in the hospital a total of eight days and since then has been a normal, healthy child. “It is important for Hattiesburg to have this treatment available because, as in Natalie’s case, there would not have been enough time for her to have been transferred to another hospital to receive the treatment. I know that God is why Natalie is alive today but Drs. (Jeff) Hudson and (Randy) Henderson and all the wonderful nurses and other staff played a huge part in it. We were very pleased with the care that Natalie, as well as her father and I, received while she was being cared for in the NICU at Forrest General. The doctors’ and nurses’ quick responsiveness and knowledge is what saved my daughter’s life and we will be forever grateful.”

“This treatment is going to improve the long-term outcome for a group of patients whose only treatment previously was supportive care and hopeful prayer,” said neonatologist Randy Henderson, M.D. “This cooling treatment is targeted for babies who have a difficult start and it really works.”

Today, Natalie Garrett is a happy, healthy toddler and will soon celebrate her second birthday.

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New Sinus Surgery Helps Resident Breathe Easy

Ray Thornton spends much of his life outdoors, but until recently he couldn’t enjoy the fresh air.

“I’ve had sinus problems all my life,” says the 84-year-old Tupelo resident. “This time of year was the worst, but it was pretty much year-around. All I had to do was walk outside without a hat on and my nose would stop up.”

Thornton, a self-professed “country boy from Crystal Springs,” played football at Ole Miss in the 1950s and retired in Tupelo after a long coaching career that included stints at DeKalb High School, Itawamba Community College, Wake Forest University and Millsaps College.

He would wind up at the doctor’s office about once a month, and he used nose spray more than he should have. “I would have a panic attack if I thought I was out of nose spray,” he admitted, which only made his problem worse in the long run.

Recently, Thornton read a newspaper article about a new outpatient procedure called balloon sinuplasty that treats chronic sinus problems. He made an appointment with Robert Yarber, M.D., of Ear, Nose and Throat Physicians of North Mississippi, who assured Thornton he was a good candidate for the surgery.

“Balloon sinuplasty was actually patterned after balloon angioplasty done during cardiac catheterization,” Dr. Yarber explained. “We use a small catheter and balloon placed through a nostril to quickly open and expand blocked sinuses.”

The procedure, which takes around an hour, has been available since January at both North Mississippi Ambulatory Surgery Center and in Dr. Yarber’s office.

Previously, chronic sinus sufferers had only two treatment options: medications (such as antibiotics and topical nasal steroids) or conventional sinus surgery (that requires removing bone and tissue to open blocked sinus passageways).

Thornton had the conventional surgery done about 15 years ago on one side but stopped short of the second. “I didn’t want to go through that again,” he said. “It was very uncomfortable.”

He had balloon sinuplasty done April 13 and has been breathing easy ever since. “I walked out and felt fine,” he said. “The next morning I was free and ready to go. Dr. Yarber prescribed pain medication, but I didn’t need it.”

Thornton’s success is typical of most who have the procedure. “We have very good results resolving stuffy nose, headaches, drainage and recurring sinus infections,” Dr. Yarber said. “After two years, about 90 percent of patients are still trouble-free.”

Because no tissue or bone is removed, there is less bleeding with balloon sinuplasty, so no uncomfortable nasal package is required and recovery is faster. Dr. Yarber said that while not everyone is a candidate for balloon sinuplasty, including people with severe sinus problems and nasal polyps, the procedure has proven safe and effective for patients as young as 2 years old.

Thornton is helping spread the word. “To not be able to breathe freely is a disadvantage,” he said. “This is a tremendous breakthrough in this type of treatment. Now I can breathe. My airways are clear, and I’ve quit snoring.”

Common symptoms of sinusitis include:

- Facial pain, pressure
- Nasal congestion or fullness
- Difficulty breathing through the nose
- Discharge of yellow or green mucus from the nose
- Tooth pain
- Loss of the sense of smell or taste
- Headache
- Fatigue
- Sore throat
- Bad breath

If symptoms persist, a bacterial infection or acute sinusitis may develop. If sinusitis occurs frequently or lasts three months or longer, it may be chronic sinusitis.

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After years of planning and construction, the new Highland Community Hospital is complete! Highland and Forrest General Hospital staff, physicians and administrators proudly unveiled the brand new facility at a community Open House on July 8.

Residents from across Pearl River County and the surrounding area gathered at the long-awaited facility in Picayune for an Open House celebration that included an official ribbon cutting and remarks by Highland Community Hospital Administrator Mark Stockstill, Picayune Mayor Ed Pinero and Forrest Health President and CEO Evan Dillard, followed by self-guided tours and refreshments.

The new Highland Community Hospital provides more services than ever before, increasing Picayune area residents’ access to healthcare. The new facility’s 60 inpatient beds are located in private, spacious patient rooms that are much larger than the standard hospital patient room. State-of-the-art equipment and furnishings

Thousands of area residents and visitors turned out for the Highland Community Hospital Open House celebration on Sunday, filling the main lobby and participating in self-guided tours of the facility.

Highland Community Hospital Hosts Open House at New Facility in Picayune

The new Highland Community Hospital facility features 60 patient beds and expanded Emergency Room, Women’s Services and Surgery facilities, along with state-of-the-art technology and a modern design.
are located in every area of the three-story building, providing a setting compatible with the latest trends in healthcare. The new hospital features an expanded Emergency Room that is nearly double the size of the original Highland facility’s ER. The new emergency care department’s layout is designed to minimize the patient’s time from door to doctor, including three minor care treatment rooms. Patients and staff will also benefit from additional space for surgery, diagnostic testing such as x-rays and expectant and new moms and their babies. New medical office buildings also offer convenient access to physicians with a variety of specialties.

I believe this new, state-of-the-art facility is a quantum leap forward in delivery of high quality, safe and efficient care in Pearl River County. The new Highland will set the tempo for future growth and development of the community.”

– Mark Stockstill
Highland Community Hospital Administrator

For more information on Highland Community Hospital and its available services, call Highland OnCall at 1-888-280-1151 or visit highlandch.com.

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