Thriving After Heart Transplant, Tragic Fire, Gabbi Smith Turns 1
Our In-Network Benefits Just Got Better.

Introducing our new team of attorneys with deep experience in a wide range of regulatory, transactional, litigation, and appellate matters in the healthcare industry. No referral necessary.

Predictability is exciting.

Perry Taylor • Bea Tolsdorf • Andy Lowry • Tom Kirkland • Mary Jordan Fuller • Allison Simpson • Matt Sitton

888-254-2466 | www.balch.com | BALCH & BINGHAM LLP
FROM THE PRESIDENT’S DESK

Hope is defined as a feeling of expectation and desire for a certain thing to happen. It’s something that our physicians and hospital staff want to give you and your loved ones. By continuing to learn and grow in the field of healthcare, hospitals in the state of Mississippi want to ensure that their patients can always have hope even in the darkest moments.

In this spring issue, you will notice that hope was never lost in the lives of the people who are featured. Whether they were learning to walk again or receiving a transplant, these patients and their doctors never stopped fighting the good fight. We at MHA hope that you trust the medical professionals in the Magnolia state will do in their power to get you or your loved one healed and back with the family.

I want to personally thank you for your continued support. As always, it is a pleasure to serve those who serve us all – the employees of the Mississippi hospitals.

EXECUTIVE STAFF
Timothy H. Moore, President/CEO
Kim W. Hoover, PhD, RN, Chief Operating Officer, MHA, and President/CEO of MHA
Richard Grimes, Chief Financial Officer
Edward L. Foster, President/CEO of MHA solutions Inc.
Lawry Chapman, Vice President for Information Systems
Richard Robertson, Vice President for Policy and State Advocacy
Shawn Rossi, Vice President for Education & Public Relations
Paul Gardner, Director of the Center for Rural Health
Joyce Pearson, Program Manager for the Office of Bioterrorism Preparedness
Julie McLeece, Vice President/MHA Solutions
Curnis Upkins, Vice President for Human Resources and Workforce
Steve Lesley, Director of Data Services
Terri Barnett, Director of Accounting
Jim Martin, Director of Unemployment Insurance Program

HPI COMPANY
Wendy Knight, President and Chief Executive Officer
Lisa Noble, Director of Marketing

In This Issue

The Best Things In Life – Liver Transplants Included – Are Worth The Wait ........................................... 4
St. Dominic’s Celebrates New Emergency Department Construction ........................................... 8
From Racetrack to Hospital: Anderson Welcomes Therapy Greyhound ........................................... 10
NMHS Welcomes North Mississippi Medical Center Gilmore-Amory ........................................... 11
More Than a Nursing Home 88 Year Old Resident Learns to Walk Again ........................................... 12
Thriving After Heart Transplant, Tragic Fire, Gabbi Smith Turns 1 ........................................... 14
Sharing The Pain: Students From Four Disciplines Simulate Patient Care ........................................... 16
NSMC partnering with UAB to care for MS patients ........................................... 18
George Regional Hospital Opens New Emergency Room ........................................... 20
First Forrest General Patient Treated Using Da Vinci XI Surgical System Recovers After Surgery ........................................... 22
Delta Regional Medical Center Earns ACR Lung Cancer Screening Center Designation ........................................... 24
Mary Davis Story ........................................... 26
‘Upside down paraplegic’ benefits from Methodist Rehab’s research on crippling muscle stiffness ........................................... 28

MISSISSIPPI HOSPITALS is distributed to all hospital executives, managers, trustees, physicians, state legislators, the congressional delegation and other friends of the hospitals of Mississippi. News: P.O. Box 1909, Madison, MS 39130-1909, (601) 368-3237, Fax (601) 368-3230, e-mail missinhosp@msn.com. Subscriptions come with membership in one of MHA’s affiliate groups. Postmaster: please send change of address notices to Mississippi Hospitals, P.O. Box 1909, Madison, MS 39130-1909.

Edition 89
You could say 2018 was a year of medical firsts for Kimberly Cooley: Her first set of stitches. Her first trip to an emergency room.

Her first ambulance ride. Her first overnight in a hospital. “I’m usually a one-time-a-year sinus infection girl,” she explains.

Oh, and her first organ transplant, a liver to replace her scarred, diseased one, allowing her to hold fast to her nieces, nephews and other family who live within a 12-mile radius of her Duck Hill home.

“I want to embrace life. There’s a story to tell,” said Cooley, 37, an independent public relations advisor with clients in New York and Connecticut. “All of this amazing care happened in Mississippi.”

That would be at the University of Mississippi Medical Center, where she received her transplant Dec. 8, and at the University of Mississippi Medical Center Grenada, where Dr. Timothy Ragland was the first to pinpoint why her liver was going south.

Cooley’s first inkling was in December 2017. She had recently moved to Georgia. “I noticed I’d gained weight, but as women do, I chalked it up to bloating and too many Applebee’s nights.”

She went from handling three flights of stairs with ease to having trouble walking six feet. The morning of March 6, 2018, “I took a long stare in the mirror and noticed how extended my belly was.”

She went to a local emergency department, where she was told the
bloating was the result of a severe fluid buildup in her abdomen associated with cirrhosis, a late stage of scarring of the liver that can be caused by a number of diseases and conditions.

Because her insurance hadn’t yet transferred, “I booked it to Mississippi,” Cooley said. “The timing was critical.”

Someone suggested she see Ragland, an assistant professor of radiology. “They basically saved my life,” Cooley said of Ragland and his team. “He was the first doctor to tell me anything about my condition (autoimmune hepatitis) with confidence.”

He sent her to Dr. Mildred Ridgway, assistant professor of obstetrics and gynecology, to rule out ovarian cancer. They did; Ridgway connected Cooley with Dr. Mark Earl, associate professor of transplant surgery, and his abdominal team. “It was like a real-life episode of *House,*” Cooley said. “They figured it out.”

The constant buildup of fluid made her weight balloon to 340 pounds; her lanky frame normally supports about 220 pounds. Dr. Thomas Amankonah, associate professor of digestive diseases, joined her care team, and through a combination of diuretics and a sodium-free diet, she lost more than 120 pounds of fluid.

Amankonah “got her so ready” for the transplant to come, said Dr. Felicitas Koller, assistant professor

continued on page 6
of transplant surgery, who with Earl performed the procedure. “She came to surgery very well cared for. This was a team effort.”

But before her transplant, a new life-threatening condition one-upped her liver failure. “I had some bad tilapia,” Cooley joked. She went to the Emergency Department at UMMC Grenada, then was transferred via ambulance to Jackson. “I was here with sepsis for a week and a half,” she remembered.

That was August; she couldn’t hope for a transplant until sepsis, an illness caused by the body’s response to an infection, had fully cleared her system. Finally, on Oct. 31, she went on the waiting list. Her transplant coordinator, registered nurse Anna McGraw, kept up with her care. “She’s my little firecracker,” Cooley said.

Cooley prepared her home: hand sanitizer dispensers everywhere. Spotless bathrooms. On Nov. 25, she got the call from her transplant team with the offer of a liver, and she headed to Jackson.

When a donor is identified for a patient waitlisted at UMMC, the hospital contacts the patient and the patient can accept or decline the organ. A surgeon from the transplant team personally removes the organ from the donor, whether they’re already at UMMC or somewhere else, and brings it to the OR.

“I was locked and loaded,” Cooley said. “But when the liver arrived, Dr. (Christopher) Anderson wanted something better.”

“I wasn’t disappointed,” she said. “I was grateful for his wisdom and ability to say no. I knew a better liver would come.” Anderson is professor and chair of the Department of Surgery and chief of the Division of Abdominal and Hepatobiliary Surgery.

Even though an initial assessment of a potential donor organ might look good, “we take an aggressive stance,” Earl said. “We evaluate the donor and organ based on lab work and circumstances around the donor’s death, and based on that, we make a decision on whether the organ is likely to be suitable. Once we do that, we call the recipient into the hospital.”

But things can change. Surgeons might find that an organ that looked good on paper is not, or an organ that looked marginal on paper is actually excellent.

“If we make the determination that it’s unsuitable, we call it off. Most recipients are disappointed, because they’re excited about the opportunity to move beyond organ failure,” Earl said. “I’ve
never spoken to a recipient who wasn’t thankful that we were making decisions to keep them healthy.”

Such was the case with Cooley’s second offer, made via a phone call from Earl. “He said they had a liver that had just come in. A young person. Drug overdose,” she said. “He wanted to have that conversation.”

She declined the organ. They both felt good about the decision.

“Through all of this, I never stopped. I didn’t succumb. I knew what I had to do,” Cooley said.

When the third offer came, at 6:19 a.m. that Saturday, Cooley was on go. In fact, after she returned home following her first organ offer, “I purged a lot from my packed bag before putting it back in the car.

“My transplant coordinator said she was so sorry to wake me up again,” Cooley said. “I said, ‘Honey, I am so over that.’ I told her I was about to start my car. That’s a benefit from the trial run.”

Cooley’s niece, Seshadrial Miers, is her deputized caregiver. The two are very close, and Cooley protected her when they traveled to Jackson. “It was rainy, and I drove,” she laughed.

Koller said that as they prepared for surgery, a troubling thought ran through her mind: Bad things can happen to good people. “So, I teased her before surgery. I asked her to tell me a few bad things she’d done in her life.

“She told me that in kindergarten, she had stolen a My Little Pony. I felt much better knowing she’d done that.”

Not quite four days after her transplant, Cooley and Miers headed back to Duck Hill. “She has at least tied our record there. Getting home four days after this surgery is remarkable,” said Steve Harvey, a nurse practitioner on the Jackson campus who will take the lead in making sure Cooley gets regular follow-up care.

“I tell my patients that if you do well, you might never see your surgeon again unless you want to,” Harvey said. “You’ll have a team of 20 people taking care of you. From evaluation for a transplant to pre-op to surgery to follow-up, we’re a big team.”

Cooley, who admits to working on her laptop in the throes of sepsis, vows to make them proud. “I’m thankful that the two campuses of UMMC are under the same university umbrella,” she said.

Miers “is the enforcer,” she said. “I want to learn how to listen to people, to chill out, and to sit my tail down. I want to get back to hanging out with my nieces and nephews.”

Cooley, Koller says, “is unstoppable.”

---

**Business to Business Debt Recovery**

Account receivable recoveries are critical in today’s age of increased costs and lower margins for provided services. Therefore, it becomes essential, that once challenged by the non-paying customer’s account, that you depend on specialists in account recoveries and client services. The culture today is difficult to understand with all the laws, like Fair Debt Collections, HIPAA, HITECH, Electronic Funds Transfer Act and Security Breech notifications. Those laws, among with many others, should dictate who you choose as a partner to help maximize recoveries and minimize unnecessary exposure for your business. ARS has made it their primary goal to provide that quality service to our clients for over 27 years and remain committed for today and the future.

Every account, every consumer, and every dollar placed are reviewed to insure reasonable and lawful efforts are made to recover the funds due and improve your bottom line. The use of today’s technology, industry best practices and a highly trained staff are employed on your behalf. In doing so, the Customer Service aspect is our top priority along with the retention of your customer for the future.

**800.254.5211 • arsadmin@arscollections.com**
St. Dominic’s employees, physicians, community leaders, donors and friends gathered on February 12 for a Construction Celebration event in honor of the Emergency Department expansion and renovation project.

Instead of a traditional groundbreaking where dirt is turned, the construction project launch was symbolized by representatives turning on emergency lights, a metaphor for beginnings and the road to healing.

At the event, Kay McRee, Executive Director for the St. Dominic Health Services Foundation, announced that donors have contributed $7.5 million so far toward the project. The Foundation hopes to raise an additional $2.5 million for a total of $10 million, or about a quarter of the cost of the project.

Lester K. Diamond, President of St. Dominic Hospital, said there is a great need for a larger and more efficient emergency department. “In 2010, just over 45,000 patients were treated in our emergency room,” he said. “More recently, those numbers have been closer to 60,000 and keep going up. When it was originally constructed about 50 years ago, our current emergency department was not designed to handle anywhere near the amount of volume we see today.”

Construction for the project is about 10 percent complete. The first step in the project was to remove the original chapel and old office buildings. In addition, the elevator for the parking garage was relocated to accommodate a new lane dedicated to emergency traffic only. Next, a massive hole was excavated to accommodate a subbasement for the piping and infrastructure of the expansion. During the excavation about 100 dump truck loads of dirt were removed each day. Currently, the structural pilings that will support the foundation are being installed.
There are two main phases to the construction project. The first phase is to add an expansion of approximately 25,000 square feet onto the existing emergency department. This new addition will contain 20 patient rooms, two trauma rooms, an exam room (for more minor issues), five behavioral health rooms, a more efficient pod-style layout, localized waiting areas and in-unit imaging services that are critical to rapid response emergency care. This first phase will also include external improvements such as separate entrances for the public and for ambulances, additional parking and an emergency specific traffic lane. This phase is projected to be completed near the middle of 2020.

When this first phase is complete, all emergency department operations will transfer to the new space and the second phase will begin. In this phase, the existing emergency department, which consists of just over 11,000 square feet, will be completely renovated to match the flow and design of the just-completed new space. Upon completion (expected in spring or early summer of 2021) this renovated space will add 16 more patient rooms and an additional exam room and will have the same workflow enhancements that will be present in the expansion.
It’s not every day that you see a dog in a patient’s room, but therapy, dog Stella, and her handler, Rebecca Pearson, are bringing cheer to patients, staff and everyone they encounter at Anderson.

"Interaction with therapy dogs has been shown to be very beneficial for patients. The act of petting a dog is a stress reliever. It provides a calming effect that can lower blood pressure and diminish overall physical pain, in addition to putting a smile on the patient’s face,“ said Dr. Scot Bell, Anderson Regional Health System’s Chief Medical Officer.

Stella, a three year old retired racing greyhound, was adopted by Dr. Eric and Rebecca Pearson last February from Alabama Greyhound Adoption in Birmingham. Pearson said she had always wanted a greyhound, and upon learning how well greyhounds performed as therapy dogs, it was a “match made in heaven.”

Pearson continued, “Greyhounds have a calm, quiet nature and bond deeply and quickly. They also have a low maintenance coat which keeps them from carrying the typical dog odor. Stella’s social and leash training at the race track provided a quick and easy transition to service as a therapy dog.”

Pearson began the therapy dog certification process as soon as she brought Stella home. They started with basic obedience training followed by behavioral training necessary for certification by the Alliance of Therapy Dogs (ATD).

Pearson said, “Stella went through several months of training, and then she was tested for behavioral compliance around other dogs, people, loud noises, medical emergencies, wheel chairs, and other medical equipment. We were observed as a team on three medical facility visits prior to receiving certification by ATD.”

When Stella is working, she proudly dons a red vest and collar tag with the ATD logo symbolizing her training and certification.

Registered Nurse and Infection Preventionist Practitioner Andrea Laird is leading the therapy dog program to ensure compliance with infection control regulations. “Stella and Rebecca are essentially volunteers, so they have undergone the same onboarding process we require for our volunteers. This includes vaccination requirements as well as education on privacy practices and personal protection equipment. Rebecca has been educated on contamination precautions, places they are permitted, and places that are prohibited to ensure we keep everyone safe.”

In addition, a Patient Representative will accompany Rebecca and Stella throughout their visits and ask each patient if they are interested in visiting with Stella prior to entering the room.

John Anderson, President and CEO of Anderson Regional Health System, said, “We are really excited to be Stella’s exclusive hospital partner. During their first visit, staff, patients and visitors welcomed Stella and Rebecca with open arms. There is no limit to the amount of happiness, comfort and reassurance you can give a patient, and we know Stella will have a big role in that.”

The therapy dog program is open to adult and pediatric inpatients at Anderson- North and Anderson- South, patients at Anderson Regional Cancer Center, and outpatient therapy patients.
Gilmore Memorial Hospital entered the new year with a new name, North Mississippi Medical Center Gilmore-Amory, and a new lease on life following its acquisition by North Mississippi Health Services.

“Our new affiliation with NMHS has brought us through and past bankruptcy, which would have had a major negative economic impact on not only Amory, but Monroe County as a whole,” said Allen Tyra, NMMC Gilmore-Amory administrator. “These changes have brought us goodwill. Gone is the stigma of bankruptcy, allowing us to focus completely on great care for our patients.”

Shane Spees, NMHS president and CEO, said, “We entered this year with much excitement as we welcomed Gilmore-Amory into the NMHS family. The first change we made was replacing the hospital’s signage on Jan. 1, our first day of business there. When weather permits the hospital’s parking lot will be resurfaced, then we will be catching up on deferred maintenance items.”

Planned improvements aren’t limited to the physical plant. Another notable change will take place in February, with NMMC Gilmore-Amory bringing Outpatient Rehabilitation Services back in-house. “This will create more local jobs when that service is sourced locally,” Tyra said.

Benefits for patients include having the local clinics in-network with NMMC, existing telemedicine services blended with NMMC Telehealth Services, and an electronic medical record (EMR) that connects all the providers and services to the NMHS EMR. NMMC Gilmore-Amory’s clinics and ambulatory services are slated to be on the second phase of the Epic® electronic medical record. The first phase will go live in April 2019. The hospital’s clinics have been renamed as Amory Medical Clinic, Amory Specialty Clinic, Amory Children’s Clinic and Hamilton Medical Clinic.

“Staff from different disciplines throughout our health care system is working closely with the staff here in Monroe County to help make this transition go as smoothly as possible,” Spees said. “Our presence in this community will be noticeable as you see NMHS support staff coming into town, whether it’s our courier service, Information Technology, Education, Human Resources, Organizational Performance or other areas that provide support services.”

“I have been here six years and there is more stability here now than there has been at any time since I came to work here,” Tyra said. “The hospital’s physicians and staff are engaged, and everyone from NMHS has been extremely helpful. This is the best thing to happen with our hospital in the last 20 years.”

“NMHS will work with NMMC Gilmore-Amory on physician recruitment, strategic planning and quality and safety initiatives,” Spees said. “We’re proud to have them in the NMHS family and look forward to helping them grow.”
With a look of pure determination, 88 year old Betty McCrory lifts up from her wheelchair, grabs hold of her walker, and begins the arduous task of walking with the help of her new prosthetic leg. Ms. McCrory began calling George Regional Health & Rehab her ‘home’ after her health started to deteriorate due to a circulation issue. After her right leg had to be amputated above the knee in 2017, she moved into the nursing facility and began physical and occupational therapy.

Located on the campus of George Regional Hospital, Health & Rehab offers both long and short term care for patients needing extended care and rehabilitation.

“She was dependent on a wheelchair for more than a year before she would even consider prosthesis,” explains Johnny Smith, Physical Therapist and Director of Southeast Rehabilitation. “She didn’t think she could do it, so we gently encouraged her during each therapy session. She was getting stronger with therapy. We knew she could do it and was a great candidate for prosthesis.”

Originally from Neshoba County, she moved to Hurley in the mid-nineties. Her two children, four grandchildren and three great grandchildren visit her regularly. For Mother’s Day, she surprised her daughter and granddaughter and walked to the dining room and sat down at the table—her granddaughter cried tears of joy.

“I love it here. Everyone is so nice. It feels like home and they are so good to me. It feels fantastic to be able to move on my own—that freedom and independence means so much—I just can’t thank Mr. Johnny and his team for what they’ve done for me—what they’ve given back to me.”

Working one-on-one with Vicki Dellacer, Physical Therapy Assistant,
Ms. McCrory has excelled. “In just a few short months she went from needing lots of assistance to simply stand up, and then went to standing by herself, then a few steps with help. Now she’s walking independently,” adds Dellacer. “She’s done exceptionally well in a short amount of time.”

“I just can’t describe it—it’s hard to come up with the words...I owe them everything for believing that I could do it.”

Smith explains that it makes a huge difference psychologically to be able to walk on your own and not have to look up to everyone (from a wheelchair). If you don’t walk for a while, you really start to go downhill, losing muscle and general strength.

“We felt like she had the potential to do well with a prosthesis and we are very happy with her progress.”

Ms. McCrory is walking over 100 feet at a time now. “It’s really remarkable,” said her daughter. “She’s a different person now—her mood, her behavior. Everyone who visits her has noticed it.”

Patients at Health & Rehab take advantage of physical, occupational, and speech therapy seven days a week provided by Southeast Rehab.

“We offer all three therapy services for patients at George Regional Hospital, Greene County Hospital, and on an outpatient basis at Southeast Rehab located on Mill Street,” emphasizes Smith. For more information about Therapy Services, please call Southeast Rehab at 601-947-9190 or visit www.georgeregional.com/Southeast-Rehabilitation.
Gabrielle Smith looks, smiles and plays like a strong, healthy year-old baby, but that wasn’t always the case.

The youngest patient ever to undergo a heart transplant at the University of Mississippi Medical Center, Gabbi celebrated her first birthday Dec. 26, due in no small part to the love and dedication of her great aunt, Cindy Thompson of Bassfield.

While awaiting a new heart, Gabbi stayed in her patient room in Batson Children’s Hospital. Her family split their time between Jackson and their home in Bassfield.

On the night of March 3, 2018, Gabbi’s parents, Latoyia and Carlos Smith, and 1-year-old sister, Ivory, were spending the night at their home when tragedy struck. A fire consumed the house, killing all of its occupants. Because she was away from home as a hospital patient, Gabbi and her adult sister, Jada, who is in the military and was spending the night with Thompson, were the only surviving family members.

“It was awful,” Thompson said, “losing them all on the same day. We have a close family.”

The family, Thompson said, was worried over Gabbi’s condition, “but she gave us hope, too.”

The demands of follow-up care following a heart transplant are such that doctors had to be certain that Gabbi had a caregiver willing to take on those responsibilities, said Dr. Avichal Aggarwal, Gabbi’s pediatric cardiologist at the Children’s Heart Center at Batson Children’s Hospital and medical director of UMMC’s pediatric heart transplant program.

“Some of her medications have to be given every four hours around the clock,” Aggarwal said. “Missing a dose, for these patients, could be life-threatening.”

Thompson knew what she had to do. “I didn’t think about it,” said Thompson, 53, of the decision to become Gabbi’s guardian. “I just did it because it needed to be done.”

Born with an extraordinarily small right ventricle and abnormal coronary arteries, Gabbi’s congenital heart condition left her with a high risk of sudden death, Aggarwal said.

Shortly after her birth, Gabbi underwent surgery aimed at stabilizing her condition, said Dr. Brian Kogon, chief of pediatric cardiothoracic surgery at Batson Children’s Hospital, but the risk of sudden death remained.

“After surgery, she remained on the heart-lung machine for several days after. Ultimately, she recovered, but she needed a new heart,” said Kogon, “and she was added to the national transplant waiting list.”

A requirement for receiving a heart transplant, said Kogon, is to have a stable support system for the care needs that will follow. Thompson, who has no biological children, stepped forward to raise her great niece, paving the way for Gabbi to receive the heart that became available to her not long after. She got a new heart March 27, 2018.

“The transplant went well and was without major complications,” Kogon said.
“Her hospital stay was prolonged, only because of her young age, small size and her being so sick and debilitated at the time of transplant.”

Children with congenital heart disease can become weakened over time due to their condition.

Thompson, said Kogon, “is doing a wonderful job. Gabbi looks terrific!”

Gabi’s heart transplant in 2018 followed four pediatric heart transplants performed at Batson in 2017. Among those patients was Jharad Faust of Meadville, who was a few days older than Gabbi when she received her life-saving heart.

Gabi was slightly younger than Jharad when she had her heart transplant, making her the Medical Center’s youngest heart recipient at 3 months and a day.

The five children who had heart transplants at Batson Children’s Hospital since 2017 are all in good condition, Kogon said.

“Offering a pediatric heart transplant program in Mississippi provides the complex care some children need to survive,” said Dr. William Moskowitz, chief of Pediatric Cardiology at UMMC. “Providing world-class cardiac critical care close to home is part of our mission at Batson Children’s Hospital and Children’s of Mississippi.”

The Children’s Heart Center at UMMC, in fall 2020, will be getting a new home. A seven-story pediatric expansion now under construction will include additional space for surgery, pediatric and neonatal critical care and imaging as well as clinic space for specialty care, including pediatric cardiology.

According to the registry of the International Society for Heart and Lung Transplantation, about 500 to 600 pediatric heart transplants are performed each year, representing about 12 percent of the total number of heart transplants.

According to the U.S. Centers for Disease Control and Prevention, about one in every 7,700 babies born in the United States each year are born with pulmonary atresia, Gabbi’s congenital condition.

About one in 100 babies is born with congenital heart disease.

Since her transplant, Gabbi has been growing stronger. Fond of bright colors and musical toys, she is no longer using an oxygen tank, giving her more freedom to play, Aggarwal said. “She was on oxygen for more than six months after surgery.”

Gabi’s next medical challenge, he said, is in swallowing. Because of her condition at birth, she required a feeding tube to get adequate nutrition. She will soon undergo tests of her swallowing ability, with the goal of one day having the feeding tube removed.

“We have high hopes for Gabbi,” said Aggarwal. “She’s doing very well, and much of that is because of the care she is getting at home.”
In the School of Medicine’s examining room 11, a woman grimaces as she describes a “searing” sensation in her back that “just kills me whenever I sneeze.” Her name: Blaine Penner.

Two doors down, in room 13, a man repeats the complaint. His name: Blaine Penner. In fact, at the University of Mississippi Medical Center’s Judith Gore Gearhart Clinical Skills Center, in separate rooms, Blaine Penner after Blaine Penner is telling the same story at the same time.

But the real story is not this apparent swarm of “Penners,” who are, after all, “standardized patients” – actors interpreting an affliction for the edification of students teaming up to relieve Blaine’s pain.

And that’s the story: In the annals of health care education at the Medical Center, this is the first time students from four different schools have pooled their knowledge in a pursuit meant to make them better at working with each other for the sake of their future patients.

“This was a true interprofessional activity,” said Dr. Kathleen Young, assistant professor of family medicine and director of the Clinical Skills Center, the site of last-week’s Interprofessional Education, or IPE, activity on acute pain management.

Conducted Thursday and Friday, the event absorbed more than 430 students from the schools of health-related professions, medicine, nursing and pharmacy.

Practiced in health care classrooms across the country, Interprofessional Education occurs whenever students from at least two professions learn together. The goal is to accustom professionals from various fields to communicating better with each other, resulting in improved patient care.

“Today, I believe, was probably the most meaningful activity the students could participate in, because it involved so many different disciplines,” said Monica White, a School of Nursing instructor.

“It not only gave them an appreciation of what others do, but also a realization of the contributions they make to the medical team.”

Over the years, the IPE sessions at UMMC threw different schools into the mix, but not until last year did medical students take part – as observers. This time, they suited up as full members of the interprofessional teams, Young said.

“It’s really cool to get everyone’s perspective on how to care for the patient and to hear them come up with some things I may not have thought of,” said Reid Black, a second-year medical student.

Standardized patients are vital for this training and, for years at UMMC, they have regaled learners with their symptoms on examining tables at the Clinical Skills Center, an academic unit of Interprofessional Simulation Training, Assessment, Research and Safety. Formerly located in the Jackson Medical Mall, the center moved to the School of Medicine after the Medical Education building opened in 2017.
“This facility, with its accommodations and technology, makes a world of difference to me as a faculty member, and I’m sure it does for the students as well,” White said.

During last week’s IPE activity, in more than a dozen different rooms, those students dove into the waters of acute pain management to try and bring the “patient” safely to shore. Randall Bolden of Madison channeled patient Penner in room 13.

“We all have scripts,” Bolden said, following his act, “I started training for this two weeks ago.”

In room 11, Dr. Brenda Sumrall Smith, a retired UMMC director of social work and a long-time standardized patient veteran, became Penner.

She gave a convincing performance during a sequence of patient “handoffs” to students – the hospital equivalent of a rash of last-minute laterals in a football game, only slower and minus the desperation.

In between sighs and moans, Penner/Smith revealed details of her acute pain – that is, pain that comes on suddenly, possibly from an injury, as opposed to chronic, which persists for weeks or months because of an underlying condition.

Recording the patient’s family history, prescription information and more in one-on-one encounters were Madison Matthews, medicine; and Emily McDermott, physical therapy.

At one of the computer stations lining the hallway outside the rooms, medical student and observer Lydia Nunes, the team’s fifth member, monitored these consultations. From a closed-circuit screen, she watched as the patient, prodded by student questioning, gave up more and more clues with each visit until, at last, the learners got together to compare notes and finger the culprit.

“A bulging disc,” most likely herniated, was the verdict agreed upon by McDermott, the PT, and medical student Matthews. Reid, pharmacy, proposed a seven-day supply of medication to reduce the pain and get Penner back to her job lifting packages for a florist.

Each student weighed in with more recommendations: an MRI, X-rays, a walker, strength exercises, a substance abuse panel, ice treatments, follow-up appointments and more.

“I’m glad to hear that someone is going to write all this down for me,” Penner/Smith said during the team’s presentation to her.

In room after room, a similar scenario played out, until the pretense was dropped and each actor had his or her say.

“You did a good job of showing sympathy,” Smith told the students. “I liked the way you all talked together.”

She did offer some tips: “I wish that you had introduced yourselves using your first and last names,” she said. “And I would have felt more comfortable if you had sat down instead of standing up the entire time.”

Faculty feedback followed. “It was particularly nice that the medical student and pharmacy student got along,” said Dr. Robert Brodell, chair of dermatology. “You seemed to be considerate of each other. You all seemed to enjoy working with other.”

In April, they will have a chance to see if they still do, in a follow-up session that, in IPE world, allegedly takes place six months later, Young said.

“This time the pain will be chronic instead of acute,” she said.

IPE activities, like the pain in Penner’s back, are only going to spread. “Next year, this will be a three-part event that will feature an opioid problem,” Young said.

What won’t change is the essence of the message nursing instructor White reinforced during a debriefing conference with students: “Repeat after me,” she said. “I’m an important part of this team and what I have to say can change this patient’s life.”
According to the National MS Society, multiple sclerosis (MS) is an unpredictable, often disabling disease of the central nervous system that disrupts the flow of information within the brain, and between the brain and body. The cause of MS is still unknown – scientists believe the disease is triggered by an as-yet-unidentified environmental factor in a person who is genetically predisposed to respond.

Most people with MS are diagnosed between the ages of 20 and 50, with at least two to three times more women than men being diagnosed with the disease. To care for MS patients in their community, North Sunflower Medical Center (NSMC) in Ruleville, Mississippi, is partnering with the University of Alabama in Birmingham (UAB) on a TeleRehab grant initiative. The grant initiative involves referrals of clients with multiple sclerosis to North Sunflower Medical Center for treatment. Clients will be treated according to either a TeleCam or a DirectCam protocol established by UAB.

NSMC’s physical therapy staff underwent a day of standardized protocol training facilitated by the grant representative, Tracy Tracy. The grant is a three-year project commencing in three states: Mississippi, Alabama, and Tennessee. The project is slated to last until October 2020, and MississippianS with multiple sclerosis or providers can find more details about the grant project at www.teamsstudy.org.
George Regional Hospital’s existing emergency room was built more than 68 years ago with just a few hundred square feet and two beds. In 2000, the ER was renovated and increased in size to 3,100 square feet and consisted of 8 beds. As our community continues to grow, the need for more expanded facilities becomes more apparent each year. Now, after years of planning and development, the modern 10,000 square foot emergency room is ready to serve our patients.

“The new emergency department was designed by our staff with the intent of enhancing our patient’s experience. Every aspect was driven by two guiding principles – providing the best quality of care and the highest customer satisfaction possible for our patients,” explains Greg Havard, CEO, George Regional Health System.

Treating more than 15,000 patients each year, the new space will make a big difference in our caregiver’s ability to perform procedures more effectively and in a more comfortable environment. “After years of treating patients in cramped quarters, this new space will allow us to more quickly triage patients and more effectively manage those with acute medical conditions,” adds Clay Wedgeworth, R.N., ER Supervisor. Clay has been
treating patients at George Regional Hospital for almost 20 years. “Our already great level will only get better, and it will be so much nicer to have more space—and more privacy for our patients and their families.”

“Continuing to meet the growing healthcare needs of this community is a top priority,” Havard emphasizes. “And expanding the Emergency Room is a natural extension of our commitment to ensure patients remain in our community for their healthcare.”

The new space offers a large waiting area, ten exam rooms, a large trauma room and a triage area. This is the first phase of opening the new building. Radiology will also be housed on the first floor and should be complete by the end of the year. The second story will be home to Obstetrics & Gynecology Associates.
Danny McGee looks forward to celebrating several big milestones within the next few years. In 2024, just five years from now, he’ll be old enough to retire from his position as production manager at the Mississippi Department of Rehabilitation. McGee has a large family – 3 daughters, a son, and 5 grandchildren – which he enjoys spending his time with and helping them celebrate special occasions of their own. These are just a couple of the reasons why being diagnosed with prostate cancer was so overwhelming for him and his family.

McGee wasn’t feeling sick when he went to visit his primary care physician for a regular yearly check-up. He said, “I wasn’t feeling sick. I went in for some blood work one day, and my primary doctor said, ‘Your levels are up. We’re going to wait 3 more weeks and check it again, and if it’s up, we’re going to have to refer you to Hattiesburg Clinic.’ When the levels were up again, she referred me to Hattiesburg Clinic."

The levels McGee refers to are prostate-specific antigens (PSA). PSA levels under 4 nanograms per milliliter of blood are considered normal. A patient’s chance of having prostate cancer increases as PSA levels increase. It is common for patients with early-stage prostate cancer to experience no symptoms. Once prostate cancer produces signs or symptoms, like frequent urination or traces of blood in urine, it is usually found to be in the late stages.

Sean Douglas, MD, urologist at Hattiesburg Clinic, diagnosed and treated McGee’s prostate cancer at Forrest General Hospital using the state-of-the-art da Vinci® Xi™ Surgical System by Intuitive. The da Vinci Surgical System is a complex robot that assists physicians in minimally invasive surgical procedures.

“The first day I found out about the cancer, it was kind of overwhelming, but Dr. Douglas said, ‘I’m going to take care of you.’ That was comforting, and after that day, I didn’t really think about it anymore until the day I had the surgery,” said McGee.

Douglas performed a robotic prostatectomy to remove the cancerous prostate. The robotic prostatectomy is less traumatic than the tradition open prostatectomy, involving significantly smaller incisions, less pain, easier recovery, and better
patient outcomes. The robot allows the surgeon to perform fine computer-controlled movements. This precision protects the patients’ delicate prostate nerves that control bladder and sexual function, damage to which would often be unavoidable during open prostatectomy.

McGee was the first patient at Forrest General to have a procedure using this revolutionary new system.

"Any surgery that is performed laparoscopically can be performed with a robot. Da Vinci benefits our patients through shorter hospital stays and enhanced coagulation ability. The improved range of motion allows the physician better control of bleeding, which is safer for patients. More advanced procedures can be done this way, so having a more complex problem does not mean it has to be treated with a more invasive procedure,” said Douglas.

In addition to urologic procedures, Forrest General will soon offer options for gynecological and general surgical procedures using the da Vinci XI Surgical System.

Around an hour after surgery, McGee told his daughters that he was ready to get up and start walking. He said, “I didn’t have any pain. It was just a little where I had the surgery. I didn’t even have to take any pain pills. I got them, but I didn’t have to take them. I feel fine now. I’m just taking it easy.”

McGee will have a follow-up visit in March to check his PSA levels again, but he’s confident that he is now cancer-free.

“Dr. Douglas says my levels should be at zero. It feels really good to have this burden lifted. When Dr. Douglas told me I wouldn’t have any pain, I didn’t have any pain. When he said he was going to take care of me, he did.”

Like many patients working through the mental and emotional strain of cancer, McGee says his family and faith helped him on this journey. Since his diagnosis, he spends time in prayerful meditation every morning and every afternoon. After the procedure, he recovered at his aunt’s home surrounded by his family.

He said, “My aunt wouldn’t let me do a whole lot. She did spoil me when I was there.”

For more information about the da Vinci XI Surgical System at Forrest General, visit forrestgeneral.com/davinci.
Delta Regional Medical Center (DRMC) located in Greenville, MS has been serving the Mississippi Delta for over 66 years and continues to look for new services to benefit the community. In 2018, DRMC began offering Low-Dose CT (LDCT) lung cancer screenings and recently was designated a Lung Cancer Screening Center by the American College of Radiology (ACR).

The ACR Lung Cancer Screening Center designation is a voluntary program that recognizes facilities that have committed to practice safe, effective diagnostic care for individuals at the highest risk for lung cancer. In order to receive this elite distinction, facilities must be accredited by the ACR in computed tomography in the chest module, as well as undergo a rigorous assessment of its lung cancer screening protocol and infrastructure. Also required are procedures in place for follow-up patient care, such as counseling and smoking cessation programs.

According to Scott Christensen, Delta Regional Medical Center Chief Executive Officer, “Delta Regional Medical Center is committed to providing the highest level of care to our community and we are proud to have received this designation.

The ACR, founded in 1924, is one of the largest and most influential medical associations in the United States. The ACR devotes its resources to making imaging and radiation therapy safe, effective and accessible to those who need it. Its 36,000 members include radiologists, radiation oncologists, medical physicists, interventional radiologists and nuclear medicine physicians.

Lung cancer screening with low-dose computed tomography scans, and appropriate follow-up care, significantly reduces lung cancer deaths. In December 2013, the United States Preventive Services Task Force recommended screening of adults aged 55 to 80 years who have a 30 pack-
year smoking history and currently smoke or have quit within the past 15 years. Lung cancer is the nation’s leading cancer killer – taking the lives of more people each year than breast, colon and prostate cancers combined.

Benefits of the LDCT screening include but are not limited to: Lung cancer found by the LDCT is often at an earlier stage of the disease and has been proven to reduce the number of deaths from lung cancer in patients at high risks’ the scanning is painless, non-invasive and fast which is important if a patient has trouble holding their breath; and if cancer is found with the screening, patients can more often undergo minimally invasive surgery and have less lung tissue removed.

Over the last 12 months, Delta Regional Medical Center has performed over 50 LDCT scans. Twenty individuals were identified with nodules seen and reported. To date, eleven patients are being watched and have been instructed to follow up with scans in three months, six months and one year. Nine individuals required either a biopsy or PET scan and one patient was diagnosed with a new finding of lung cancer.

According to the American Cancer Society: Lung cancer can be serious, however some people with early stage lung cancer can be successfully treated. This is because tests and treatments for cancer are being studied and improved. If lung cancer is found at an earlier stage when it is small and before it has spread, people have a better chance of living longer. Delta Regional Medical Center is located at 1400 East Union Street, Greenville Mississippi. www.deltaregional.com or call 662.378.3783.
Until this summer, the only time Mary Davis had ever been to a hospital was to deliver her daughter Becky 31 years ago. But things drastically changed when she became violently ill and her sister, Cathy Holland, a nurse, insisted she go to the doctor. “I’ve been a patient of Dr. Larry Henderson at Community Medical Center for many years, so my sister called Melody Shoemaker (switchboard operator and lifelong friend of their family) to see how quickly I could get an appointment. Thankfully she was able to work me in quickly.”

“I knew immediately something was terribly wrong with Mary,” explains Dr. Henderson. After a thorough examination, Mary was sent to George Regional Hospital for more extensive testing. Dr. Henderson is Board Certified in Family Medicine and has been taking care of patients at Community Medical Center since 2007.

“Once Dr. Henderson received the results, he called me with the bad news; he said my labs showed total kidney failure and stated that I needed to get to a hospital that could handle this type of emergency,” Mary recalls. “Labs in hand, my husband, Joe, took me to Mobile where I was immediately admitted to the Intensive Care Unit (ICU).”

Acute kidney failure occurs when kidneys suddenly become unable to filter waste products from blood. Acute kidney failure develops rapidly, usually in less than a few days. Mary’s labs showed a creatinine level of more than 17, where normal levels for an adult female are .6 to 1.1. Creatinine is a waste product in blood that comes from muscle activity. It is normally removed from the blood by kidneys, but when kidney function slows down, the creatinine level rises.

“They told my husband I had the labs of a patient with 20 years of kidney failure. It was all so strange and scary because I had no history of being sick or of any kidney problems,” Mary adds.

“My doctor in Mobile needed my prior lab work. Because I had the ‘Follow My Health App’ from Community Medical Center, which included several years of my health history, I was able to give him immediate access to everything he needed. This helped him determine that my condition was acute and not chronic. Three months prior, my labs were completely normal,” Mary adds.

A CT Scan finally revealed the reason for her sickness; two large kidney stones, one in each kidney, had simultaneously moved and began to block both kidneys. “It’s very rare for two stones, each large, to move at the same time and cause this type of catastrophic consequences,” explains Dr. Henderson. “Mary was very lucky. If she had not come straight to the office for an evaluation, the outcome could have been quite different for her.”

Mary began dialysis immediately. After five days in ICU, she was strong enough to have the lithotripsy surgery needed to relieve the blockages. “Acute kidney failure can be fatal and requires intensive treatment,” explains Dr. Henderson. “However, acute kidney failure can sometimes be reversible. Luckily, we caught Mary’s in time and she was able to recover fully and now has normal kidney function” he adds.

Mary is eternally grateful for the care she’s received. “Dr. Henderson, Melody Shoemaker, my sister, Cathy Holland,
and my husband all saved my life. Without this walk in appointment, I would have come home and passed. The calls, texts, and prayers from my friends and family in this community were overwhelming. We love our Community Medical and George Regional—it’s a blessing to have them in our community.”

Mary and her husband Joe, both lifetime residents of George County, have been married for 38 years. They own and operate J&J Power Shop in Lucedale.

Meet Dr. Henderson:
Larry Henderson, M.D., is Board Certified in Family Medicine. He was born and raised in George County and has been taking care of patients at Community Medical Center since 2007.

Dr. Henderson graduated from the University of South Alabama with a BS in Biomedical Science where he also completed Medical School, as well as an Internship and Residency in Family Practice.

He is a member of the American Academy of Family Practice, American Medical Association, and Society of Teachers of Family Medicine. Dr. Henderson enjoys family time with his wife and children, working on cars, gardening, hiking, dining, creating, and inventing.

Community Medical Center provides Family Practice and Pediatric Care to patients seven days a week. Located at 92 West Ratliff Street, the medical center offers Full Lab, X-Ray, and Pharmacy Services as well. For more information, please call 601-947-8181 or visit the center’s Facebook page.

STAND UP FOR US ALL

Clinical trials bring us closer to the day when all cancer patients can become survivors.

Clinical trials are an essential path to progress and the brightest torch researchers have to light their way to better treatments. That’s because clinical trials allow researchers to test cutting-edge and potentially life-saving treatments while giving participants access to the best options available.

If you’re interested in exploring new treatment options that may also light the path to better treatments for other patients, a clinical trial may be the right option for you. Speak with your doctor and visit StandUpToCancer.org/ClinicalTrials to learn more.

Sonequa Martin-Green, SU2C Ambassador

Photo Credit: Matt Sayles
Stand Up To Cancer is a division of the Entertainment Industry Foundation, a 501c(3) charitable organization.
Andrew Pates Jr. was on the cusp of a new adventure.

Once a teacher near Chicago and later a lawyer in San Diego, the 68-year-old retiree was ready to move to Mound Bayou and build a hotel. Then a freak fall in a parking lot put everything on hold.

“I hit the back of my head and they said if I had taken the blow a little higher, I would have been DOA,” Pates said.

Instead, he survived the accident only to become “an upside down paraplegic.” His legs could move, but his upper body was rigid.

“My shoulders were frozen and getting progressively worse,” he said.

The damage indicated Pates had central cord syndrome. Typically caused by trauma to the neck, the syndrome damages the central grey matter in the spinal cord and can cause loss of motion and sensation in the arms and hands more than in the legs.

Pates also was suffering from spastic quadriplegia—unusual tightness in muscles of all four limbs. And to help with that, his surgeon sent him to Methodist Rehabilitation Center in Jackson.

In the hospital’s second floor outpatient clinic, nurse practitioner K.K. Ramsey addresses the medical needs of people living with brain and spinal cord injuries. In Pates, she saw a person who could benefit from one of MRC’s specialties—management of the crippling stiffness known as spasticity via intrathecal baclofen (ITB) therapy.

The treatment delivers anti-spasmodic medication to the spinal fluid surrounding the cord via a surgically implanted pump. And scientists with MRC’s Center for Neuroscience and Neurological Recovery have been studying ITB efficacy for almost 20 years.

The goal is to help alleviate painful spasms and abnormal postures that can plague people with brain or spinal cord injuries.

“We’ve seen about 300 ITB patients,” said Tony Hayes, the Neurophysiology Research Technologist who does the studies.

continued on page 30
After his semi-retirement from Mississippi Valley Title, John “Bones” Cossar spent much of his spare time on the golf course. But the beloved pastime fell to the wayside after an adverse reaction to a cancer drug paralyzed the Lake Cavalier resident.

“I literally landed in bed and wasn’t moving for 35 days,” he said. “I couldn’t wiggle a finger. I couldn’t breathe. I couldn’t swallow. I thought I was going to die.”

When Cossar was finally well enough to begin therapy at Methodist Rehabilitation Center, he told everyone his goal was to return to the golf course. And after months of working with MRC’s inpatient and outpatient staff, the 80-year-old made a triumphant return to the tee box.

“After I played my first round of golf, I showed the scorecard to the staff at Methodist Rehab and everyone was crying,” he said. “I can’t say enough nice things about them. I looked forward to therapy because I knew it was doing me good. They were getting me back on my feet. Here I am standing upright. And I have nothing but praise for Methodist Rehab.”

Now I can... play golf again

Nationally recognized for expertise in rehabilitation medicine after a stroke, spinal cord injury, brain injury or amputation.

For more information, visit methodistonline.org or call 601-364-3434 or toll-free 1-800-223-6672, ext. 3434.
And each gets a thorough work-up.

MRC physicians first do a test injection so the patient can experience the effects of medication. “And we in research do electrodiagnostic testing to independently confirm these effects,” Hayes said.

Pates underwent surgery to position the programmable, battery-powered pump under the skin of his abdomen. “I’m a remote control person now,” he joked.

So far, he has been pleased with the device. “Standing is easier now, and I’m beginning to feel the muscles in my back,” Pates said. “I can pull myself up, and I’m getting a lot of strength back.”

In the past, finding the right dosage for patients like Pates was problematic. Subjective measures were being used to determine the therapy’s effectiveness or if the device itself was malfunctioning.

Looking for a better way, MRC scientists discovered how to use electro-diagnostic testing to determine a patient’s response to each dose. And after 22 published papers on spasticity, including 13 on ITB administration, they’re the go-to resource on how to use lab measures to objectively determine ITB dosages.

As the person who is doing these studies, Hayes is on the front lines of helping patients. He likes that his job lets him bring lab discoveries to their bedside.

“It might take 20 years for something from a traditional research lab to show up in a doctor’s office,” Hayes said. “But if we find a better way, we start doing it.”

In 2017, Hayes was named Tech of the Year by the American Association of Electrodagnostic Technologists. While the honor impressed Pates, he was just as enthralled by Hayes’ fraternity affiliation.

Both men are members of the Omega Psi Phi Fraternity, Inc., which gave them plenty to talk about during the hours of ITB testing.

“Founded in 1911, Omega Psi Phi is an international fraternity that has 1.5 million brothers throughout the world and it’s a close-knit fraternity,” Pates said. “We not only collaborate in college, but throughout life.”

So far, Pates said he has had “good rapport” with Hayes. “He explains his profession quite well and gives me information in layman’s terms,” Pates said.

Hayes starts his evaluation by stimulating the tibial nerve behind the knee and recording electrical signals from the soleus muscle. By measuring this H-reflex, Hayes can quantify how well the spinal cord is responding to different ITB dosages.

Initial testing after the implant determines if the pump system is working. Then it’s time to adjust the dosage to deliver the best result with the least amount of side effects.

“Our clinicians start out low and gradually go up until the patient and everyone agrees it’s a good dose,” Hayes said. “The H-reflex probes nerve cells in the spinal cord and gives us an objective measure of changes in the nervous system and you’ve got to have that. Otherwise, it’s just an impression.

“By combining physiology and subjective impressions we are doing better job at coming to the right dose, we’re not just going by someone saying: ‘The legs are tight, up the drug.’”

Once he gets his spasticity under control, Pates hopes to return to the therapy gym.

“We’re hoping with incremental increases to his baclofen dose he’ll be able to perform activities of daily living,” Ramsey said. “I think his desire is to go home.”

Now living in the Mississippi State Veterans Home in Oxford, Pates is eager to return to Mound Bayou. “I want to be able to spoil my grandkids,” he said. “And I’m feeling much better about the future.”
Safety isn’t an afterthought. It’s our first thought.

Since 2012, Baptist Golden Triangle in Columbus has earned an A in patient safety from The Leapfrog Group, making us the only hospital in Mississippi with Straight As since 2012. Today, we are one of only 42 hospitals in the nation to earn this distinction.

We have developed a culture of safety that exists in every part of our hospital—and in every conversation. Our leading-edge technology, consistent quality standards and committed team members keep patients connected and safe. Get better with Baptist.
This community has always been a connecting point. Whether railways or waterways, and other ways of life, people here have a strong sense of pride and accomplishment. That’s why we are glad that healthcare can be kept local, with those you know and trust, yet connected to the quality you’ve come to expect. At NMMC Gilmore-Amory, we’re proud to be your connection to North Mississippi Health Services, one of the nation’s top health systems, while keeping healthcare close to home.

What connected feels like*